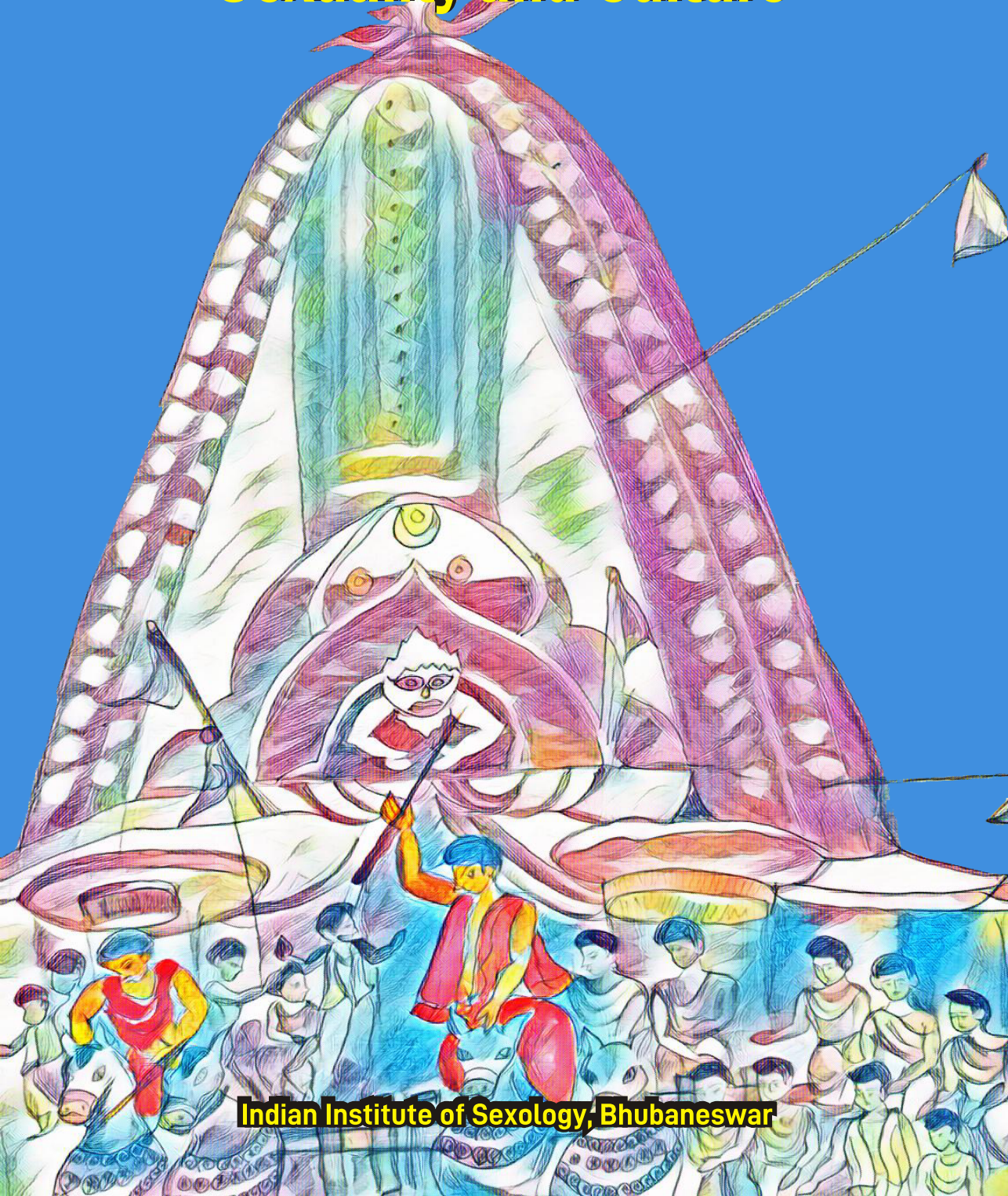


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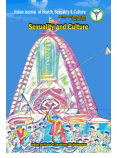
Cover page illustration : Ms. Deblina Roy

The charioteers or 'Dahukas' used to recite 'Dahuka Boli' or 'Dahuka Gita' during 'Ratha Jatra' in Jagannath Dham, Puri, Odisha. 'Ratha Jatra' being a symbolic expression of the life-death cycle and thus fertility, these poetic recitations contain bawdy words/phrases in colloquial language. Although they seem vulgar, they are loaded with deep spiritual meanings that cannot be directly disseminated to the public. These recitations have tremendous psycho-social significance. The authorities have banned the ritual for many years after huge controversy. Now, it is only carried out in a symbolic form.

Reference-<https://odishatv.in/news/festivals-events/songs-of-the-charioteers-during-ratha-jatra-135981>

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Editorial

Sexuality nourished by culture

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The story of sexuality is as ancient as the origin of humankind. Sexuality is portrayed as art, science as well as culture in the literature. In human beings, the significance of sexuality is not limited to procreation; it solves the purpose of recreation and strengthening relations (Kar and Tripathi, 2018). Sexuality evolves across the lifetime. During different phases of life, culture influences the development of sexuality significantly (Kar et al., 2015).

Culture nurtures human beliefs, experiences, values, practices, behavior, language, and knowledge (Agocha et al., 2014). Culture helps in providing common knowledge and experiences to shape human behavior, including sexuality (Agocha et al., 2014). Cultures give a direction to sexual practices and behavior. Sexual practices like - masturbation, homosexuality, sexual activities during menstruation, contraceptive measures, celibacy, consummation of marriage, polygamy, polyandry, sexually transmitted diseases, and many other aspects of sexuality are significantly colored by the

cultural beliefs about sexuality. Religion plays an important role in controlling the sexual behavior of people. Religions condemn certain sexual practices while allowing certain other practices. The moral values set by society also regulate sexual behaviors and practices.

Several cultures have a unique set of beliefs about sexuality, which becomes pathological at times and results in the development of significant psychological distress among individuals who harbor such beliefs. A classic example of this is dhat syndrome (Mishra and Roy, 2018), commonly reported in South-East Asia. Individuals with dhat syndrome often express their worries related to loss of genital secretion; semen (in males) and physiological vaginal discharge (in females) (Kar and Sarkar, 2015). The sexual myths in patients with dhat syndrome are centered around the ancient beliefs about semen in Ayurveda and the religious literatures of several other religions (Sahu, 2018).

Cultures harbor several cultural myths related to paraphilias, which are deeply rooted in society and strongly influence sexual practice and behavior (Basu et al., 2019; Shukla, 2019). Similarly, the movies and tale shows portray paraphilia as a usual behavior in different strata of society (Roy and Tripathy, 2019). Socio-cultural beliefs influence the degree of acceptance of paraphilia. Similarly, the sexual minority

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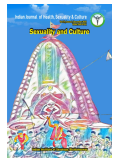
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populations (queers) are an integral part of society. There are several cultural and social beliefs about this group of population. Movies and cinemas clearly depict the influence of socio-cultural beliefs on public attitude towards the gender minority population (Beaudet, 2019).

Researchers have an increasing interest in the influence of cultural and social beliefs on sexual practices and behaviors (Parker, 2009). Sexuality has been increasingly studied from the perspective of anthropology, sociology, and psychology over the past several decades, as these factors significantly influence sexual behavior and practices. Clinicians evaluating patients with sexual disorders need to explore the socio-cultural underpinnings, attributions, and implications of the disorder for their holistic management.

References

- Agocha, V.B., Asencio, M. and Decena, C.U., (2014). Sexuality and culture. In: APA Handbook of Sexuality and Psychology, Vol. 2: Contextual Approaches. APA handbooks in psychology®. Washington, DC, US: American Psychological Association, pp. 183–228. DOI: 10.1037/14194-006.
- Basu, S., Bhardwaj, Y. A. and Chatterjee, S., (2019). Portrayal of Paraphilia in History. *Indian Journal of Health, Sexuality & Culture*, 5(2): 1–13.
- Beaudet, M., (2019). Queer Depictions in American Cinema: Assumed Identities. *Indian Journal of Health, Sexuality & Culture*, 5(1): 1–9.
- Kar, S. and Sarkar, S., (2015). Dhat syndrome: Evolution of concept, current understanding, and need of an integrated approach. *Journal of human reproductive sciences*, 8(3), 130–4. DOI: 10.4103/0974-1208.165143.
- Kar, S. K. and Tripathi, A., (2018). Positive Sexual Development. In: Shackelford TK and Weekes-Shackelford VA (eds) *Encyclopedia of Evolutionary Psychological Science*. Cham: Springer International Publishing, pp. 1–3. DOI: 10.1007/978-3-319-16999-6_2470-1.
- Kar, S. K., Choudhury, A., and Singh, A.P., (2015). Understanding normal development of adolescent sexuality: A bumpy ride. *Journal of Human Reproductive Sciences*, 8(2): 70–74. DOI: 10.4103/0974-1208.158594.
- Mishra, K. and Roy, P., (2018). Historical Perspective of Dhat Syndrome: A brief overview. *Indian Journal of Health, Sexuality & Culture*, 4(2): 4–7.
- Parker, R., (2009). Sexuality, culture and society: shifting paradigms in sexuality research. *Culture, Health & Sexuality*, 11(3). Taylor & Francis, Ltd.: 251–266.
- Roy, D. and Tripathy, S., (2019). Paraphilia and other Sexual Variations in the 'Game of Thrones'. *Indian Journal of Health, Sexuality & Culture*, 5(2): 14–26.
- Sahu, S., (2018). Ayurvedic Concept of Semen. *Indian Journal of Health, Sexuality & Culture*, 4(2): 32–35.
- Shukla, S., (2019). Zoophilia: Myths in Indian Context. *Indian Journal of Health, Sexuality & Culture*, 5(2): 108–110.



Guest Editorial

Cross-cultural variation in sexuality: An essential element for clinicians' awareness

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Introduction

There is a vast cultural difference in the expression and practice of sexuality. This extends to variations in the degree of acceptability of behavior that may have sexual connotations in the communities. It is needless to emphasize that clinicians should be mindful of these variations and be culturally sensitive while dealing with issues related to sexuality. Understanding cultural nuances, expressions, expectations, boundaries of acceptable and non-acceptable sexual behavior is key to successful clinical practice. It is preferable to draw attention to these issues in order to raise awareness and stimulate debate.

Biologically-based sex drive and societal methods to manage it manifest in a myriad of cultural beliefs, expectations, and behavior. In a sense, procreation is relegated to a minor role of human sexuality (Stevens Jr., 2014).

Interestingly societies are differentiated as sex-negative, which view sex as fundamentally procreative and reject a wider hedonistic or recreational role for sexual activity, and sex-positive, which view sex as more than a purely procreative act (Bhavsar and Bhugra, 2013).

Influencing factors

Many factors influence cultural variations of sexuality. These could be general education, value teaching, societal learning, social permissiveness, adherence to religious or cult rules, prohibitions and censorship, taboos, repression, economic level, even power in society and politics (Kar, 2014). People from different cultures are observably so different in their sexual communications, body language, attire to impress or suggest, and behavior in public places that it can be readily discernible that there are massive differences in the art and craft of expression of human sexuality.

Sexual attractiveness: Considering an example of biological factors influencing sexual attractiveness, throughout the world, femininity in women's faces affects men's attractiveness judgments (Kleisner et al., 2021). However, the magnitude of males' preference for female facial femininity differs among countries and correlates with the

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nation's health, i.e., higher preference in countries with better healthcare (Marcinkowska et al., 2014).

Morality: Sexual attraction is also influenced by morality, less in men than in women (González-Álvarez and Cervera-Crespo, 2019). Similarly, morality often dictates sexual boundaries in cultures. Thus, while some generalizations can be made, societies have different standards and practices, secondary to the degree of adherence to set moral standards.

Gender inequality: Gender roles and equality in a society influence sexual behavior as well. Sexual norms and practices are more restrictive in countries marked by gender inequality. A study reported that relatively high gender equality was associated with more casual sex, more sex partners per capita, younger ages for first sex, and greater tolerance or approval of premarital sex (Baumeister and Mendoza, 2011).

Religion: Religion has a massive influence on sexual behavior amongst followers. Religious diktats suggest gender roles, dressing pattern/code, selection of spouses, conditions for maintaining celibacy or sexual abstinence, set boundaries for sexual experience, e.g., disallowing premarital or extramarital sex, etc., even in some cases, sexual frequency (Mc Farland et al., 2011). People who do not follow the religious rules are ostracized, isolated, and in some instances receive punishments that can go to the extremes, including honor killing and non-judicial deaths in many societies and religions.

The relationship between sexuality and religion is somewhat intertwined and complex. Traditional thinking may suggest inherent opposition or incompatibility between the two; however, compromises are

becoming more common. For example, while celibacy was the norm for religious leaders, marriages and even homosexual relationships are accepted in certain religions, whereas many others remain strongly opposed. However, some sects believe worldly pleasures, including areas of sexuality, are a prerequisite for salvation. Nonetheless, it is suggested that it may not be easy to combine sexuality, a worldly pleasure, with religiosity or spirituality (Rigo et al., 2016).

Misconceptions

Myths, misconceptions, and taboos about sex are commonly present in all cultures, regardless of geography, education, and economic level, although the degrees may differ. Sexual misconceptions could depend on the degree of sexual knowledge, which also varies in societies. This could be due to lack of or inadequate sex education, easy access to misinformation, and unavailability or difficulty in getting accurate information. The usual ways of spreading sexual information through peers, print, and electronic media have been added by the internet, which has become a major source of misinformation. There should be a concerted effort to make accurate, comprehensive information readily available on the internet to target and deal with myths and misconceptions.

Marriage and sex

In many cultures, sex is considered within the confines of marriage; however, there exist wide variations in real life, even in the most conservative societies. Human beings can be sexually attracted to multiple partners simultaneously; there are cultures with polyandry and polygyny; however, in a general rule, sex outside marriage is considered unacceptable all over the world.

Nevertheless, extramarital sexual relationships are common, irrespective of moral, ethical, cultural, religious stance. While divorce rates, multiple marriages, and live-in relationships are growing worldwide, sexual experiences are becoming more common outside traditional marriages. Similarly, people are trying to dissect the common understanding of biological sex as the expression of two adults' psychological love. In some cultures, it is becoming as if less distressing to have occasional digressions than the others. In many societies, it is not uncommon to see people having children from multiple partners; and parents or even grandparents who are never married.

Internet

The variations in different societies might be merging or fading away with the role of the internet, providing easy access to sexual content, where the sex education materials are far less than the socially objectionable material and misinformation. Unfortunately, a massive number of people, even children, and adolescents are getting exposed to deviant sexual behaviours, varied sexual preferences, porn, sexual abuse, which might contribute to distress and many related disorders. Besides, the age of exposure to sexual content has become lower with more and more internet use. Therefore, it has a massive influence on permissiveness, preferences, and sexual behaviors in societies. Some countries are becoming aware of the deleterious effect of exposure to sexual content on the internet and implementing restrictions. However, their effectiveness is somewhat inadequate. There is a need for greater awareness of these, parental education, and government measures to protect vulnerable people, especially children and adolescents.

Human sexuality in trade

It is well known that prostitution, prevalent

in most cultures, at all levels of socioeconomic strata, is continuing within societies in many different forms. Male prostitution is becoming more common as well. Linked to prostitution, there are sexual slavery, sex trafficking, grooming, sexually transmitted infections, economic misery, and many such social ailments, which are continuing despite laws against them.

Besides prostitution, human sexuality is heavily used in other trade and commerce, with an assumption of 'sex sells', although some research suggests otherwise (Gramazio et al., 2021). These are principally observed in advertisements where advertisers and media utilise the innate essence of sexual attraction as a key to draw the viewers' attention to their product. The commercials often objectify human beings, use sexual connotations in the communications. Acceptability of such advertisements varies across the world, depending upon the degree of conservatism or restrictiveness of the society. There are many negative consequences of promoting these sexualized advertisements, e.g, body image dissatisfaction, psychological stress (Krawczyk and Thompson, 2015), including the inefficacy of such advertisements (Gramazio et al., 2021).

Sexual abuse

Some stereotypical assumptions that females are more frequent victims of sexual abuse are now changing. More research in different cultures suggests that males have been victims of sexual abuse in a considerable proportion. In fact, more males than female children reported being victims of sexual abuse in a study from India (Kumar et al., 2017; Kumar et al., 2019). While societies are changing, making it probably more accessible for women to report their sexual abuse as observed in 'me too' movements, however, there is still a massive issue for men to report theirs, be it for hesitancy or

inadequate social acceptance of these. Sexual abuse of male is a relatively hidden area in many cultures. Clinicians need to be aware of its repercussions, considering the magnitude of the stress involved.

Sexual dysfunctions

Sexual dysfunctions are relatively common. However, their prevalence vary across cultures, which could be due to differential cultural expectations of gender roles, sexual behaviour, and existing explanatory models of sexual dysfunction, as a culture often sets the thresholds for abnormality (Bhavsar and Bhugra, 2013). Similarly, seeking help for these problems varies across cultures; some of the reasons include hesitancy considering its sensitivity and ignorance due to lack of information and education. There is a need for public education in the local language using a communication style that can be understood easily by the general population.

Sexual practices and preferences

Sexual practices and preferences differ in diverse communities and different socioeconomic strata within the same community (Kar and Koola, 2007). Sexual experimentation, toys, methods may vary depending upon the resources available. Similarly, the prevalence of sexual preference disorders also differs, although studies are particularly inadequate in many cultures.

The practice of male circumcision and female genital mutilation continues in certain societies. While some health benefits of male circumcision have been reported, it is not a universally accepted procedure and is conducted chiefly as a socio-cultural influence. Its impact on sexuality is difficult to assess as many confounding factors influence sex. Whether circumcised individuals consider this helpful or not is

dependent mainly on their socio-cultural beliefs (Bañuelos Marco and García Heil, 2021). Female genital mutilations, which have no health benefits or medical indications (Klein et al., 2018), is a concern, considering adverse physical and psychological outcomes. Despite its harmful consequences and violation of women's human rights, the practice continues and is under-reported. Its eradication has met with hurdles as the practice has multiple socio-cultural, traditional, and religious underpinnings (Mc Cauley and van den Broek, 2019); and requires a change in thinking and attitude of its advocates.

Culture-bound sexual syndromes

Interestingly, there are many culture-bound sexual syndromes, like Koro in many Asian countries, Dhat syndrome in the Indian sub-continent, Shen Kui in China, and Sukra Prameh in Sri Lanka (Kar, 2005; Kar, 2014). Sometimes epidemics of Koro have been reported, affecting a large number of people. Cultural belief of semen as 'elixir of life' emphasizing its preservation and worries related to its loss leads to mental health issues. Societies have adored and worshiped sexual power and sex organs in many different forms, and these belief systems often contribute to the distorted content of thoughts. Some cultures even think of sex as a cure for a few mental health conditions.

Sex-related crimes

This is a significant issue in many cultures. Many such crimes are continuing at an alarming rate, starting from sexual harassment, abuse, grooming, sexual blackmailing, human trafficking for sexual trade, forced prostitution, rape, etc. In addition, unacceptable sexual behaviour within the confines of marriage, intimate partner violence, and marital rape are

increasingly being reported in some societies. In contrast, their prevalence in other societies is not clear. Interestingly, laws related to these crimes, their actual implementation, and provisions of punishments for these crimes differ massively in different countries, besides the variations in reporting and conviction rates.

Sex education

Research over the years strongly supports comprehensive sex education across a range of topics and students' age, which helps develop healthy relationships and a greater positive, inclusive understanding of human sexuality (Goldfarb and Lieberman, 2021). However, sex education is often debated and controversial, with massive variation in different societies. First of all, it is not accepted in many, and secondly, there are wide variations of its contents and methods of provision. Many conservative communities do not wish their children or adolescents are given sex education. There are many taboos and misinformation associated with it. Content of sex education can range from biological information to relational and psychological issues. It is just not in schools; sex education should be available to the general public in an easily accessible method.

Conclusion

Human sexuality goes much beyond procreative function, and it differs across cultures in the associated belief systems and expression. Sexual issues, behaviors, dysfunctions lead to various issues, e.g., relational problems, unacceptable behaviours, distress, mental health problems, and legal problems with significant consequences. Despite the massive influence of sexuality in human life, in-depth studies on various topics are lacking in most societies and cultures. Change in sexuality,

preferences, sexual behavior in societies and their impact on various aspects of public life are interesting areas for future research.

There is a need for sex education for the public in most societies, including diverse topics covering emotional aspects of relationships. This should start systematically in schools providing age-appropriate information from a young age. Becoming aware and sensitive about the cultural differences regarding human sexuality is vital for the general public to respect and not offend in social communications and interactions. It cannot be overemphasized that it is vitally important for professionals practicing sexual medicine to understand the beliefs, expressions, behaviors, and practices of sexuality across cultures.

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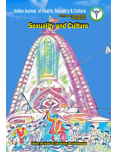
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References

- Bañuelos Marco, B. and García Heil, J.L., (2021). Circumcision in childhood and male sexual function: a blessing or a curse?. *International Journal of Impotence Research*, 33(2), 139–148. doi:10.1038/s41443-020-00354-y.
- Baumeister, R.F. and Mendoza, J.P., (2011). Cultural variations in the sexual marketplace: gender equality correlates with more sexual activity. *The Journal of Social Psychology*, 151(3), 350–360. doi:10.1080/00224545.2010.481686.
- Bhavsar, V. and Bhugra, D., (2013). Cultural factors and sexual dysfunction in clinical practice. *Advances in Psychiatric Treatment*, 19(2), 144–152. doi:10.1192/apt.bp.111.009852.

