



The Impact of Sexual Awareness on the Attitude towards Sexuality in Young Adults

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Abstract: *The aim of this study is to explore about the dimensions of sexuality affecting one's sexuality. The study seeks to find how the levels of esteem can be increased and decreasing the levels of depression and preoccupation among youth and young adults. Data was collected from 164 subjects aged 16-30. The data was collected using the Sexual Awareness Questionnaire and Sexuality Scale. The results showed a proper significance with sexual esteem and sexual preoccupation but the scores were not fully significant with sexual depression resulting in only accepting two hypotheses and rejecting one hypothesis. The awareness is an important factor as it can help in understanding our own sexuality and respecting others.*

Key Words: *Sexual awareness, sexual esteem, sexual depression and sexual preoccupation.*

1. INTRODUCTION:

Sex is the trait that distinguishes between males and females. Sex refers especially to physical and biological traits, whereas gender refers especially to social or cultural traits, although the distinction between the two terms is not regularly observed focusing on the physiological and psychological processes related to procreation and erotic pleasure (APA Dictionary of Psychology).

Sex is a term in which major focus is on intercourse and reproductive need, but if we look into India's history and literatures this term is widely studied which can also be seen in temples of Khajuraho and as stated in Rig Veda which described sex as a religious act, bringing together universal forces and re-enacting the creation of the world by the union of Shiva and Shakti and the detailed information about sex given in Kamasutra tells that major works were done and Indian population had more knowledge about its aspects than the present generation.

Sex is so much more than a desire, a satisfying release and a repetitive cycle that we sometimes treat as such. Sex is bound up with our physical and mental health, our sense of identity and what is important to us, our relationships and our upbringing. Sexual awareness is about seeing how great sex is, and treating it with the same respect. Sexual awareness is also a process. As we get older, we get better at managing things, and what may have started as a physical reaction beyond our control should now be something we strive to fully understand. Because the benefits of sex awareness not only benefit our physical and mental health but also result in a better understanding of personal and partner needs.

Presently in India sex is something people feel shy to talk about or some consider it taboo that should not be discussed in public or in the presence of opposite gender, many consider sex is just for having babies or one should not have sex before marriage. Understanding one's own sexuality is important to know more about yourself and forming your personality. This can also help in finding the right partner and having a successful relationship.

Sex education is a formal course of instruction in reproductive processes that is presented in a classroom setting. Sex education ideally provides young adolescents with authoritative and objective information about both the psychological and physical aspects of sexual behaviour (APA Dictionary of Psychology). There is a need of proper curriculum to give out awareness and knowledge about sex and related matters. It should be more than just a topic about reproductive system. In India many young adults have no sexual experience till 20s or before marriage. Many don't know how to fulfil their sexual desires and are hesitant to talk about it with anyone, this also causes problems with newlywed couples who have no sexual experience which leads them to enact wrong ways of having sex as seen in 18+ videos, many a times males try to force the females on having sex without their consent. This is already a big controversial and debatable topic in India which both the Government and Judiciary is not able to solve. Proper



awareness should be provided so that partner respects each other's needs and know the boundaries that should not be crossed. The knowledge about condoms and contraceptive should be given to everyone and especially young adults to make them understand about unwanted pregnancy, and STDs.

In all themes that are considered essential to a healthy mental health, unfortunately, sexual awareness and attitudes towards sexual well-being stride towards the last. The World Health Organization defines sexual health as a state of physical, emotional, mental, and social well-being of the individual, not merely the malady of disease, dysfunction, or infirmity. Many sex awareness campaigns have been launched by organizations around the world as they highlight the importance of sex awareness for people of the opposite sex. In this research project, we aim to analyse the impact of sexual awareness rates on sexual attitudes towards adolescent adolescents.

The aim is to educate students about the importance of sex education for young adults and to enlighten them about sexual esteem, sexual depression and sexual preoccupation with regard to sexual awareness. Psychotherapist and certified sex therapist, Gila Shapiro, defines sexual self-esteem as, "the feelings you have about your body and your confidence level in how you relate intimately to someone else. Sexual depression on the other hand emerges due to not performing any type of sexual activity with someone else besides yourself. It happens when you are unable to stop yourself from masturbation or self-pleasure. Sexual preoccupation is defined as the extreme tendency to think about intercourse activities, the majority of the time to an excessive level.

There are a few risks involved due to lack of information about fertility and other sexual factors. The overarching goal of sex education and awareness should be to protect young people from the dangers of sexual exploitation. However, people have experienced frustration with sex life due to various factors. Sex guilt is people's propensity to punish themselves for an actual or anticipated infringement of their value of appropriate sexual behaviour (Mosher, 1965), and has been communicated as a personality preference that interferes with sexual adjustment and satisfaction (Gerrard, 1987).

Sexual attitudes also play a vital role as children begin to experience natural changes in their bodies during puberty. These sexual attitudes can draw them closer to sex education or force them into a collection of misconceptions, confusion, and abnormal formation. Society needs to educate children about sexual attitudes from an early age. According to UNICEF only 34.5 young men and 18.6 young women do not know the risks associated with having unprotected sex. This is just a factor but other risks such as sexual depression, substance abuse, sexual dysfunction and bipolar disorder and so on fall in the middle.

This study also highlights the straightforward point that parents, teachers and peers have an equal responsibility for creating sexual stress, placing children in a psychological sense of sexuality and thus allowing them to get into problems they do not know they should face. We should realize what steps and strategies the education system and society at large, need to take for their better future. People should also be made aware of LGBTQ+ as they are also part of our society and everyone should be treated equally and with proper awareness there will be less discrimination related to any individual concerning their sexuality.

The government has taken some initiative like Anganwadi and Nirbhaya. Anganwadi scheme help couples in providing guidance related to sex, child birth and his nutritional development and giving guidance to couples about sexual life like there should be a gap of 3 years between kids as it keeps the mother concerning mother's health and child development and also giving knowledge about the use of contraceptives. But there should be schemes for educating children about sex at least from class 9th or 10th. There should be proper workshops or availability of professionals who can guide kids in school related to these topics and making them aware about their own self and respecting others.

