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Knowledge and Opinion of Educated Females About Human Sexuality

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ABSTRACT

Nurses have to understand the psycho-social and cultural components of human sexuality in order to fulfill their role in sex counselling. The aim of this study was to identify sexual knowledge, opinion and behaviour of a sample of 147 educated Egyptian females. The questionnaire used included data related to women's knowledge about human sexuality, time and source of acquiring such knowledge and problems related.

Results reveal that sex is a subject avoided by Egyptian females and that females are inhibited in their sex practice. The main source of sex knowledge is outside the family. Males are considered more knowledgeable and can discuss their problems more openly. The role of health professionals in sex counselling is denied by respondents.

INTRODUCTION

Human sexuality is a proper concern of health practitioners and the treatment of sex problems is an integral part of preventive and therapeutic health care. In order to fulfill that role, health practitioners have to be professionally competent and be equipped with the essential knowledge. Accordingly nurses' role in this respect is becoming more obvious.

Moreover sex education in its various forms is becoming a social recognition. Nurses can play an important role in sex education and counselling. For this reason, it is not sufficient to have a knowledge regarding the biologic aspects of sexuality, yet it is important to understand the psychosocial and cultural components of the human sexual response (Woods, 1979). In this respect Mace et al. (1974) stated that a full and clear understanding of the cultural concepts and attitudes surrounding the subject of sexuality is essential. In Egypt little is known about the amount of knowledge the females possess on sexuality as talking about sex forms a taboo in most of the oriental islamic communities. An attempt was made to find the present state of information among a random sample of educated Egyptian females and their opinion in relation to human sexuality.

AIM OF THE STUDY

The objective of this study was to obtain facts about the sexual knowledge, opinions and behaviour of educated Egyptian females and to identify the psycho-social factors associated with sexual experience.

MATERIAL AND METHOD

The study was carried out on a sample of married, educated females employed at the Alexandria University Administration and the Egyptian copper factory in Alexandria. The total number amounted to 137 women. Those who refused to participate and/or to complete the questionnaire sheet were excluded from the study. They amounted to 63 women.

The interivews were conducted by a highly qualified, well trained interivewer. Women were interviewed privately in their working places. The questionnaire sheet includes data about the characteristics of the ladies, their knowledge about human sexuality, their source of knowledge, time of acquiring this knowledge, problems related to human sexuality and their management.

Results were analysed and tabulated according to the different aspects tested. The x2 test was performed and the 5% level of significance adopted.

RESULTS

Characteristics of the sample:

Analysis of the results revealed that 87.4% were between 25 to less than 40 years of age, their education level was mostly high school (49.5%) or university education (46.7%). All were engaged in clerical jobs. Of these 36.4% were at a managerial level. All were married, 80.3% had children and 90% of them lived in separate lodgings.

The period of marriage ranged from 1 to 15 years. 30.5% of the respondents were married for less than 5 years, 35.7% for 5 to 10 years and the rest (33.5%) for 10 or more years.

Knowledge about human sexuality :

Measuring the importance of sex and family relations in the marital life was the first question assessed. It was found that the marital relation was defined to be both family and sexual relation by about half (49.6%) the sample. Three respondents (2.2%) viewed it as a sexual relation, the rest 48.2% defined it as a family relation and did not watch sex (Table 1).

Asking respondents about the source of their knowledge, nearly 1/3 (29.8%) reported friends as being the main source of information, this was followed by books (21.2%), parents (17.5%) mainly the mother, relatives, sisters and school were reported by 6.6, 4.4 and 3.6% respectively (Table I).

When asked about the time they acquired their knowledge, the majority did so after marriage (42.3%) or immediately before marriage (37.2%), the rest had their knowledge during school education (11.7%) or did not receive any information (Table I).