- Goldfarb, E.S. and Lieberman, L.D., (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, 68(1), 13–27. doi:10.1016/j.jadohealth.2020.07.036.
- González-Álvarez, J. and Cervera-Crespo, T., (2019). Gender Differences in Sexual Attraction and Moral Judgment: Research With Artificial Face Models. *Psychological Reports*, 122(2), 525–535. doi:10.1177/0033294118756891.
- Gramazio, S. et al., (2021). Does Sex Really Sell? Paradoxical Effects of Sexualization in Advertising on Product Attractiveness and Purchase Intentions. *Sex Roles*, 84(11), 701–719. doi:10.1007/s11199-020-01190-6.
- Kar, N., (2005). Chronic koro-like symptoms - two case reports. *BMC psychiatry*, 5, p. 34. doi:10.1186/1471-244X-5-34.
- Kar, N., (2014). Cultural Variations in Sexual Practices, in *Comprehensive Textbook of Sexual Medicine*. 2nd eds. New Delhi: Jaypee, pp. 133–146.
- Kar, N. and Koola, M.M., (2007). A pilot survey of sexual functioning and preferences in a sample of English-speaking adults from a small South Indian town. *The journal of sexual medicine*, 4(5), 1254-1261. doi:10.1111/j.1743-6109.2007.00543.x.
- Klein, E. et al., (2018). Female Genital Mutilation: Health Consequences and Complications - A Short Literature Review. *Obstetrics and Gynecology International*, 2018, p. 7365715. doi:10.1155/2018/7365715.
- Kleisner, K. et al., (2021). How and why patterns of sexual dimorphism in human faces vary across the world. *Scientific Reports*, 11(1), p. 5978. doi:10.1038/s41598-021-85402-3.
- Krawczyk, R. and Thompson, J.K., (2015). The effects of advertisements that sexually objectify women on state body dissatisfaction and judgments of women: The moderating roles of gender and internalization. *Body Image*, 15, 109–119. doi:10.1016/j.bodyim.2015.08.001.
- Kumar, M.T. et al., (2017). Prevalence of child abuse in school environment in Kerala, India: An ICAST-CI based survey. *Child Abuse & Neglect*, 70, 356–363. doi:10.1016/j.chiabu.2017.06.025.
- Kumar, M.T., Kar, N. and Kumar, S., (2019). Prevalence of child abuse in Kerala, India: An ICAST-CH based survey. *Child Abuse & Neglect*, 89, 87–98. doi:10.1016/j.chiabu.2019.01.002.
- Marcinkowska, U.M. et al., (2014). Cross-cultural variation in men's preference for sexual dimorphism in women's faces. *Biology Letters*, 10(4), p. 20130850. doi:10.1098/rsbl.2013.0850.
- McCauley, M. and van den Broek, N., (2019). Challenges in the eradication of female genital mutilation/cutting. *International Health*, 11(1), 1–4. doi:10.1093/inthealth/ihy082.
- McFarland, M.J., Uecker, J.E. and Regnerus, M.D., (2011). The Role of Religion in Shaping Sexual Frequency and Satisfaction: Evidence from Married and Unmarried Older Adults. *Journal of sex research*, 48(2–3), 297–308. doi:10.1080/00224491003739993.
- Rigo, C., Uzarevic, F. and Saroglou, V., (2016). Make Love and Lose Your Religion and Virtue: Recalling Sexual Experiences Undermines Spiritual Intentions and Moral Behavior. *Journal for the Scientific Study of Religion*, 55(1), 23–39. doi:10.1111/jssr.12244.
- Stevens Jr., P., (2014). Culture and sexuality, in *The International Encyclopedia of Human Sexuality*. American Cancer Society, pp. 1–8. doi:10.1002/9781118896877.wbiehs110.



Review Article

Female sexual orgasm in the Indian context

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Abstract

Sexual satisfaction is a basic need of every individual. Positive sexual orgasms impact an individual's ability to perceive, identify and express emotions, gain self-confidence, and improve decision-making. Unfortunately, a large proportion of the Indian masses hardly know of the implications of sexual gratification, and for others, sexual activity is either about reproduction or male ejaculation. In our culture, sex is less talked of, let alone the sexual needs of a woman on whom many societal restrictions have already been imposed.

This article intends to revisit the evolution of female sexuality and female orgasm, focusing on its place in Indian society, the roots of Indian culture that places male supremacy on the forefront, and how they interplay with each other.

Introduction

Sexual satisfaction is a natural need of every individual, validated by human biology. However, its entitlement is not merely about finding sensual content and pleasure. A happy and fulfilling sexual life has positive implications over other aspects of one's life.

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Primarily, it acts as a strong catalyst that strengthens the bond between the two sexually involved persons. Subsequently, sexual satisfaction allows people to be positive, happy while ensuring their comprehensive wellness. Positive sexual orgasms even have consequences upon one's ability to perceive, identify and express emotions, gain self-confidence, and improve decision-making. However, while a large proportion of the masses hardly know of these implications of sexual gratification, for others, sexual activity is either about reproduction or male ejaculation. In India, where fundamental women rights and empowerment are yet not universally accessible and enjoyed, female orgasm is a

topic that does not feature even in the discussions of intellects. However, we probably fail to realize that female orgasm is also a fundamental subject, and we should incorporate it with basic female rights and entitlement. The negligence of society towards female orgasm stems not just from the history of prevalent patriarchy but also is evident as a concept less understood right from the Freudian era.

This article intends to revisit the evolution of female sexuality and female orgasm, focusing on the current place of female sexual orgasm in Indian society, the roots of Indian culture that places male supremacy on the forefront, and how they all interplay with one another. We would also discuss the role of psychiatrists considering the flawed statistics of female vs. male sexual dysfunction attributed to under-reporting by the female subjects.

Evolution of the concept of female sexuality

1. Psychoanalytic approach: Mature vs. Immature orgasm

While Freud’s views of female pleasure and orgasm focused on the reproductive tract, he was also one of the earliest psychoanalysts to

explore the concept of vaginal and clitoral orgasm. Labeling a woman who preferred pleasure through clitoral orgasm as ‘frigid’ added controversy to the already less understood complicated reflex called ‘orgasm’. Freud labeled female sexuality as ‘The Dark Continent’ in ‘Three Essays on The Theory of Sexuality’ (Freud, 1905). He spoke about ‘The Transformation of Puberty’ and believed that a young adolescent girl who previously derived an ‘unconscious’ pleasure from clitoral stimulation (infantile orgasm) transfers her primary genital zone to the vagina (Sigmund, 1962). He rooted psychological issues like penis envy, conversion disorder, hostility, and neurosis in failure to undergo this ‘normal’ transformation. This was one of the earliest attempts to link female sexuality to heterosexuality while setting the limits of what he considered ‘normal’ back then.

In her book ‘The Psychology of Women’, Helene Deutch, a fellow of Freud, also roots the female sexual drive in the vagina (Deutsch 2010). She, unlike Freud, linked vaginal orgasm to a woman’s innocence / naivety / feminine passivity. She said ‘a silent vagina wants to be awoken to heterosexual desire by the penis’ where she meant that a woman wants to be fought for and overpowered by a man (Deutsche, 2010). She

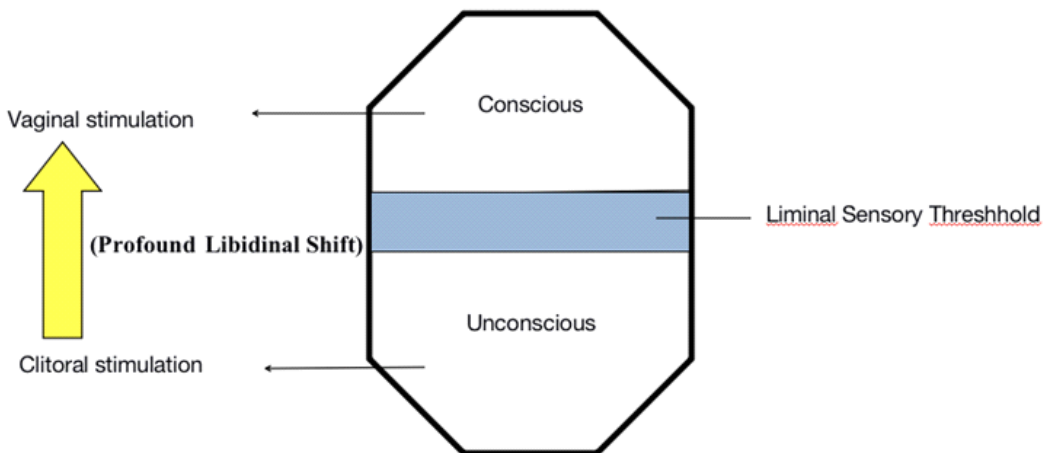


Fig. 1- FREUDIAN VIEWS ON SEXUAL IDENTITY OF A WOMAN

also viewed the sexual acts of violence as a catalyst for attaining sexual pleasure. The use of repression in her explanation of a woman's sexual needs was not well accepted by the feminist movement back then.

2. Feminist approach

Anne Koedt, an American radical feminist and author, called Sigmund Freud 'Father of vaginal orgasm' due to the latter's skewed views on mature vs. immature orgasm. She focused on delinking female sexual orgasm and female sexuality from gender identity and favored more towards the whole than the sum of its parts (Koedt, 2018).

3. Philosophical approach

An evolutionary concept by Elizabeth Lloyd, a science philosopher, and biologist, argued that female orgasm evolved as a byproduct (alongside) of male orgasm (Caton, 2006). However, the concept of 'Byproduct' was diminished by many other evolutionary biologists who believed in the adaptation theory of orgasm. In contrast, none of these two theories answered whether orgasm served a biological function or was an example of merely a pleasure principle.

4. Physiological approach

The questions raised by the psychoanalysts encouraged the sexologists to focus on the bodily responses than merely the repressed or the unconscious desires. Kinsey, Masters, and Johnson discouraged the Freudian definition of frigidity and emphasized bodily responses and sexual pleasure (Kinsey, 1998; Masters & Johnson, 1966). They all believed that these 'Freudian frigid women' required an accurate, adequate, and pleasurable sexual technique that can differ individually. Masters and Johnson dismissed the psychoanalytic distinction between the clitoris and vagina. Observing the changes in

blood pressure, heart rate, tone of muscles, and skin color during sexual arousal, they observed that clitoral stimulation was the most pleasurable sexual technique that provided consistent sexual orgasm. They were the first to comment on a woman's ability to experience multiple orgasms (unlike men), thus discovering that female orgasm existed independent of men (Masters & Johnson, 1980).

Definition and typology of female orgasm

Many authors, ethologists, physiologists, psychologists, and sociologists have attempted to define orgasm in their ways. Its typological aspects were well explained by Levin (Levin, 1992). However, the poorly understood neuro-endocrine and cerebral mechanisms underlying female orgasm hinder the formulation of a comprehensive definition of orgasm that covers all its related perspectives. It is disappointing that none of the descriptions imbibe in it the aspect of sexual pleasure and remains confined to its biological or philosophical vectors.

Types of orgasms have been most talked in the context of women's orgasms (unlike men). The limitation remains that most of the types specified in the literature are self-reports or women's experiences. Kinsey's report gives a detailed account of female sexual orgasm and its types (Kinsey, 1998). The classes identified so far are:

- ◆ Vaginal: Stimulation of vagina leading to vaginal contractions.
- ◆ Clitoral: Clitoral stimulation leads to clitoral and, at times, vaginal contractions.
- ◆ Uterine: Associated with contraction of uterine muscles, apnoea, and gasping (Levin, 2002).
- ◆ Mixed or Blended: Involves both vaginal and uterine contractions

- ◆ Orgasm involving the anterior vaginal wall (Ingelman-Sundberg, 1997), called 'Grafenberg zone' induced orgasm (Syed, 1999).

Female sexual life in ancient India

From the exquisitely erotic sculptures of the caves of Khajuraho to the writings of the first-ever literature that depicted sexual intercourse as a form of art and science, Indian cultural history has played its role in determining sexual behaviors and their evolution. Despite the available Indian literature that highlighted the role of sexual pleasure ahead of its time, the less expressed hedonistic needs of Indians are limited by the pluralistic attitudes. While the erotic sculptures of the temples of Khajuraho depict sexual imagery mainly from the point of view of a heterosexual man, in line with the male supremacism prevalent in the Indian society, Vatsyayana in his epic, Kamasutra emphasized prioritizing a woman's pleasure and making sure that a woman's orgasm should be thought of before a man thinks of his own. He also highlighted the importance of eye-to-eye contact during sexual intercourse (Somasundaram, 1986).

In his book 'Sexual Life in Ancient India', Johann Jakob Meyer, a Spanish author, did not just give a detailed account of the place of women in Indian culture, but also explained how sexual pleasure, love, and wedlock were inseparably bound together for Indian women right from the mythological period (Meyer, 1971). He also wrote about the 'forbidden' desires of a woman and the societal regulations imposed on her with regards to sexual pleasures (not to be done in public, not during the daytime, not outside the vulva, and so on). Women who sought sexual pleasures outside these societal norms were punished and labeled as lewd or 'spoiled'. Such sky-high and lofty was

the task of maintaining the 'dignity of women' back then.

Problem statement: The Indian framework

An unpublished PowerPoint resource (Mishra) cites various socio-cultural factors that limit the expression of sexual desires by both men and women. These encompass culture-bound syndromes like Ascetic syndrome that functions on the morality principle and promotes prolonged sexual abstinence. Such cultural beliefs are so deeply rooted that sex and orgasm are not talked of often in Indian families and are still considered a societal taboo.

The first clinical study on 'frigidity' in the Indian context was published in 1970s, where the author cited ignorance (lack of sexual knowledge), marital discord, easy fatigability, and fear of pregnancy as the reasons for the inability to have the sexual pleasure (Agrawal, 1977). Another pilot study conducted among English-speaking adults assessed sexual functioning and attitudes of married and unmarried adults. Common sexual difficulties included decreased interest in sex (16.4%), arousal difficulties (21.3%) among both the sexes, while 28.6% of women reported orgasmic difficulties. Masturbation was considered wrong and an 'unclean practice' by 40 % of the female respondents (Kar & Koola, 2007). The knowledge of masturbatory practices was assessed among young college girls. It was found that while only 30% admitted to masturbating, approximately 80% of those who masturbated considered it as malpractice which could further cause weakness, disease, infertility, and marital disharmony (Sharma & Sharma, 1998).

In the West, around 76% of women interviewed reported sexual dysfunction (Frank et al., 1978). Low sexual desire was

reported by 27.5% of the women who also expressed associated distress on the Female Sexual Distress Scale (Rosen et al., 2009). In addition, 65% of these women expressed dissatisfaction with their sex life, with many of them reporting the failure to attain orgasm as one of the reasons for low satisfaction in sex life.

The higher prevalence of sexual dysfunction among females in these Western studies points towards the flawed statistical data in Indian studies that present a small number of females when it comes to sexual or orgasmic dysfunction. One of the attributable causes could be under-reporting due to social pressure and related fears.

These studies reflect the silenced desires and the guilt associated with expression of sexual needs by a woman amidst a cultural and traditional Indian society. Talking about one's sexual needs among married women is no less a tall task than among unmarried ones. The literature portrays the state of women in rural Indian society and how the control of female sexuality is shifted from the father to the husband post-marriage (Kumari, 1995). A cross-sectional study of 149 married women revealed that nearly 86.6% had unsatisfactory orgasms throughout their sexual lives, while 81.2% had an unsatisfactory sex life. The affected women never sought professional help and attributed the reasons to relationship issues, partner's illness, and cultural taboos (Singh et al., 2009).

Another study conducted in Kolkata highlighted the high gender differences in patients attending special sex clinics. Out of the 237 patients attending the clinic, only 2 (0.8%) were females (Pal et al., 2017). A study published from a tertiary care teaching hospital in North India showed that 52% of women reported low sexual desire, 31% struggled with lack of arousal, while 88% never really enjoyed sexual acts (Singh et al.,

2020). All in all, while the history suggests a paradigm change in societal norms, gender roles, and change in the level of education among women, the expression of women's sexual needs by women themselves seems to have shown only a minor difference (Das & Rao, 2019).

Nosology of disorders of sexual orgasm

The definition of orgasmic disorder (other than those of organic etiology) does not differ much in ICD-10 and DSM-5. However, none of the classification manuals take into account the factors like socio-demographic and cultural differences, adequacy of sexual techniques used, frequency of sexual intercourse while classifying one's inability to experience orgasm under the umbrella of 'Orgasmic Dysfunction' (WHO, 1992) and 'Female Orgasmic Disorder' (APA, 2000). Another discussion that needs to be considered in future classifications is the limited definition of orgasm while the experience is largely individual for every woman (unlike men).

Unanswered question: Is orgasm the end-point of a sexual act?

After visiting the evolutionary science behind female orgasm and sexuality, many questions remain unanswered in association with the studies in the Indian context. A discussion on female sexual functioning remains a prohibited topic in most conservative and traditional families in Indian society. The level of uneasiness faced by Indian women in verbalizing their needs for sexual pleasure is a barrier. Gynecologists can play a substantial role in breaking this barrier as most females from the Indian community frequently visit gynecologists more often than 'sex clinics' or mental health clinics (Pal et al., 2017).

Another food for thought remains, 'does sex

ends at orgasm? (Komusaruk et al., 2010). If yes, how do we explain the ability of a woman to have multiple orgasms? Also, how relevant is it to define female orgasm in the brackets of frequency and intensity of contractions of pelvic and perineal muscles? Women suffering from orgasmic dysfunction can have normal sexual arousal or desire but have difficulty attaining ‘climax’. But who defines ‘climax’ after all, when different women experience sexual pleasure differently, other than the ‘normative’ vaginal way? (Kinsey, 1998; Lloyd, 2009).

Apart from the pathological (neurological, drug-induced) and contextual (age-associated) factors that may result in anorgasmia, the effect of the aforementioned negative cultural conditioning needs a renewed focus.

Another cultural concern that is particularly relevant in the Indian setting is the fear of abuse from the male partner if a woman expected to be submissive at large dares to desire more of a man or decides to ‘talk’ about the sexual intercourse following it. The ‘male dominion’ ingrained in most patriarchal minds might try to bully or overpower a woman who dares to demand more. This picture reflects not just the women who fail to explore or express their sexual needs or needs for intimacy but also portrays their choice to remain silent about their prolonged pleasure-deprived states.

Role of mental health professionals

Sexual health can have both positive and negative effects on one’s mental state. Following are the possible roles of psychiatrists in thinning down the boundaries between a woman and her unexplored/unexpressed self:

1. Promotion of positive sexual attitudes of the society.
2. To help the couple focus on ‘what an individual woman wants’ than ‘what women want’ while leaving more room for joint flexibility’.
3. To include comprehensive talks on fantasy exploration during sex therapy.
4. Work on facilitating conversational skills. (Once you do it, talk about it so that you know what to do the next time).
5. Promote healthy masturbatory behaviors while working on the taboo and misconceptions related to female masturbation.
6. Therapy of the partner while helping him/her polish the sexual techniques, including the role of foreplay, clitoral stimulation, fondling of non-genital organs of women, the safe use of special sexual devices.
7. Couple sex group therapy and individual therapy.
8. Reinforcement training, sexual fantasy training (Rao & Nagaraj, 2015).
9. Encouraging roleplay as a means of exploring a woman’s hidden desires and needs.
10. Conducting more methodological scientific research in the field of female sexual functioning and dysfunctions, as most of the research so far is carried out by sociologists, philosophers, feminists, authors, or media.
11. To work on bringing changes in the current classification system pertaining to sexual dysfunctions while considering the socio-cultural factors.
12. To raise awareness about female sexuality to address under-reporting and facilitate professional help-seeking behaviors among females experiencing sexual difficulties.

13. Special focus on sexual history during medical education, particularly history pertaining to masturbatory attitudes, beliefs and habits, sexual preferences, attitude/knowledge of sexuality and orgasm, individual preferences of methods to attain intimacy/orgasm, an account of marital, premarital, or extramarital relationships, knowledge of safe sexual practices.

Conclusion

The often performed yet less talked of act, 'sex' requires further push as far as female sexual expression and experiences are concerned. The sole focus on 'vaginal orgasm' that kept women sexually deprived for years requires a paradigm shift to ways other than vulva. The effects of unsatisfactory sexual life on women's mental health also require more methodological research to quantify the statistical data accurately. As psychiatrists, we can help women understand their sexual behaviors and needs, which needs to be done sensitively given the Indian context and the belief systems around female orgasm.

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References

AAgarwal, A.K., (1977). Frigidity-A clinical study. *Indian Journal of Psychiatry*, 19(1), p.31.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC, American Psychiatric Association.

Caton, H., (2006). *The Case of Female Orgasm: Bias in the Science of Evolution*. Elisabeth A. Lloyd (2005). Cambridge: Harvard University Press. P. 311 pp *Twin Research and Human Genetics*, 9(1), pp.181-183.

Das, K. and Rao, T. S. S., (2019). A Chronicle of Sexuality in the Indian Subcontinent. *Journal of Psychosexual Health*, 1(1), 20–25. DOI: 10.1177/2631831818822017

Deutsch, H., (2010). *The psychology of women; a psychoanalytic interpretation*. Vol. I.

