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Research Paper

To study the factors related to sexual practices in reproductive age group females in community of urban Delhi

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Abstract

Background:

Female sexuality is a complex phenomenon that is till date under-explored. Female sexual dysfunction (FSD) is a prevalent problem, afflicting approximately 41% of women and there are few treatment options. FSD is more typical as women age and is a progressive and widespread condition. Common symptoms associated with FSD include diminished vaginal lubrication, pain and discomfort upon intercourse, decreased sense of arousal and difficulty in achieving orgasm. Despite being a major concern we often miss upon the common factors associated with it including medical, psychiatric, partner, social and work-related factors.

Aim: To study the factors related to sexual practices in reproductive age group females in community of urban Delhi

Method and material: A cross-sectional online survey was conducted to know the sexual practices in the reproductive age group females in the community of urban Delhi. The result was analyzed using SPSS version 24.0

Result: A total of 60 reproductive females responded about the pattern of sexual practices, barriers in sexual act and other work and partner - related issues that affect sexual life of women.

Conclusion: Female sexuality is an important area to be known and studied. The assessment and skilled training for assessment is needed. There is a very less fraction of women who seek help and a majority remains submerged like an iceberg.

Keywords: sexual practices, reproductive age women, urban community

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I. Introduction

Human sexual function is an essential component of life, both in species propagation as well as the quality of life. Sexual dysfunction can lead to reduced quality of life and potentially procreative advancement. Male sexual dysfunction, especially erectile dysfunction, has been extensively studied and effective therapies are available for men with this disorder. However, female sexual dysfunction (FSD) is more complicated and significantly less understood in comparison to male sexual dysfunction. Therefore, the present review focuses on therapies available or in development as well as challenges faced in the study of FSD. A survey has been conducted to find out reasons with regard to female sexual dysfunctions which will follow later.

Female Sexuality

Female sexual dysfunction affects around 41% of reproductive-age women worldwide. The various predictors of female sexual dysfunction are multifaceted and have variable association with socio-occupational, psychological and cultural factors. A synthesis of potential risk factors and protective factors may aid healthcare practitioners in identifying populations at risk, in addition to revealing modifiable factors to prevent sexual dysfunction among reproductive-age women.

Sexual function results from a complex neurovascular process that is controlled by psychological and hormonal inputs. Like any coordinated physiological response, multiple systems are involved in this function. In respect to proper vaginal and clitoral function, a sufficient blood supply is required for a satisfying sexual experience.

Throughout society, sexual disorders for women are influenced by both health-related and psychosocial factors. Taken together, this dynamic is associated with impaired quality of life and interpersonal relationships. Significant improvements in overall clinical care have allowed the management of quality of life complications and not just the treatment of life-threatening diseases. Importantly, several studies have linked cardiovascular diseases with sexual dysfunction, in both females and males. Therefore, the treatment of FSD as purely a lifestyle disorder may severely underestimate the seriousness of the situation.

Compared to the extensive sexual function studies conducted in diabetic men, substantially less is known regarding diabetic women. However, recent studies have demonstrated that diabetic women experience increased incidences of sexual dysfunction, including reduced sex drive, little to no arousal, vaginal dryness, difficulty in achieving orgasm and overall diminished sexual satisfaction. Despite these observations, correlation between FSD and diabetes is not without controversy. A report on the frequency of psychosexual difficulties from diabetic women found secondary sexual dysfunction was reported in 73.3% of diabetic women, however no direct association between sexual disorders and diabetic complications were found. These authors concluded that, in diabetic women, sexual dysfunction was prominently a psychogenic complication.

Broadly interpreting these data, sexual dysfunction very well may be considered an early marker/risk factor for cardiovascular diseases and consequently a life-threatening condition. Therefore, a more comprehensive understanding of the etiology and treatment options of FSD is crucial for improving existing conditions seen in women, as well as preventative measures of future, more fatal, pathologies.

