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POST MARITAL SEXUAL ANXIETY AMONG DOCTORS
(A COMPARATIVE STUDY AMONG MALE AND FEMALE DOCTORS)

VIJAYA U. PATIL
ASST. PROFESSOR
GOVT. HOME SCIENCE COLLEGE
HASSAN

CHANDRAKANT JAMADAR
ASST. PROFESSOR
MAHARANI'S ARTS & COMMERCE WOMEN'S COLLEGE
MYSORE

RUKMINI S.
ASST. PROFESSOR
GOVT. HOME SCIENCE COLLEGE
HASSAN

ABSTRACT

The aim of the present study was to study post marital sexual anxiety among male and female doctors. The target group of 60 doctors in Hassan district, Karnataka, were selected among them 30 were male and 30 were females. The random method was employed in the selection of the sample. The personal data prepared by the investigator and Post marital anxiety scale (Kumar 1994) were used to collect the data. Descriptive statistical analysis has been carried out in the present study. Results on continuous measurements are presented on Mean \pm SD (Min-Max). The result reveals that there is no significant relationship between male and female doctors regarding sexual anxiety.

KEYWORDS

doctors, female, male and post marital sexual anxiety.

INTRODUCTION

Sex is one of the basic needs of human beings. But because of lack of sex education, majority of our people have many misconceptions and fears about normal sexual activities. Persons who have problems in the sexual area may present to the doctor with symptoms of anxiety, depression or vague physical symptoms. Some people present with premature ejaculation, partial or total impotency, lack of sexual desire, lack of sexual satisfaction. They would have sought help from self styled quacks and got exploited by them. In many cases the underlying anxiety disorder or depressive disorder may be the cause of sexual inadequacies. Ignorance, misconceptions and guilt complicate the picture. They have to be reassured and properly educated. Treatment is required for the underlying anxiety or depression. The couple has to be counseled initially individually and later on together. **Anxiety** is that, with no obvious external cause, impairs daily functioning. **Sexual anxiety** refers to fears and apprehensions one holds about his being successful as far as sexual relations in marriage are concerned. These fears and apprehensions are caused by distorted notions one develops about sex during his growing years mostly based on unscientific information he gets from his friends, acquaintances and cheap sex books (Tjaden, 1998; Kumar, 1992). Anxiety about sexual performance is an awful pit to slip into -- and one that is, unfortunately, very common and politically correct in that it can happen to anyone, any gender, any age, any personality type, any IQ. It messes with one's sense of self esteem and self worth and can spread into other areas of performance, causing general and wide spread problems with confidence. Sexual performance anxiety can be caused by even a very brief simple event -- even in very stable, emotionally healthy individuals. The whole dilemma is much like being in a very slippery-sided pit -- the speedier and more frantic you are, the slipperier you make your problem -- the calmer and slower you move in escaping, the more likely you are to escape. With this knowledge, in this study we tried to know the post marital sexual anxiety among male and female doctors who are there to solve this problem many a times. With all knowledge of human body and mind are they in sexual anxiety? With this question we studied post marital sexual anxiety among male and female doctors in Hassan district of Karnataka state.

OBJECTIVE

1. To study post marital sexual anxiety among doctors.
2. To study gender difference in post marital sexual anxiety among doctors.

MATERIALS & METHODS

The sample of present study was taken from doctors in Hassan district, Karnataka. The target groups of 60 doctors were selected among them 30 male and 30 females. The random method was employed in the selection of the sample. The respondents were given assurance of confidentiality.

TOOLS

Following tools were employed in the present study

1. Personal data sheet.
2. Post marital anxiety scale by Kumar 1994.

Personal data sheet: The socio demographic data for the present research was elicited using this personal data sheet. The researcher prepared this schedule himself. This is detailed schedule, which consists of provision to collect data on age, sex, income etc.

Post marital anxiety scale by Kumar 1994 (PMSAS) consists of 16 highly diagnostically sensitive items presented in a 4- point rating format. A numerical value of 1,2,3 and 4 is to be assigned to 'rarely', sometimes, 'often and always responses categories give against each item. The total score on the scale thus varies from 16 to 64, showing the lowest to the highest levels of sexual anxiety of the person. The scale can be scored area-wise also.

RELIABILITY

The split – half reliability, correlating the odd even items and applying the spearman-brown formula for doubling the test length, was found to be .93(n=30), with an index of reliability of .96

Indices	N	r- value	Index of reliability
Split - half	30	.93	.96
Re- test	20	.78	.88

VALIDITY

All the 16 items of the scale were found to be highly diagnostically sensitive as their discriminative value ranged between .27 to .64 following analysis. The area-wise distribution of these items is given in table.

AREA-WISE ITEM DISTRIBUTION

Area	Item nos	Total
Sexual potency(SP)	2, 5, 7, 9, 10,13,16	8
Sexual inhibition(SI)	6, 11, 12, 14	4
Sexual attractiveness(SA)	1, 3	2
Sexual monotony (SM)	4, 8	2

STATISTICAL METHODS

Descriptive statistical analysis has been carried out in the present study. Results on continuous measurements are presented on Mean \pm SD (Min-Max) and results on categorical measurements are presented in Number (%). Significance is assessed at 5 % level of significance. The following assumptions on data is made, **Assumptions:** 1. Dependent variables should be normally distributed, 2. Samples drawn from the population should be random, Cases of the samples should be independent. Student t test (two tailed, independent) has been used to find the significance of study parameters on continuous scale between two groups .