Frank, E., Anderson, C. and Rubinstein, D., (1978). Frequency of sexual dysfunction in "normal" couples. *New England Journal of Medicine*, 299(3), 111-115.

Ingelman-Sundberg, A., (1997). The anterior vaginal wall as an organ for the transmission of active forces to the urethra and the clitoris. *International Urogynecology Journal*, 8(1), 50-51.

Kar, N. and Koola, M.M., (2007). A pilot survey of sexual functioning and preferences in a sample of English-speaking adults from a small South Indian town. *The Journal of Sexual Medicine*, 4(5), 1254-1261

Kinsey, A.C., (1998). *Sexual Behavior in the Human Female*. Bloomington: Indiana University Press.

Koedt, A., (2018). *The myth of the vaginal orgasm* (pp. 481-487). Routledge

Komisaruk, B., Beverly, W., Nasserzadeh, S. and Beyer-Flores, C., (2010). *The Orgasm Answer Guide*. Baltimore: The John Hopkins University Press.

Kumari, R., (1995). Rural female adolescence: Indian scenario. *Social change*, 25(2-3), 177-188.

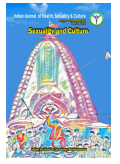
Levin, R.J., (1992). The mechanisms of human female sexual arousal. *Annual review of sex research*, 3(1), 1-48.

Levin, R.J., (2002). The physiology of sexual arousal in the human female: a recreational and procreational synthesis. *Archives of sexual behavior*, 31(5), 405-411.

Lloyd, E.A., (2009). *The case of the female orgasm: Bias in the science of evolution*. Harvard University Press.

Masters, W.H. and Johnson, V.E., (1966). *Human sexual response*.

- Masters, W.H. and Masters, V.J., (1980). Human sexual inadequacy. Bantam Books.
- Meyer, J.J., (1971). Sexual Life in Ancient India: A Study in the Comparative History of Indian Culture. Delhi: Motilal Banarsidass.
- Mishra, S.R. (N. D.) Demographics And Clinical Presentation of Sexual Difficulties in Youths, pptx. Indian Institute of Sexology Bhubaneshwar. <https://iisb.org/document/>
- Pal, A., Mallik, N., Acharya, R. and Mondal, D.K., (2017). Epidemiology of patients attending a special clinic on sexual dysfunction from Eastern India: A retrospective data review. Medical Journal of Dr. DY Patil University, 10(6), p.542.
- Rao, T.S. and Nagaraj, A.K.M., (2015). Female sexuality. Indian Journal of Psychiatry, 57 (Suppl 2), p.S296.
- Rosen, R.C., Shifren, J.L., Monz, B.U., Odom, D.M., Russo, P.A. and Johannes, C.B., (2009). Epidemiology: Correlates of sexually related personal distress in women with low sexual desire. The Journal of Sexual Medicine, 6(6), 1549-1560.
- Sharma, V. and Sharma, A., (1998). The guilt and pleasure of masturbation: A study of college girls in Gujarat, India. Sexual and Marital Therapy, 13(1), 63-70.
- Freud, S., (1905). Three Essays on the Theory of Sexuality
- Freud, S., (1962). Three Essays on the Theory of Sexuality, trans. James Strachey. New York: Basic Books
- Singh, J., Tharyan, P., Kekre, N.S., Singh, G. and Gopalakrishnan, G., (2009). Prevalence and risk factors for female sexual dysfunction in women attending a medical clinic in south India. Journal of Postgraduate Medicine, 55(2), p.113.
- Singh, N., Sharma, P. and Mishra, N., (2020). Female sexual dysfunction: Indian perspective and role of Indian gynecologists. Indian Journal of Community Medicine, 45(3), p.333.
- Somasundaram, O., (1986). Sexuality in the Kama Sutra of Vatsyayana. Indian journal of psychiatry, 28(2), p.103.
- Syed, R., (1999). Knowledge of the "Gräfenberg zone" and female ejaculation in ancient Indian sexual science. A medical history contribution. SudhoffsArchiv, 83(2), 171-190.
- World Health Organization. (1992). The ICD-10 classification of mental and behavioral disorders: clinical descriptions and diagnostic guidelines. Geneva, World Health Organization.



Review Article

Romance, coercion, and consent: Unavoidable concepts in sexuality

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Introduction

Human beings are social animals by nature, hence establish relationships with fellow human beings. Human development is

Abstract

The concept of love and romance has intrigued human society from a long time. The multi-faceted word romance is popularly known as love between people who tend to be together with intentions of intimacy. Therefore, the relationships have always been a complex area to study, and there are certain important concepts in the dynamics of romantic relationships. Coercion, sexual esteem are important areas among these, as they impact the mental processes profoundly. In this article, we have discussed about sexual coercion and consent, its effects on sexual esteem, the areas where the capacity to consent and coercion may happen and explored the cross-cultural dynamics of relationships within the romantic relationships.

tremendously affected by the relationships they keep and pursue. One of the most significant relationships made by human beings is romantic one. They tend to invest a lot in their romantic relationships. They devote a substantial number of resources in romantic relationships than in others in terms of time and finances. Romance has fascinated people from time immemorial. Since it was first coined; the word 'Romance' has been a source of inspiration to poets and authors. Initially, romance was related to the idea of love but not only limited to that but extended beyond to the expression of innermost desires. These desires may or may

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not relate to love. In the 11th century AD, the expression of romance evolved. The writings of the poets changed the face that later became something more referred to romantic courtly love. This was more chivalrous and often included extreme devotion and respect for the women but not related to the sexual relationships (Mc Williams Peter, 1997). The evolution of romance has changed over time to the current meaning of an affectionate relationship between human beings who participate in sexual relationships. Romance thus transformed from a platonic, courtly, chivalrous love to an affectionate, intimate sexual relationship.

With the changing times, romance has also changed; now, it refers to much more than just an artistic or exaggerated expression of feelings within the context of love relationships. Romance is often colored with the active expression of one's love and profundity of internal desires to connect intimately and commitment to marriage and long-lasting relationships. It means that romantic relationships also contain a spectrum of relationships, including fascination attractions, and attachments towards their potential or actual partners (Alberoni Francesco., 1983)

Relative history

The modern-day romance is very different from Aristotle's way of romance, which was platonic (more spiritual) and now has evolved to much nearer to its literal meaning, which is more intimate and involves sexuality. Romance is usually present in the institutions of marriage and betrothal and outside the orthodox companionships. Some of these have become classics, like the Arthurian story of 'Lancelot and Guinevere'. In Classic English literature of Shakespeare's Romeo and Juliet, these stories tell the tale of

romantic love that would go beyond the boundaries of spiritual love, even at the cost of their lives (Denis de Rougemont, 1990). On the other hand, some authors have expressed pessimism regarding romance, stating that romance is nothing more than the way of nature to attract a mate and reproduce (Schopenhauer, 1973).

Sexual coercion has become a burning issue in the modern world (Carey et al., 2015). The consequence of this has multifaceted effects on individuals experiencing it. The academic community has faced difficulties defining and describing the phenomenon of sexual coercion (Carey et al., 2015). But there is consensus upon the consequences of sexual coercion and that they mainly affect the psychological health of the involved persons.

Definitions

Romance: Romance is a word that has been talked about for ages and by the dictionary, means a relationship between two people bonded by love and may or may not be married. This word has also been associated synonymously with love and affairs. Romance is also defined as mysterious, intriguing, and exciting, along with other meanings that lead to variation in understanding of the word culturally and linguistically (Merriam Webster English Dictionary, 1996).

Coercion: It is an act of persuading someone to do something that they don't want to do. A few synonyms for coercion include force, threaten, oppress, intimidate, pressurize, demand (Merriam Webster English Dictionary, 1996)

Campus sexual assault is a pervasive issue impacting all students' well-being, quality of life, and education. There have been many recent efforts to prevent and address campus sexual assault, most notably the adoption of

affirmative consent standards (Pugh and Becker, 2018). However, efforts to address sexual assault on college campuses through an affirmative consent standard could be undermined by traditional gender norms, sexual scripts, and the power dynamics inherent in heterosexual relations, which lead to situations in which many women consent to unwanted sex (Thomas and Gorzalka, 2013). Studies indicate that college women are likely to experience verbal sexual coercion, yet research has failed to reach a consensus on defining, operationalizing, and studying verbal sexual coercion (Carey et al., 2015). Research on sexual consent is also lacking, particularly regarding approval to unwanted sex due to the presence of verbal sexual coercion. This article discusses how multiple forms of unwanted sex can be conceptually examined (Katz and Myhr, 2008). Policy implications and areas for future research are discussed (Pugh & Becker, 2018).

Sexual coercion can be defined as a phenomenon where sexual exploitations occur among people who are not giving consent freely, but approval is obtained by pressure, promise, threat, and intimidation.

Affirmative consent (No means No and Yes means Yes): It is a concept of verbal consent that can empower women and remedy the issues with consent (Pugh and Becker, 2018).

Communicative sexuality: Communicative sexuality is a type of communication in which the initiator (usually the male person) has to obtain consent for each activity verbally before perusing it (Thomas and Gorzalka, 2013).

Sexual coercion in a romantic relationship

Sexual coercion in romantic relationships has been studied in recent years; a study reported

that this type of coercion could be explained by the theory of planned behavior (Simms and Byers, 2012), they found that sexual pressure in romantic relationships was linked with various factors namely; perception of social norms, initiation behavior; perceived behavioral control and attitudes. It was identified that the partners would usually approve the sexual initiation behaviors, and the initiation confidence was higher among the partners who received positive outcomes of their initiation behaviors. Men were mainly the initiators, and they had a more traditional approach towards sexual behavior than women. The majority of the people who perceived that their partners initiated sexual intimacy were more satisfied in the relationship than those who initiated sexual intimacy on their own (Simms and Byers, 2012).

Sexual esteem

Sexual esteem is more like self-esteem, and people start gaining sexual esteem from a young developmental period, and by the time children reach adolescence, they start to form their sexual esteem. When they reach youth, their sexual esteem reaches maturity as they encounter various relationships and undergo romantic and sexual relationships. Sexual esteem refers to the pattern individual views their sexuality in comparison with others and develops a positive outlook towards their sexuality (Maas and Lefkowitz, 2015). A study from North America conducted among a racially diverse population studying at university found that students who had engaged in sexual behaviors of both oral and penetrative nature had more sexual esteem than those who were not involved in a relationship. Students who had used contraception were more confident about themselves compared to the people who had not used contraception or had not been in sexual

relationships (Maas and Lefkowitz, 2015). The study found that the youth engaged in sexual activities had stronger opinions about their ability to consent and were more confident about themselves. Men who had more partners were more confident about their initiation and outcome of their sexual activity. Sexual esteem plays a significant part in building confidence and responding to coercion. People with less sexual esteem were more vulnerable to coercion, abuse, undergoing abortion, and loss of self-worth (Calogero and Thompson, 2009).

Romance as a development

Human development happens in phases comprising certain periods. These phases are characterized by specific tasks of that period. One of the significant tasks in adolescence is to establish romantic relationships, and people choose their paths. Be it passion about the career or a person of choice. Romantic relationships, in most cases, face a situation of coercion towards sexual involvement. This leads to problems and issues faced in the future (Adams-Curtis and Forbes, 2004). Studies have reported that romantic relationships that involve sexual coercion have had long-lasting effects on the sufferers (Thomas and Gorzalka, 2013). Effects of sexual coercion have been studied. The results can range from loss of sexual esteem to post-traumatic stress disorders, depression, and long-term sexual dysfunctions (Collibee and Furman, 2014a). The impact of sexual coercion in romantic relationships is common, like eating disorders, reduced self-esteem, internalization, and externalization of symptoms up to suicidality (Collibee and Furman, 2014a). It makes them more vulnerable to increased sexual exploitation. According to cross-sectional studies, there is increased fear and anxiety among the people suffering from sexual victimization in their lives (Katz et al., 2007; Katz and Myhr, 2008).

A long term study on adolescents regarding sexual coercion in romantic relationships suggested that adolescents who faced sexual coercion in their early years' developed low self-esteem and had more casual sexual relationships; although they did not have much difference in the quality of the relationship, there were increased jealousy and low self-satisfaction in the relationship and also increased risk for victimization (Adams-Curtis and Forbes, 2004; Collibee and Furman, 2014a)

Factors affecting sexual coercion in romantic relationships : Theories

1. Men's attempts to dominate and control their partners (DeMaris, 1997; Goetz and Shackelford, 2006) found a significant positive relationship between men's controlling behaviors and their use of sexual coercion in an intimate relationship, thus supporting the domination and control hypothesis (Maas and Lefkowitz, 2015). This hypothesis tries to explain that men in society try to keep their status at a higher position than women. This provides a notion of superiority since childhood and the formation of a new family by dominion. This percolates in the society since childhood giving rise to more sexually aggressive behaviors among men to intimidate and overpower women physically. This similar notion builds up among the young girls, where they feel it is justified to be suppressed by their male counterparts. This leads to coercive behaviors in intimate relationships.
2. There is a theory of impulsive behavior that several studies can support. The studies have found that physically abusive men were more likely than non-abusive men to sexually coerce their female partners (Apt and Hurlbert, 1993;

- Camilleri, 2004; Camilleri et al., 2009; De Maris, 1997; Thomas and Gorzalka, 2013). This can also be explained by Freudian Psychoanalytical theory that impulsive men commonly coerce in sexual relationships.
3. This expression of power is the product of men's social roles (Camilleri et al., 2009; Gage and Hutchinson, 2006; Goetz and Shackelford, 2006). Men in patriarchal societies have been observed to showcase their powers in patterns by the subordination of women in sexual relationships. The higher social status of men biases the notion that sexual pleasures remain mainly in their domain, and they behold the right to it, thus giving them more power over their women counterparts. Similar social constructs give rise to the notion and social bias and give men a higher social status. This, in turn, leads to bias in which men are perceived to have the right to initiate and acquire sexual favors from women without women's consent, leading to socially accepted coercion.
 4. Another hypothesis has been advanced by researchers studying sexual coercion from an evolutionary perspective: sexual coercion in intimate relationships may function as an anti-cuckoldry tactic, with its occurrence related to a man's suspicions of his partner's sexual infidelity (Camilleri et al., 2009; De Maris, 1997; Thomas et al., 2016; Thomas and Gorzalka, 2013). This theory explains the phenomenon that if a woman disobeys her partner's will to engage in sexual activities in a relationship, she might be losing interest in him. This behavior is perceived differently as if the woman may like another person and had engaged in a relationship with other males.
 5. Coercion in response to cues of his partner's sexual infidelity might function to introduce a male's sperm into his partner's reproductive tract at a time when there is a high risk of cuckoldry (i.e., when his partner has recently been inseminated by a rival male). This sperm competition hypothesis was proposed following the recognition that partner rape in non-human species followed female extra-pair copulations (Goetz and Shackelford, 2006) and that sexual coercion and partner rape in humans often followed accusations of female infidelity (Lalumie're et al., 2006; Thornhill and Thornhill, 1992). This shows a three-path model for developing sexually coercive behavior in general to sexual coercion in relationships.

Consent and sexual coercion

By definition, consent means to agree upon (Merriam-Webster English Dictionary, 1996). Consent is a part of daily life, and we give consent for so many things that it often becomes a pattern of our personality. When engaged in romantic relationships, people often assume consent. In sexual relationships, consent is an important binding one must obtain to engage in any sexual activity. Unfortunately, this has not been the scenario in society. There are many factors on which consent depends (Maas and Lefkowitz, 2015).

'Sexual Consent' basically consists of three parts:

- (1) The initiator (usually a man, if it is a heterosexual relationship) will seek consent actively.
- (2) The other partner will provide the consent actively or will refuse
- (3) The initiator will accept the positive or negative consent for sexual behavior.

It can be pretty understood that romantic relationships are just more than superficial transactional relationships, and usually, sexual requests are more likely to be involved with the mental reward mechanism and feelings of guilt after refusal (Calogero and Thompson, 2009). There is also a burning issue that not all initiators will take a refusal seriously, increasing the risk for sexual assault and violence (Pugh & Becker, 2018). Verbal affirmative consent thus cannot be considered as standard because of the reasons mentioned above.

The concept of consent is not very well understood worldwide (Pugh & Becker, 2018). However, there have been attempts to generate awareness about consent through social media and structured methods, and studies report that youth has the concept of consent in sexual behaviors (Thomas et al., 2016).

Partner rape/marital rape

Marital rape, though it sounds like an oxymoron, is quite a known phenomenon globally and definitely with high prevalence in the Southeast Asian region. Marital rape can be classified into three types, force-only rape, battering rape, obsessive rape.

In a 2013 United Nations survey, 1/4th of the 10000 people interviewed in the Asia Pacific region admitted to having raped their wives at least once in a lifetime (Rosellini et al., 2013). The US department of justice has defined marital rape as any unwanted sexual act committed by a spouse or ex-spouse without the partner's consent (US Department of Justice, 2000). California penal code section 262 has also mentioned spousal rape and punishment specific to it. Marital rape, a form of sexual coercion, is considered a crime in multiple American states, with different culpable sentences.

In India, various penal codes for similar

situations, like Section 498(A) domestic violence, Section 377 unnatural sexual offenses, Section 375 of IPC, define rape as a crime. However, no specific provision of law has been proposed for sexual coercion. Though exception section 2 of 375 IPC, marital rape is a crime under age 15 years, doesn't support article 14. However, article 14 guarantees equal protection and equality before the law hence creating a dilemma in the law.

Types of marital rape

Force only rape: Husband uses threat and violence to the extent to get/coerce sexual activity. Here, violence happens mostly during intercourse. This can be dangerous, and the partner can be hurt in fatal ways. This leads to emergency room visits and criminal charges against the perpetrator.

Battering rape: Here, the woman faces both physical and sexual violence, mostly together. The rape often occurs as a continuum of physical assault, and women mostly face this type of marital rape (Gage and Hutchinson, 2006).

Obsessive rape: It can be explained as a type of sadistic pleasure; the act itself is much violent here (Shackelford and Goetz, 2004).

The validity of marital rape has been in question as it acts as an anti-cuckoldry tactic, its occurrence related to a man's suspicions of his partner's sexual infidelity. Here the man expects that wife must not decline the consent as they are married, which becomes a moral right to obtain sexual gratification. Although sexual coercion in intimate relationships sometimes includes men's use of violent physical force, sexual coercion in close relationships often includes subtle forms of psychological and emotional manipulation (Collibee and Furman, 2014a; Gage and Hutchinson, 2006).

The worldwide trend of sexual coercion

Sexual coercion in romantic relationships is commonplace, and there are few population-based studies regarding intimate partner violence throughout the world.

According to a national report of the USA, 25 % of women reported being coerced for sex in their romantic relationships, and 7.6% of men reported being coerced for sexual activities in their relationship (US Department of Justice, 2000). According to their report, more than 1.5 million women get raped by their partners in a year. A systematic review of intimate partner violence reported that lifetime prevalence of intimate partner inflicted sexual coercion was as high as 25% in all the college-going women within the past year (Bagwell-Gray et al., 2015). Throughout the relationship, the extent of sexual coercion was as high as 91%. The overall intimate partner-related sexual violence was reported to be 33.9%, which means one in three women in their lifetime experience some type of sexual violence in their lives, which can range from verbal to violence, including rape. Among the LGBTQ community, sexual coercion is present in almost 21% of the cases (Ard and Makadon, 2011). This great extent of sexual coercion in romantic relationships leads us to an increased burden of care for the victims and sufferers. Sexual coercion thus contributes to a great deal of preventable health care expenses throughout the world. However, more studies in this field are necessary as most incidences remain unreported to get the exact idea of the magnitude of the problem.

Sexual coercion in adolescents

Adolescence is an essential landmark in any individual's life. The first idea of romantic attraction happens at this age in most human

beings. The individuals first taste the essence of romance and experience the impact of a romantic relationship(s). The relationship often turns intimate and physical in 30-40 % of males and females, these experiences are colored by peer sexual coercion and victimization (Collibee and Furman, 2014b; Hickman et al., 2004; Young & Furman, 2008). Moderate to severe sexual victimization is related to an increase in disordered eating behaviors, reduced self-esteem, heightened risk for internalizing and externalizing symptoms, and suicidality (Ackard and Neumark-Sztainzer, 2002; Carver et al., 2003; Friedman, 1992; Sue Newman and Campbell, 2010; Wolfe et al., 2005; Young et al., 2012). Furthermore, sexual victimization contributes to greater risk for subsequent victimization (Young et al., 2012).

In a study, the frequency and long term (8.5 years) impact of sexual coercion were studied among 94 youths, where a significant amount of sexual coercion has been observed following which jealousy, violence, or other negative interaction and impact on further dating behavior has been observed (Collibee and Furman, 2014b). However, they didn't find any change in support or relationship satisfaction, which has been mentioned by other researchers (Levesque, 1993). Covert sexual coercion is often unnoticed; however, the overt forms, especially those directed against women, are often considered among the most heinous crimes per various laws and constitutions. The most overt form of sexual coercion, i.e., rape, has always taken precedence in gaining the notice of lawmakers, and India is no exception either. Article 21 of the Indian constitution guarantees the right to life for every individual, hence protecting every woman from any non-consensual intimacy, romance, or sex.