2. LITERATURE REVIEW:

Wooldridge, D. G. (1998). Sexual awareness: Contraception, sexual behaviours and sexual attitudes. *Sexual and Marital Therapy*. The study was conducted to provide further evidence of the relevance of the Sexual Awareness Questionnaire (SAQ), which is designed to measure the four human tendencies associated with sexual awareness and sexual arousal: sexual awareness (attention to sexual indicators), sexual awareness (sensitivity to sexual orientation), confidence sexual decisions) and gender awareness (public sex awareness awareness). The results revealed that sexual immunizations for both men and women were predictors of greater use of contraception, but among men only there was sexual awareness and sexual precaution found to predict positive attitudes about condom use. In addition, for both women and men, gender awareness, sexual awareness, and sexual immunization have been found to be positively correlated with a wide variety and a much broader history of sexual experience.

V.I. Rickert et al. (2002). To find cause of concern on the lack of sexual assertiveness among adolescent and young adult women. Understanding the sexual orientation of young women is essential to establishing effective interventions to promote sexual health and reduce sexual risk and violence. The perception of young women about their sexual rights can vary depending on their characteristics, sexual health behaviour and history of abuse. Data were



collected from 904 clients aged 14-26 who had sex at two family planning clinics in Texas, expressing their views on their right to communicate what they expect or control aspects of their sexual encounter. Systematic retrospective analysis was used to assess which factors were independently associated with the belief that a person would never have every sexual right claimed. By about 2096 women believed that they would never have the right to make their own decisions about contraception, regardless of their partner's wishes; telling their partner that they do not want to have sex without contraception, that they want to make love in a different way or that their partner is very aggressive; and stopping any previous game at any time, including when having sex. Lower grades in school, sexual misconduct, inconsistent use of contraceptives, and minority nationalities were associated independently with a lack of gender affiliation. Many young women who have sex with women feel that they have no right to communicate or to control their sexual behaviour. Interventions that prevent sexually transmitted infections, unwanted pregnancies and compulsive sexual behaviour should include strategies for testing and addressing these ideas.

A.D. Menard et al. (2009). The Interrelationship Between Sexual Self-esteem, Sexual Assertiveness and Sexual satisfaction. This study investigated the relationship between sexual self-esteem, sexual arousal and sexual satisfaction. It was thought that higher levels of sexual confidence would be associated with greater sexual satisfaction and that gender enhancement would serve as a partial solution. Participants were 25 men and 46 women, aged 19-56, who were recruited from the community. Participants completed a questionnaire measuring sexual confidence, sexual resilience and sexual satisfaction. The results showed a strong correlation between all three variables and affirmed sexual resilience as a mediator of the relationship between sexual self-esteem and sexual satisfaction. The effects of clinical findings were also considered.

K.S. Hee et al. (2012). Sexual Consciousness and Attitude of male university students. The purpose of this study was to examine the relationship between sexual awareness and attitudes among male university students. They collected the data using a questionnaire reported by 235 male university students at two Busan universities and used various mathematical tools such as, t-test, ANOVA, and coefficient of integration to analyse the data. In the area of sexual awareness, male sexual chauvinism seems to be most prevalent in the genital area and sexual realm, abortion seems to be the most open space among all areas. Religion, premarital sex, homosexuality and homosexuality have all been identified as factors that affect sexuality in general. On the other hand, religion, sex, and sexuality have all seemed to be the order of the day. Moreover, the results of this study showed a positive correlation between gender awareness and attitude. The development of a variety of sex education programs that reflect the free sexual attitudes of university students, as well as the provision of opportunities for the establishment of healthy sexual awareness and sexual attitudes among university students accordingly is required.

S. J. Kim et al. (2012). Identifying the effect of sexual education on sex knowledge and attitude in elementary school students by collecting data using questionnaires from 4 elementary schools located in Y-gu, Seoul, final participants included 512 older school-age children. The results showed significant differences in the level of sexual knowledge and attitudes between pre-test and post-test. Sexual orientation level has changed significantly with age, gender, and knowledge of sexual orientation and sexual orientation has changed significantly with age and gender. There has been a significant correlation at the level of change between sexual awareness and attitudes. In this study, sex education for elementary school students successfully transformed sexual knowledge and attitudes. Sex education is recommended for elementary school students and youth to promote commitment to desirable sexual behaviour.

S. Ebrahimkhani et al. (2017). The Impact of Sexual Esteem and Sexual Conscious on Sexual Satisfaction in Married People. Studies on sexual morality and gender awareness in married couples have shown that the root of most marital disputes is a lack of sexual intimacy. The main purpose of this study was to find a link between sexual respect and sexual awareness and sexual gratification. 200 married students completed the Multidimensional Sexuality Questionnaire (MSQ) and Larson's sexual satisfaction. The coefficient of correlation between sexual respect and sexual awareness and sexual satisfaction was obtained (respectively to 0.47 and 0.48). The results of the multivariate regression showed that the categories of sexual orientation and sexual awareness determined about 29.6% of variance in sexual satisfaction. It seems that sex testing is necessary in marital therapy and flexibility should be considered as important in therapeutic interventions.

S. Lucia et al. (2020). Development of Sexual Assertiveness and its Function for Human Sexuality. The purpose of this paper was to present a review of the literature on sexual orientation (SA), about the characteristics and life experiences associated with its development, and its role in human sexual relationships. It was found that variability in demographics (e.g., age, education, gender), sexual orientation (e.g., type of partner, sexual harassment), sexual orientation (e.g., sexual function, physical self-esteem, emotional control, intelligence) and cultural factors (e.g., sex literature, sex superstitions) can have a positive or negative impact on sexual harassment. In addition, the effects of sexual harassment on both individuals and intimate relationships have been presented. Based on this review, it is concluded that although gender immunization may be promoted in training programs, cultural factors still prevent many



people from achieving a satisfactory level of sexual immunization, and recommendations are made on how to further the subject of sexual immunization.