TABLE I

Responses of the Sample as Regards Knowledge about Human Sexuality

	Number (N = 137)	Percent
Definition		
Family and sex relation	68	49.6
Family relation only	66	48.2
Sex relation only	3	2.2
Source of knowledge		
Friends	40	29.2
Books	29	21.2
Parents — Mother	20	14.6
— Father	4	2.9
Relatives	9	6.6
Sisters	6	4.4
School	5	3.6
No answer	24	17.5
Time of acquiring information		
After marriage	58	42.3
Immediately before marriage	51	37.2
During education	16	11.7
Was not informed	12	8.8
Resources in case of need for more information about sex		
Books	50	36.5
Doctor	23	16.8
Friends	19	13.9
Husband	12	8.8
Relatives	5	3.6
Don't know	28	20.4

About 2/3 (65.7%) of the sample considered their knowledge about human sexuality as adequate. More than 1/3 (36.5%) of the sample will resort to books to increase their knowledge, 16.8% will seek medical advice and 15.9% a friend will be the resource person. The husband was reported by 8.8% of the sample and the relatives by 3.6%. The rest (20.4%) are either satisfied with their present knowledge or do not know what to do (Table 1).

Teaching children about sexual matters:

Of the sample examined, 54% of the mothers agreed that it is important to educate young females about sexual life while only 42.3% of them agreed to inform their male children.

Table II shows the appropriate time for informing children of both sexes about sex. Respondents believed that the best time is when the child, whether female or male, asks for such information. Before or after adolescence was given by 11.7 and 7.3% of the mothers as being the best time for informing females as compared to 11.7 and 5.8% for boys respectively.

TABLE II

Proper Age for Giving Information to Children (Males and Females) about Sexual Matters

Period	Females		Males	
	No.	%	No.	%
During childhood	5	3.6	4	2.9
Before adolescence	16	11.7	16	11.7
During adolescence	30	21.9	16	11.7
After adolescence	10	7.3	8	5.8
After marriage	8	5.8	2	1.5
When they ask	36	26.3	47	34.3
Will not give	32	23.4	44	32.1
TOTAL	137	100.0	137	100.0

Those who tended to give this information either too early in childhood or too late after marriage amounted to 3.6% and 5.8% respectively for girls and 2.9 and 1.5% for boys.

Opinion about human sexuality:

Respondents were asked about who is more knowledgeable about sexual matters in their opinion. More than 3/4 (78.8%) of the sample believed that the husband is more knowledgeable than the wife. The main reasons reported were that he is more experienced (40.9%), has more freedom to talk about such matters (27.7%) or because of both factors (10.2%).

Around 2/3 of the sample denied the right of the woman to seek advice in case of sexual problem. Of those who granted her this right, 57.2% stated that the husband is the person to resort to for advice. The rest reported that the mother (7.1%) or a trustable person (12.5%) or a friend (8.9%) are the persons for this kind of advice. Only 14.3% stated that advice could be sought at the doctor's.

Those who stated the right of the man to seek advice for sexual problems amounted to (64.2%). Of those, the wife was reported by (56.8%) as being the person to whom sexual problems should be brought to by the husband. 37.5% mentioned that husbands should go to the doctor for sexual problems.

Role of the female in sex relation :

The right of the female to initiate sexual relations was denied by 27.0% while 51.1% stated that she sometimes has this right and 21.9% gave her the full right (Table III).

The **period** of marriage, **level** of education or **age** of respondents did not have a significant effect on the female's right to initiate sexual relation ($x^2 = 2.475$, 3.037 and 3.809 respectively).

On the other hand, the majority of the respondents (67.8٪) stated that the husband should always initiate sexual relation. The rest either refused (13.2٪) or stated that he is not alawys the initiator (19.0٪). A significant difference was observed between the level of education of the lady and the role of the husband as initiator of sexual relation (X2 = 8.6555) while the period of marriage and the age of the woman had no significant effect (x2 = 4.808 and 2.360 respectively).

Only 2 women (1.4٪) stated that the wife has the right to refuse intercourse when she feels like it. Around 1/3 of the sample (30.7٪) refused this right absolutely and the rest said that the matter could be discussed with the husband (Table 3). A significant difference was observed between the level of education of the wife and her right to refuse intercourse (X2 = 6.697) while no difference was observed with the period of marriage or age of the women (X2 = 3.663 and 3.392 respectively).

