

## Knowledge about human sexuality among under graduate medical students



### Medical Science

KEYWORDS :

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### Introduction

In India, talking about sex is taboo. Little is known about the knowledge, attitude, and sexual behavior of young adults.<sup>1</sup> This study is carried out with the purpose of exploring knowledge about human sexuality among undergraduate medical students. Recent studies indicate that sexual health topics are often not broached by physicians within the medical encounter. Among the barriers to communication about sexual health are: lack of provider comfort and knowledge; provider biases about sexual issues; fear of offending patients; and time constraints within the typical patient encounter.<sup>2-4</sup>

Recent national and global initiatives have drawn attention to the importance of sexual health to individuals' well-being. These initiatives advocate enhancement of efforts to address this underrepresented topic in health professions curricula.

Medical school training can be an important means of promoting the appropriate and effective management of sexual functioning problems.<sup>6-8</sup> Currently, a significant gap in knowledge regarding existing sexual health components of undergraduate medical education exists.<sup>9-11</sup> Only a few studies have addressed the attitudes and values that may underlie physicians' medical practices, especially those related to emotionally sensitive issues such as sexuality.<sup>5,12</sup>

### Aims & Objectives

To explore knowledge about human sexuality among undergraduate medical students.

### 2. Knowledge about sexuality:

No.	Item	Correct response no	%
1	Women desire sex about as frequently as men.	169	71.3
2	Female can maintain a sexual response through multiple orgasms.	184	77.6
3	Masturbation leads to sexual / mental problems in future.	197	83.1
4	The bigger the penis more satisfying it is to female in intercourse.	169	71.3
5	Nocturnal emissions leads to physical weakness.	191	80.6
6	A woman may be brought to orgasm by manual stimulation of her genitals.	202	85.2
7	Frequency of intercourse is an accurate measure of success of relationship.	158	66.7
8	Lubrication in females shows sexual excitement like male's erection.	185	78.1
9	Woman who has had hysterectomy can no longer experience orgasm.	189	79.7
10	Clitoris is a particularly sexually sensitive area of female genitalia.	204	86.1
11	After intercourse there is a period when a man cannot get another erection.	127	53.6

### Materials

Anonymous 21 questionnaires about sexual knowledge is put in true/false format. It was given to respective students to self administer.

### Methodology

We conducted study in B.J. Medical College, in respective classrooms setting. 238 Undergraduate Medical Students (1<sup>st</sup> MBBS to interns) participated in the study. Approval of ethical committee was taken prior to commencing study.

### Results

#### 1. Demographic Characteristics

The age range was 17-32 with mean age 21.7 (SD-1.79). Sex: F/M = 77(28.5%) / 160(59.3%)

Level of training was as follows:

1<sup>st</sup> year students: 5  
2<sup>nd</sup> year students: 51  
3<sup>rd</sup> year students: 102  
Interns: 79

No.	Item	Correct response no	%
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Background- 81.4% students had urban background and the remaining came from rural background.

12	Simultaneous orgasm is not necessary for a good sexual relationship.	130	54.9
13	Homosexuality is always a disease / perversion.	145	61.2
14	After menopause sexual drive in women declines sharply.	103	43.5
15	Man reach the peak of their sexual drive in their late teens,while woman reach their peak during their thirties.	117	49.4
16	After the age of 60, man & woman lose interest in sex.	137	57.8
17	Oral genital sex is unhealthy because it enhances the possibilities of contracting STD's.	91	38.4
18	Woman who fantasizes during intercourse is dissatisfied with her sexual life.	133	56.1
19	Having intercourse during menstruation is not a healthy practice.	84	35.4
20	Masturbation by either partner is an indicator of poor marital adjustment.	145	61.2
21	Passage of dhatu per urethra leads to weakness.	159	67.1

For whole sample knowledge score range was 2-21. Mean score was 13.6 (sd-3.2).

### 3. Sex Knowledge and Gender

Girls (n=77): Range 2-19, mean 12.1 (3.6)

Boys (n=160): Range 6-21, mean 14.3 (2.7)

Boys knowledge were significantly higher as compared to girls.

### 4. Sex Knowledge and level of training:

I Year (n=5): Range 6-13, mean 11.6 (3.1)

II Year (n=51) Range 6-18, mean 12.9 (3.1)

III Year (n=10) Range 2-19, mean 13.6 (3.2)

IV Year (n=79) Range 5-21, mean 14.1 (3.1)

Knowledge about human sexuality was lowest in 1<sup>st</sup> year students. It increased in 2<sup>nd</sup> year students. Higher scores were found among 3<sup>rd</sup> year and intern students.

### Specific deficits in sex knowledge

The knowledge was poor (correct response rate <50%), especially for the following :

sex during menstrual flow

oro-genital sex is considered as unhealthy.

sexual life in females after menopause leading to decline in sex desire in later life.

age related difference in sex desire peak occurs in both genders.

About 1 in five medical student believed in common myth related to semen loss leading to weakness and masturbation causing sexual dysfunction in future.