Hashemiparast, M et al. (2020). Unprotected Sex Among Low Self-Control Youth in an Islamic Society: An Explanatory Sequential Mixed Methods Inquiry. Adolescents who have low self-control are more likely to engage in unsafe sex and other risky behaviours. The main purpose of the study was to explain the reasons for engaging in unprotected sex among young adults who exercise self-control, taking into account cultural, religious, and legal issues as they relate to sex outside of marriage. Design with a sequential description of the mixed methods developed between March 2017 and April 2018. First, the research team collected and analysed quantitative data from a sample of 400 adults, between 18 and 28 years old, in Zanjan, Iran, followed by a collection and analysis of quality data from 11 participants who had low self-esteem and a history of condom-free sex, and concluded by interpreting and compiling all outcomes. The relationship between unprotected sex and low abstinence was statistically significant. In the quality category, the emerging themes of sex without a condom were the lowest risk considered, trusting a partner, being bullied by friends for using a condom, and committing themselves to insisting on a partner not to use a condom. Adolescents with low self-control often engage in unsafe sex. Consulting with those who have low self-control and developing the necessary skills can be helpful in preventing unsafe sexual practices and other risky behaviours among young people.

C. R. Domínguez et al. (2021). The effect of the lockdown and Covid-19 on Sexuality: The Mediating Role of Sexual Practices and Arousal in the Relationship Between Gender and Sexual Self-Esteem. The study examined the impact of Covid-19 status on the sexual relationships of 201 adults living in Spain. Data were collected separately using an online survey during the month of April 2020. The results showed a decrease in sexual confidence and a decrease in the number of sexual relationships between people, although the frequency of masturbation and the use of pornography did not differ compared to previous levels. The retrospective analysis showed that masturbation, the ability to maintain sexual arousal and sexual arousal in men was a consistent mediator in sexual relations - especially masculinity - and high sexual confidence during puberty. This study provides new insights into the correlation of certain sexual behaviours in a pandemic with major social limitations and the impact of this condition on sexual self-esteem and arousal. It brings some clarity to the relationship between sexual self-esteem and sexuality, which there is currently no consensus in scientific literature.

Larsson, F. M. et al. (2022). Exploring sexual awareness and Decision-making among adolescent girls and boys in rural Nicaragua: A socio-ecological approach. To explore how personal, social, and social factors influence youth sexual awareness and decision-making in rural Nicaragua. Eighteen randomly conducted interviews were conducted with adolescent boys and girls between the ages of 15 and 19. Mathematical analysis has identified meaning patterns using a social-biological approach. A themed map shows how the themes are organized according to the social and environmental model and enhances their interaction. The six main themes emerged as Adolescence - a time of life change, Fear as a means of awareness and decision making, Awareness of preventive measures, Influence of relationships on adolescent sexual health, Service delivery and institutional impact on awareness and decision-making and Sociocultural decision-making and decisions regarding adolescent sexual health. Those with both sexes have expressed concern about a number of issues related to their gender. They identified fear of pregnancy, sexually transmitted diseases, and their impact on future goals, family relationships, and school-based sex education as protective factors in their decision-making. Young people of both sexes challenge social and cultural norms by creating a sex agency. These findings suggest that personal and social factors in Nicaragua's rural area produce a multifaceted impact on adolescent sexual behaviour. Our research is relevant to the broader discussion of sex awareness to promote positive development and health outcomes especially among girls and adolescent boys living in rural areas.

3. HYPOTHESIS:

- 1) The dimensions of Sexual awareness positively affect or increase the level of Sexual Esteem.
- 2) The dimensions of Sexual awareness negatively affect or decrease the level of Sexual Depression.
- 3) The dimensions of Sexual awareness negatively affect or decrease the level of Sexual Preoccupation.

4. OBJECTIVES:

- 1) To find about sexual awareness in young adults.
- 2) To find the impact of dimensions of sexual awareness on the dimensions of sexuality.
- 3) To know about stereotypes related to sex in Indian society.
- 4) To state the importance of sex awareness and education for young adults in India.



5. METHODS:

SAMPLE:

A random sampling method is used for the research. The sample is collected from the population of Bhopal (Madhya Pradesh). The questionnaires were filled by the participants on a personal basis within an age group of 16-25 years, who are mainly school or college students. There are a total of 164 samples collected (70 males and 94 females).

TOOLS USED:

Sexual Awareness Questionnaire (SAQ) -

The Sexual Awareness Questionnaire (Snell, W. E., Fisher, T. D., & Miller, R. S., 1991) is designed to measure four personality tendencies associated with sexual awareness and sexual assertiveness i.e., sexual-consciousness (attention to internal private sexual cues), sexual-monitoring (sensitivity to others' evaluations of one's sexuality), sexual-assertiveness (self-reliance in sexual decision making), and sex appeal consciousness (awareness of one's own public sexiness). All four SAQ subscales tend to be negatively related to measures of sex-anxiety and sex-guilt for both males and females, and sexual-consciousness was directly related to erotophilic feelings.

Sexuality Scale -

The Sexuality Scale (Snell, W. E., Fisher, T. D., & Schuh, T., 1992) was designed to measure sexual-esteem, the dispositional tendency to positively evaluate one's capacity to relate sexually to others; sexual-depression, the chronic tendency to feel depressed about the sexual aspects of one's life; and sexual-preoccupation, the persistent tendency to be absorbed with and obsessed with sexual matters.

PROCEDURE:

The individuals were asked to fill the questionnaires (Sexual Awareness Scale and Sexuality Scale) with basic details like Name, Age, Gender, Caste, Type of Family, Educational Qualification, and Marital Status. Before filling up the questionnaires the subjects were also asked some closed-ended questions relating sex-education and other sex related topics.

6. RESULT:

Hypothesis 1: Sexual Esteem

Table 1.1

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	225.1852	225.1852	7.6099 (1,143)	0.006564
Sexual Consciousness	23	1247.3095	54.2308	1.8327 (23,143)	0.01721
Error	143	4231.4993	29.5909		
Total	167	5703.994	34.1557		

Table 1.2

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	58.6836	58.6836	2.1927 (1,123)	0.1412
Sexual Monitoring	21	922.2397	43.9162	1.6409 (21,123)	0.05033
Error	123	3291.8478	26.763		
Total	145	4272.7711	129.3628		



Table 1.3

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	188.1223	188.1223	7.865 (1,123)	0.00586
Sexual Assertiveness	22	1162.783	52.8538	2.2097 (22,123)	0.003392
Error	123	2942.0416	23.919		
Total	146	4292.9469	264.8951		

Table 1.4

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	104.2981	104.2981	4.1523 (1,139)	0.04348
Sex Appeal Consciousness	12	650.5747	54.2146	2.1584 (12,139)	0.01691
Error	139	3491.4627	25.1184		
Total	152	4246.3355	183.6311		

Since the $p\text{-value} < \alpha$, H_0 is rejected. Some of the groups' averages consider being not equal. In other words, the difference between the averages of some groups is big enough to be statistically significant.