About the importance of female orgasm, 56.2٪ of the sample stated that female orgasm is essential, 28.4٪ denied this right and the rest (15.3٪) did not know (Table III).

Respondents were asked about the complications which might occur to wife in case of failure of sexual satisfaction. More than half the sample (56.9٪) mentioned that nothing will happen to the wife and the rest stated either engorgement in the ovaries (8.8٪) or nervousness (34.3٪) might occur.

A significant difference was observed between the age of the woman and the importance of sexual satisfaction (x2 = 7.515), while the period of marriage or the level of education of the respondents did not have any significant effect (X2 = 3.505 and 0.782 respectively).

As regards the appropriateness of discussing sexual problems, 46.7٪ of the sample agreed while 27.0٪ stated it to be inappropriate

TABLE III

Role of the Female in Sex Relation

	Number (N = 137)	Percent
Initiation of the relation		
a) Right of the wife :		
Yes	30	21.9
Sometimes	70	51.1
No	37	27.0
b) Husband should always be the initiator		
Yes	93	67.8
Sometimes	26	19.0
No	18	13.2
Action of female in case of refusal of the relation		
Discuss with the husband	60	43.8
Should respond	42	30.7
Refuse	2	1.4
Don't know	33	24.1
Importance of female sexual pleasure (orgasm)		
Yes	77	56.2
No	39	28.5
Don't know	21	15.3

and the rest did not know. The period of marriage, age of the woman or her level of education did not have a significant effect regarding this aspect ($x2 = 2.349$, 5.613 and 4.997 respectively).

In case of sexual problems 58.7% of the sample stated that both husband and wife should seek medical treatment. Those who reported husband only were 23.4%, the wife only were 21.9% and the rest (16.0%) did not know what to do.

DISCUSSION

The basic assumptions underlying this study was that human sexuality is a subject avoided by females in the Egyptian culture and that sex education is provided for females right before or even after marriage. The results of this study sustain these assumptions. In fact, half of the studied females could not define marital relations and refuse to acknowledge that sex is an integral and an important part of marriage (Table 1). This is a reflection of the cultural view that females are married only to form a family and that sex is a taboo. Also, sexual needs of females are usually ignored.

In addition, it is apparent that human sexuality is not a subject for discussion between parents and children. Most of the respondents got their sexual knowledge from sources outside the family as books or friends. Similar results were obtained by Schofield (1967) who reported that, although parents are the proper people to instruct children about sex, yet most of his studied sample obtained their sex information from their friends. Moreover, 2/3 of his studied males and 1/3 of the females had learnt nothing about sex from their parents. Schofield (1967) also found that 29% of the girls studied also claimed that they have never received any advice about sex from their parents. Warren (1963) sustained the same view and stated that inspite of the fact that parents can play a continuing role as sex educators in addition to being initiators of sex knowledge yet they rarely assume these responsibilities.

An interesting finding in this study is that more than 3/4 of the studied sample did not acquire their sexual knowledge except immediately before or after their marriage. These findings reflect the cul-

tural tendencies that females need not be informed about sexual matters except when necessary. Thus formal sex education is denied for females unless they are to be married.

Inspite of that, a large number of the studied females would inform their children about sexual matters only if they ask or later in life after adolescence. Around 1/4 of the sample preferred not to discuss sex at all with the children. This may be due to the fact that females feel insecure and embarrassed to discuss sex with youngsters. Also, in our society, sex is a subject associated with shame and guilt and consequently should be hidden from children.

More than 2/3 of the sample considered their knowledge as adequate although only 20.4% are satisfied with that knowledge. This is a reflection of the general attitude that as females do not really play an active role in sexual relation, so they do not need much knowledge. A very small percentage will seek to increase their knowledge from their husband although the majority believed that their husband is more knowledgeable. This, again, is a reflection of the inhibition of females in attempting discussion of sexual matters. Females are discouraged to communicate honestly with their partners about their sexual feelings. The same was reported by Woods (1979).

Discrepancy between females and males in relation to sexual matters is obvious in the results of this research. Thus more than 3/4 of the sample believed that husbands are more knowledgeable in sexual matters, as they are more free to discuss or practice sex. This is also true in the studies of Schofield (1967).