Despite advances in the treatment of human sexual problems which includes majorly male population, various lacunae remain in our knowledge of female sexuality. Our knowledge of female sexuality has consistently lagged behind that of male sexuality not only for treatment but rather understanding the behavior and pattern of sexual practices in the women. In fact, relatively little is known about the relationship among sexual behavior, sexual attitudes, sexual fantasies, and marital functioning of women (3).

II. Method and materials:

A cross-sectional community survey was done to assess the common factors related to sexual functions in the reproductive age group females (18-45 years) of urban Delhi using online Google survey forms, ensuring the confidentiality and informed consent about the survey at the start of the same. The data was collected over a span of 1 month and evaluated using SPSS software version 24.0.

III. Results:

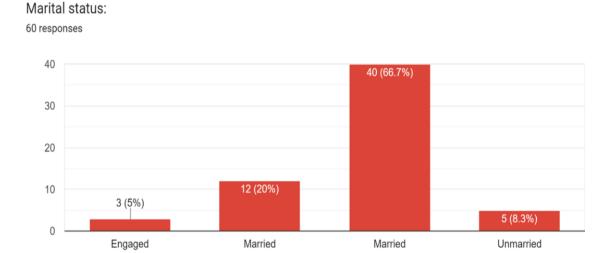
A total of 100 responses were collected among which 40 lied beyond the specified age range for our study and were hence excluded. A total of 60 responses of females of age group 18-45 years, were evaluated for our survey.

Age: 60 responses 6 5 (8.3%) 5 (8.3%) 4 (6.7%) 4 (6.7%) 4 (6.74/(6.7%) 3 (5%) 3 (5%) 3 (5%) 2 (3.32/(3.3%) 2 (3.3%) (3.52/(3.52/(3.3% 1 (1.71/(1.7%) (1.714(1.71)(1.714(1.7% 25 27 29 30 32 34 37 39 41 19 23 45

Figure 1: Age distribution of the subjects:

There was a higher participation noted by the females between 30 to 40 years, while there were a few responses by the females below the age of 20.

Figure 2: Marital status of the subjects:



rigure 2. Maritar status of the subjects

In our survey, majority of the females were married i.e. around 88%; among which 20% were separated from their spouse and remaining 40 subjects were living with the spouse. The remaining population were either engaged (5%) or unmarried (8.3%) who showed willingness to participate in the survey.

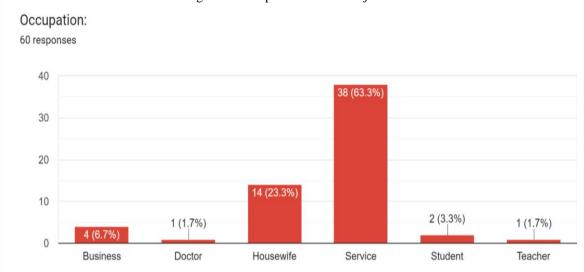
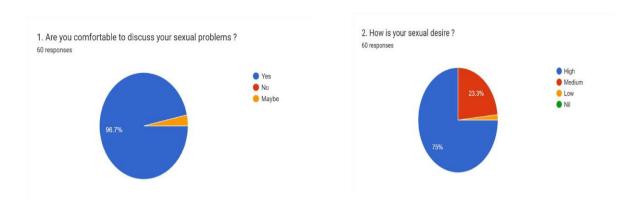


Figure 3: Occupational of the subjects:

In our survey around 64% of working women participated who were either in service, businessman, teacher or a doctor. The remaining one-fourth of the population (23.3%), were housewives who participated in the survey. The survey population was further assessed to know about the common factors related to sexual activity and dysfunctions.

