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Some Psycho-Sexual Problems among Females in Bihar: A Case Study

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Abstract
Fifty female patients attending psychiatric clinic in Darbhanga have been studied under the present study. The study was undertaken to ascertain type of sexual dysfunction in female co-exist with certain type of psychiatric syndrome, to educate the patient about normal sex cycle, to give counseling to the couples for better and happy marital life and lastly to make aware to the fellow professionals for modifying and maintaining different disease process. Their mental state examination was done by the standardized interview technique. During the study it was noticed that amount of ignorance was equal among all irrespective of their educational attainments, socio-economic background.

Key words: *Marital status, Psycho-sexual problems, Psychotherapy, Mean age of sexual disorder, Psychiatric syndromes, AIDS and Chi-square (χ^2).*

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I. BACKGROUND

The concept of psychosexual development, as envisioned by Sigmund Freud (1940) at the end of the nineteenth and the beginning of the twentieth century, is a central element in his sexual drive theory, which posits that, from birth, humans have instinctual sexual appetites (libido) which unfold in a series of stages. Each stage is characterized by the erogenous zone that is the source of the libidinal drive during that stage.

Sexual behaviour in human societies is embedded in a complex system of shared ideas, moral rules, jurally regulations and obscure symbols with obvious associations. It is believed that human sexual behaviour is directly based upon inherited biological factors; the biological bases are shaped and modified by learning in the inevitable process of maturation (Abramson, P. R: 1983). Maturation is a social process as much as it is an individual learning experience. But in, most of the cultures, there seems to be either well defined, explicit or clearly derivable, views about the nature of human sexuality. In one of the sub-cultures of our own society, for example all human sexuality is first regarded as evil and since evil is to be avoided or kept to a minimum. In maturity, men are expected to be much more virile and demanding of sexual gratification than women, hence, the demand of men on their lovers and wives are considered by the women to be excessive and gives them reason to resist men's advances (Hopkins, J.R:1977). Men demand gratification and proceed to overcome the resistance. Normal intercourse is then a kind of ritualized rape, complete with some aspects of the affective components of rape.

In most of the societies for which there are data, it is reported that men take the initiative and, without extended foreplay, precede vigor towards climax without much regard for achieving synchrony with the woman's orgasm. Again and again, there are reports that coitus is primarily completed in terms of the man's passions and pleasures, with less attention paid to the woman's response. If women do experience orgasm, they do so passively.

In the Ojibwa, a North American Indian Group and the Indian societies also, it is reported that women are passive during intercourse (Nag, Moni: 1962). However, they may take the lead in initiating coitus. If we see sex as a five minutes dash to ejaculation and the women is hoping for hours of pleasure, they certainly cannot reach any mutually satisfactory form of sexual communication. No union can work if one partner is forever giving and other is receiving. In society like ours, where male dominates in every field, so in the sex too, but at last, the very commonly end with *'Bus Ab Ho Gaya* (now it's over)*'*.

Success in sex is ultimately determined by intimacy, not by the numbers of orgasm each partner experiences (Thompson, A.P:1983). Sex should always be pleasurable. It should bring two people close together to share enjoyment. In the study, one of the patient reported during interview that he uses me; he gets it up; puts it in, ejaculates and it is all over. Where are, all the good feelings I am suppose to have? This is the reason why most women in India have headache in night.

In the age of fast food, instance coffee and advertisement like Mala 'D', Kamasutra condom by mass media we do not understand why Government who eagerly wants birth control, is not giving sex education rather than few minutes of erotic advertisements. Television can be a leading media for sex education. This should present a balance view of facts. Today youths find themselves trapped between conflicts sexual derives and social norms. This generates a tremendous amount of sex anxiety and frustration. Sometimes it takes the form of casual relationship which may lead to unwanted pregnancies, teenage motherhood and alarming increasing sexual crimes and sexual transmitted diseases which include AIDS too. One way to tackle this socio-biological problem is to provide sex education for young people. In a society, sex is a taboo because of ignorance and lack of knowledge. During the course of this study it was amazing to note that amount of ignorance was equal among all irrespective of educational, social and economic background. Even the amount of ignorance among the professionals including the doctors is equal.

The Present Study

Every society has a culture of sex, because the foundations of sex are part of the biological nature of men. Sex does not have to be discovered but it needs proper care and attention. The present study was done with the objective to know it, certain type of sexual dysfunction in female co-exist with certain type of psychiatric syndrome, to educate the patient about normal sex cycle, to give counseling to the couples for better and happy marital life, and lastly to make aware by this work, fellow professions about the importance of sex, in causing, modifying and maintaining different disease process.