RESULTS AND DISCUSSION

The objectives of the present study are to find out the relationship of post marital sexual anxiety among doctors and to study gender difference in post marital sexual anxiety among doctors. The data obtained from 30 male and 30 females doctors, relevant statistical techniques to test the objectives formulated for the study. The results were presented in the Tables.

They are in the age group of 25 to 50 years. **Table 1** shows that mean age of male is significantly less than the female doctors (34.48 vs 38.93 years) . The overall age of doctors studied is 36.63 years

The marital status is 1 to > 5 years. **Table 2** shows marital status is more in females compared to males with $P=0.040^*$

Table3 shows the sexual anxiety among doctors (male & female). There is no strong significant relationship between male and female doctors regarding the sub index of the post marital sexual anxiety scale. Rests of the scores are as follows in the sexual potency the mean & SD of male & female is 11.1 ± 4.52 & 10.17 ± 3.81 There is no significant relationship between male and female scores ($t= 0.397$). In Sexual Inhibition the mean and SD of male and female is 6.71 ± 3.34 & 6.45 ± 2.76 respectively where the total score is 0.743 and there is no significant relationship between male and female doctors. In Sexual attractiveness the mean and SD of male and female doctors are 2.97 ± 1.45 & 2.69 ± 1.00 respectively where the total is 0.394 & There is no significant relationship between male and female doctors. In Sexual Monotony the mean and SD is 3.03 ± 1.62 & 3.10 ± 1.47 of male and female doctors and the total is 0.860 & There is no significant relationship between male and female doctors. In all these series there was no significant relationship between male and female doctors. Even there is no significant sexual anxiety was observed among the subjects studied.

CONCLUSION

Sexual anxiety is often part of social anxiety where people may feel that they are inferior to others in some important way or where they are too concerned about other people's reactions to them. When self-confidence is low we are primed to accept negative beliefs about ourselves on the flimsiest of evidence. With about 40% of the population having social difficulties at one level or another, it can be seen that this is, potentially, a major community problem. The human mind has a tendency to look for reasons for everything and then to seek out exclusions even to the 'truth' we then decide upon. That is, even as we decide on something we are looking around for reasons why this decision is wrong. As a small, soft bodied species, this would have been a useful survival trait for our distant ancestors: not being very concerned about change or something new and being unwilling to fully explore its potential problems, could have proved fatal in a dangerous environment.

The difficulty is, in the world today, we still cling to these traits even when they are not useful. When self-doubt is linked in, this means that the person concerned searches for reasons within themselves for any perceived problems. For example, the anxious and self-doubting man does not see a lack of sexual interest in someone whom friends find attractive as an example of personal taste, but rather as a sign that there is something wrong with him. If he then tries to generate such an interest in order to be 'normal' and fails, he is then likely to seek It is not possible to be extremely anxious and sexually aroused at the same time. This is a simple truth about the way the body and mind work together. Unfortunately, many people, do not understand this. Reasons within himself for this. And these reasons are unlikely to be rational ones; rather they will tend to be of a kind that is more ready to accept personal worthlessness as the cause than anything else.

The knowledge of human physiology, anatomy & psychology may be the reason of no anxiety among the doctors regarding sex in our present study. As before study, we have drawn the hypothesis that the persons who are qualified to solve sexual related problems among normal population (who otherwise may be got exploited by quacks) must not have sexual anxiety was correct. As in country like India it is very difficult to convince the people without having somewhat knowledge about biology to answer the questions related to sex we have chosen doctors for the study. Another reason to take up study on doctors is the curiosity that with all knowledge whether these people also face such problems. There is lot of scope for further study .After the study even one can suggest the subjects to the doctors /psychologists and help them to solve the problem and lead happy & safe life.

TABLES**TABLE 1: AGE DISTRIBUTION OF SUBJECTS STUDIED**

Age in years	Male		Female		Total	
	No	%	No	%	No	%
25-30	9	29.1	5	17.2	14	23.3
31-40	16	54.8	14	44.8	30	50.0
41-50	4	12.9	10	34.5	14	23.3
>50	1	3.2	1	3.4	2	3.3
Total	30	100.0	30	100.0	30	100.0
Mean+SD	34.48+6.84		38.93+7.01		36.63+7.25	

Mean age of male is significantly less than the females (34.48 vs 38.93 years) . Tha overall Age of the doctors studied is **36.63** years.

TABLE 2: MARITAL STATUS OF SUBJECTS STUDIED

Marital status	Male		Female		Total	
	No	%	No	%	No	%
1(> 5years)	20	66.6	26	86.6	46	76.6
2(<5 years)	10	33.3	4	13.3	14	23.3
Total	30	100.0	30	100.0	60	100.0

P=0.040*

The marital status is more in females compared to males with P=0.040*

TABLE 3: COMPARISON OF POST MARITAL SEXUAL ANXIETY (PMSAS) IN MALES AND FEMALES

PMSAS	Male	Female	Total
Sexual Potency	11.1±4.52	10.17±3.81	0.397
Sexual Inhibition	6.71±3.34	6.45±2.76	0.743
Sexual attractiveness	2.97±1.45	2.69±1.00	0.394
Sexual Monotony	3.03±1.62	3.10±1.47	0.860

There is no significant relationship between male and female doctors regarding any of the sub index of sexual anxiety.

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