

## **CHAPTER IV**

### **NATURE OF SEXUAL BEHAVIOUR AMONG COUPLES**

Sexual health is defined by the WHO as

- Enjoyment of sexual relation without exploitation, oppression or abuse.
- Safe pregnancy and childbirth, and avoidance of unintended pregnancies.
- Absence and avoidance of sexually transmitted infections, including HIV.

Unhealthy sexual behaviour can lead to deviance from any of these three points.

Human sexual activities or human sexual practices or human sexual behavior refers to the manner in which humans experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Sexual activity normally results in sexual arousal and physiological changes in the aroused person, some of which are pronounced while others are more subtle. The objective of sexual activity in humans is typically to achieve orgasm. Sexual activity also includes conduct and activities which are intended to arouse the sexual interest of another, such as strategies to find or attract partners (mating and display behaviour), and personal interactions between individuals, such as flirting and foreplay.

Human sexual activity has biological, physical and emotional aspects. Biologically, it refers to the reproductive mechanism as well as the basic biological drive that exists in all species and can encompass sexual intercourse and sexual contact in all its forms. Emotional aspects deal with the intense personal bonds and emotions generated between sexual partners by a sexual activity. Physical issues around sexuality range from purely medical considerations to concerns about the physiological or even psychological and sociological aspects of sexual behaviour.

In some cultures sexual activity is considered acceptable only within marriage, although premarital and extramarital sex is universal. Some sexual activities are illegal either universally or in some countries, and some are considered against the norms of a society. For example, sexual activity with a person below some age of consent and sexual assault in general are criminal offenses in many jurisdictions.

## **4.1 SEXUAL BEHAVIOUR IN SOCIAL CONTEXT**

### **General attitudes**

Most people experiment with a range of sexual activities during their lives, although they tend to engage in only a few of these regularly. Some people enjoy many different sexual activities, while others avoid sexual activities altogether for religious or other reasons (see chastity, sexual abstinence, and asexuality). Some prefer monogamous relationships for sex, and others may prefer many different partners throughout their lives.

Alex Comfort and others propose three potential social aspects of intercourse in humans, which are not mutually exclusive: reproductive, relational, and recreational. The development of the contraceptive pill and other highly effective forms of contraception in the mid- and late 20th century has increased people's ability to segregate these three functions, which still overlap a great deal and in complex patterns. For example: A fertile couple may have intercourse while using contraception to experience sexual pleasure (recreational) and also as a means of emotional intimacy (relational), thus deepening their bonding, making their relationship more stable and more capable of sustaining children in the future (deferred reproductive). This same couple may emphasize different aspects of intercourse on different occasions, being playful during one episode of intercourse (recreational), experiencing deep emotional connection on another occasion (relational), and later, after discontinuing contraception, seeking to achieve pregnancy (reproductive, or more likely reproductive and relational).

### **Religious and ethical**

Most world religions have sought to address the moral issues that arise from people's sexuality in society and in human interactions. Each major religion has developed moral codes covering issues of sexuality, morality, ethics etc. Though these moral codes do not address issues of sexuality directly, they seek to regulate the situations which can give rise to sexual interest and to influence people's sexual activities and practices. However, the impact of religious teaching has at times been limited. For example, though most religions disapprove of extramarital sexual relations, it has always been practiced. Nevertheless, these religious codes have always had a strong influence on peoples' attitudes to issues of modesty in dress, behaviour, speech etc.

On the other hand, some people adopt the view that pleasure is its own justification for sexual activity. Human sexual activity, like many other kinds of activity engaged in by humans, is generally influenced by social rules that are culturally specific and vary widely. These social rules are referred to as sexual morality (what can and cannot be done by society's rules) and sexual norms (what is and is not expected).

Sexual ethics, morals, and norms relate to issues including deception/honesty, legality, fidelity and consent. Some activities, known as sex crimes in some locations, are illegal in some jurisdictions, including those conducted between (or among) consenting and competent adults (examples include sodomy law and adult-adult incest).

Some people engage in various sexual activities as a business transaction. When this involves having sex with, or performing certain actual sexual acts for another person in exchange for money or something of value, it is called prostitution. Other aspects of the adult industry include phone sex operators, strip clubs, and pornography.