The survey included:

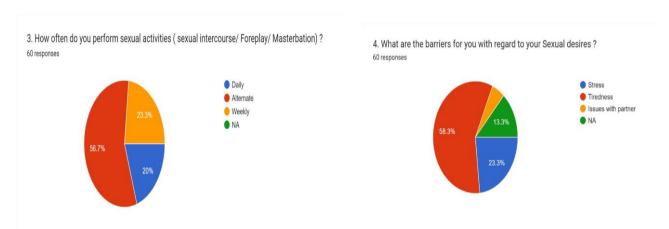
Questions for evaluation	Responses
1. Are you comfortable to discuss your sexual problems? 2. How is your sexual desire? 3. How often do you perform sexual activities (sexual intercourse/Foreplay/ Masturbation)? 4. What are the barriers for you with regard to your Sexual desires? 5. Do you suffer from vaginal dryness during sex or sexual activity? 6. How long does it take for you to reach orgasm? 7. Which position do you prefer for sex? 8. Do you like to get indulge in oral sex? 9. Are you satisfied with your partner? 10. Do you get attracted towards same sex? 11. Where do you like to have sex most? 12. How is your libido? 13. Do you use sex toys? 14. How is your partner's sexual desire? 15. What turns you off during sex? 16. What is the duration of your sexual activity? 17. Are you addicted to any kind of drug intake?	1. Yes/No/Maybe 2. High/Medium/Low/Nil 3. Daily/Alternate/Weekly/NA 4. Stress/Tiredness/Issues with partner/None 5. Daily/Sometimes/Rarely/Never 6. Below one minute/ One to two minutes /Three to five minutes /Over five minutes 7. Doggy style /Missionary position /Woman on top /Sitting 8. Yes/ No/ May be 9. Yes /No /May be/ None 10. Yes/ No/ May be 11. Bathroom/ Bedroom/Kitchen/ Open area /None 12. High /Low /Medium /Nil 13. Yes/ No 14. High/ Low/ Medium /None
13. Do you use sex toys?14. How is your partner's sexual desire?15. What turns you off during sex?16. What is the duration of your sexual activity?	10. Yes/ No/ May be 11. Bathroom/ Bedroom/Kitchen/ Open area /None 12. High /Low /Medium /Nil 13. Yes/ No
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Majority of women (96.7%) were comfortable to discuss their sexual problems and 3.3% were not sure if they were okay to share the same. None of the female subjects selected option as not comfortable to share which is an indicator of their need to share her sexual problems which is often overlooked while sexual history evaluation.

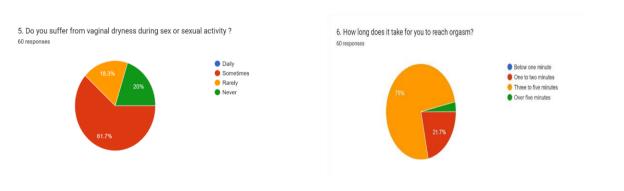
This is an indication that women are willing to discuss their sexual problems as it is an integral part of life.

It was found that 75% of women had high sexual desire, followed by 23.3% who reported subjectively a medium sexual desire and the remaining 1.7% of women responded to having a low sexual desire. An important finding of none reporting no sexual desire was founded.



On the assessment of the sexual intercourse frequency, 56.7% of women performed sexual activity on alternate days, 23.3% of women performed sexual activities once a week and 20% of women performed sexual activities daily. Women who performed sexual activities like penetrative peno-vaginal sex, oral sex or masturbation on daily or alternate days belonged to the younger age group females.

The most common barrier for sex among the reproductive age women was work related tiredness along with socio-occupational stress. The remaining reported barriers related to the issues with partner and around a-fourth reported absence of any barrier in sexual activity. These findings also highlighted the fact about both working women as well as homemakers found it difficult to perform sex due to work load or stress.





Vaginal dryness is a common problem among women and is found often to hamper the sexual act. On evaluation, it was found that 61.7% of women faced problems of vaginal dryness sometimes while performing sexual activity, 20% of women did not face issue of vaginal dryness while performing sexual activity and the remaining 18.3% of women rarely faced issue of vaginal dryness while performing sexual activity. Foreplay needs to be increased with erotic talks to overcome such problems.

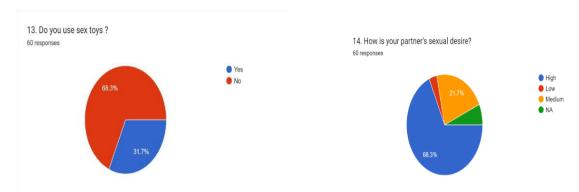


The time taken for orgasm is variable finding in all. In our survey, it was found that 75% of women took around 3 to 5 minutes to reach orgasm during sexual activities. While, the remaining 21.7% of women took around 1 to 2 minutes to reach orgasm during sexual activities. A small fraction i.e. around 3% of women took over 5 minutes to reach orgasm in sexual activity. Over further distinction of the group it was noted that the younger women reached orgasm sooner than middle aged women.