Gender difference

Beliefs about intimacy and sexual behavior are often different in both genders, which is evident in all cultures, and epidemiological research has supported the same. Especially, the permissiveness about premarital sex among adolescents has shown more skewed towards permissiveness by male respondents. Interestingly, both the boys and girls have expressed more permissiveness towards male-only premarital sexual behaviors for a large sample of the population from three Asian cities, (n=16,554) (Zuo et al., 2012). The boys' beliefs were grossly towards gender inequality, all of which clearly say possibilities, chances, and facts about sexual coercion and its obvious direction among the couples. As the popularly held beliefs often being considered as 'norm' followed by frequent practices of the same, these commonly held beliefs/trends need much attention, reported up to 15% (up to 20% as per (Camilleri, 2004) of adolescent women were 'forced by a romantic partner' 'to do sexual things which initially they didn't want to do (Bogale and Seme, 2014).

Sexual coercion, needless to say, negatively impacts the emotional, behavioral, physical, and all the other aspects of both current and future relationships. Ongoing continuous coercion can lead to increased jealousy and a definite decrease in the couple's satisfaction. (Collibee and Furman, 2014b). For example, a single experience of sexual coercion increases an adolescent women's likelihood of experiencing future sexual coercion in that same relationship by seven (Camilleri et al., 2009; Collibee & Furman, 2014b)

Apart from these, sexual coercion leaves the individual with multiple physical and mental health consequences, like PTSD, lower levels of self-esteem, higher levels of depression, and higher use of various psychoactive

substances (Ackard and Neumark-Sztainzer, 2002).

Controversy

The idea of female sexual narcissism, women seek sexual satisfaction through action done on them. Gender inequality affects the criteria of sexual attractiveness. This concept is utilized by a significant number of industries, especially beauty and cosmetics. This makes products and items that focus on some women's attributes to make them feel more desirable. It is more concerned about the performance of specific activities apart from investment in the relationship. This is a type of romantic relationship when the partner is mostly bothered about his or her attributes or qualities in a narcissistic way, so the other partner feels used up and only serves as an object of gratifying desire (Jin et al., 2019).

Sexual fantasy: Men fantasize about doing things to others, where women think more about getting things done to them. However, this implies a more general orientation of women, rejecting men as sexual objects in favor of conceiving them as instruments to release their female sexual potential. Men do the opposite.

In conclusion, gender inequality produces oppositions and tensions between male and female sexuality through two associated processes. Men impose their desires and fantasies on women and cultures as a result of their dominance. Simultaneously, women use sexuality as a resource to ameliorate their subordination. These cross-currents make sexuality overwhelmingly conflict-ridden. Sexuality thus becomes a conflicting entity of which creates a dispute between desire and repulsion. This tangle of tension and hidden motives produces the ideological deceptions and misconceptions through

which we know sexuality (Buss and Malamuth, 1996).

Owing to their inequality, women and men make a battleground of sexuality. Neither can be termed victors in this conflict. In historical conditions like feudalism, when men's abusive physical power reduced women's capacity for effective resistance, sexuality probably appeared much more purely a reflection of men's control. Even then, good sex required women's active participation, which is difficult to obtain by coercion. More generally, good sexual relations depend on trust, openness, and reciprocity. These are difficult enough to foster between objectively unequal people. Nevertheless, the desire for sex, even more than they need for reproduction, has driven women and men inexorably toward each other, regardless of the repellent feelings aroused by inequality and conflict.

Strategies of the subservient : Women may contribute to their sexual deprivation by using sexuality to resist men, but this can appear worthwhile if it gains them enough leverage against men's objectively superior position. Since women experience as much sexual desire and are capable of as much sexual pleasure as men, the strategy of sexual resistance requires that they forego pleasure to resist subordination. Moreover, this pattern of sexuality reinforces female sexual narcissism, the common psychological condition (discussed previously) where women focus on themselves as the objects of men's desires. But, while women have lacked other resources with which to fight men's dominance, sexual resistance was worth its price (Buss and Malamuth, 1996; Thornhill and Thornhill, 1992).

Conclusion

Sexual coercion is a phenomenon observed not only in humans but in various other

animal species. It has been observed in many strata of the animal kingdom, as humans, being such an advanced species, sexual coercion has played a great part historically and socially in informing the current society. Women are likely to be subjected to sexual coercion from a young age compared to men. Socio-cultural norms and values have been the main reason for the development of such behaviors. The majority of the cultures have been patriarchal where men have enjoyed superior status socially, resulting in their ability to form coercive relationships and objectification of women also have subjected women to be a victim of coercion. There are incidences of men being subjected to coercion, but that has been lesser than women.

Last but not least, the affirmation or the ability of women to provide consent, even though acceptable in modern times, still has a lot of flaws. This subtle coercion in romantic relationships often leads women to take steps that they are not completely willing to take, in turn, face a trauma that puts them in a state of vulnerability to sustain mental and physical problems. These coercive experiences may also lead to the development of sexual diseases and other mental health disorders. Sexual coercion as a phenomenon is present across all societies. Men and women both suffer from the consequences of coercion, leading to a lack of self-worth and subsequent jealousy, lack of trust, and increased vulnerability. All this form a negative outlook, and studies have shown that sexual coercion in romantic relationships affects people's quality of life at large, targeting their emotional problems and issues. The number of sexual coercion experienced is also directly related to the sexual esteem of the person and their self-esteem. Prevention of such coercion is necessary to promote good mental and sexual health and quality of relationships.

Obtaining verbal consent and encouraging verbalization of such situations can bring about desired positive outcomes. Apart from personal strategies to prevent coercion, it is necessary to bring about social change and de-stigmatize the taboo to talk about sexual coercion. Legal and administrative bodies must also get sensitized to take measures for the effective management of coercive behaviors. Social and medical support systems for people experiencing coercion in romantic relationships must be established to deal with this growing problem.

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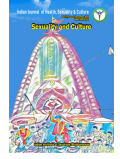
Conflict of interest : None

References

- Ackard, D.M., Neumark-Sztainzer, D., (2002). Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. *Child abuse and neglect*, 26, 455–473. <https://doi.org/10.1016/j.bbr.2011.03.031>.
- Adams-Curtis, L.E., Forbes, G.B., (2004). College Women's Experiences of Sexual Coercion: A Review of Cultural, Perpetrator, Victim, and Situational Variables. *Trauma, Violence, & Abuse*, 5, 91–122. <https://doi.org/10.1177/1524838003262331>
- Alberoni, F., (1983). *Falling in Love.*, 1st American ed. Random House Inc (I).
- Apt, C., Hurlbert, D.F., (1993). The sexuality of women in physically abusive marriages: Comparative study. *Journal of Family Violence*, 8, 57–69.
- Ard, K.L., Makadon, H.J., (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *J Gen Intern Med*, 26, 930–933. <https://doi.org/10.1007/s11606-011-1697-6>
- Bagwell-Gray, M.E., Messing, J.T., Baldwin-White, A., (2015). Intimate Partner Sexual Violence: A Review of Terms, Definitions, and Prevalence. *Trauma, Violence, & Abuse*, 16, 316–335. <https://doi.org/10.1177/1524838014557290>
- Bogale, A., Seme, A., (2014). Premarital sexual practices and its predictors among in-school youths of Shendi town, west Gojjam zone, North Western Ethiopia. *Reprod Health*, 11, 49–49. <https://doi.org/10.1186/1742-4755-11-49>
- Buss, D.M., Malamuth, N., (1996). *Sex, Power, Conflict: Evolutionary and Feminist Perspectives.* Oxford University Press.
- Calogero, R.M., Thompson, J.K., (2009). Sexual self-esteem in American and British college women: Relations with self-objectification and eating problems. *Sex Roles: A Journal of Research*, 60, 160–173. <https://doi.org/10.1007/s11199-008-9517-0>
- Camilleri, J.A., (2004). Investigating sexual coercion in romantic relationships: A test of the cuckoldry risk hypothesis. Unpublished master's thesis, , Saskatoon., University of Saskatchewan, Saskatchewan, Canada.
- Camilleri, J.A., Quinsey, V.L., Tapscott, J.L., (2009). Assessing the Propensity for Sexual Coaxing and Coercion in Relationships: Factor Structure, Reliability, and Validity of the Tactics to Obtain Sex Scale. *Arch Sex Behav*, 38, 959–973. <https://doi.org/10.1007/s10508-008-9377-2>
- Carey, K.B., Durney, S.E., Shepardson, R.L., Carey, M.P., (2015). Incapacitated and forcible rape of college women: prevalence across the first year. *J Adolesc Health*, 56, 678–680. <https://doi.org/10.1016/j.jadohealth.2015.02.018>
- Carver, K., Joyner, K, Udry, J., (2003). National Estimates of Adolescent Romantic Relationships. . Mahwah, NJ: Lawrence Erlbaum Associations, Inc., Publishers;, Adolescent romantic relations and sexual behavior: 1.
- Collibee, C., Furman, W., (2014a). Impact of sexual coercion on romantic experiences of adolescents and young adults. *Arch Sex Behav*,

- 43, 1431–1441. <https://doi.org/10.1007/s10508-013-0256-0>
- Collibee, C., Furman, W., (2014b). Impact of Sexual Coercion on Romantic Experiences of Adolescents and Young Adults. *Archives of Sexual Behavior*, 43, 1431–1441. <https://doi.org/10.1007/s10508-013-0256-0>
- DeMaris, A., (1997). Elevated sexual activity in violent marriages: Hypersexuality or sexual extortion? *Journal of Sex Research*, 361–373.
- Denis de Rougemont, (1990). *Love in the Western World*, Paris. ed. Schocken.
- Friedman, H.L., (1992). Changing patterns of adolescent sexual behavior: Consequences for health and development. *Journal of Adolescent Health*, 13, 345–350. [https://doi.org/10.1016/1054-139X\(92\)90026-8](https://doi.org/10.1016/1054-139X(92)90026-8)
- Gage, A.J., Hutchinson, P.L., (2006). Power, control, and intimate partner sexual violence in Haiti. *Archives of Sexual Behavior*, 25, 11–20.
- Goetz, A.T., Shackelford, T., K., (2006). Sexual coercion and forced in-pair copulation as sperm competition tactics in humans. *Human Nature*, 17, 265–282.
- Hickman, L.J., Jaycox, L., Aronoff, J., (2004). Dating violence among adolescents: Prevalence, gender distribution, and program effectiveness. *Trauma, Violence, & Abuse*, 2, 123–142. <https://doi.org/10.1177/1524838003262332>
- Jin, S.V., Ryu, E., Muqaddam, A., (2019). Romance 2.0 on Instagram! “What Type of Girlfriend Would You Date?” *Evol Psychol*, 17, 1474704919826845. <https://doi.org/10.1177/1474704919826845>
- Katz, J., Moore, J.A., Tkachuk, S., (2007). Verbal Sexual Coercion and Perceived Victim Responsibility: Mediating Effects of Perceived Control. *Sex Roles*, 57, 235–247. <https://doi.org/10.1007/s11199-007-9253-x>
- Katz, J., Myhr, L., (2008). Perceived Conflict Patterns and Relationship Quality Associated With Verbal Sexual Coercion by Male Dating Partners. *J Interpers Violence*, 23, 798–814. <https://doi.org/10.1177/0886260507313949>
- Lalumière, M.L., Harris, G., T., Quinsey, V.L., Rice, M.E., (2006). The causes of rape: Understanding individual differences in male propensity for sexual aggression. APA Press, Washington DC.
- Levesque, R.J.R., (1993). The romantic experience of adolescents in satisfying love relationships. *Journal of Youth and Adolescence*, 22, 219–251. <https://doi.org/10.1007/Bf01537790>
- Maas, M.K., Lefkowitz, E.S., (2015). Sexual Esteem in Emerging Adulthood: Associations with Sexual Behavior, Contraception Use, and Romantic Relationships. *J Sex Res* 52, 795–806. <https://doi.org/10.1080/00224499.2014.945112>
- McWilliams P., (1997). *Love 101: To Love Oneself Is the Beginning of a Lifelong Romance*. Prelude Press, New York.
- Merriam Webster English Dictionary, (1996). Definitions.
- Pugh, B., Becker, P., (2018). Exploring Definitions and Prevalence of Verbal Sexual Coercion and Its Relationship to Consent to Unwanted Sex: Implications for Affirmative Consent Standards on College Campuses. *Behav Sci (Basel)*, 8. <https://doi.org/10.3390/bs8080069>
- Rosellini, N., Baqi, L., Clarke, R., Jennings, A., (2013). Why do some men use violence against women and how can we prevent it? Partners for prevention. A UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific (Summary Report). UNDP, Asia Pacific.
- Schopenhauer, A., (1973). *Essays and Aphorisms*, Classics. ed. Penguin, London.
- Shackelford, T., Goetz, A.T., (2004). Men’s sexual

- coercion in intimate relationships: Development and initial validation of the sexual coercion in intimate relationships scale. *Violence and Victims*, 19, 541–556. <https://doi.org/doi:10.1891/vivi.19.5.541.63681>
- Simms, D., Byers, E., (2012). Heterosexual Daters' Sexual Initiation Behaviors: Use of the Theory of Planned Behavior. *Arch Sex Behav*, 42. <https://doi.org/10.1007/s10508-012-9994-7>
- Sue Newman, B., Campbell, C., (2010). Intimate Partner Violence Among Pregnant and Parenting Latina Adolescents. *J Interpers Violence*, 26, 2635–2657. <https://doi.org/10.1177/0886260510388281>
- Thomas, K.A., Sorenson, S.B., Joshi, M., (2016). “Consent is Good, Joyous, Sexy”: A banner campaign to market consent to college students. *Journal of American College Health*, 64, 639–650. <https://doi.org/10.1080/07448481.2016.1217869>
- Thomas, L.A., Gorzalka, B.B., (2013). Effect of Sexual Coercion Proclivity and Cognitive Priming on Sexual Aggression in the Laboratory. *Journal of Sex Research*, 50, 190–203. <https://doi.org/10.1080/00224499.2011.627517>
- Thornhill, R., Thornhill, N., (1992). The evolutionary psychology of men's coercive sexuality. *Behavioral and Brain Sciences*, 15, 363–421. <https://doi.org/DOI:10.1017/S0140525X00069120>
- US Department of Justice, Tjaden, P., Thoennes, N., (2000). Extent, Nature, and Consequences of Intimate Partner Violence (research report). US Department of Justice, USA.
- Wolfe, D.A., Scott, K.L., Crooks, C.V., (2005). Abuse and Violence in Adolescent Girls' Dating Relationships, in: Bell, D.J., Foster, S.L., Mash, E.J. (Eds.), *Handbook of Behavioral and Emotional Problems in Girls*. Springer US, Boston, MA, pp. 381–414. https://doi.org/10.1007/0-306-48674-1_13
- Young, B.J., Furman, W., Jones, M.C., (2012). Changes in adolescents' risk factors following peer sexual coercion: evidence for a feedback loop. *Dev Psychopathol*, 24, 559–571. <https://doi.org/10.1017/S0954579412000168>
- Zuo, X., Lou, C., Gao, E., Cheng, Y., Niu, H., Zabin, L.S., (2012). Gender differences in adolescent premarital sexual permissiveness in three Asian cities: effects of gender-role attitudes. *J Adolesc Health*, 50, S18–S25. <https://doi.org/10.1016/j.jadohealth.2011.12.001>



Review Article

A bibliometric analysis of homosexuality research in SAARC countries

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Abstract

Homosexuality, which was considered to be deviant sexual behaviour, has been recognized as normal sexual behavior in recent years. Despite this change in scientific viewpoint, there are still many taboos centered around this entity. Even the research concerning homosexuality seemingly suffered discrimination. This research attempts to understand the trend of research in homosexuality in the SAARC countries todate. We did a literature search in the PubMed database since the time of inception till date (28th September 2021) by using the search terms: homosexuality [tiab] and (Bangladesh [tiab] OR India [tiab] or Maldives [tiab] OR Afghanistan [tiab] OR Pakistan [tiab] or Sri Lanka [tiab] OR Bhutan [tiab] or Nepal [tiab]). A total of 67 articles were found from the database. Most articles were published in the Journal of homosexuality (n=4). The articles were published between 1976 to 2020, with the highest number of publications (n=5) in 2009 and 2018. The average number of authors per article was 2.433, and the average number of citations per paper was 2.866. Though homosexuality is a highly sensitive issue, there is a paucity of research in this field in the SAARC countries.

Keywords:

Female orgasm, Women, Indian, Sexuality

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Introduction

An exclusive or virtually exclusive romantic desire for other persons of the same sex, often to achieve sexual gratification, is characteristic of homosexuality (Cohler and Hammack, 2004). Homosexuality encompasses homosexual desire; the affective experience of same-sex attraction, homosexual

behaviour; same-sex people engaging in sexual activity, homosexual identity; the acceptance of a self-label acknowledging the primacy of homosexual desire and behaviour in one's self-composition, as well as homosexual orientation (Kalra et al., 2010), reflects the affective experience of primarily same-sex erotic desire that is beyond conscious control and outside the purview of historical and social construction (Cohler and Hammack, 2004). Traditionally, homosexuality was proscribed in many cultures, with a lot of taboo associated with it. However, with globalization, it is increasingly considered normal sexual behaviour. In 1990, the World Health Organization (WHO), lending support to this understanding, made consonant changes in the tenth revision of their International Statistical Classification of Diseases and Related Health Problems (ICD-10) (Sadock et al., 2017). Still, in many geographies, homosexuality continues to suffer prejudice, which is also evident in relatively lesser research on this topic.

Alfred Kinsey et al. created a six-point scale to determine a person's position on the heterosexual-homosexual scale based on his or her sexual behaviour history (Dodge et al., 2008). In the Indian subcontinent, there is a lack of such behavioral survey data, making it challenging to categorize and identify the population on the spectrum. In India, people are commonly identified as homosexuals if they have experienced, as adults, any explicit sexual activity with any person of their sex (Maroky et al., 2015).

They have more mental health issues than their heterosexual counterparts, such as substance use disorders, affective disorders, and suicidal ideation (Dhikav, 2004). It has also been proposed that the higher prevalence of comorbidities is due to stigma, prejudice, and discrimination creating a stressful social environment that can lead to

mental health problems in members of a stigmatized minority group (Chandradasa, 2019). Thus, it is important to understand the research trends focussing on homosexuality and related issues.

Methods

A literature search was done in the PubMed database to analyze published literature on homosexuality in member countries of the South Asian Association for Regional Cooperation (SAARC). The search was carried out from inception to 28th September 2021 using a combination of the following keywords: homosexuality [tiab] AND (Bangladesh [tiab] OR India [tiab] OR Maldives [tiab] OR Afghanistan [tiab] OR Pakistan [tiab] OR Sri Lanka [tiab] OR Bhutan [tiab] OR Nepal [tiab]) in order to get the number of globally published articles. It was refined further by evaluating document type, subject area in which it is the most studied, and year-wise distribution of articles. All the data was further refined based on top journals, disciplines, publications type, and the number of publications per year. All citations were counted from inception to search date. We extracted and analyzed data by Microsoft Excel version 2010 for Windows.

Results

The PubMed search engine yielded 67 publications related to homosexuality in SAARC countries published from inception till September 2021.

Publication types

Majority (n=56; 83.5%) of the publications were journal articles. While letters constitute 10.4% (n=7) of publications; only 4.4% were comparative studies (n=3). There were three reviews, while two articles each appeared as editorial, newspaper article, comment, and historical article (Table 1).

Table 1: Top publication types

PublicationType	Number of publications	Percentage of the total publications(%)	Earliest article year	Latest article year	Average number of times an article has been cited*
Journal Article	56	83.5	1976	2020	3.0
Letter	7	10.4	2004	2018	0.4
Comparative Study	3	4.4	1976	2014	2.6
Review	3	4.4	2013	2019	1.3
Editorial	2	2.9	2012	2018	4.5
Newspaper Article	2	2.9	2006	2006	3.5
Comment	2	2.9	2009	2009	1.5
Historical Article	2	2.9	2011	2019	0.0
English Abstract	1	1.4	2015	2015	2.0
Randomized Controlled Trial	1	1.4	2018	2018	0.0
Validation Study	1	1.4	2017	2017	0.0

*not including self-citations

Top Fields/Disciplines

The subject-area-wise distribution was majorly medicine (n=11;15.7%) followed by public health (n=7; 10.0%). Behavioural

Sciences was the subject area in 8.5% (n=6) of publications. Psychiatry, communicable diseases, ethics and social sciences comprised of 7.1%(n=5), 5.7% (n=4), 5.7%(n=3) and 4.2% (n=3) of the publications respectively (Table 2).

Table 2: Top Fields/Disciplines

Field	Number of publications	Percentage of the total publications (%)	Earliest article year	Latest article year	Average number of times an article is cited*
Medicine	11	15.7	1986	2020	2.0
Public Health	7	10.0	2001	2016	2.0
Acquired Immunodeficiency Syndrome	7	10.0	1994	2018	3.4
Behavioral Sciences	6	8.5	2009	2018	1.1
Psychiatry	5	7.1	2014	2018	0.6
Communicable Diseases	4	5.7	2008	2016	3.2
Ethics	3	5.7	2016	2019	0.0
Health Services	3	4.2	2001	2015	19.6
Social Sciences	3	4.2	2001	2019	18.3
Tropical Medicine	2	2.8	2001	2004	1.5

*not including self-citations

Time trends

On the assessment of the year-wise distribution of articles, it was found that maximum publications were in the year 2018 (n=6) followed by in the year 2009 (n=5). There were 4 publications each in 2016,2015, 2006, and 1995. There were 4 (6.45%)

publications each in 1998 and 2007. The years of 2017, 2013, 1996 had 3 publications each. There were two publications each in the year of 2019, 2014, 2012, 2007, 2003, 2004, 2001, 1994, 1992 and 1991 one publication each in the year of 2011, 2010, 2009, 2008, 2005, 1999, and 1986 (Table 3).