### **Gender roles and the expression of sexuality**

Social gender roles can influence sexual behaviour as well as the reaction of individuals and communities to certain incidents; the World Health Organization states that, "Sexual violence is also more likely to occur where beliefs in male sexual entitlement are strong, where gender roles are more rigid, and in countries experiencing high rates of other types of violence." Some societies, such as those where the concepts of family honour and female chastity are very strong, may practice violent control of female sexuality, through practices such as honour killings and female genital mutilation.

The relation between gender equality and sexual expression is recognized; and promotion of equity between men and women is crucial for attaining sexual and reproductive health, as stated by the UN International Conference on Population and Development Programme of Action.

"Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human

body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women."

There is a trichotomy of styles that characterize adults' relationships with partners: self-focused autonomy, other-focused connection, and mutuality. Each style was defined by several dimensions; dominance-submission, whose needs are met, sensitivity to the partner's feelings, clarity of feelings, separateness vs intimacy, and concern with the relationship.

In the present chapter a modest attempt was made to understand the 'nature of sexual behavior' between couple, by seeking relevant information on select sexual related aspects from the female respondents.

**Table No.4.1**  
**Nature of sexual behaviour among couples as reported by female respondents**

Sl.No.	Sexual related aspect	Yes	No	Total
1	Knowledge on Aphrodisiacs	129 (21.5%)	471(78.5%)	600(100%)
2	Use of Aphrodisiacs by husband	114(19%)	486( 81%)	600(100%)
3	Use of Alcohol before/during sex	355 (59.2%)	245 (37.5%)	600(100%)
4	Use of Substance like Gutka during or before Sex	241 (41.5%)	359 (58.5%)	600(100%)
5	Husband Forced any time for Sex	261 (43.5%)	339 (56.5%)	600(100%)
6	Husband gives weightage to partner's views on Sex	124 (20.7%)	476 (79.3%)	600(100%)
7	Involving in Pre-Marrital Sexual Relations	142 (23.7%)	458 (76.3%)	600(100%)
8	Involve in Extra Marital Sexual Relations	111 (18.5%)	489 (81.5%)	600(100%)
9	Use of condom during sex by husband	242 (41.4%)	358 (59.6%)	600(100%)
10	Acceptance of responsibility by husband for ill effects of sex	174 (29%)	426 (71%)	600(100%)
11	Practicing of safe sex methods	268 (44.7%)	332 (55.3%)	600(100%)
12	Acceptance on social ethics in sex	523 (87.2%)	77 (12.8%)	600(100%)
13	Currently Using Family Planning Method	221 (36.8%)	379(63.2%)	600(100%)

## **Nature of Sexual behaviour of respondents**

The nature of Sexual behaviour is the product of physical, emotional, and ethical concerns of people involved in it. The knowledge of safe sex, positive approach of partners, and follow of socially accepted ethical issues, determine the nature of sexual behaviour. The nature of Sexual behaviour of respondents was highlighted in the present study through their response on various sexual related aspects as mentioned in the table below.

### **1. Knowledge on Aphrodisiacs**

Aphrodisiacs are the stimulants for sexual desire slowly the use of aphrodisiacs is spreading among different ages of people and in urban as well as rural areas. In the study area the knowledge on Aphrodisiacs was confined only to 21%, while the remaining 79% respondents never heard of it.

### **2. Use any Aphrodisiacs by husband**

More than eighty percent (81%) of wives reported of 'not' using any Aphrodisiacs and only 19% reported as used it. However, when they are further probed for what type of aphrodisiacs, they were not able to answer the exact name of it.

### **3. Use of Alcohol before/ during sex**

Some people use alcohol or liquor before sex, with the misconception that, it will increase vigour. In the study area also, around 60% were accustomed to liquor before sex as revealed by the wives.

### **4. Use of Substance like Gutka during or before sex**

There is a misconception that, the use of gutka or equal substance will increase the vigour and joy during sex. This habit by husbands was endorsed by 41% of wives.