For further evaluation of the sexual practices in reproductive age women the subjects were asked about the preferred sexual act position and alternate ways of sexual act like oral sex. Woman on top and missionary positions were the most favorite positions for sex for majority of women (43.3% each). In the study group, 11.7% of females preferred doggy style while, least preferred sitting position to perform sexual intercourse. Moreover, oral sex was highly accepted option by 86.7% of women and 10% percent of them were not sure if they liked oral sex. 3% of the group did not like performing oral sex. Avoidance of oral sex could be due to hygiene issues of partners

When it comes to sexual satisfaction women are often silent about. So to assess the same it was incorporated in our survey. It was found that, 71.7% of women were found satisfied with their partners, 18.3% of women were not sure about their satisfaction with their partners and 3% mentioned as not satisfied.

Almost 98.3% women should no interest in same gender, while a small fraction i.e. 1.7% women surveyed showed interest in same gender.

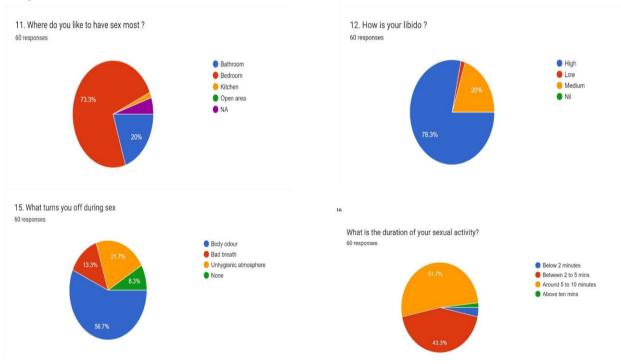


It was found that bedroom was the most favorite place for sexual act for the women (73.3%), 20% of women selected bathroom as preferred location for sex followed by kitchen (around 2%).

In the survey group, 78.3% of women reported to have a high libido, followed by 20% of women having a medium libido and the remaining 1.7% selected to have a low libido. Among the group it was seen that the younger age group females showed higher libido as compared to the others.

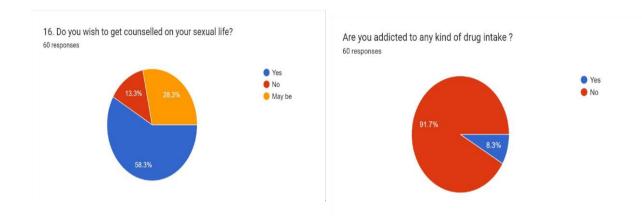
It was seen that in 31% of women surveyed accepted the use of sex toys to satisfy themselves, while, 68.3% didn't use any sex toy.

In the survey, 68.3% of women selected high sexual desire for their partners, 21.7% had a medium response for their partner's sexual desire selected medium and a very few percentage of women selected low sexual desire of their partners.



Other factors that affect the sexual factors include unhappy sexual experiences that limit the sexual acts. So, a majority of the population reported that hygiene issues of partners like body odor and bad breath were common reasons for non-performance of sex in women. The atmosphere, untidiness was also a reason for less excitement during sexual act.

Sexual activity duration was mentioned 5 to 10 minutes by 51.7 % of women surveyed, which is an appropriate duration for sexual activity. In 43.3% of women duration lasted for 2 to 5mins, while 3% of women selected option of below to minutes of duration and around 2% mentioned over ten minutes' duration for sexual activity. 91.7% women were not addicted to any drugs, 8.3% women accepted intake of drugs. The sexual desire could be on higher side when drugs are consumed or low depending on individual.



Around 58.3% of women showed the willingness to get counseled to improve sex life. 28.3% women were not sure if they would like to get counseled and 13.3% women selected no as the option for sexual counselling. Counselling is mostly avoided by women as due to the traditional mind-set and other family background issues.