Table 3: Publications and Citations overyears

Publication year	Number of published articles	Number of times any article was cited	Cumulative number of times any article was cited
2021	0	8	192
2020	3	23	184
2019	2	14	162
2018	6	17	150
2017	3	8	133
2016	4	24	126
2015	4	20	104
2014	2	19	86
2013	3	20	68
2012	2	12	49
2011	1	13	39
2001-2010	20	26	27
1976-2000	17	1	1

Publication type

The publications came in journals. Among the journals, Journal of Homosexuality had the highest number of publications on homosexuality. There were 4 publications with a total average citation of 1.750, comprising 5.970 % of the total publications.

Indian Journal of Psychiatry, Lancet Infectious Disease and Indian Journal of Medical Ethics had 3(4.478%) publications each. Anthropology medicine, Journal of Pakistan medical association, Southeast Asian Journal, Tropical Medicine, Public Health and Indian Journal of Sexually Transmitted Disease and AIDS had two publications each (Table 4).

Table 4: Top journals

Journal	Number of publications	Percentage of the total publications	Earliest article year	Latest article year	Average number of times an article has been cited
Journal of Homosexuality	4	5.9	2009	2018	1.7
Indian Journal of Psychiatry	3	4.4	2010	2015	4.3
Lancet Infectious Diseases	3	4.4	2008	2009	3.6
Indian Journal of Medical Ethics	3	4.4	2016	2019	0.0
HIV/AIDS Policy & Law Review	2	2.9	2006	2006	3.5
Anthropology & Medicine	2	2.9	2005	2020	3.5
Journal of Pakistan Medical Association	2	2.9	2006	2009	2.0
Southeast Asian Journal of Tropical Medicine and Public Health	2	2.9	2001	2004	1.5
Indian Journal of Sexually Transmitted Diseases and AIDS	2	2.9	2017	2020	1.0
AIDS	2	2.9	1994	2006	1.0

Discussion

The present study reviewed 67 publications on homosexuality in SAARC countries available in the PubMed database from inception till September 2021. The maximum number of publications was found in 2011-2020 (n=30), followed by 2001-2010 (n=20), suggesting more incredible research focus on homosexuality during this period. The maximum number of papers were published in the Journal of Homosexuality (n=4), followed by the Indian Journal of Psychiatry, Lancet Infectious Diseases, and the Indian Journal

of Medical Ethics (n=3 each). Though these findings seem to suggest an increasing trend in research in homosexuality, there is a lack of diversity as most of the articles were published in journals associated with infectious diseases, sexually transmitted diseases, and AIDS. This further suggests that homosexuality is still stigmatized in all SAARC countries and not considered a normal phenomenon (Gupta, 2011). These cultures continue to stigmatize homosexuality, and people of same-sex inclination experience substantial maltreatment throughout their lives (Agoramoorthy and Minna, 2007). In comparison to heterosexuals, gay men and

lesbians in various Asian nations have been observed to have increased suicide inclinations (Agoramoorthy and Minna, 2007). This occurs in the context of alienation linked to a lack of tolerance for social diversity in these communities and a sense of difficulty associating with these minority groups' sexual identities (Lowe et al., 2021).

Conclusion

Homosexuality is considered normal in the contemporary world. However, it remains a sensitive issue in specific geographies and cultures. The health needs of this population are diverse and should not get ignored. Nevertheless, there is a paucity of research in this field in the SAARC countries. Therefore, there is a need for focussed, extensive research to understand the issues of homosexual people, which will help in planning the remedial measures and policies. The important issue is that sexual diversity, gender plurality, sexual rights, and freedom must all be safeguarded and upheld in different ways in different societies.

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References

Agoramoorthy, G., Minna, J.H., (2007). India's homosexual discrimination and health consequences. *Rev Saude Publica*, 41, 657–660. <https://doi.org/10.1590/s0034-89102006005000036>

Chandradasa, M., (2019). Suicidal ideation in gay adolescents in the context of cultural stigma and criminalized homosexuality in Sri Lanka. *Int J Soc Psychiatry*, 65, 83–84. <https://doi.org/10.1177/0020764018812921>

Cohler, B.J., Hammack, P.L., (2004). Homosexuality, in: Spielberger, C.D. (Ed.), *Encyclopedia of Applied Psychology*. Elsevier, New York, pp. 215–225. <https://doi.org/10.1016/B0-12-657410-3/00139-2>

Dhikav, V., (2004). More on treating homosexuality as a sickness: homosexuality is punishable in India. *BMJ*, 328, 1261. <https://doi.org/10.1136/bmj.328.7450.1261-b>

Dodge, B., Reece, M., Gebhard, P.H., (2008). Kinsey and Beyond: Past, Present, and Future Considerations for Research on Male Bisexuality. *Journal of Bisexuality*, 8, 175–189. <https://doi.org/10.1080/15299710802501462>

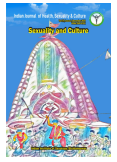
Gupta, C., (2011). Writing sex and sexuality: archives of colonial North India. *J Womens Hist*, 23, 12–35. <https://doi.org/10.1353/jowh.2011.0050>

Kalra, G., Gupta, S., Bhugra, D., (2010). Sexual variation in India: A view from the west. *Indian J Psychiatry*, 52, S264–268. <https://doi.org/10.4103/0019-5545.69244>

Lowe, M., Khan, R., Thanzami, V., Barzy, M., Karmaliani, R., (2021). Anti-gay “Honor” Abuse: A Multinational Attitudinal Study of Collectivist-Versus Individualist-Orientated Populations in Asia and England. *J Interpers Violence*, 36, 7866–7885. <https://doi.org/10.1177/0886260519838493>

Sadock, B. J., et al. Kaplan and Sadock's *Comprehensive Textbook of Psychiatry*. 10th ed., Wolters Kluwer, 2017., n.d.

Sebastian Maroky, A., Ratheesh, A., Viswanath, B., Math, S.B., Chandrashekar, C.R., Seshadri, S.P., (2015). ‘Ego-dystonicity’ in homosexuality: An Indian perspective. *Int J Soc Psychiatry*, 61, 311–318. <https://doi.org/10.1177/0020764014543709>



Review Article

Do millennials have less sex compared to gen X ?

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Millennials, Gen X, Marriage, Sex, Gen Y, Sexual activity

Abstract

Significant patterns and traits mark the generations. These traits and practices are consistent over time. When there is a change, we call them the change-in-generations. These generations are different in their sexuality patterns as well. Through time, it has been observed that the previous generations have been having more sex than the millennials. An in-depth study categorically represents multiple possible reasons for it. It can be theorized that the primary reasons pertaining to such changes are highlighted in the article. They are as follows - but are not limited to the following reasons - age of marriage/ dating, entertainment opportunities, materialism and life philosophies, access to pornography, and partnered sexual activity. Therefore, further research is needed to understand the reasons and effects of such change in the sexuality pattern and understand how it may affect human evolution.

Introduction

Sexuality is an integral part of human life that colors various aspects of one's personality. Human sexuality plays a significant role in everyone's life, whether young or old, whether a man or woman. Sexuality is an integral part of being human (Kar et al.,

2015). Love, affection, and sexual intimacy contribute to healthy relationships and an individual's well-being. Sexuality is how we experience and express ourselves as sexual beings (Roy and Rai, 2020; Twenge et al., 2017). Being aware of one's sexuality is essential as it helps people know who they are. Illnesses, mixed emotions, and unintended consequences can affect our sexual health when addressing sexuality (Douglas and Fenton, 2013). An open discussion of sexual issues is essential, bringing awareness regarding themselves and helping in self-discovery. There has been a clear trend of distinction among the patterns of lives of various generations. Moreover, there has been an observable difference in the sexuality pattern. We aim in this article to

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understand the generational differences and reasons why in-person sex has reduced in Gen-Y compared to their Gen X counterparts.

People from current generations feel more relaxed than their parents, especially regarding sexuality. However, they might only be half right (Twenge et al., 2017). It can be said that Millennials are less involved in in-person sexual activities compared to gen X. Gen Y has options like dating online, which only focuses on their appearances, and it can be a likely factor in their dropping rates of sexual activity (Twenge et al., 2017). Average appearance, marriage, and stable relationships were where they were having sex and perhaps dating apps, leaving some people with fewer choices. They might be more reluctant to search for partners (Roy and Rai, 2020). It can also be for personal safety. There tends to be a lot of fear and anxiety related to protection and STIs, as this generation is more about security than having sex (Julian, 2018). Fewer millennials having sex could include the widespread availability of Pornography. This generation, where many young adults continue to live with their parents, makes it difficult to find a suitable place for sexual activity (Beainger et al., 2007; Julian, 2018; Roy, 2019). The later age at first marriage and increased access to instant entertainment online are possible reasons for reducing sexual activity.

Statistical reference

Most of the baby boomers were born after World War II (1946-1967), and their life issues have shaped a particular pattern that led to their characteristics. This was a time of instability worldwide, and there was a worldwide recession, and systematic trade was not in place. Therefore, in this time, magazines, newspapers, and radio communication used to be the most

common methods of entertainment (Julian, 2018; Roy, 2019; Twenge et al., 2017). Here we observe that the age of marriage was relatively young, and in countries like India average age for marriage among girls was in the teens and slightly above that for the fair gender. Therefore, the initiation of conjugal marital relationships was much younger in them and also was socially acceptable. There was not much expectation in terms of economic independence. Agriculture supported jobs and small businesses. Therefore, there was much time to relax and enjoy life. People during that time, due to developing railways and relatively scarce use of Air travel, also limited traveling options and therefore may be possible reasons to enjoy sexual relationships (Stephan, 2017).

In the next generation, there was a change in terms of increased usage of digital media, and TV had become common place for all of them; therefore, Gen X also uses a lot of smartphones and social media, reportedly around 7 hours per day (Twenge et al., 2017). This generation started using pornographies and video CDs, and VCRs to record and digitize sexual experiences. There was not much policing and surveillance on sharing and exchanging sexually explicit materials on printed and CDs (Stephan, 2017; Twenge et al., 2017). The significant demographic differences observed are increased age of marriage acceptance of western liberal value systems, therefore, engaging in premarital relationships and love marriages. This was also the central theme of movies during that time. Thus, the average age of sexual intercourse increases slightly in standard deviation in this period. In addition, there was increased stress to find jobs and better pay. As a result of these, both men and women focused on their careers more than starting a family, leading to a decrease in sexual relationships that may be substituted by masturbation and other media and

methods to satisfy the sexual needs (Twenge et al., 2017).

Generations explained

The generations are arbitrarily divided into a few cohorts mainly grouped by their birth years and the challenges that they face in their lives and major issues in their lifetimes and events, namely the World War, post-World War, Cold War, Recession. It has been observed that they follow a particular pattern of financial, social and political habits,

therefore mark a generation. The generations can be divided arbitrarily into Baby Boomer (1946-1954), Boomer II (1954-1964), Gen X (1965-1980), Gen Y (1981-1996), Gen Z (1997-2012) [Fig-1]. If we investigate the patterns of sexuality, there are distinct changes in various aspects of their sexual lives, belief systems, and ways of expression. Therefore according to a few surveys and reports, it is said that millennials have much less sex compared to their generation X counterparts (Stephan, 2017) [Fig-2].

Figure 1: Generation curve timeline

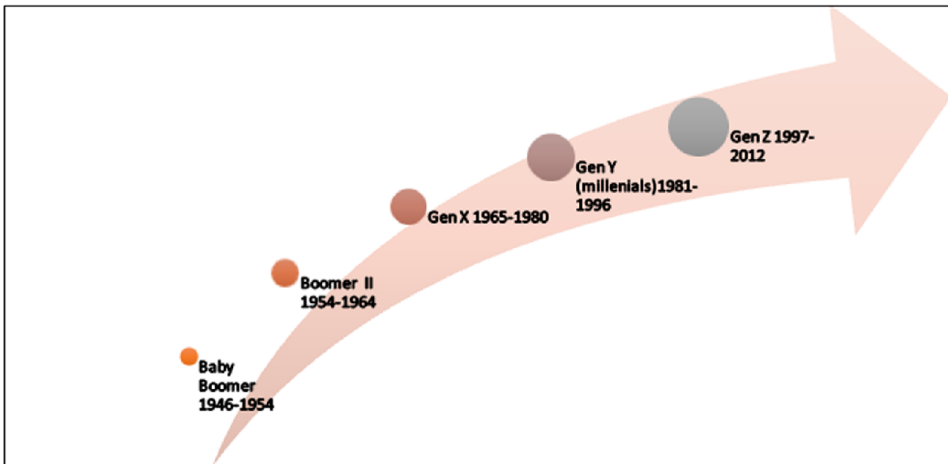
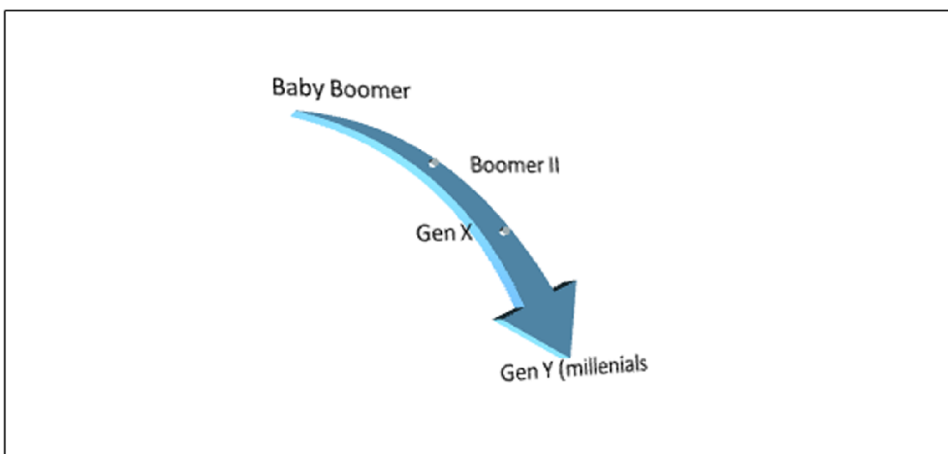


Figure 2: Decreasing in-person sexual intimacy across the generations



Sexuality is a significant part of a person's life and impacts their belief system formation; therefore, it is necessary to understand the underlying reasons for such a generational change and decline into in-person Sexual relationships. In retrospect, while we look into the lives of the people of Generation X, the following contrasting patterns can be observed.

Age of marriage : The legal age of marriage has been responsible for most people engaging in in-person sexual relationships. For Generation X, the average age of marriage was in their early 20s; therefore, by default, the initiation of sexual relationships was earlier than that of Gen Y. It was even socially acceptable for girls of 16 to get married and start their reproductive lives (Bersamin et al., 2014; Julian, 2018; Stephan, 2017; Twenge et al., 2017). In addition, the expectation of the average household for income and expenditure was also divided steeply across the socio economic classes and average reproductive index. This led to higher socially fair chances for engaging in sexual relationships.

Entertainment opportunities: If we observe closely, we can see that during Gen X, entertainment opportunities were diversifying, and new methods were coming in, like the first Nintendo and the early generation of Video games, VCRs, etc. However, the access to these was extremely limited in the Indian scenario as well as the poor power back up and supply led to their limited usage, so there was more consumption from the Romantic novels and classic writings (Basu and Mahintamani, 2021; Roy and Rai, 2020; Twenge et al., 2017). This even influenced them further to find a partner and start a relationship. This was when movies began glorifying love, and the end of that always led to marriage and socially acceptable procreative activities.

Whereas in the current scenario for Gen Y, where people are willing to take a stand and feministic movies portray women and men both unwilling to compromise for their needs, therefore against the typical belief systems of Gen X.

Materialistic needs and life philosophies:

When We look into the socioeconomic scenario of Gen X, there is a vast difference in their choice of priority and sustenance, but the millennials (Gen Y) have very different needs and preferences when it comes to materialistic needs and stability (Basu and Mahintamani, 2021; Stephan, 2017). There is far more mobility in the millennials. Their choice of jobs and nature of their work-life, leading to frequent job changes and frequent movements and short term stays, affect their selection of partners, delay in their commitments, and change increased stress and anxiety. It further leads to serial monogamy and breakups and, even in committed relationships, a lack of access to sexual intimacy due to long-distance relationships. Therefore, it can be contended that the Millennials engage more often in sexual play with gadgets and indulge in Pornography compared to in-person partnered sexual activity (Chawla and Kar, 2021).

Difficulty in maintaining relationships: maintaining relationships has always been hard for the Millennials or the previous generations. As the gender roles are getting less and less strict, the millennials are getting the shorter end of the stick. Both genders have increasing expectations regarding sharing chores and bringing bread to the table. With similar earning capacity, the men and the women of the latest times feel tremendous difficulty in compromise. Therefore, people being stuck in relationships that are not fulfilling is becoming less common. Therefore, it leads to more break-

ups which means decreased opportunities for sexual intimacy for both genders (Stephan, 2017; Ueda et al., 2020). In the previous generations, strict gender roles and social security were not feasible for the couple to break up and still have social inclusion.

Access to pornography and non-partnered sexual experiences:

The previous generations had more access to partnered sexual activities due to their earlier age of marriage and social acceptability, more time to spend with the partners, and less mobility and slow-paced life. Whereas for the millennials, it has been an increasingly faster life with an increasingly changing environment (social, financial, educational, etc.), putting them in a state of confusion and anxiety much more than the previous generations and changing nature of jobs, and increasing competition in every aspect of life. This led to the development of the high-tech pornography industry, accessible to the youth at their fingertips. Along with this, the sex toy market has commoditized the whole sexual experience. Along with them, the increased fear of sexually communicable diseases (HIV and other Venereal diseases) have boosted the preference for non-partnered sexual experiences, and therefore, in-person sex with its inherent difficulties have made Gen Y hold the short end of the stick (Chawla and Kar, 2021; Twenge et al., 2017; Ueda et al., 2020).

Conclusion

Sexual intimacy is a biological need and manifests itself in all aspects of life. The changing patterns of sexuality show not only the difference of generation but also the capacity of human beings to be adaptable to the changing world and its needs. Therefore, through this article, we tried to find out the possible changes in the sexual lives of the

recent generations and their circumstances. In retrospect, it will hopefully be an adaptation to the world, leading to the ultimate survival of the species.

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References

- Basu, D., Mahintamani, T., (2021). Sex, drugs and rock 'n' roll: really? *Indian J. Health Sex. Cult.*, 7 (1), 4-7.
- Bearinger, L.H., Sieving, R.E., Ferguson, J., Sharma, V., (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The Lancet*, 369, 1220–1231. [https://doi.org/10.1016/S0140-6736\(07\)60367-5](https://doi.org/10.1016/S0140-6736(07)60367-5)
- Bersamin, MM, Zamboanga, B.L., Schwartz, S.J., Donnellan, M.B., Hudson, M., Weisskirch, R.S., Kim, S.Y., Agocha, V.B., Whitbourne, SK, Caraway, SJ, (2014). Risky business: Is there an association between casual sex and mental health among emerging adults? *J. Sex Res.*, 51, 43–51. <https://doi.org/10.1080/00224499.2013.772088>
- Chawla, K., Kar, S.K., (2021). Pornography Addiction and its Influence on Sexual Behavior, Intimate Relationship and Other Life Domains. *Indian J. Health Sex. Cult.*, 7 (1): 80-83.
- Douglas, J.M., Fenton, K.A., (2013). Understanding Sexual Health and Its Role in More Effective Prevention Programs. *Public Health Rep.*, 128, 1–4.
- Julian, K., (2018). Why Are Young People Having So Little Sex? [WWW Document]. *The Atlantic*. URL <https://www.theatlantic.com/magazine/archive/2018/12/the-sex-recession/573949/> (accessed 11.19.21).
- Kar, S.K., Choudhury, A., Singh, A.P., (2015). Understanding normal development of adolescent sexuality: A bumpy ride. *J. Hum. Reprod. Sci.*, 8, 70–74. <https://doi.org/10.4103/0974-1208.158594>

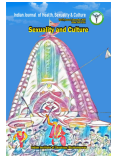
Roy, D., (2019). Premarital Sexual Permissiveness, in: Shackelford, T.K., Weekes-Shackelford, V.A. (Eds.), *Encyclopedia of Evolutionary Psychological Science*. Springer International Publishing, Cham, pp. 1–6. [https://doi.org/ 10.1007/978-3-319-16999-6_1731-1](https://doi.org/10.1007/978-3-319-16999-6_1731-1)

Roy, D., Rai, P., (2020). Love at first byte: A mixed-method study about online dating in India. *Indian J. Health Sex. Cult.*, 6 (1), 73–81. <https://doi.org/10.5281/zenodo.3929255>

Stephan, K., (2017). Generation X: A Critical Sociological Perspective. *J. Am. Soc. Aging* 41, 12–19.