### **5. Husband Forced you any time for Sex**

Sexual abuse or sexual violence is practiced at times by some husbands to have sex with wives, even though are not in a situation to have it. This type of behaviour is a serious aspect to think and tackle. Husbands are to be provided with proper education on respecting wife's views.

### **6. Husband gives respect to your views on Sex**

Sexual behaviour among couple is subject to gender issues also. The male domination and one-sided thinking of Husbands on sexual matters is leaving psycho-fears among wives. In the study area, only 20% reported as their husbands are giving

weightage to their wife's views. The remaining 80% of wives did not endorse on it. This is the critical problem between many couples, which ultimately resulting in dissolution of family. The social workers and researchers have to give high priority on this, and have to sort out appropriate counseling techniques to educate Husbands.

#### **7. Involving in Pre-Marital Sexual Relations**

Even though more than 80% had respect for social ethics in sex, yet, around one fourth (23.7%) of wives have reported of involved in pre-marital sex. Proper education to girls on ill-effects of pre-marital sex has to prioritise in school/college education.

#### **8. Extra Marital Sexual Relations**

Due to certain reasons around 18% of respondents in study area have reported of involved in Extra Marital sex. Family counselling centres and family counsellors have to take it seriously, to see that this habit not spreading further.

#### **9. Use of condom during sex by husband**

Use of condoms during sex has double advantage of protection from conception as well as protection from STD/RTI. It is encouraging to notice that around 60% of wives reported as their husbands use condom during sex. Social workers are to-under-take interventions for further increase of this habit.

#### **10. Acceptance of responsible by husband for ill effects of sex**

The acceptance of responsibility by husband for 'ill effects' of sex is a good practice to help wives with sympathy to provide treatment and respect her, without finding fault on wives for ill effects of sex. In the study area, it is discouraging to notice that more than 70% of respondents reported that their husbands did not felt responsibility over it.

#### **11. Practicing of safe sex methods**

Less than half of the respondents have reported that they follow safe sex methods during sex. Since more than half are not accustomed to this, it is the responsibility of social workers to launch special educative drive to make awareness on safe sex procedures.

## 12. Acceptance on social ethics in sex

More than 80% of respondents accept to follow social ethics in sex, but practically some are involved in extra-marital sex because of security and financial reasons.

## 13. Currently Using Family Planning Method

Use of family planning methods especially temporary method is crucial during sex to avoid infections.

In the present study only 36% are currently using family planning methods and here more effects have to be made by programme managers to distribute temporary family planning methods at door steps.

## Index on Nature of Sexual Behaviour

The assessment of 'Nature of Sexual Behaviour' is not confined to one or two aspects and it was related to many inter-related actions as stated in the above table. In order to estimate the overall sexual behaviour of respondents based on all actions reported in the table, an index was developed.

In the table, total no. of aspects considered to assess the 'nature of sexual behaviour' was 13, and '0' score was allotted for negative response and '1' score was given to positive response. Thus, the score range in the table lies between 0 and 13.

Based on individual scores, the respondents were categorised in to '3' groups such as those following which type of sexual behaviour. I. Poor, II. To Some extent good and III. Good.

**Table No. 4.2: Nature of sexual behaviour**

Score	Nature of sexual behaviour
0-4	Poor
5-9	To some extent good
10-13	Good

After categorisation in to above groups, the respondents were distributed as shown in table regarding nature of sexual behaviours.

**Table 4.3 Index on nature of sexual behaviour**

<b>Sl.No.</b>	<b>Nature of sexual behaviour</b>	<b>No. of respondents</b>
1.	Poor	222(37%)
2.	To some extent good	105(17.5%)
3.	Good	273(45.5%)

From the index table, it is clear that only less than half of the respondents (45.5%) are following 'Good' nature of sexual behaviour while 43% are following 'Poor' nature of sexual behaviour. The remaining 17% are following 'To some extent good' nature of sexual behaviour.

Since, bulk of respondents are following 'Poor' nature of sexual behaviour, they are being involved with infections of RTI/STD. Hence, health personnel, NGOs and other social workers have to plan interventions to provide sex-education to couples who are in reproductive age.