IV. Discussion:

Around 60responses were collected of women of age group 18 to 45 with occupation as service, housewife or business. Married as well as unmarried population was targeted to check their sexual desire.

Vineet V. Mishra et al, 2016 studied about the female sexual problems where psychological stress was found to be a major reason for female sexual problems. It was found that over 96 percent of women were comfortable to discuss their sexual problems. Majority of women had high sexual desire. Women in 30s were found to perform sexual activities on alternate days. Sexual activities were performed on daily basis by women mostly in 20s. Women in 40s or late 30s were performing sexual acts once a week.

In an Indian study by Avasti et al 2008, it was seen that peno-vaginal sex continues to be considered the most desired and actually performed sexual activity for arousal and orgasm, followed by kissing and foreplay. Difficulties while performing sexual activity, in the form of physical problems, were faced by 17% of the participants. These findings were comparable with our survey findings. Tiredness was the main reason, followed by stress for lack of sexual acts in women. Very few mentioned issues with partners for avoidance of sex.

Around 80% of women suffered from vaginal dryness during the sexual activity. Average time taken by a woman to reach orgasm was found between two to three minutes. Missionary and Woman on top positions were found as favourite for sex amongst females. Oral sex was highly accepted. Around 70% + women were satisfied with their partners. Almost 99% were found as heterosexuals. Bedroom and bathrooms were preferred for sex by most women. Most of the women had high libido and sexual desire. Around 31% women accepted the use of sex toys for satisfaction. Majority of women mentioned that their partners possessed high sexual desire. It was observed that most of the women were willing to get counselled to better their sex life.

V. Conclusion

It was found in the survey that many females faced sexual dysfunctions or lack of interest in sex majorly due to stress. With the increasing employment and work-related stress apart from social factors there is an increased risk of sexual problems in women. There is a need for more comprehensive assessment and approach to assess female sexuality and dysfunctions. Moreover, proper education about sexual health in community will surely help us overcome the issues about sexual dysfunctions in the society.

Declaration of conflict of interest: None.

Ethical consideration: An informed consent was taken prior survey by each participant.

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References:

- [1]. Lief HI, Reed DM. Sex education in Medicine. New York: Spectrum Publication; 1976.
- [2]. Gabbard GO. Mind and brain in psychiatric treatment. In: Gabbard GO, editor. Treatments of psychiatric disorders, 3rd ed. Washington (DC): American Psychiatric Press; 2001. p. 3-20.
- [3]. Segraves RT. Female sexual disorders: Psychiatric aspects. Can J Psychiatry 2002;47:419-25.
- [4]. Mishra VV, Nanda S, Vyas B, Aggarwal R, Choudhary S, Saini SR. Prevalence of female sexual dysfunction among Indian fertile females. Journal of mid-life health. 2016 Oct;7(4):154.

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- [5]. Avasthi A, Grover S, Rao TS. Sexual disorders: progress made and way ahead. Journal of Psychosexual Health. 2020 Jan;2(1):19-25
- [6]. Avasthi A, Kaur R, Prakash O, Banerjee A, Kumar L, Kulhara P. Sexual behavior of married young women: A preliminary study from north India. Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine. 2008 Jul;33(3):163.
- [7]. Meyer JJ. Sexual life in ancient India: A study in the comparative history of Indian culture. Volumes 1 and 2. London: Macmillan; 1930.
- [8]. Russel-Brown P, Rice JC, Hector O. The effect of sex education on teenagers in St. Kitts and Nevis. Bull Pan Am Health Organ 1992;26:67-79
- [9]. Nolen-Hoeksema S. Abnormal Psychology. 2 Penn Plaza, New York, NY: McGraw-Hill; 2014. p. 366–7. ISBN 978-1259-06072-4.
- [10]. Phillips NA. Female sexual dysfunction: Evaluation and treatment. Am Fam Physician 2000;62:127-36, 141-2.
- [11]. Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R, et al. The female sexual function index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. J Sex Marital Ther 2000;26:191-208.