For the purpose of study, 120 consecutive female patients attending psychiatric clinic in Darbhanga were in-depth interviewed in 2017. Their mental state examination was done by the standardized interview technique. Since the work involves the knowledge about the sex and related problems, either a verbal or written permission from the patient was taken and in the presence of female staff of the psychiatric ward, a detailed sexual history was taken. In cases where husband accompanied the wife, he too, was interviewed to confirm the statements of his wives and the data collected was further analysed. A control group of 120 female patients matched for age, socio-economic and marital status was taken from the clinic and interviewed in the same way as that of the study group. The results of the study are presented in the different tables.

Table 1: Distribution of the number of sexual disorder cases in the different groups

	Study group	Control Group
Number of cases having Sexual disorders	50 (41%)	7 (6%)
Number of cases studied	120	120

$\chi^2 = 44.1$
d.f. = 1, p= 0.05 (significant)

Table 2: Socio-demographic characteristics of the patients

Characteristics	No. of patients under the study group
Age (in years)	
15-25	8 (16%)
26-35	32(64%)
36-45	10(20%)
N	50
Educational Level	
Illiterate	17 (34%)
Up to Class V	13 (26%)
High School	11 (22%)
College	9 (18%)
N	50
Place of residence	
Rural	24 (48%)
Urban	26 (52%)

Table 3: Type of morbidity observed between the patients of study and control group

Type of morbidity observed	Patients in study group	Patients in control group
Sexual desire disorder	20 (17%)	3 (3%)
Sexual arousal disorder	10 (8 %)	1 (1%)
Orgasmic disorder	15 (13%)	3 (3%)
Sexual pain disorder	5 (4%)	0
Number of patients studied (N)	120	120

Table 4: Type of sexual disorder patients of study group in the different age-group

Age (in years)	Sexual desire disorder	Sexual arousal disorder	Orgasm disorder	Sexual pain disorder	Total
15-25	2	2	1	3	8
26-35	14	6	12	0	32
36-45	4	2	2	2	10

Mean age of sexual disorder: 30.8 $\pm$ 6.1 years

Table 5: Type of psychiatric illness among sexual disorder patients of the study group

Type of psychiatric illness	Type of sexual disorders						
	Depre -ssion	Hippo -manic	Anxiety Neurosis	Obsessive Compulsive Neurosis	Conver sion Reaction	Personality disorder	Total
Sexual desire disorder	15	1	3	1	0	0	20
Sexual arousal disorder	2	1	5	2	0	0	10
Orgasm disorder	6	2	4	1	1	1	15
Sexual pain disorder	2	2	0	0	1	0	5
Total	25	6	12	4	2	1	50

II. DISCUSSION

It is evident that psycho-sexual stress is a very important part of various psychiatric syndromes. Psycho-pharmacological agents like anti-depressant, anti-anxiety drugs may temporarily improve the psychiatric illness but it treatment is not attained at sexual problems and sex education is not given to the patients, full recovery will be at least an utopian dream –various treatment modalities like Masters and Johnson's technique, dual sex therapy, behaviour therapy and sex therapy should be used as an adjunct to the psycho-pharmacological agent (Christopher, F.S, Cate, R.M:1985). It seems to be necessary that doctors and nurses in the variety of clinical gynecology to general practice can provide limited sexual counseling to their patients, without specialized training in sex therapy. So doctors should have the ability to do simple sex counseling.

It is evident in the study that the most of the sexual problems have to do with relationship problems – although the range is very wide from misunderstanding and ignorance of sex, which could be quickly helped by psychotherapy – like behavioural psychotherapy. The sexual behaviors of women are more influenced by social, educational and cultural factors whereas the sexual behaviors of male are widely believed to be determined by hormones.

In concluding, it seems to offer some of the suggestions for minimizing the risk of psycho-sexual problems since the beginning. First, parents must realize that their children have the right to be sexual. Parents need to systematically train their children about sexuality and reproduction. This training should occur simultaneously with all other forms of education, using graduated levels of information for varying age groups. This particular type of training will yield teenagers who are conversant with contraceptives. However, we are by no means implying that the parents should avoid training children about love, compassion and intimacy etc. In the last it is concluded that the sex education whether in home or in school must be included since sexuality is an integral part of adolescence.

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