Hypothesis 2: Sexual Depression

Table 2.1

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	89.9742	89.9742	4.69 (1,120)	0.03232
Sexual Consciousness	23	501.7299	21.8143	1.1371 (23,120)	0.317
Error	120	2302.1119	19.1843		
Total	144	2893.816	130.9728		

Table 2.2

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	9.777	9.777	0.4956 (1,123)	0.4828
Sexual Monitoring	21	821.1138	39.1007	1.9822 (21,123)	0.01121
Error	123	2426.324	19.7262		
Total	145	3257.2148	68.6039		

Table 2.3

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	70.2385	70.2385	4.155 (1,123)	0.04365
Sexual Assertiveness	22	763.5303	34.7059	2.0531 (22,123)	0.00724
Error	123	2079.2427	16.9044		
Total	146	2913.0115	121.8488		



Table 2.4

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	28.2139	28.2139	1.564 (1,139)	0.2132
Sex Appeal Consciousness	12	355.4278	29.619	1.6419 (12,139)	0.0867
Error	139	2507.4271	18.039		
Total	152	2891.0688	75.8719		

The Sexual consciousness and Sex appeal consciousness p-value $> \alpha$, therefore H_0 cannot be rejected. The averages of all groups assume to be equal. In other words, the difference between the averages of all groups is not big enough to be statistically significant. A non-significance result cannot prove that H_0 is correct, only that the null assumption cannot be rejected.

Hypothesis 3: Sexual Preoccupation

Table 3.1

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	1120.625	1120.625	27.7698 (1,120)	6.109e-7
Sexual Consciousness	23	1778.2757	77.3163	1.9159 (23,120)	0.01288
Error	120	4842.4893	40.3541		
Total	144	7141.39	1238.2954		

Table 3.2

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	586.6866	586.6866	17.7677 (1,123)	0.0000479
Sexual Monitoring	21	3742.7979	178.2285	5.3976 (21,123)	7.492e-10
Error	123	4061.4389	33.0198		
Total	145	8390.9234	797.9349		

Table 3.3

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	1011.1488	1011.1488	26.2826 (1,123)	0.000001111
Sexual Assertiveness	22	2427.9052	110.3593	2.8685 (22,123)	0.0001237
Error	123	4732.0764	38.4722		
Total	146	8171.1304	1159.9803		



Table 3.4

Source	DF	Sum of Square (SS)	Mean Square (MS)	F Statistic	P-value
Gender	1	758.3426	758.3426	19.1352 (1,139)	0.00002373
Sex Appeal Consciousness	12	943.1526	78.596	1.9832 (12,139)	0.03001
Error	139	5508.6653	39.6307		
Total	152	7210.1605	876.5693		

Since the $p\text{-value} < \alpha$, H_0 is rejected. Some of the groups' averages consider being not equal. In other words, the difference between the averages of some groups is big enough to be statistically significant.