Twenge, J.M., Sherman, R.A., Wells, B.E., (2017). Declines in Sexual Frequency among American Adults, 1989–2014. *Arch. Sex. Behav.*, 46, 2389–2401. <https://doi.org/10.1007/s10508-017-0953-1>

Ueda, P., Mercer, C.H., Ghaznavi, C., Herbenick, D., (2020). Trends in Frequency of Sexual Activity and Number of Sexual Partners Among Adults Aged 18 to 44 Years in the US, 2000–2018. *JAMA Netw. Open* 3, e203833–e203833. <https://doi.org/10.1001/jamanetworkopen.2020.3833>



Original Research Article

The Love - Breakup study: Defining love and exploring reasons for the breakup of romantic relationships

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Abstract

Background: Romantic relationships are quite common among young adults, and it has various outcomes, especially on psychosocial well-being. Currently, there is no data available from India. This study aimed to define love from the perspective of young adults and their beliefs associated with it and enumerate the reasons for the breakup of romantic relationships.

Methodology: We conducted an online survey using 'Google Form', targeting young adults through social media. The self-administered questionnaire had questions related to defining love, beliefs related to love, and the reasons for the first five breakups of the romantic relationship. We did thematic analysis for the qualitative data and descriptive data analysis for the quantitative data using 'R' software. Common words to describe love was analysed using 'Word Counter'.

Results: Among the 156 responses, 130 participants (83.3%) had any romantic relationship ever. The mean age of the participants was 24.7 (SD-5). Most of the participants were females (50%), having the highest educational qualification as graduation (36.6%), and with the current relationship as a single/post-breakup (50%). The top five common words used to describe love were - feeling (n = 26), person (n = 23), care (n=17), someone (n=17), feel (n=15). We were able to derive three definitions of love from the respondents' perspectives. The majority of the participants (86.5%,

n=135) believed that romantic love happens only once and reported that true love exists (68.6%). A total of 106 participants ever had a breakup of romantic relationships. The top five reasons for breakup were incompatibility, no feelings left (bored), cheating, long-distance relationship, and family did not approve.

Conclusion: Love was mainly described as a positive feeling, with most of the participants had belief that it happens only once. The common reasons for breakup were incompatibility and no feelings left (bored).

Keywords:

Love, Define, Beliefs, Breakup, Reasons

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Introduction

Falling in love and having romantic relationships is quite common among adolescents and young adults. Various outcomes (especially psychosocial well-being) are related to romantic relationships (Gómez-López et al., 2019; Shulman and Connolly, 2013). The breakup of a romantic relationship is a life event as it can change an individual's behavior and self-concept and induce emotional distress. It makes a person vulnerable to poor mental health (Slotter et al., 2010). A study has demonstrated that individuals with a recent breakup of romantic relationships have higher severity of depression (-like state) than subjects with romantic relationships (Verhallen et al., 2019). Various other studies have reported several negative effects of the breakup of romantic relationships like stress, anxiety, substance abuse, low self-esteem and confidence, poor physical health (Chung et al., 2002; Fleming et al., 2010; Lewandowski Jr et al., 2006; Rhoades et al., 2011). However, another group of studies has reported few positive effects after bouncing back from such traumatic experiences like a higher level of functioning, interpersonal growth, make them stronger, self-cultivated, and wiser (Hebert and Popadiuk, 2008; Kansky and Allen, 2018; Marshall et al., 2013; Tashiro and Frazier, 2003). There are various studies on the effects of the breakup of romantic relationships, but there is a dearth of literature on reasons for the breakups of romantic relationships. Therefore to generate the evidence from India, we conducted this study. For many years love has been a cynosure for scholars, poets, philosophers, and artists. Several scientists have attempted various methods to understand love better and have tried to define it (Bode and Kushnick, 2021; Langeslag and van Strien, 2016; Seshadri, 2016; Tobore, 2020). However, it has not

been defined from the perspective of the people. We conducted this study to define love from the respondent's perspective and understand their beliefs related to love.

Methodology

This was a cross-sectional study conducted on the digital platform. A semi-structured questionnaire in the English language was created in Google forms. The questionnaire was self-administered and circulated through social media (WhatsApp, Instagram, and Facebook). We focused on enrolling the young adult (≥ 18 yr) participants in the social circle of the authors. The questionnaire contained details of the participants like gender, age, and education. It contained questions about defining love, beliefs related to love, past and current romantic relationship details, reasons for the first five breakups, learnings from break up, dealing with a breakup, overcoming a breakup. This survey was conducted from 29th April 2021 to 18th May 2021. The consent was taken from all the participants (digital mode), and the participants filled the questionnaire anonymously. Responses from the Google form were exported to MS Excel. For the quantitative data, descriptive analysis was done using R software (R core team, 2004). The variables were presented in the form of numbers and proportions. For the qualitative data, open coding was done by the two authors. Codes were further categorised as domains and themes. We did a thematic analysis. The authors had several discussion sessions to compile and derive a standard definition of love from the responses. Any disagreement was resolved through consensus. For the formation of the word cloud, we used the 'word counter' for the analysis (DataBasic.io, 2016).

Results

We received a total of 159 responses. There were three frivolous responses. Therefore,

they were not considered for the analysis. Data were analysed for 156 participants. The mean age of the participants was 24.7 (SD-5). The majority of the participants were females (50%), having the highest

educational qualification as graduates (36.6%) and with the current relationship status (at the time of the study) as a single/post-breakup (50%) (Table 1).

Table 1: Gender, education, and relationship status of the participants

Variables		Frequency (percentage)
Gender	Female	78 (50%)
	Male	75 (48.1%)
	Third Gender	3 (1.9%)
Highest educational qualification	Higher secondary	41 (26.3%)
	Graduation	57 (36.6%)
	Postgraduation	54 (34.6%)
	Higher than post-graduation	4 (2.6%)
Relationship status at the time of study	Married or officially engaged to love of your life (love marriage)	16 (10.3%)
	Married or officially engaged (arranged marriage)	15 (9.6%)
	Single/post-breakup	78 (50%)
	In romantic relationship / complicated	47 (30.1%)

Among the 156 participants, 130 participants (83.3%) had any romantic relationship ever. The mean age of the first romantic relationship was 19.1yrs (SD-4.9), and the mean number of romantic relationships (including current and past, n=130) was 2.4 (SD-2.3). Among the participants, 107

(68.6%) participants had a belief that true love exists, 24 (15.4%) participants had a belief that true love does not exist, and 25 (16%) participants stated maybe or do not know. A majority of the participants (86.5%, n=135) had a belief that romantic love happens only one time and to look for a partner at school or college (59.6%) (Table 2).

Table 2: Where a person should look for a romantic partner? (Multiple options, n=156)

Variables	Frequency (percentage)
School / College	93 (59.6%)
Work place	58 (37.2%)
Meet through common friends	59 (37.8%)
Don't look out	37 (23.3%)
Matrimony	20 (22.8%)
Dating app	28 (17.9%)
Neighbourhood	21 (13.5%)
Library	1 (0.6%)
Anywhere	1 (0.6%)

139 participants defined love. Five participants stated that love could not be defined or expressed in words. The top five common words used to describe love was - feeling (n = 26), person (n = 23), care (n=17), someone (n=17), feel (n=15) (Figure 1). The majority of the participants reported love as a feeling (positive)-‘complete, special, wanted, liberated, comfortable, good, happy, warmth, blissful, beautiful feeling, butterfly in the stomach, feeling different, strong feeling, satisfied’. Among the participants defining love, 11.5% (n=16) had a negative perspective toward love (romantic love). The negative words used by the participants for love were - scam, waste, trap, dangerous, stupid, painful, myth, sacrifice. ‘Love’ was open for the participant’s interpretation, and the question was “Define ‘love’ according to you”. A majority of the participants had defined love in terms of romantic love. Only one participant mentioned parental love. We compiled the responses to derive three definitions of love; two from a positive perspective and one from the negative perspective of the respondents.

Definition 1 (from a positive perspective)
 It is a bond or connection between two people/souls, having understanding, comfort, commitment, trust, compatibility, respect, freedom, affection, unconditional support and care, and accepting each other as it is.

Definition 2 (from a positive perspective)
 Love is an essential part of life. It is a state of being and without any expectations. It is a selfless, effortless, and enjoyable duty. It is about friendship, companionship, mutual understanding, happiness, intimacy, giving priority to another person more than oneself, having unconditional care and support. It is a habit that helps a person grow.

Definition 3 (from a negative perspective)
 Love is a scam, trap, and waste of time. It can be stupid, dangerous, and blind. It is a physical and mental attraction; people take sexual advantages. It can be full of pain, efforts, responsibilities, compromises, and sacrifices.



Figure 1: Word cloud showing the most common content words used to define love

A total of 106 participants ever had a breakup of romantic relationships. The mean age of the participant at the time of the first breakup of a romantic relationship was 20.1yrs (SD-5.1), and the mean number of breakups (n=106) was 2.2 (SD-2.4). The mean duration of the shortest romantic relationship was 1.1 years (SD-1.5), and it ranged from 8 hours to 8 years. The mean duration of the longest romantic relationship (current and past) was 4 years (SD-3.6), and it ranged from 3 months to 17 years. The most common learnings from the breakups were - 'do not trust anyone' and 'accept the reality and move on'. The other mentioned learnings were - nothing is permanent, understand what you want and your worth, do not rush into decisions, do not drag it, express yourself, do not cheat, do not get attached, love is eternal (never dies), maturity, love is not easy, love destroys you, stay single, do not let people take advantage of you, do not compromise, maturity. One of the participants (male, 19yrs old) stated, "Love is an ideal situation, relationship is a fact. In the practical world, it is very difficult to find a 'true love'. So, one should rather focus on finding a partner who stands at the same level in terms of family & educational background, so that the relationship will be compatible & long-lasting. While the hypothetical true love is eternal & everlasting. And finally, the biggest lesson I learnt is that nothing is permanent".

The most common answer to 'How to deal with a breakup?' was the distraction of mind by keeping oneself busy through music, sports/ gym, socializing, spending time with friends and family, focusing on hobby or studies, go for shopping, food, outing (vacation). Another standard answer was - 'give yourself time to heal'. Few participants mentioned looking for a better relationship partner than a previous partner (rebound relationship). One of the participants (male, 27yrs old) stated - "Chocolates, ice cream,

movies, novel, writing, painting, singing. Basically, doing things that make you happy and bring you a part of the joy you felt being in the company of the other person. And learning to let go in the meanwhile. Habits die hard, but time heals everything". The popular answer to 'How breakup can be done with less emotional damage' was honest and clear communication. Participants also mentioned having a good closure with genuine reason, mutual understanding, and respecting each other.

The top five reasons for breakup were - incompatibility, no feelings left (bored), cheating, long-distance relationship, and family did not approve (Table 3). Around one-fifth of the participants were not aware of the reasons. As the breakup number increased, the proportion for the reason as no feelings left (bored), cheating, and bad sex life increased. There was a decrease in proportion for incompatibility and inter-religion issues, increasing the breakup. Though the proportion for the reasons like finding someone better, abusive relationship, inter caste issues, and do not know the reason remained high.

Discussion

We were able to derive three definitions of love based on the responses. Participants had negative and positive perceptions of love. Therefore, we derived the definitions from both perspectives. Most of the participants described love as a feeling, and our derived definitions of love resonate with the previous few studies (Hendrick and Hendrick, 1986; Tobore, 2020). None of the participants had defined love in terms of neurochemicals or scientific terminology as defined in the previous studies (Seshadri, 2016; Young, 2009). Studies in the past have defined love after classifying it into various categories/types (Hendrick and Hendrick,

Table 3: Reasons for breakup(Multiple options)

Reasons for breakup	First break up (n=106)	Second break up (n=51)	Third break up (n=33)	Fourth break up (n=15)	Fifth break up (n=13)
Incompatibility / Fighting frequently	32(30.2%)	7 (13.7%)	10 (30.3%)	1 (6.7%)	1 (7.7%)
Long distance relationship	31(29.2%)	9 (17.6%)	5 (15.2%)	1 (6.7%)	2 (15.4%)
Cheating	22(20.8%)	10 (19.6%)	5 (15.2%)	5 (33.3%)	5 (38.5%)
No feelings left /Bored	28(26.4%)	4 (7.8%)	4 (12.1%)	5 (33.3%)	4 (30.7%)
Don't know the reason	21(19.8%)	6 (11.8%)	7 (21.2%)	3 (20%)	3 (23.1%)
Inter religion issue	9 (8.5%)	7 (13.7%)	0	0	0
Inter-caste issue	11(10.4%)	0	2 (6.1%)	1 (6.7%)	1 (7.7%)
Age difference	0	1 (2%)	1 (3%)	0	0
Economic differences	3 (2.8%)	0	1 (3%)	0	0
Family didn't approve	14(13.2%)	1 (2%)	3 (9.1%)	1 (6.7%)	1 (7.7%)
Found someone better	9 (8.5%)	2 (4%)	2 (6.1%)	1 (6.7%)	1 (7.7%)
Abusive relationship	11(10.4%)	9 (17.6%)	1 (3%)	1 (6.7%)	0
Bad sex life	3 (2.8%)	2 (4%)	0	1 (6.7%)	1 (7.7%)
Lack of time	1 (1.9%)	7 (13.7%)	8 (24.2%)	0	0
Studies	1 (1.9%)	0	0	0	0
Realised it was not love	4 (3.8%)	0	0	0	0
Trust issues	1 (0.9%)	0	0	0	0
Didn't receive the equal response (efforts) in return	0	0	1 (3%)	0	0
Couldn't move on from previous relationship	0	0	0	0	1 (7.7%)

1986; Lopez-Cantero, 2018; Tobore, 2020). In our study, love was not subdivided into types as a majority of the participants defined it in terms of romantic love. The beliefs related to love were mainly related to the positive perspective about love as the proportion of participants having a positive perspective about love was higher. A nationwide survey conducted in Britain found the most familiar reasons for divorce and co habitations were reasons related to communication, relationship quality issues, and followed by cheating (Gravningen et al., 2017). We found additional reasons like inter-religion, inter-caste, and family disagreement. This difference could be due to the differences in the cultural backgrounds and beliefs of the participants. Most participants mentioned distraction of mind as a solution to deal with the breakup of romantic relationships, and few mentioned dating a better partner (rebound relationship). This was similar to the findings of Marshall and others (Marshall et al., 2013).

In this study, we defined love from the respondents' perspective and studied their beliefs related to it. These findings are vital to understanding the current beliefs and behaviour of young adults related to romantic love. To our knowledge, this was the first study from India on love and romantic relationships. In the future, further studies can be conducted in India to study the outcome of romantic relationships in terms of the psychosocial well-being of young adults. The anonymous online mode of this study might have reduced the social desirability bias towards the sensitive/personal questions. However, complete anonymity also resulted in few frivolous responses. In our study, the questionnaire was self-administered, which may have its limitation of variations in interpretation of the questionnaire. The authors have a medical background and have limited experience in social sciences. It might have affected the

interpretation of the results. The addition of in-depth interviews with participants and a study of their personality traits could have better understood the topic. Due to the limitations of the online surveys, we could not report the response rate, characteristics of non-respondents, and sampling methodology (Ameen and Praharaj, 2020; Andrade, 2020; Singh and Sagar, 2021). Therefore findings from this study cannot be generalised as the participants may not be true representatives of the general population.

Conclusion

Most of the participants described love as a positive feeling. More than two-thirds had a belief that it happens only once, and true love exists. Few participants had a negative perspective about love. The common reasons for breakup were incompatibility and no feelings left (bored).

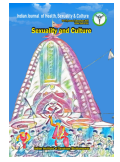
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References

- Ameen, S., Praharaj, S.K., (2020). Problems in using WhatsApp groups for survey research. *Indian Journal of Psychiatry*, 62, 327.
- Andrade, C., (2020). The limitations of online surveys. *Indian journal of psychological medicine*, 42, 575–576.
- Bode, A., Kushnick, G., (2021). Proximate and Ultimate Perspectives on Romantic Love. *Frontiers in psychology*, 12, 1088.
- Chung, M.C., Farmer, S., Grant, K., Newton, R., Payne, S., Perry, M., Saunders, J., Smith, C., Stone, N., (2002). Self - esteem, personality and post traumatic stress symptoms following the dissolution of a dating relationship. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 18, 83–90.
- DataBasic.io, (2016). WordCounter [WWW

- Document]. URL <https://www.databasic.io/en/wordcounter/#paste> (accessed 7.23.21).
- Fleming, C.B., White, H.R., Oesterle, S., Haggerty, K.P., Catalano, R.F., (2010). Romantic relationship status changes and substance use among 18-to 20-year-olds. *Journal of Studies on Alcohol and Drugs*, 71, 847–856.
- Gómez-López, M., Viejo, C., Ortega-Ruiz, R., (2019). Well-being and romantic relationships: A systematic review in adolescence and emerging adulthood. *International journal of environmental research and public health*, 16, 2415.
- Gravningen, K., Mitchell, K.R., Wellings, K., Johnson, A.M., Geary, R., Jones, K.G., Clifton, S., Erens, B., Lu, M., Chayachinda, C., (2017). Reported reasons for breakdown of marriage and cohabitation in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Plos one*, 12, e0174129.
- Hebert, S., Popadiuk, N., (2008). University students' experiences of non marital breakups: A grounded theory. *Journal of College Student Development*, 49, 1–14.
- Hendrick, C., Hendrick, S., (1986). A theory and method of love. *Journal of personality and social psychology*, 50, 392.
- Kansky, J., Allen, J.P., (2018). Making sense and moving on: The potential for individual and interpersonal growth following emerging adult breakups. *Emerging Adulthood*, 6, 172–190.
- Langeslag, S.J., van Strien, J.W., (2016). Regulation of romantic love feelings: Preconceptions, strategies, and feasibility. *PLoS one*, 11, e0161087.
- Lewandowski Jr, G.W., Aron, A., Bassis, S., Kunak, J., (2006). Losing a self - expanding relationship: Implications for the self - concept. *Personal Relationships*, 13, 317–331.
- Lopez-Cantero, P., (2018). The break-up check: Exploring romantic love through relationship terminations. *Philosophia*, 46, 689–703.
- Marshall, T.C., Bejanyan, K., Ferenczi, N., (2013). Attachment styles and personal growth following romantic breakups: The mediating roles of distress, rumination, and tendency to rebound. *PloS one*, 8, e75161.
- R core team, (2004). R: A language and environment for statistical computing. The R Foundation for Statistical Computing. Vienna, Austria.
- Rhoades, G.K., Kamp Dush, C.M., Atkins, D.C., Stanley, S.M., Markman, H.J., (2011). Breaking up is hard to do: the impact of unmarried relationship dissolution on mental health and life satisfaction. *Journal of family psychology*, 25, 366.
- Seshadri, K.G., (2016). The neuroendocrinology of love. *Indian journal of endocrinology and metabolism*, 20, 558.
- Shulman, S., Connolly, J., (2013). The challenge of romantic relationships in emerging adulthood: Reconceptualization of the field. *Emerging Adulthood*, 1, 27–39.
- Singh, S., Sagar, R., (2021). A critical look at online survey or questionnaire-based research studies during COVID-19. *Asian Journal of Psychiatry*, 65, 102850.
- Slotter, E.B., Gardner, W.L., Finkel, E.J., (2010). Who am I without you? The influence of romantic breakup on the self-concept. *Personality and social psychology bulletin*, 36, 147–160.
- Tashiro, T.Y., Frazier, P., (2003). “I'll never be in a relationship like that again”: Personal growth following romantic relationship breakups. *Personal Relationships*, 10, 113–128.
- Tobore, T.O., (2020). Towards a Comprehensive Theory of Love: The Quadruple Theory. *Frontiers in Psychology*, 11, 862.
- Verhallen, A.M., Renken, R.J., Marsman, J.-B.C., Ter Horst, G.J., (2019). Romantic relationship breakup: An experimental model to study effects of stress on depression (-like) symptoms. *PLoS One*, 14, e0217320.
- Young, L., (2009). Being Human: Love: Neuroscience reveals all: Poetry it is not. Nor is it particularly romantic. But reducing love to its component parts helps us to understand human sexuality, and may lead to drugs that enhance or diminish our love for another, says Larry J. Young. *Nature*, 457.



Perspective

Cross-cultural variations in sexual crimes: Public health perspective

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Sex crimes are reported and well documented in nearly all parts of the world. Sexual violence is a significant social issue and a severe human rights violation (Ackerman & Furman, 2015). Sexual violence significantly increases the disease burden by increasing the risk of sexual and reproductive problems and affects physical and mental health (Borumandnia et al., 2020). Many variables influence the judging of sexual aggression. Amongst these factors, culture is a relevant variable as it applies to gender norms, traditional values, and beliefs. One of these beliefs is the “culture of honour”, which is likely to encourage or support a male’s aggression towards a victim, especially in cases of sexual assault within intimate relationships. This response is elicited as the victim’s pre-assault behavior is considered an insult to the perpetrator’s reputation or honor (Gul & Schuster, 2020). World Health Organization (WHO) has documented the violence against women and girls as a

consequence of gender inequality in society. Globally, these affect women (physical injury, disability, mental health issues, sexual and reproductive problems), families (loss of sense of security among children of victims and potential child abuse, loss of home, loss of income), and community as a whole with the high cost of providing services, loss of women and gender minorities participating in public life and loss of productivity (WHO, 2016). Given the complexities of human societies, knowledge of gender-based beliefs and cultural stereotypes beyond a specific country is crucial. The urban wave of migration and multicultural societies calls for the need for cross-cultural comparison of gender norms and cultural practices which influence sexual violence as well as public health worldwide (Fakunmoju & Bammeke, 2017).