The majority of the respondents stated that sexual relations should always be initiated by the man and that the female should not

refuse it (Table III). This reflects the general view that females should be passive in sex and merely to tolerate it and that males are the ones to be aggressive and perform all the "work". In addition to the fact that it is their right to have it when they want. In this respect, Woods (1979) stated that sexual behaviour is a product of both society and culture. In other words, culture norms prescribe who may perform which types of behaviour. According to Davenport (1977) and Woods (1979) culture dictates whether the woman plays an active or a passive role in sexual activity.

In addition, 2/3 of the studied population stated that women do not have the right to seek advice in case of sexual problems. These findings are also a reflection of the inhibitory role of females. Sex is a taboo and thus should never be discussed by a decent female. Also it is a very personal and confidential matter and should not be talked about except with very close relatives. These results reveal that of those who would seek advice, more than half would resort to their partners. For the same reason, the role of health professionals in sexual counselling is denied by the majority of the studied sample. This may also be due to the fact that the studied population believed that the health professionals have neither the skill, the time nor the inclination to deal with sexual problems. In addition, they may not think that sexual problems is a matter of medical concern. In this respect, Mace et al. (1974) reported a crisis of confidence between public and health professionals in sexual problems. The same was also mentioned by Nelson (1977).

The same picture was not found in case males would need advice where a higher percentage stated that husband should report his sexual problems to the doctor.

Around half the sample stated that climax and enjoyment of sexual intercourse is not essential for females. These figures show that females are impelled to participate in sexual relation because of moral and cultural obligations rather than satisfaction of their own needs. Moreover they believed that nothing will happen to the female if she does not reach a climax.

CONCLUSION

Human sexuality is a delicate subject avoided by most parents. Egyptian females play a passive role and are satisfied with their state of knowledge in relation to sexual matters. Health professionals are not seen as resource persons in sex counselling and thus sex problems would be discussed with close relatives and friends.

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الموجـــــــز

آراء النسوة المتعلمات ومعرفتهن بالجنس

يجب على الممرضات أن يتفهمن الجوانب النفســـــية ــ الاجتماعية والحضارية للجنس عند الانسان من أجل أن يؤدوا دورهن فى الاستشارة المتعلقة بالجنس . وتهدف هذه الدراسة الى التعرف على آراء ومعـــرفة وسلوك العينة المكونة من ١٤٧ امرأة متعلمة . وقد تضمن الاســـــتقصاء بيانات متعلقة بمعرفة النســـاء بالجنس وزمن ومصدر حصولهن على تلك المعلومات وكذلك المشاكل المرتبطة به .

وتكشف الدراسة أن الجنس موضوع تتجنبه المرأة وأنها تعانى من الكف فى ممارســـــة الجنس . ويكون مصـــدر المعرفة الجنسية من خارج الأسرة . ويعتبر الذكور أكثر معرفة بالجنس ويســـــتطيعون التحدث فى مشـــاكلهم بانفتاح أكبر .

ABSTRAIT

Connaissances et Opinions des Femmes Cultivées à Propos de la Séxualité Humaine.

Les infirmièrs devraient comprendre les aspects psycho-sociaux et culturels de la séxualité humaine, et ceci en vue de prévoir leur rôle dans les consultations séxuelles.

Le but de cette étude était de savoir les connaissances, opinions et comportements séxuels, dans un groupe de 147 femmes égyptiennes cultivées.

Un quéstionnaire a été utilisé pour savoir les connaissances des femmes à propos de la séxualité, l'âge et la source d'acquisition de ces connaissances, et les problèmes attachés à ce sujet.

Les résultats ont montré que les quéstions séxuelles sont évitées par les femmes égyptienne et que dans leur pratique séxuelle ces femmes sont inhibées.

La source de leurs connaissances séxuelles était hors de leur famille. Les hommes étaient considérés plus informés à ce sujet et pouvaient discuter leurs problèmes plus librement.

Les femmes intérrogées ne reconnaissaient pas le rôle des médecins spécialistes à ce sujet.