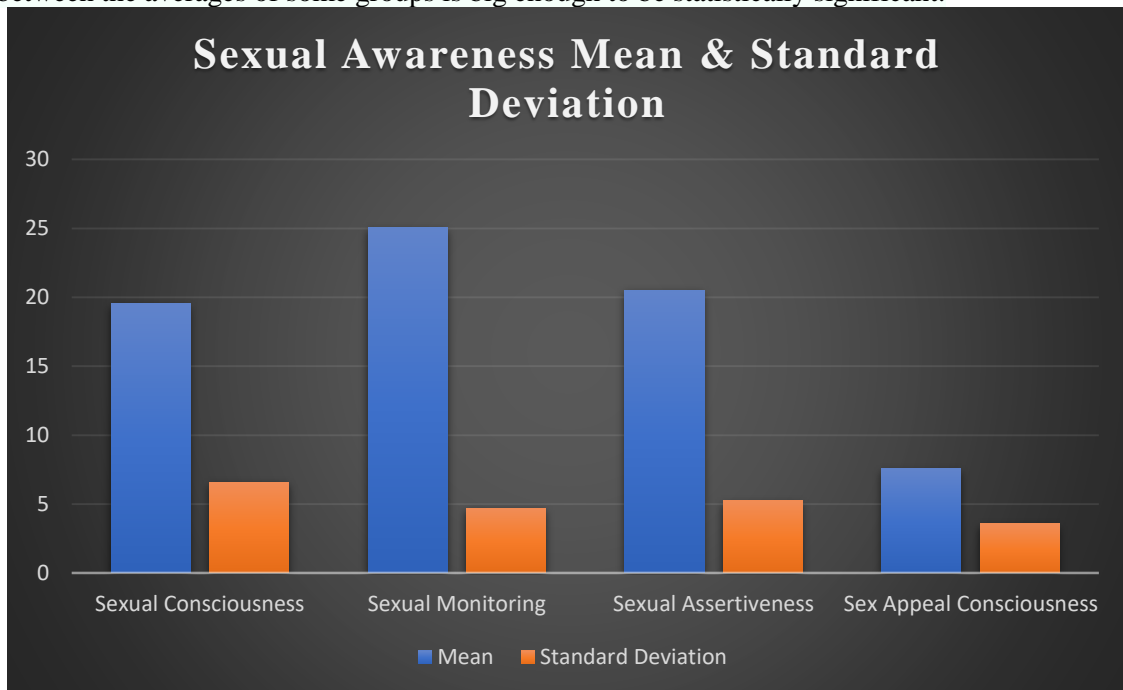


Fig. 4.1.1

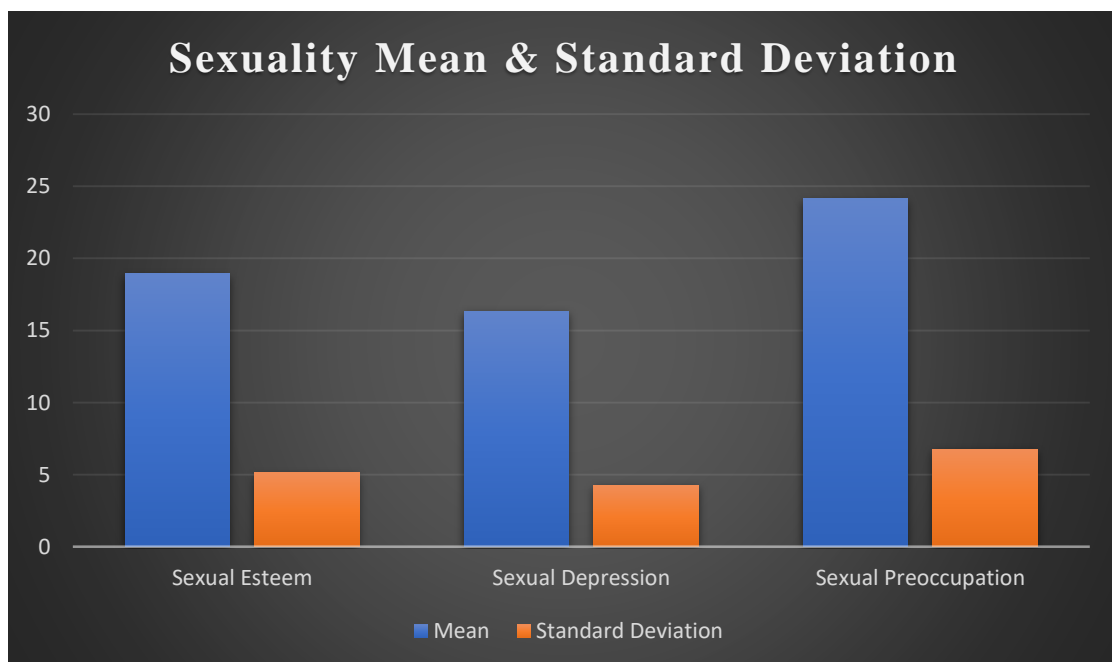


Fig. 4.1.2



7. DISCUSSION:

Sex is a broad term which is becoming more and more noticed by every person. This is not just a part of our daily life or just a physiological need but also how we define ourselves. The sexuality of the adult originates in childhood but, like thinking and other human capacities, sexuality is not static, it matures and develops (Sigmund Freud). If we ask someone, he/she might straightaway think about intercourse, but this about knowing yourself about your own needs which involves both physical and emotional feelings.

The study uses the dimensions of both sexual awareness and sexuality and sees how it affects each other. The first hypothesis is about how the dimensions of sexual awareness affect sexual esteem. The scores of all awareness dimensions (i.e., sexual consciousness, sexual monitoring, sexual assertiveness and sex appeal consciousness) are significant enough with the scores of sexual-esteem. In other words, the difference between the averages of some groups is big enough to be statistically significant. This helps us to reject the null hypothesis and accept the alternate hypothesis. The awareness can help a person positively evaluate one's capacity to relate sexually to others.

The second hypothesis is about the sexual depression which is getting common as people have less confidence in themselves and think that they are not a good sexual partner or they don't look good enough causing them to go in depression. They feel depressed about their sexual aspects. Here the awareness factors are not fully significant with sexual depression scores. The scores of sexual consciousness and sex appeal consciousness are not significant enough. In other words, the difference between the averages of all groups is not big enough to be statistically significant. A non-significance result cannot prove that null hypothesis is correct, only that the null assumption cannot be rejected. The other two factors sexual monitoring and sexual assertiveness are significant with sexual depression; but we still accept the null hypothesis and reject the alternate hypothesis.

The third hypothesis is about how sexual awareness negatively affects sexual preoccupation. Since the p -value $< \alpha$, null hypothesis is rejected. The difference between the averages of some groups is big enough to be statistically significant. The third hypothesis is accepted showing that awareness can help in reducing the persistent tendency or obsessed thinking about sexual matters.

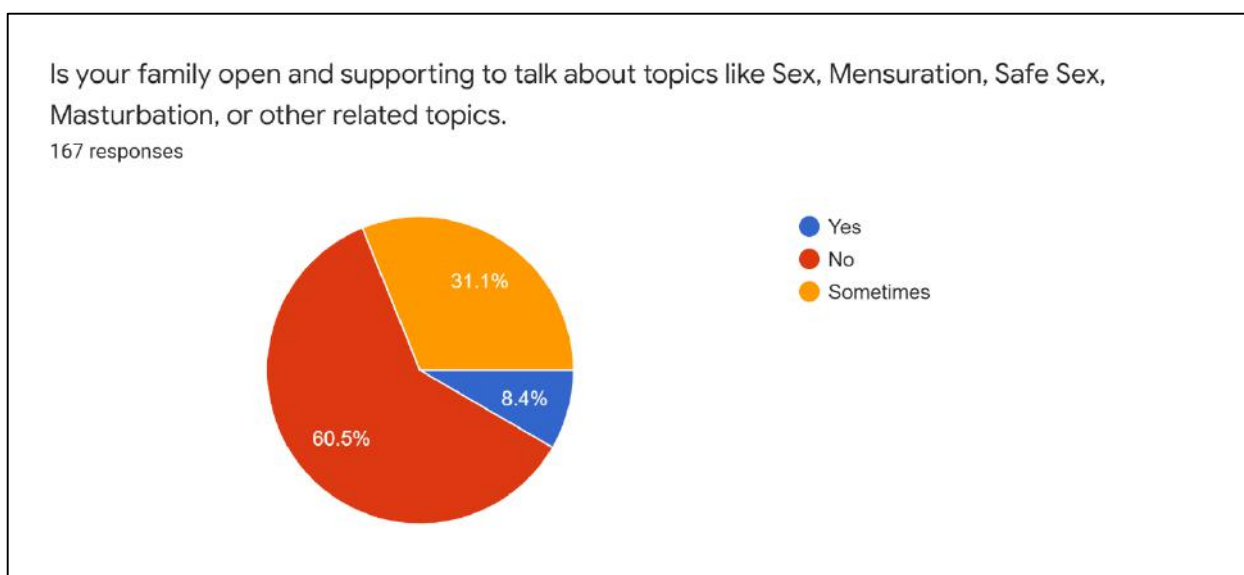


Fig. 5.1.1

This field needs more study especially with Indian population as one can see that these topics are not properly discussed in everyone's family, leading the children to get information from other means. These things must be discussed properly as they can affect one's life and whole personality. The matters may be different with people living in Tier 1 cities where people are more educated and are open enough to discuss about these matters or topics with their children. They understand these topics affect one's life and proper knowledge can help in reducing future problems and giving basic knowledge about how to define one's own sexuality, not to compare yourself with others and have a proper communication with sexual partners and to not get involved with unsafe sexual practices and use protections like condoms, contraception to protect yourself with STDs.