### DISCUSSION

Self-reported comfort and self-perceived knowledge was surprisingly, significantly lower in first and second year students. As expected, students' sense of comfort and perceived knowledge regarding their ability to address sexual health issues is higher among students of second year compared to those at the start of their first year. The third year and intern students reported higher self-perceived knowledge for all areas of sexual health for which they were surveyed when compared to their junior classmates.

During their second year, students are not only experiencing significant patient contact for the first time, but are also intensively observing faculty mentors interacting with patients. We speculate that perceived importance of addressing sexual health among the third year class is related to their experiences on the hospital in-patient wards. We also speculated that behavior modeled by attending physicians may convey the physician's own lack of comfort in addressing sexual health issues. This dis-

comfort has been documented by those few studies published on the attitudes related to physicians addressing sexual health with their patients.<sup>11</sup> As per issue of homosexuality is concerned, only 61% had given correct response. Remaining 39% believed that homosexuality is a disease. Banwari et al had also mentioned in his study that enhancing knowledge of medical students by incorporation of homosexuality related health issues in the curriculum could help reduce prejudice towards the sexual minority and thus impact their future clinical practice.<sup>12</sup>

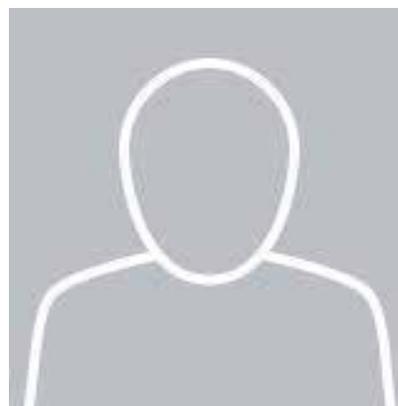
Most of students strongly favored introduction of sex education at undergraduate study level. Evidence is provided for the need to improve knowledge about different aspects of sex among a sample of Indian medical students.<sup>13</sup>

### LIMITATIONS

- 1] Sample size is less for such kind of study.
- 2] Uneven distribution of sample size between 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year students and interns.
- 3] Uneven distribution in numbers of males and females

### Conclusion

In order to prepare future physicians for effective practice, it is critical to develop and implement a comprehensive curriculum addressing a range of sexual health topics. Education aimed at increasing sex knowledge and modifying negative attitudes may increase students' ability to function more effectively as sexual history takers and sex counsellors. Barriers to addressing sexual health in the healthcare context, both from the perspective of the patient and the physician must be taken into consideration when designing this curriculum, with emphasis on the clinical relevance of incorporating nonjudgmental, targeted screening for sexual health issues with all patients.



Pragti Chhabra  
Remove suggestion

**REFERENCE**

1. Agrawal O, Chhabra P, Kumar A: Study in sexuality of medical college students in India. *Journal of Adolescent Health* (Impact Factor: 2.75). 04/2000; 26(3):226-9. DOI: 10.1016/S1054-139X(98)00083-4 | 2. Maheux B, Haley N, Rivard M, Gervais A. Do physicians assess lifestyle health risks during general medical examinations? A survey of general practitioners and obstetrician-gynecologists in Quebec. *Can Med Assoc J* 1999; 160: 1830 – 1834. | 3. Epstein R et al. Awkward moments in patient-physician communication about HIV Risk. *Ann Intern Med* 1998; 128: 435 – 442. | 4. Marwick C. Survey says patients expect little physician help on sex. *JAMA* 1999; 281: 2173 – 2174. | 5. Humphrey S, Nazareth I. GPs' views on their management of sexual dysfunction. *Fam Practice* 2001; 18: 516 – 518. | 6. Andrews WC. Approaches to taking a sexual history. *J Women's Health Gender-Based Med* 2000; 9(Suppl.): S21 – S24. | 7. Middleman AB. Review of sexuality education in the United States for health professionals working with adolescents. *Cur Opin Pediatr* 1999; 11: 283 – 286. | 8. Baraitser P, Elliott L, Bigrigg A. How to talk about sex and do it well: a course for medical students. *Med Teacher* 1998; 20: 237 – 240. | 9. Barrett M, McKay A. Training in sexual health and STD prevention in Canadian medical schools. *Can J Hum Sexuality* 1998; 7: 305 – 320. | 10. Dunn ME, Alarie P. Trends in sexuality education in the United States and Canadian medical schools. *J Psychol Hum Sexuality* 1997; 9: 175 – 184. | 11. Maddock JW. Healthy family sexuality: positive principles for educators and clinicians. *Fam Relations* 1989; 38: 130 – 136. | 12. Haboubi NH, Lincoln N. Views of health professionals on discussing sexual issues with patients. *Disab Rehab* 2003; 25: 291 – 296. | 13. Merrill JM, Laux LF, Thornby JI. Why doctors have difficulty with sex histories. *Southern Med J* 1990; 83: 613 – 617. | 14. Banwari G, Mistry K, Soni A, Parikh N, Gandhi H. Medical students and interns' knowledge about and attitude towards homosexuality *J Postgrad Med*.2015;61(2) 95-100 |