What is a sex crime? Sexual violence (SV) is defined as “the sexual act or an attempt to obtain a sexual act forcibly through violence or coercion” (Krug et al., 2002). The definition of a sex crime, however, is not static. It changes over time and follows ever-changing social, moral, legal, and technological norms. They can be classified into various categories depending on multiple variables, e.g., violent crimes such as rape, sexual assault, and sexual abuse of children and adults. Other sex crimes include

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exploiting children and adults, e.g., prostitution and sex trafficking. Some sex crimes include societal taboos such as exhibitionism (indecent public nudity), bestiality (sexual activity with animals), necrophilia (sex crimes with dead bodies), etc. (Vandiver et al., 2016). The WHO definition takes a broader approach adding sexual and physical abuse of those with disabilities, forced marriages, child marriages, intimate partner violence, denial of access and use of contraceptives for prevention against sexually transmitted diseases, and forced abortions, amongst others to the list of sexual crimes (Krug et al., 2002).

Sexual crimes are endemic and transcend national and international borders. Thus sex crime definitions are incomplete without cultural references from the native place, e.g., under the apartheid system of South Africa, only rapes involving white females were prosecuted. In contrast, the rape of a black woman was legally and socially acceptable (Armstrong, 1994). Similarly, in parts of rural India, child marriages involving girls below 18 years were legally authorized (Ouattara et al., 1998). The ethnic influence on sexual crimes and oppression is severely understated in literature. Although sometimes, race and culture are confined to a particular location, culture as an accumulation of behaviors, attitudes, and responses concerning sexual violence is hardly examined, considering its influence on gender- norms and values of virginity, shame, sexuality, power, and asking for help (Fontes, 1995).

Worldwide, women experience more sexual violence, with about 35.6% of women being victims of sexual crimes of some sort (Borumandnia et al., 2020). Intimate partner violence and sexual violence are the number one forms of violence against women and girls in every country of the world (WHO, 2016). While men are also subjected to sexual

violence, the prevalence is hard to establish. Most of the cases are under-reported, and there is a high number of non-reporting cases among men and boys (Borumandnia et al., 2020). Global data suggests a higher prevalence rate of sexual violence against women and girls due to cultural norms and values, which creates an unequal power equation between men and women. Due to gender roles, scarce services, and religious taboos in the same cultural society, men are reluctant to come forward as sexual violence survivors. Thus the prevalence of such cases is underestimated (Kalra & Bhugra, 2013; Borumandnia et al., 2020).

Moreover, research has demonstrated that sexual and gender minorities are more likely to be victims of sexual violence than the general population. This violence against gender minorities is motivated by their gender identities and orientations. This bias and resulting violence are documented in various countries of Africa and South America (Muller et al., 2021). This paper gives an insight into the cultural influence of sex crimes globally and the public health implications of the same.

A study conducted by Muller et al. reports that sexual and gender minorities in Southern and Eastern Africa are more likely to be the victims of sexual violence, and more than 50% of the sexual and gender minorities involved in the study had experienced violence. It indicates that bisexual women, transgender women, and gender non-conforming individuals were at the most risk (Muller et al., 2021). Moreover, sexual and gender minorities are not included in violence prevention policies and survivor support services. Other studies from South African countries show bias against gender minorities in criminal justice systems, healthcare access, and seeking help after experiencing violence (Muller et al., 2021).

Another research reported a strong link between politics and religion on restricting sexual and reproductive health rights. This identifies gender-related power differences within conservative Muslim socio-cultural-religious structures as restricting women from accessing sexual and reproductive prevention, care, and treatment facilities. Especially, women who engage in commercial sex work, extramarital/pre-marital sexual activities, and HIV risk-related practices, which are considered a social taboo and culturally immoral, are most at risk to experience barriers in accessing HIV and sexual and reproductive health (SRH) services in Muslim majority countries (Juliastuti et al., 2020).

Similarly, another study conducted by Smith et al. (2020) reported that the chances of getting sexually harassed were 2-5 times higher in sexual minorities than in straight persons. The study was conducted in a US school where cases were reported from middle to high school. Also, sexual minority women experienced a higher burden of sexual assault than their straight male counterparts (95% vs. 41%). The data also highlights an even greater risk for sexual minorities from different ethnicities or races (immigrants and non-English speaking sections). These homophobic, transphobic, and racist behaviors, both societal and internalized, affect reporting of crimes and help-seeking practices (Smith et al., 2020).

Intimate partner violence (IPV) is prevalent in low and middle-income countries ranging from 13.7% in Cambodia to 70.9% in Ethiopia. However, the attitude of IPV being acceptable is culturally normative and thus accepted by women and men in the society leading to less empathy and support towards the victim (Iran et al., 2016).

The highest increase in sexual violence against men was seen in Luxembourg and

Equatorial Guinea and for women in China, North Korea, and Taiwan. The study has also documented sexual violence among migrants and refugees. Without fundamental legal rights, they are left exposed to human trafficking, prostitution, and the sex trade (Borumandnia et al., 2020).

As globalization creates economic disproportionality among societies, various social stressors serve as a context in which sexual offenses occur. Being a culturally and economically diverse region, South-East Asia is still experiencing a socioeconomic transition. There are reports of undocumented migration, human trafficking, and sex tourism linked to the sexual aggression present in the region. Rape and sexual aggression have been documented to be used as a form of political weapon in these regions. These regions still conform to the traditional gender roles which endorse sexual aggression, particularly towards women (Winzer et al., 2019).

All these studies reinforce the idea of gender norms, patriarchy, and gender inequality as precursors for sexual crimes in society, irrespective of a country's border and the need for a global approach to tackle the concern.

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References

- Ackerman, A. R. & Furman, R., (2015). *Sex Crimes: Transnational Problems and Global Perspectives*. 1 ed. New York: Columbia University Press.
- Armstrong, S., (1994). Rape in South Africa: An invisible part of apartheid's legacy. *Gender and Development*, 2(2), 35-39.
- Borumandnia, N., Khadembashi, N., Tabatabaei, M. & Majd, H. A., (2020). The prevalence rate of

sexual violence worldwide: a trend analysis. *BMC Public Health*, 20(1835), 1-7.

Fakunmoju, S. B. & Bammeké, F. O., (2017). Gender-Based Violence Beliefs and Stereotypes: Cross-cultural Comparison Across Three Countries. *International Journal of Asian Social Science*, 7(9), 738-753.

Fontes, L. A., (1995). African Americans and Sexual Child Abuse. In: L. A. Fontes, ed. *Sexual Abuse in Nine North American Cultures; Treatment and Prevention*. Thousand Oaks, CA: SAGE publications, 11-30.

Gul, P. & Schuster, I., (2020). Judgements of marital rape as a function of honour culture, masculine reputation threat, and observer gender: A cross-cultural comparison between Turkey, Germany, and the UK. *Aggressive Behaviour*, 46(4), 341-353.

Juliastuti, D., Dean, J. & Fitzgerald, L., (2020). Sexual and reproductive health of women living with HIV in Muslim-majority countries: a systematic mixed studies review. *BMC international health and human rights*, 20(1).

Kalra, G. & Bhugra, D., (2013). sexual violence against women: understanding cross-cultural intersections. *Indian Journal of Psychiatry*, 55(3), p. 244.

Krug, E., Mercy, J., Dahlberg, L. & Zwi, A., (2002). The world report on violence and health. *Lancet*, 360(9339), 1083-8.

Muller, A. et al., (2021). Experience of and

factors associated with violence against sexual and gender minorities in nine African countries: a cross-sectional study. *BMC Public Health*, 21(1), p. 357.

Ouattara, M., Sen, P. & Thomson, M., (1998). Forced marriage, forced sex: The perils of childhood for girls. *Gender and Development*, 6(3), 27-33.

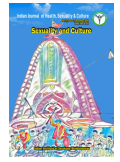
Smith, D. M., Johns, N. E. & Raj, A., (2020). Do Sexual Minorities Face Greater Risk of Sexual Harassment, Ever and at school, in Adolescence?: Findings from a 2019 Cross-Sectional Study of US Adults. *Journal of Interpersonal Violence*. DOI: 10.1177/0886260520926315

Tran, T. D., Nguyen, H. & Fisher, J., (2016). Attitudes towards intimate partner violence against women among women and men in 39 low and middle income countries. *PLoS One*, 11(11).

Vandiver, D., Braithwaite, J. & Stafford, M., (2016). *Sex crimes and sex offenders: Research and Realities*. New York: Routledge.

WHO, (2016). *Global Plan of Action: Health systems address violence against women and girls*. [Online] Available at: [http:// apps. who. int/gb/ebwha/pdf_files/WHA69/A69_9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_9-en.pdf) [Accessed 9-10-2021].

Winzer, L., Krahe, B. & Guest, P., (2019). The Scale of Sexual aggression in Southeast Asia: A review. *Trauma, Violence and Abuse*, 20(5), 595-612.



Commentary

Pornography and it's correlation with sexual health

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In the 21st century, there was a tremendous increase in the usage of the internet, social media & smart-phones, which led to profound variations in sexual habits. Consequently, significant changes were seen among adults under 49 years of age (Bulot et al., 2015). These days, the internet is the primary source of consuming pornography. A recent review reported that most adult men had accessed pornography at some point in their lives, and younger people below 25 years of age are weekly consumers of pornography (Miller et al., 2020).

Generally, the increased consumption of pornography is associated with sexual activity and sexual experimentation often portrayed in pornography (Træen and Daneback, 2013). The escalated utilization of images related to sexual nature developed the permanent online presence of the pornography industry. Due to cultural

constraints and stigma attached to moral status, it is difficult for researchers to define pornography (Lindgren, 1993). They use euphemistic terms to mention pornography, such as uncensored media or materials, aphrodisiacal or online sexual activity (Carroll et al., 2008; Lindgren, 1993; Manning, 2006; Short et al., 2012).

There is the availability of pornographic material on the web with free access, making it easy for those under 18 years of age to visit. Sometimes, internet users are unintentionally exposed to such materials (Ybarra et al., 2009). The average age of pornography consumers has declined in current years, which enlightens that people at an early age are being exposed to such media or materials and which may influence the understanding of sexuality in young adults. However, they get confused to find expected, acceptable, and rewarding sexual attitudes (Wright et al., 2015). Reports showed that in Australia, 73-93% of adolescent boys and 11-62% of adolescent girls are exposed to pornography (McKee, 2010; Fleming et al., 2006). They even believe that using pornography among their peers is common (Walker et al., 2015), although laws have restricted people under 18 from watching pornography (Mason, 1992).

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There are different opinions regarding the impact of pornography use. Some claim that it is having adverse effects (Hilton, 2013), some claim to be having positive results (Ley et al., 2014), whereas some people think that it is likely to possess mixed effects (Hald & Malamuth, 2008). There are significant harmful impacts of pornography on young people's sexual and emotional development, but there is a lack of scientific evidence to explore the effect (Bulot et al., 2015).

Online pornography use increases and can cause addiction considering the "Triple A" influence, including accessibility, affordability, and anonymity (de Alarcón et al., 2019). The improper use of pornography has adverse effects among the young population in their sexual development and functioning (Grubbs et al., 2019). International longitudinal research revealed the impact of early and continuous viewing of pornography on adolescents, i.e., initiating sexual activities at their younger age (Brown and L'Engle, 2009; Vandenbosch and Eggermont, 2013).

High numbers of students were being exposed to sexually explicit electronic materials for the sake of searching about sexual and related information (Shallo and Mengesha, 2019). The higher the degree of pornographic addiction, the higher the risky sexual behavior (Yunengsih and Setiawan, 2021); resulting in subsequent sexual aggression, permissive sexual norms and gender role attitudes, earlier sexual behavior, lower levels of sexual satisfaction, higher preferences for specific body types, negative attitudes towards monogamy, participation in group sex, and higher numbers of sexual partners (Rothman and Adhia, 2016).

Based on the results from a ten-week-long diary study conducted by Bóthe et al. (2021) with treatment-seeking males, it is evident that there is a link between Problematic Pornography Use (PPU) and sexual functioning problems. Males who come

under PPU may be more likely to be in a refractory period when trying to engage in sexual activities with their partner, potentially leading to sexual functioning problems. Furthermore, the severity of PPU was associated positively with sexual anxiety and negatively with sexual satisfaction. In contrast, frequent pornography users had a weak negative association with sexual functioning problems in the community (Bóthe et al., 2021).

There is a correlation between masturbation and the use of online pornography, and a recent study has shown that 87% of students who watched online pornography masturbated regularly (Chowdhury et al., 2019).

COVID-19 associated stress and loneliness has also driven the sexual and relationship issues, resulting in increased disagreement and decreased attachment due to frequent pornography use, causing lower sexual satisfaction for men and intimacy issues often for women, leading to unfaithfulness to the partner (Bridges et al., 2003; Daneback et al., 2009; Traeen and Mansson, 2009; Chowdhury et al., 2018; Doran and Price, 2014; Manning, 2006; Perry, 2016a; Poulsen et al., 2013; Stack et al., 2004; Yucel and Gassanov, 2010).

In addition, several pieces of literature express its impact on mental health, such as the pressure experienced by women to engage in anal intercourse, which is shown in 15-32% of pornographic scenes (Lim et al., 2017). Like the clinical expression of anxiety (American Psychiatric Association, 2013), feelings of restlessness/frustration/irritation when unable to access pornography websites significantly predicted both anxiety and stress (Camilleri et al., 2020). A scoping review revealed that pornography consumption is associated with a surge in rape cases in India (Vinnakota et al., 2021).

In contrast, pornography can be scrutinized

positively, as if it offers an approach to explore one's sexuality (Arrington-Sanders et al., 2015; Paul and Shim, 2008). Young adults were most likely to report that pornography was the most valuable source of information about how to have sex (Rothman, 2021).

A study (2008) conducted by two Danish researchers disclosed that porn is not causing any adverse mental or health problems. But, in fact, it improved the sexual satisfaction between the subjects. In many circumstances, marital problems promote the consumption of pornography. Certain studies have proven that pornography usage can be beneficial. Even before the marriage, the couples are exposed to watching pornography during their counseling. Sometimes psychologists recommend watching pornography together for the teams who have problems in their marital life (Peter and Valkenburg, 2016).

The topic of pornography use is controversial (Grubbs et al., 2019). Philosophical interest can be seen much in pornography centers on whether pornography should be controlled. Significant debates arise as to whether pornography is best understood as speech, an action, or a speech act (Harrison, and Ollis, 2015). Watching pornography may be a healthy phenomenon if it is occasional, not impairing the personal and social life. However, it can become pathological if watched excessively and degrades the individual's functioning.

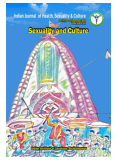
Acknowledgements : None

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References

- Arrington-Sanders, R., Harper, G.W., Morgan, A., Ogunbajo, A., Trent, M. and Fortenberry, J.D., (2015). The role of sexually explicit material in the sexual development of same-sex-attracted Black adolescent males. *Archives of sexual behavior*, 44(3), 597-608.
- Bóthe, B., Tóth-Király, I., Griffiths, M.D., Potenza, M.N., Orosz, G. and Demetrovics, Z., (2021). Are sexual functioning problems associated with frequent pornography use and/or problematic pornography use? Results from a large community survey including males and females. *Addictive Behaviors*, 112, p.106603.
- Brown, J.D. and L'Engle, K.L., (2009). X-rated: Sexual attitudes and behaviors associated with U.S. early adolescents' exposure to sexually explicit media. *Communication research*, 36(1), 129-151.
- Bulot, C., Leurent, B. and Collier, F., (2015). Pornography sexual behaviour and risk behaviour at university. *Sexologies*, 24(4), pp.e78-e83.
- Camilleri, C., Perry, J.T. and Sammut, S., (2020). Compulsive Internet Pornography Use and Mental Health: A Cross-Sectional Study in a Sample of University Students in the United States. *Frontiers in psychology*, 11.
- Chowdhury, M.R.H.K., Chowdhury, M.R.K., Kabir, R., Perera, N.K. and Kader, M., (2018). Does the addiction in online pornography affect the behavioral pattern of undergrad private university students in Bangladesh?. *International journal of health sciences*, 12(3), p.67.
- Chowdhury, M., Khan, R.H., Chowdhury, M.R.K., Nipa, N.S., Kabir, R., Moni, M.A. and Kordowicz, M., (2019). Masturbation experience: A case study of undergraduate students in Bangladesh. *Journal of Population and Social Studies*, 27(4), 359-372.
- de Alarcón, R., de la Iglesia, J.I., Casado, N.M. and Montejo, A.L., (2019). Online porn addiction: What we know and what we don't - A systematic review. *Journal of clinical medicine*, 8(1), p.91.
- Grubbs, J.B., Kraus, S.W. and Perry, S.L., (2019). Self-reported addiction to pornography in a nationally representative sample: The roles of use habits, religiousness, and moral incongruence. *Journal of Behavioral Addictions*, 8(1), 88-93.
- Hald, G.M. and Malamuth, N.M., (2008). Self-

- perceived effects of pornography consumption. *Archives of sexual behavior*, 37(4), 614-625.
- Harrison, L. and Ollis, D., (2015). Young People, Pleasure, and the Normalization of Pornography: Sexual Health and Well being in a time of proliferation. *Handbook of children and youth studies*, pp.155-167.
- Ley, D., Prause, N. and Finn, P., (2014). The emperor has no clothes: A review of the 'pornography addiction' model. *Current sexual health reports*, 6(2), 94-105.
- Lim, M.S., Agius, P.A., Carrotte, E.R., Vella, A.M. and Hellard, M.E., (2017). Young Australians' use of pornography and associations with sexual risk behaviours. *Australian and New Zealand journal of public health*, 41(4), 438-443.
- Mason, M., (1992). *Legislation Relating to Pornography in Australia*. Department of the Parliamentary Library.
- McKee, A., (2010). Does pornography harm young people?. *Australian Journal of Communication*, 37(1), 17-36.
- Miller, D.J., Raggatt, P.T. and McBain, K., (2020). A literature review of studies into the prevalence and frequency of men's pornography use. *American Journal of Sexuality Education*, 15(4), 502-529.
- Perry, S.L., (2017). Spousal religiosity, religious bonding, and pornography consumption. *Archives of Sexual Behavior*, 46(2), 561-574.
- Peter, J. and Valkenburg, P.M., (2016). Adolescents and pornography: A review of 20 years of research. *The Journal of Sex Research*, 53(4-5), 509-531.
- Rothman, E.F., Beckmeyer, J.J., Herbenick, D., Fu, T.C., Dodge, B. and Fortenberry, J.D., (2021). The prevalence of using pornography for information about how to have sex: Findings from a nationally representative survey of U.S. adolescents and young adults. *Archives of Sexual Behavior*, 50(2), 629-646
- Shallo, S.A. and Mengesha, W.W., (2019). Exposure to Sexually Explicit Materials and Its Association with Sexual Behaviors of Ambo University Undergraduate Students. *Ethiopian journal of health sciences*, 29(4).
- Træen, B. and Daneback, K., (2013). The use of pornography and sexual behaviour among Norwegian men and women of differing sexual orientation. *Sexologies*, 22(2), pp.e41-e48.
- Vinnakota, D., Arafat, S.Y., Kar, S.K., Sivasubramanian, M., Hossain, S.R., Parsa, A.D. and Kabir, R., (2021). Pornography and Sexual Violence Against Women in India: A Scoping Review. *Journal of Psychosexual Health*, 3(3), 216-221.
- Walker, S., Temple-Smith, M., Higgs, P. and Sanci, L., (2015). 'It's always just there in your face': young people's views on porn. *Sexual health*, 12(3), 200-206.
- Wright, P.J., Sun, C., Steffen, N.J. and Tokunaga, R.S., (2015). Pornography, alcohol, and male sexual dominance. *Communication Monographs*, 82(2), 252-270.



Commentary

Role of religion in the expression of sexuality

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Keywords: Religion, Law, Culture, Sexuality, Disability

Introduction

This article was originally developed to discuss the role of religion in the expression of sexuality. However, through the literature review, it became evident that religion and sexuality do not exist in a vacuum. One cannot ignore inter-sectionality in the discussion of the influence of religion on sexuality. Therefore, this article will attempt to provide a global or meta-perspective on the multiple types of intersections that one needs to consider when discussing the relationship between religion and sexuality. It is the intention of the article to expand or broaden the lens that we use to discuss this topic. An additional aim of this article is to highlight global perspectives on religion and sexuality.

It is important to first provide a definition or lack of definition to/of the terms that will be used throughout the paper. Starting with religion, this paper will understand religion in

multiple ways. First, it can be thought of as a faith-based practice that is followed by a culture or group of persons. Second, it can be broadened to include spirituality. Finally, religion will also be utilized, at times, to refer to the religious influence over a culture even if individuals within the culture do not observe the religion. Sexuality will be utilized to define sexual orientation, sexual expression, and sexual activity. The remainder of the article will be subdivided thematically to highlight specific themes and intersections that have been highlighted in recent publications.

Religion, culture and sexuality

Recent literature has highlighted the role of culture as it relates to religion and sexuality. Anarfi & Owusu (2010) discuss the influence of culture, religion, and sexuality in Ghana. The authors highlight the intersections that impact sexuality in this culture. "It is greatly influenced by the broader social structure of any society, including religion, the state, and the general established society with its norms and prescriptions of what is acceptable or otherwise" (Anarfi & Owusu, 2010). Further, they provide an additional understanding that morality is central to discussions of sexuality in Ghana. "In many African settings sexual matters are looked at from the angle of morality. This puts religion in the very

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centre of all discourses related to sexual behavior” (Anarfi & Owusu, 2010). Another article discussed sexual minorities in urban India. This article suggested that “Indian culture has numerous relevant social categories that shape gender and sexuality, such as religion and caste, among others” (Bowling et al., 2019).