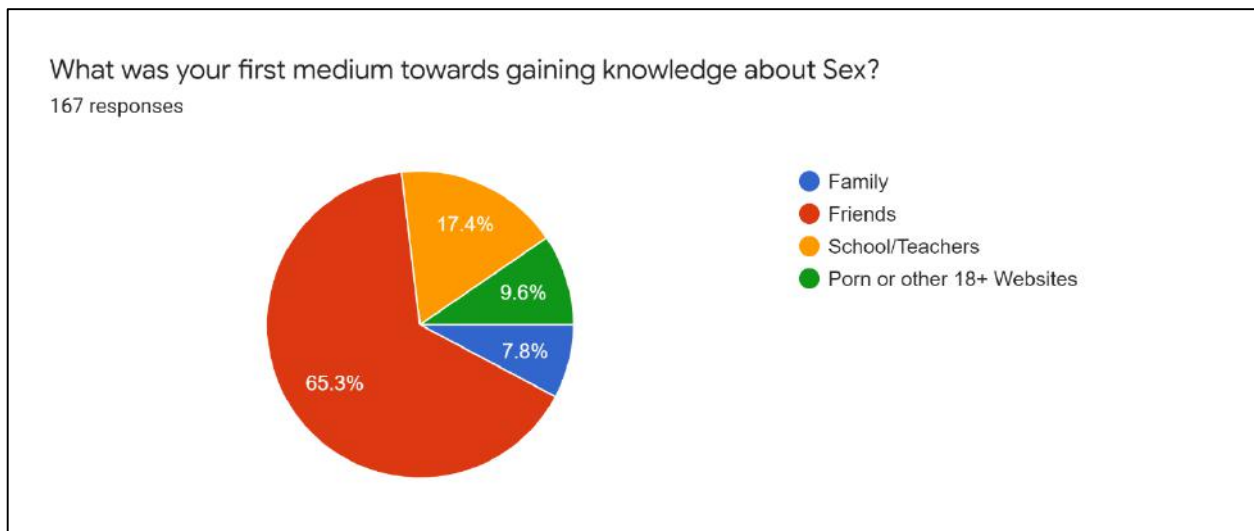


Fig. 5.1.2

This might be different in lower levels where family is educated but not open enough to discuss these matters leading their children to seek information from peer groups or friends. Many things are available online but most don't go towards learning more about their own sexuality and just end up going through porn sites or just interested in intercourse part. The recent pandemic has also shown that there was increase in conflicts within couples because of no proper understanding about physical and emotional bond. The pandemic led to a decrease in sexual confidence and a decrease in the number of sexual relationships between people, although the frequency of masturbation and the use of pornography did not differ compared to previous levels and there might be a chance of increase in those levels in the future (C. R. Domínguez, 2021).

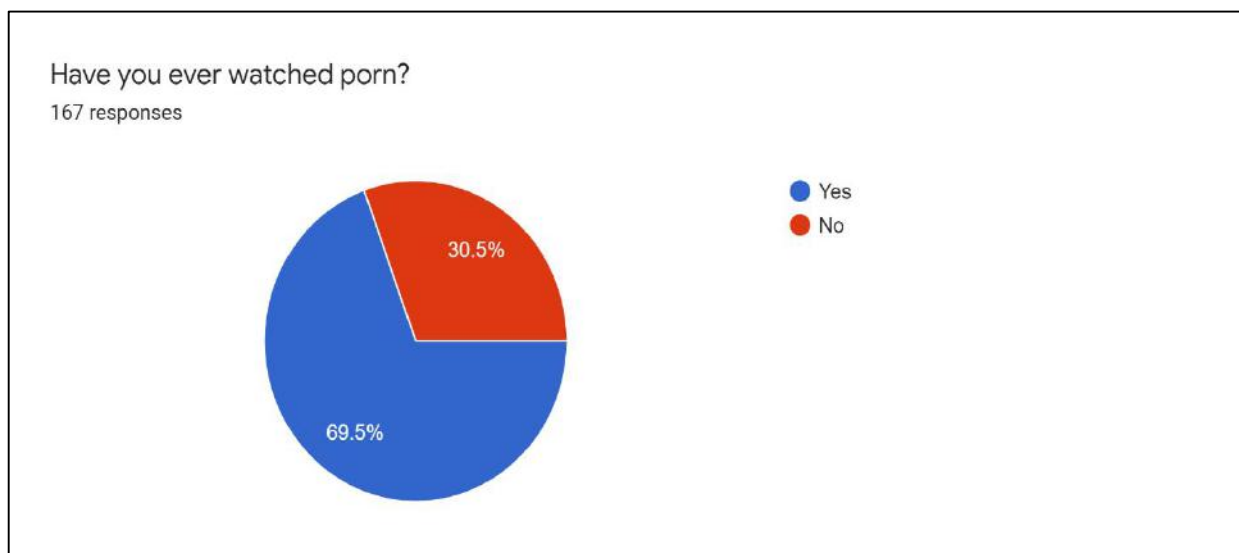


Fig. 5.1.3

This leads to less awareness among youth, which is a common problem with no proper solution because of lack of guidance or help from a more knowledgeable other. A child may not ask his parents about these things thinking that parents would scold him or think that he is going towards a wrong direction or is learning these things from his delinquent friends. Generally, it's found that females have more sexual awareness than males because in Indian households the mother's give advice to their daughters and knowledge about things like mensuration, good touch and bad touch, but this is not the case with males making them lack in awareness and seeking other methods to know about sex which is a common among teenagers.

