Chapter I

INTRODUCTION

Sexuality is an important aspect of human life. It is an integral part of one’s physical and psychological health. Sexual functioning is an important component of one’s quality of life and subjective well-being. Sexual dysfunction is a disturbance or impairment in sexual functioning. It is increasingly being reported across the world and one of the major problems in personal life today. The impact of sexual dysfunction is devastating and not adequately explored. It adversely affects one’s mood, well-being and interpersonal functioning. The findings of Masters and Johnson and the researches followed have changed many of our earlier illogical assumptions and misconceptions regarding sex and sexual functioning. This is led to the recognition of sexual aspect of life in individuals and created a healthy and open minded attitude towards sexuality in the west. But situation is entirely different in India. Sex is still considered as the most tabooed, under-researched and mal-practiced condition in India. Although it is one of the important health aspects, it did not gain importance because it is treated as a secret, private and stigmatizing issue. Therefore it is worth to understand sexual dysfunction in our population. This study is an attempt to investigate sexual dysfunction in relation to sex knowledge, marital adjustment and emotional intelligence.

Sexual dysfunction is reported to have prevalent in 11 to 35 % of population across the world. In the last one year 11 % of men and women reported at least one sexual problem, while another 68% of men and 69 % (67–71%) of women have reported infrequent or less severe sexual difficulties (Christensen, Gronbaek, Osler, Pedersen, Graugaard and Frisch, 2011). In
India also sexual dysfunction reported to be highly prevalent, but proper estimate of prevalence of sexual dysfunction is not available (Krishna, Avasthi and Grover, 2011). This may be due to lack of studies in the area of sexuality as well as people’s reticence to report their sexual problems to others. The studies carried out in India are mainly based on hospital records and is revealed that sexual activity continues to be strongly influenced by myths, misconceptions and culturally held mis-beliefs prevalent in the society (Kendurkar, Kaur, Agarwal, Singh and Agarwal, 2008).

**Sexual dysfunction and Sex knowledge**

Sex knowledge is an important component for healthy sexual functioning. Sex knowledge implies adequate knowledge about sex and sexual functioning. Inadequate sex knowledge paves way for myths, misconceptions and dysfunctional beliefs. Masters and Johnson (1966) reported that it is ignorance more than anything else causes sexual dysfunction. Ignorance and misconceptions coupled with culturally held mis-beliefs exercise a powerful hold in persons with sexual dysfunction. It is seen that majority of clients presenting with sexual dysfunctions are ignorant about many aspects of sex and techniques in sexual stimulation (Westwood and Mullan, 2007). Ignorance regarding sexual intercourse and sex organs e.g., faulty positions, faulty movements, length and size of the sex organs etc., account for large number of sexual problems, which in turn, disturb marital and sexual functioning (Mathew and Joseph, 2009). In many times these ignorance and misinformation are directly related to culturally held beliefs, myths and misconceptions (Masters and Johnson, 1970).
The commonly held myths and misconceptions prevalent in society are those who masturbate go blind or ‘soft in the head’, size of a man's nose indicates that of his penis, woman's mouth indicates the size and tightness of her vagina, baldness in a young man indicates virility especially if accompanied by thick bodily hair etc. (Kothari and Mukhi, 1982). One of the common fabled notions regarding the male sex organ is that the size of a man’s penis related to his virility and to the pleasure he can give women during intercourse (Masters and Johnson, 1966). The loss of semen, even when due to an involuntary act such as night emissions, means loss of vitality (Mahajan and Sharma, 2005). One of the traditional saying is that “one drop of semen equals to 40 drops of blood” (Masters and Johnson, 1966). Misconceptions regarding sexuality such as, women who are not physically attractive cannot be sexually satisfied, after menopause women loose their sexual desire, quality of the erection is what most satisfies women and a real man has sexual intercourse very often etc., are common in sexually dysfunctional people (Nobre and Pinto-Gouveia, 2006a).

The current Indian society is coupled with innumerable myths and misconceptions regarding sexuality (Mathew and Joseph, 2009). Double standard in sex is prevalent in Indian culture which allowed a set of permissive attitude for men and another set of restrictive attitude for women. Sexual myths exist both on a serious and on a jocular level. Myths and misconceptions flourish and people are hesitant to talk about sex even to their partners (Bhan, Mahajan and Sondhi 2004). Ignorance and misconceptions exercise a powerful hold even among the highly educated leading to sexual dissatisfaction and dysfunction (Kendurkar, Kaur, Agarwal, Singh and Agarwal, 2008). Sex is probably one of the areas of life about which people know little in the present Indian society (Mathew and Joseph,
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2009). The influence of myths, misconceptions and culturally held beliefs in the sexual functioning of the people of our society is to be looked into. This study is an attempt to understand sexual dysfunction in Indian context and to find out the role of sex knowledge in the sexual functioning of couples. This study assumes that adequate sex knowledge leads better sexual functioning.

Sexual dysfunction and Marital adjustment
Marriage is identified as one of the most important and enduring interpersonal relationship. Adjustment in marriage is a vital factor for satisfactory marital and sexual life (Hashmi, Khurshid and Hassan, 2007). Marital adjustment is characterized by mutual acceptance, trust, care, concern, love, admiration and sharing of role responsibilities (Kumar and Rohatgi, 1976). Marital adjustment is the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other (Hashmi, Khurshid and Hassan, 2007). Marital problems occurs when couples fails in their adjustment with each other.