Other articles discuss ways in which individuals navigate religion and culture. Tuthill (2016) researched religiosity and sexuality amongst Hispanic lesbian mothers. The mothers in this study were selective in the beliefs they followed in order to maintain a relatively healthy view of themselves with regard to their sexual identity. “By rejecting certain beliefs regarding sexual immorality, Catholic adherents are able to pacify religious tension between their sexual and religious identity” (Tuthill, 2016).

When referring to sexual minorities, some cultures lack the neutral or positive language to refer to the lesbian, gay, bisexual, transgender, and the larger community (LGBTQ+). Ramzi Salti captures this in his book “He suddenly realized that he was looking for a word with neither a religious undertone nor a pejorative meaning... After all, how difficult can it be to come up with a word that is based on some pleasant-sounding three-letter verb?” (Salti, 1994).

Religion, law and sexuality

Another factor that intersects with religion and sexuality is the law. In the United States, there has been an ongoing struggle between human rights and the freedom to exercise religious beliefs. “Over the last several years, it has become impossible to ignore a series of pointed conflicts between two asserted rights, each described by their proponents as ‘human rights’: the free exercise of religion and the right to sexual expression under

particular conditions” (Alvaré, 2015). Alvaré’s work highlights a complex discussion that has passionate arguments on both sides.

In Egypt, we find that the laws regarding LGBTQ+ individuals have shifted across time, being more restrictive in recent years. This has resulted in the act of entrapment of LGBTQ+ individuals and has effectively created an environment where individuals are forced to live in secrecy. This was captured in Whitaker’s 2006 book. He writes “It’s very lonely. There used to be a cruising area in heliopolis, coffee shops, and night clubs, but they have all gone now. Most of the people I knew have either left the country or created a very close-knit underground community” (Whitaker, 2006).

Religion, age and sexuality

Some research has focused on age and its impact on religion and sexuality. A study that focused on sexual and gender minority youth (SGMY) found that religious beliefs can lead to bullying of these youth. These authors also highlighted that religion plays a different role for the persons being bullied that can be either protective or detrimental (Mc Cormick & Krieger, 2020).

On the other end of the age spectrum, older individuals also experience an interaction between religion and sexuality. Older sexual minority adults may experience significant life changes that impact their sexual presentation. This could include, for some, moving in with family or moving to an assisted living facility. One study revealed that older sexual minority adults manage religion and sexuality by changing to a religion that had more positive views on sexual minorities (Escher et al., 2019). Aguilar (2017) specifically addresses older individuals in nursing homes and reminds us that these are sexual beings, and with a growing population of older individuals, this

will continue to be an important area of continued scholarship (Aguilar, 2017).

Religion, disabilities and sexuality

An under-researched area is that of sexuality amongst individuals with disabilities. Hays differentiates between developmental, intellectual, cognitive, sensory, physical, and psychiatric disabilities (Hays, 2016). One study, through narrative analysis, found a range of impacts that religion has on sexuality amongst individuals with intellectual disabilities. "...religion, both of disabled people themselves and the social actors around them, can shape the attitudes and experiences of people with intellectual disabilities regarding sexuality and sexual expression" (Martino, 2020). This quote highlights not only the impact on an individual with intellectual disabilities but also highlights the impact on the individuals around them. This could include family, service providers, social service agencies, etc.

Conclusion

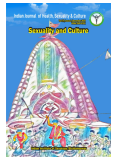
A comprehensive review of the literature is beyond the scope of this article. However, this article has attempted to shine a light on the many ways that religion and the expression of sexuality are impacted by intersecting identities and socio-cultural factors. Individuals, cultures, and societies are complex. As researchers, academics, service providers, and clinicians, we need to be able to recognize these complexities in order to best understand the experience of the persons that we are researching or serving.

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References

- Aguilar, R. A., (2017). Sexual expression of nursing home residents: systematic review of the literature. *Journal of Nursing Scholarship*, 49(5), 470-477. DOI: 10.1111/jnu.12315
- Alvaré, H. M., (2015). Religious freedom versus sexual expression: a guide. *Journal of Law and Religion*, 30(3), 475-495. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2668741
- Anarfi, J. K., & Owusu, A. Y., (2011). The making of a sexual being in Ghana: The state, religion and the influence of society as agents of sexual socialization. *Sexuality & Culture*, 15(1), 1-18. DOI: 10.1007/s12119-010-9078-6
- Bowling, J., Mennicke, A., Blekfeld-Sztraky, D., Simmons, M., Dodge, B., Sundarraman, V., Lakshmi, B., Dharuman, S. T., & Herbenick, D., (2019). The influences of stigma on sexuality among sexual and gender minoritized individuals in urban India. *International Journal of Sexual Health*, 31(3), 269-282. DOI: 10.1080/19317611.2019.1625994
- Escher, C., Gomez, R., Paulraj, S., Ma, F., Spies-Upton, S., Cummings, C., Brown, L. M., Thomas Tormala, T., & Goldblum, P., (2019). Relations of religion with depression and loneliness in older sexual and gender minority adults. *Clinical Gerontologist*, 42(2), 150-161. <https://doi.org/10.1080/07317115.2018.1514341>
- Hays, P. A., (2016). Addressing cultural complexities in practice. Washington, DC: American Psychological Association.
- Martino, A. S., (2020) 'I hang out with non-Christians all the time. I just won't date them': The role of religion in the intimate lives of adults with intellectual disabilities. *Journal of applied research in intellectual disabilities*. DOI: 10.1111/jar.12921
- McCormick, M., & Krieger, M., (2020). Religion and bullying: Perspectives from sexual and gender minority youth (SGMY) in Michigan. *Journal of Gay & Lesbian Social Services*, 32(2), 191-208. DOI: 10.1080/10538720.2020.1728460
- Salti, R. M., (1994). *The Native Informant & Other Stories: Six Tales of Defiance from the Arab World*. Colorado Springs, CO: Three Continents Press.
- Tuthill, Z., (2016). Negotiating religiosity and sexual identity among Hispanic lesbian mothers. *Journal of homosexuality*, 63(9), 1194-1210. DOI: 10.1080/00918369.2016.1151691
- Whitaker, B., (2011). *Unspeakable love: Gay and lesbian life in the Middle East*. Berkeley, CA: University of California Press.



Commentary

Celebration of menarche : Welcoming womanhood in the indigenous ways

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Keywords: Menarche rituals, Adolescence, Women, India

Introduction

Menarche, the first menstrual bleeding, suddenly pushes a young girl into a new world of womanhood. This rapid developmental change and the sudden change of the self-concept affect adolescent girls (Ruble and Brooks-Gunn, 1982). The young minds struggle much to cope with this sudden change in their body and lifestyle, leading to stress and subsequent mental trauma (Paige and Paige, 1981; Marshall, 2016; Chandra-Mouli and Patel, 2017). These psychological changes are also evident in prepuberty, puberty, and post-puberty adolescent girls (Ruble and Brooks-Gunn, 1982; Marshall, 2016; Stenson et al., 2021). The sensitive period of puberty impacts trauma on girls' development of an anxiety disorder (primarily social phobia) and may even cause puberty or post-puberty depression or PTSD (Marshall, 2016). Though subjectively, menstruation is taught in all the high school

curricula, dealing with this transitional phase remains struggling among adolescent girls in low- and middle-income countries (Chandra-Mouli and Patel, 2017). The lack of knowledge, preparation, and guidance about menstruation, as observed in the low- and middle-income countries (Chandra-Mouli and Patel, 2017), pertains to the social taboo on discussing this natural physiological process and the communication gap within generations. To deal with these problems and to respond well to the requirements of adolescent girls during menstruation, Chandra-Mouli and Patel (2017) suggest education regarding puberty to all (both girls and boys), proper hygiene to be maintained during menstruation, availability of clean, functional toilets in schools and community, and mental support at the family and community level. They further suggest that the menstrual education and availability of pertinent facilities will enhance self-confidence and strengthen personal development among adolescent girls.

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Menarche and the cultural aspects

While this transitional point was initiated with ceremonies in the pre industrial cultural era, only a very few contemporary cultures are still holding this celebration (Jensen, 2015). In addition to the several tribal and minor communities in the world (Zuluaga

and Andersson, 2013), this occasion of menarche is celebrated through different ceremonies in the states of Southern and North-Eastern parts of India. These celebrations of Menarche rituals or the Ritu Kala Samskara ceremony are known as the Samurtha function in Andhra Pradesh, Manjal Neerattu Vizha in Tamilnadu, Arati in Karnataka, and Tuloni Biya in Assam (Joseph, 2020). Through these rituals, the knowledge regarding puberty and menstruation is conveyed to the newly menstruating girl, making the girl aware of the physical and psychological changes and providing appropriate traditional remedies and comfort her socially. Without formal documentation, these rituals are carried throughout generations (Joseph, 2020). In addition to that, the details and effects of these rituals are understudied mainly in menstrual research (Zuluaga and Andersson, 2013; Jensen, 2015; Pai et al., 2015; Joseph, 2020). The present paper provides an overview of the menarche rituals performed in the different parts of India.

The rituals: Performing menarche as an art

There is no fixed universal blueprint regarding the practices of these Menarche rituals, and they have been customized according to the regional climate, availability of food, and traditional medicines (Joseph, 2020). However, in all of these practices, the girl is given a separate clean room or even a newly made hut and plenty of nutritious and easily digestible foods (Joseph, 2020). In Karnataka, the girl is given sweets (laddu) made with a variety of dry fruits (dates, almonds, raisins, cashew, etc.) and ghee (clarified butter), and resin of babul (*Acacia*). The girl's hut comprises anti-bacterial neem (*Azadirachta indica*) leaves, coconut leaves, and mango leaves. In Tamil Nadu, a nutritious drink made from the raw egg yolk of country chicken and sesame oil/ghee is given to the girl, and similar huts are

constructed with palm/coconut leaves. In Andhra Pradesh, the girl is given dry coconut, ghee, khichdi with moong dal, milk, sesame laddu, jaggery, and plenty of water to drink, where raw fruits are given to the girl in Assam to consume. The family members comfort the girl and educate her with the necessary knowledge regarding menstrual hygiene and other different aspects of menstruation.

While in Karnataka, the Arati or waving of lighted lamps of the girl is carried out as the ritual's part, in Andhra Pradesh, the ceremony continues for 16 days as part of this ritual. In the first three days, she is made to rest, sit separately, and not allowed to touch anything, mainly to prevent her from coming into contact with any infectious agents (Joseph, 2020). For the first four days, in the evening, the girl is prepared with new cloth (sari) and other make-up for an arati performed by married women accompanied by traditional songs. On the fourth day, the girl is given a good bath where turmeric is applied to her body and a drink of water to prevent infection (Joseph, 2020), and she moves out of the seclusion room. After getting a 'Mangal snan' (auspicious bath) on the fifth day, the big celebration begins that continues to the 9th to 16th days. On these occasions, the girl sits on a chair, very well dressed with sari, bangles, ornaments, for a grand Arati to be performed. All the invitees give gifts to the girl. Though very close relatives bear the costs of these occasions, a grand celebration is organized by the girl's parents on the last day of this occasion. In the state of Assam, the menarche ritual is called Tuloni Biya, or the small wedding. This is similar to the celebration in other southern states with a few additions. A small marriage ceremony is performed with a banana tree, and all the marriage rituals are followed after the fourth day of her first day of the period. This event is celebrated for about seven days

with family, neighbors, and friends.

Adolescent rites are also performed among the Amazonian tribes involving several discrete activities. The girl spends the first three to five days in seclusion and on a strict diet under the supervision of a God-mother (*madrina*) and a mentor. Traditional herbal powders are applied to her body, and a hot spice mix is given to inhale. Traditional prayers and blessings accompany all these rituals.

Effects of the rituals

Many scholars describe ceremonies as the ways to express and reinforce social solidarity (Jensen, 2015). Jensen (2015) identified the adolescent initiation ceremonies as the imagistic ceremony (Atkinson and Whitehouse, 2011), which are infrequent, climactic rituals, and the ritual knowledge is created and transmitted through collective participation. The community rituals also indicate the importance of the event for the community (Jensen, 2015). The celebration of adolescent initiation suggests positive approaches of the community towards this transitional phase of young adults. Though adolescent initiation rituals are performed for boys and girls in many communities, this is becoming obsolete in the post industrial era (Pai and Pai, 1981; Jensen, 2015). In India, these rituals are survived in parts in menarche ceremonies for adolescent girls. These ceremonies are celebrated mainly to pamper the girl and support her in this new phase of life and for the post-puberty's health (Joseph, 2020).

Moreover, all the different forms of the menarche ceremonies involve social celebrations and gatherings of family and friends that are no lesser than the celebration of marriage. This provides mental support to the newly menstruating girl and helps her

cope with the social phobia observed in puberty and post-puberty adolescent girls.

Though the celebration of transition to womanhood is appreciated, the ritualistic seclusion and restrictions of these ceremonies are greatly criticized in popular articles. Understanding rituals' components and importance need to be studied with more attention and scientific observations. A study on the relationship of the adolescent initiation rituals and self-reported dysmenorrhea by women ($n=185$) of seven indigenous Amazonian communities reveals that the higher risk of dysmenorrhoea is reported by the women who had not completed the full initiation rites, compared to those who had completed all the rituals (Zuluaga and Andersson, 2013). Moreover, the women who did not meet the adolescent initiation rites reported increased severity of dysmenorrhea (Zuluaga and Andersson, 2013). However, although these kinds of studies have not been carried out in India, Pai et al. (2015) studied the effect of *Rajaswala Paricharya* (menstrual regime) on the menstrual cycle and its associated symptoms on 30 unmarried females and shows that these practices help relieve most of the menstrual cycle-related symptoms.

Conclusion

The celebration of menarche is the celebration of womanhood, which has been celebrated in India and other ancient cultures for ages. This shows the deep understanding of the necessity for transmitting the knowledge regarding menstruation and addressing this transitional phase with great care. These rituals bridge the gap of required knowledge and social communication, the lack of which is very much evident from recent studies. In addition to the physical well-being, the celebration of menarche ceremonies gives the girl happiness and

pleasant memories. Moreover, the positive impact of these adolescent initiation rites is already observed in other parts of the world (Amazonia). Therefore, more scientific studies should be conducted to understand the profound impact of these rituals in the Indian context.

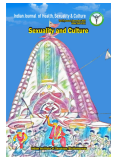
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References

- Atkinson, Q.D. and Whitehouse, H., (2011). The cultural morphospace of ritual form: Examining modes of religiosity cross-culturally. *Evolution and human behavior*, 32(1), 50-62.
- Jensen, L.A., (2015). *The Oxford handbook of human development and culture: An interdisciplinary perspective* (First Edition). Oxford Library of Psychology, United Kingdom: Oxford University Press.
- Joseph, S., (2020). *RtuVidyā: Ancient Science behind Menstrual Practices*. (First Edition). India: Notion Press.
- Marshall, A.D., (2016). Developmental Timing of Trauma Exposure Relative to Puberty and the Nature of Psychopathology Among Adolescent Girls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(1), 25-32.
- Pai, P., Bhatuda, S. and Pandkar, P., (2015). Rajaswalaparicharya: Effect on menstrual cycle and its associated symptoms. *IOSR Journal of Dental and Medical Sciences*, 14(2), 2.
- Paige, K.E. and Paige, J.M., (1981). *The Politics of Reproductive Ritual* (First Edition). Berkeley, USA: University of California Press.
- Ruble, D.N. and Brooks-Gunn, J., (1982). The experience of menarche. *Child Development*, 53(6), 1557-1566.
- Stenson, A.F., Michopoulos, V., Stevens, J.S., Powers, A. and Jovanovic, T., (2021). Sex-Specific Associations Between Trauma Exposure, Pubertal Timing, and Anxiety in Black Children. *Frontiers in Human Neuroscience*, 22(15), 636199.
- Zuluaga, G. and Andersson, N., (2013). Initiation rites at menarche and self-reported dysmenorrhoea among indigenous women of the Colombian Amazon: a cross-sectional study. *BMJ open*, 3(3), e002012.



Letter to the Editor

From gender-specific to gender-sensitive mental health care services : Bridging a service gap

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To the Editor,

When examining mental health care (MHC) service provisions, gender is conceptualized as a susceptibility, access, uptake, and outcome influencer. It appears to run as a fault line to impact even other determinants of mental ill-health such as social position, income, employment, access to resources, and education. Service delivery models, when specializing, cater to specific sub populations that may be socially, demographically, or even geographically defined. They attempt to eschew gender biases while emphasizing gender sensitivity. However, the provision of specialized services has been emphasized only for one gender. Current MHC services, including substance use care, psychosexual health clinics general adult psychosis

services, may appear gender-equal in not having gender specificity. While there is no stated specificity in existing special clinics for any gender, parity in the sensitivity gender-based nuances may not be forthcoming. However, in recent times, gender-based advocacy efforts have focused on the provision of specialized women's MHC services and specific issues faced by them. This, while improving access and service gaps for women, has not addressed similar gaps for other genders across the gender spectrum. However, such specializations come at a cost of taking away aspects of care provision, especially in resource-constrained settings. Equity for age groups in mental healthcare service delivery may be best achieved with developing care services for individuals across the age spectrum- old age psychiatry services are required as much as child and adolescent or young adult psychiatric services. When gender is examined similarly, we do not see parity in services for other genders. Considering the forthcoming Mental Health Month (November) and International Men's Day (November 19), we write to emphasize this significant service gap.

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Several studies have documented the vulnerability of men with regard to mental health. Ministry of Women and Child Development reported higher sexual abuse in boys, which increases vulnerability to mental morbidity at a later age (Ministry of Women and Child Development, Government of India, 2007). The National Crime Records Bureau also reported higher rates of completed suicides in men (NCRB, 2020). More recently, The National Mental Health Survey (NMHS) examined mental health morbidity within a binary construct of gender (Gururaj et al., 2016; Gautham et al., 2020). The prevalence of ‘any mental morbidity’ was higher in males for both current (13.9% vs. 7.5%) and lifetime (16.7% vs. 10.8%) (Gautham et al., 2020). More common mental health conditions like depression and anxiety were prevalent more in women; conditions like substance use, developmental disorders such as Attention Deficit Hyperactivity Disorder, and Autism Spectrum Disorders were prevalent more in men.

The self-reported treatment gap for any mental morbidity was 84.5%. This data is not disaggregated as per gender. Treatment gaps reflect only the proportion of people not on treatment to the total requiring treatment. Gaps in access may not have been reported or understood. Notably, substance use disorders were prevalent more in men, such as Alcohol Use Disorders (9.1% vs. 0.5%), which also had the highest treatment gap (86.3%). Results indicate that mental morbidity is closely associated with male gender, low income, and lesser education. Presumably, men were not accessing MHC services as much as women. Barriers to men accessing MHC services include stigma and the probable stereotype of “man-ness”. The assigned gender roles (bread winner, head of the family, etc.), expected gender behavior (not to express emotions or feelings), and atypical presentations (substance use,

externalizing behaviors) may have further limited MHC access. During the COVID-19 pandemic, despite the stark risks and vulnerabilities associated with men, such as higher mortality, higher travel, and related exposure, higher loss of permanent jobs, MHC services did not assimilate these nuances.

In any given society, a family is considered as a fundamental and functional unit. In a conventional family, both the man and woman need to enjoy good health for the family to enjoy good health. If the eventual goal at the horizon is community living and gender parity, then society has to be sensitized about mental health needs of every gender and play their important role in identifying, improving access and addressing the mental health needs of these genders. Women’s mental health care services should also focus on developing packages and models that focus on other genders. Some suggestions include, improving awareness regarding specific mental health issues in every gender, checking mental health needs of other genders, separate services for men to report sexual abuse, reorienting service access to minimize interruptions to work schedule, LGBTQAI+ (Lesbian, Gay, Bisexual, Trans, And Intersex people) sensitization of mental health issues and relating the pandemic and genders with mental health. We urge the mental health fraternity to recognize this lacuna in service provision and take appropriate steps to “increase investment in mental health”. Moving from gender-specific to gender-sensitive mental healthcare services highlight the need for understanding gender differences in societal norms and independent of genotype expression. The critical need to investigate mental health issues among men as a gender allows mental health practitioners to be literate about gender-sensitive services.

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References

Gautham, M.S. et al., (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. *The International Journal of Social Psychiatry*, 66(4), 361–372. DOI:10.1177/0020764020907941.

Gururaj, G. et al., (2016). National Mental Health Survey of India, 2015-16: prevalence, patterns,

and outcomes. Bengaluru: National Institute of Mental Health and Neuro Sciences, NIMHANS Publication, 129.

Ministry of Women and Child Development, Government of India, (2007). Study on Child Abuse 2007, Ministry of Women and Child Development, Government of India. *Contemporary Education Dialogue*, 5(1), 117–120. DOI:10.1177/0973184913411162.

NCRB, (2020). Accidental Deaths & Suicides in India (ADSI). National Crime Records Bureau. Available at: <https://ncrb.gov.in/en/accidental-deaths-suicides-india-ads> (Accessed: 17 October 2021).



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