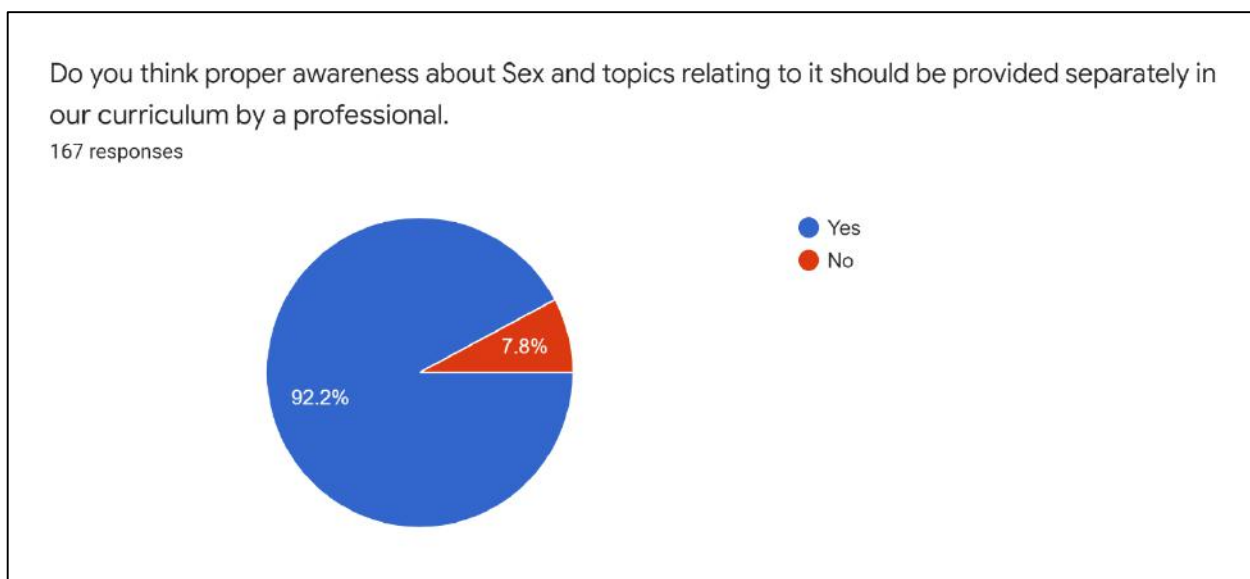


Fig. 5.1.4

When asked about sex education or any similar session given in their educational institute many subjects denied of getting such session and stated that they would want such sessions to be given in their educational institutes frequently. There is no proper policy in India related to sex knowledge or education stated by the government. There have been some works but it will still take more time to have this in every school. According to government's new professionals bill and changes in education policies, they want every school to have a permanent psychology professional who can look into students' development and give guidance or counselling when needed but most schools just use a subject teacher to take that post or just have guest counsellor. Things will take time but there is a proper need for action in this sector. Awareness about sex and letting them know about their sexuality is important to help everyone have confidence in themselves to properly shape their personality.

8. LIMITATIONS:

The major limitation of this study was that it is limited with a small population using only questionnaires and must require getting responses from different parts of the country and observing their responses. A thorough study could be done between parents and children by collecting data from interviews and questionnaires. This will help to gain outlook of both parents and children giving out the major problems faced by parents and seeking out better solutions.

9. CONCLUSION:

The importance of sexual awareness will rise and the need of proper knowledge will also increase with increase in mental health problems. Sex psychologists who are rare in India should become mainstream because of a large population there are also large number of risks. A country's growth depends on its young generations but if they are not confident with their own sexuality, they will start to doubt their own capabilities and will not be able to face every challenge. Presently there is increase in conflicts between couples and young generations are getting very picky with whom they should have their relationship. The developed country's trend of no marriage and no children is increase in India's youth and they have also started to feel that having a companion in life will only be a burden and for females they don't want to have children thinking that it will only hinder their career. Government should address these issues by giving out proper knowledge about sex and making them understand that it's not a taboo but a part of our life. Everyone should explore their sexual self and also respect others indirectly boosting everyone's sexual esteem. This will help in having equality between males and females and also giving LGBTQ+ a proper place in society without discrimination. The awareness will also help in decreasing compatibility issues of couples and mental health issues in every individual.

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APPENDICES:

Appendix A: Sexual Awareness Questionnaire
Appendix B: Sexuality Scale

Appendix A Sexual Awareness Scale

1. I am very aware of my sexual feelings.
2. I wonder whether others think I'm sexy.
3. I'm assertive about the sexual aspects of my life.
4. I'm very aware of my sexual motivations.
5. I'm concerned about the sexual appearance of my body.
6. I'm not very direct about voicing my sexual desires. (R)
7. I'm always trying to understand my sexual feelings.
8. I know immediately when others consider me sexy.
9. I am somewhat passive about expressing my sexual desires. (R)
10. I'm very alert to changes in my sexual desires.
11. I am quick to sense whether others think I'm sexy.
12. I do not hesitate to ask for what I want in a sexual relationship.
13. I am very aware of my sexual tendencies.
14. I usually worry about making a good sexual impression on others.
15. I'm the type of person who insists on having my sexual needs met.
16. I think about my sexual motivations more than most people do.
17. I'm concerned about what other people think of my sex appeal.
18. When it comes to sex, I usually ask for what I want.
19. I reflect about my sexual desires a lot.
20. I never seem to know when I'm turning others on.
21. If I were sexually interested in someone, I'd let that person know.
22. I'm very aware of the way my mind works when I'm sexually aroused.
23. I rarely think about my sex appeal. (R)
24. If I were to have sex with someone, I'd tell my partner what I like.
25. I know what turns me on sexually.
26. I don't care what others think of my sexuality.
27. I don't let others tell me how to run my sex life.
28. I rarely think about the sexual aspects of my life.
29. I know when others think I'm sexy.
30. If I were to have sex with someone, I'd let my partner take the initiative. (R)
31. I don't think about my sexuality very much. (R)
32. Other people's opinions of my sexuality don't matter very much to me. (R)
33. I would ask about sexually-transmitted diseases before having sex with someone.
34. I don't consider myself a very sexual person.
35. When I'm with others, I want to look sexy.
36. If I wanted to practice "safe sex" with someone, I would insist on doing so.