Interpersonal conflict between couples disturbs their marital functioning which in turn leads to sexual problems. Marital adjustment plays a major role in the sexual functioning of couples (Henry and Miller, 2004). Sex is a very sensitive barometer for assessing couple’s marital functioning (Elliott and Umberson, 2008). Sexual activity in the context of marital relationship may be an important site of conflict as well as relationship vitality. Studies find that sex is an essential element of relational intimacy, a key to personal fulfillment, and also crucial for relationship longevity (Elliott and Umberson, 2008). Satisfactory sex life is an important influencing factor for a harmonious marital life. Marital conflict between couples leads to sexual dysfunction. Similarly sexual problems can results in marital conflict among couples. Sexual dysfunction can be both cause and result of marital
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disharmony. The impact of sexual dysfunction in marital life is distressing. It can lead to conflicts and even to the ending of the relationship itself. So we assume that better marital adjustment lead to better sexual functioning.

This study is an attempt to uncover the relationship between sexual dysfunction and marital disharmony in Indian context. This study has special significance in India because India is known for its traditional family system and stability in marriages. Simultaneously studies also reported double standard and male domination in sex, and tendency of Indian women to live sexual denial. This study is planned to reveal the fact about the stability and sexual functioning of Indian marriages.

Sexual dysfunction and Emotional intelligence

As sex is an emotion, emotional intelligence of a person has a vital role to play in the sexual functioning. Emotions during each stage of sexual activity can disrupt or enhance sexual functioning. The sexual functioning of an individual depends upon his ability to understand, perceive, use and manage his and of his partners’ emotions effectively. An emotionally intelligent person is the one who can understand, use and manage his own and others emotions adequately. Emotional intelligence in sexuality means the ability to establish and maintain intimate relationship with partner as well as the ability to engage in satisfactory sexual relationship with partner.

Emotional intelligence of the couples is expressed through their successful marital relationship. In order to have successful marital relationship couples need to enhance their interpersonal and intrapersonal intelligence or skills. Better interpersonal and intrapersonal skills facilitates them to know their emotions better, manage their emotions properly, recognize the emotions of others, motivate one self, and persist in the face of frustrations. Emotional
intelligence helps the couples to adjust with each other. When couple fails in adjustment marital problems arise. The problems in marital relationship touches some of our deepest needs - to be loved, feel respected, fears of abandonment or of being emotionally deprived etc. So in marital relationships emotional intelligence of the couples decides the future of marriage. To have successful marital relationship partners is to concentrate on two things, one is to maintain and improve their one to one relationship consistently and is to express and handle their emotions appropriately. Difficulties they face in these areas can disturb their marital relationship and can give rise to negative emotions and negative automatic thoughts, which in turn disturbs the sexual functioning of the couples.

The ability to engage in satisfactory sexual relationship is another indication of emotional intelligence of couples. An emotionally intelligent couple can handle their emotions during sexual activity. Emotions and associated thoughts during sexual activity determine the sexual functioning of the couples. A restricted ability to express warm and tender emotions, worries about rejection or criticism by the partner, feelings of low self esteem, concerns about being dominated by the partner, and inhibitions about nakedness or displaying one’s body are some of the emotional concerns can affect the sexual functioning of a person (Nobre and Pinto-Gouveia, 2009). People who are good in sexual functioning and more emotionally intelligent endorses more positive emotions whereas persons with sexual dysfunction and poor emotional intelligence endorses more negative emotions (Stevenson, Stevenson, Rupp, Kim, Janssen and James, 2011; Nobre and Pinto-Gouveia, 2006b). It is also reported that men with sexual dysfunction have significantly more emotions of sadness, depressed affect, disillusion, fear, and less pleasure or satisfaction compared to sexually healthy men. Female
data is also pointed to similar differences, with women with sexual dysfunction reporting less pleasure and satisfaction and more sadness, depressed affect, disillusion, guilt, and anger (Nobre and Pinto-Gouveia, 2006b). An emotional intelligent person can handle these emotions adequately. So this study assumes that emotional intelligence plays a vital role in the sexual functioning of the couples. Better the emotional intelligence better would be the sexual functioning and satisfaction.

**Importance of the study**
The present study is an attempt to understand sexual dysfunction in Indian context. This research is significant in our society where myths and misconceptions exercise a powerful hold. Sex is still considered as taboo in our culture and people are hesitant to talk about sex in public. So there is a need to understand prevailing myths, misconceptions and cultural beliefs regarding sex in our society and its influence in sexual functioning of individuals. India is known for its traditional family system and stability in marriages. This study is planned to find out marital adjustment among Indian couples and its relation with their sexual functioning. This research also focuses on emotional competency among Indian couples and its influence in the marital and sexual adjustment of couples. So the present study focuses on sexual dysfunction and its relation with sex knowledge, marital adjustment and emotional intelligence in the Indian cultural context. This research has a treatment aspect in which a treatment model for the patients with sexual dysfunction is designed and tested for its efficacy. The treatment model is designed considering various aspects of sexuality and sexual practices prevailing in Indian culture, hence it is highly suitable to our culture.