Scoring Instructions

- 01 = Not at all characteristic of me.
- 02 = Slightly characteristic of me.
- 03 = Somewhat characteristic of me.
- 04 = Moderately characteristic of me.
- 05 = Very characteristic of me.

And Reverse scoring for items 6, 9, 23, 30, 31, and 32.

Sub-divisions Scoring Items-

Sexual-consciousness (items 1, 4, 10, 13, 22, and 25).

Sexual-monitoring (items 2, 5, 14, 17, 23, 26, 28, 31, and 32)



Sexual-assertiveness (items 3, 6, 9, 12, 15, 18, and 24)
Sex-appeal-consciousness (items 8, 11, and 29)

Scale Development, Reliability, and Validity

The purpose of the first investigation was to collect data bearing on the reliability and validity of the Sexual Awareness Questionnaire (SAQ). Factor analysis was used to examine the item structure of the SAQ, and the reliability of the resulting subscales was evaluated by computing Cronbach alphas. The SAQ's convergent and discriminant validity was examined by studying the relationship between responses to the SAQ and a number of other personality and sexuality-related instruments. Normative data for males and females were also prepared.

The first investigation provided substantial preliminary evidence of supporting the reliability and validity of the Sexual Awareness Questionnaire, still there was a need to conduct further research with the SAQ that focused on individual tendencies more directly concerned with human sexuality. For this purpose, a second study was conducted in which the SAQ was administered to males and females along with several measures of sexual affects, attitudes, and behaviours. This research provided not only the opportunity to obtain additional evidence for the SAQ's convergent and discriminant validity, but also the opportunity to cross-validate the SAQ subscale structure and the reliability of the four SAQ subscales with a second sample. In addition, a second set of gender norms were also obtained, thereby providing another examination of the relationship between gender and the Sexual Awareness Questionnaire.

Appendix B Sexuality Scale

Instructions: The statements listed below describe certain attitudes toward human sexuality which different people may have. As such, there are no right or wrong answers, only personal responses. For each item you will be asked to indicate how much you agree or disagree with the statement listed in that item. Use the following scale to provide your responses:

1. I am a good sexual partner.
2. I am depressed about the sexual aspects of my life. (R)
3. I think about sex all the time.
4. I would rate my sexual skill quite highly.
5. I feel good about my sexuality.
6. I think about sex more than anything else.
7. I am better at sex than most other people.
8. I am disappointed about the quality of my sex life.
9. I don't daydream about sexual situations. (R)
10. I sometimes have doubts about my sexual competence. (R)
11. Thinking about sex makes me happy. (Filler item)
12. I tend to be preoccupied with sex.
13. I am not very confident in sexual encounters. (R)
14. I derive pleasure and enjoyment from sex. (Filler item)
15. I'm constantly thinking about having sex.
16. I think of myself as a very good sexual partner. (R)
17. I feel down about my sex life.
18. I think about sex a great deal of the time.
19. I would rate myself low as a sexual partner. (R)
20. I feel unhappy about my sexual relationships.
21. I seldom think about sex. (R)
22. I am confident about myself as a sexual partner. (R)
23. I feel pleased with my sex life. (R)
24. I hardly ever fantasize about having sex. (R)
25. I am not very confident about my sexual skill. (R)
26. I feel sad when I think about my sexual experiences.
27. I probably think about sex less often than most people. (R)
28. I sometimes doubt my sexual competence. (R)
29. I am not discouraged about sex. (R)
30. I don't think about sex very often. (R)



Scoring Instructions

0 = Agree.

1 = Slightly agree.

2 = Neither.

3 = Slightly disagree.

4 = Disagree.

And Reverse scoring for items 2, 9, 10, 13, 16, 19, 21, 22, 23, 24, 25, 27, 28, 29, and 30.

The Sexuality Scale (SS) consists of three (3) subscales. The labels and items for each of these subscales are listed below:

Sexual Esteem (Items 1, 4, 7, 10, 13, 16, 19, 22, 25, and 28)

Sexual Depression (Items 2, 5, 8, 17, 20, 23, 26, and 29)

Sexual Preoccupation (Items 3, 6, 9, 12, 15, 18, 21, 24, 27, and 30)

Scale Development, Reliability and Validity

The first investigation was conducted in order to provide additional evidence for the reliability and validity of Snell and Papini's measure of sexual-esteem, sexual-depression, and sexual-preoccupation. Several types of convergent validity information were expected for Sexuality Scale. First, it was anticipated that people with greater sexual-esteem would be less likely to endorse manipulative attitudes toward sex and more likely to believe in idealized sex, as measured by Hendrick and Hendrick's (1987) measure of sexual attitudes. The convergent validity of the sexual-depression subscale was also examined by studying the relationship between this subscale and a measure of AIDS discussion strategies. Correlational analyses were conducted to determine whether men's and women's scores on the Sexuality Scale would be related in predictable ways to the measures of sexual attitudes, AIDS discussion strategies, communal and exchange approaches to sex, and AIDS empathy. Since a large number of correlation coefficients were computed, a conservative error rate was chosen for use in the present investigation; correlations were interpreted only if the probability level was less than .01 ($p < .01$).

Test-Retest Reliability. Test-retest correlations were also computed for all three SS subscales. The results provided clear preliminary evidence of the stability for the sexual-esteem (range = .69 to .74), sexual-depression (range = .67 to .76), and sexual-preoccupation (range = .70 to .76) subscales (all $ps < .001$).

The first investigation provided evidence supporting the reliability and validity of the Sexuality Scale, still there was a need to conduct further research that focused more closely on this instrument's correlates with personality and other sexual-related tendencies. For this purpose, a second study was conducted in which the Sexuality Scale was administered to males and females along with several personality instruments and other measures of sexual affects, attitudes, and behaviours. This research provided not only the opportunity to obtain additional evidence for the Sexuality Scale's validity, but also the opportunity to cross-validate the reliability of the three subscales on the Sexuality Scale. In addition, a second set of norms were also obtained, thereby providing another examination of the relationship between gender and the Sexuality Scale.