

SOME ASPECTS OF SEXUAL KNOWLEDGE AND SEXUAL BEHAVIOUR OF LOCAL WOMEN RESULTS OF A SURVEY

1 GENERAL SEXUAL KNOWLEDGE AND ATTITUDE TO ABORTION, PREGNANCY AND CONTRACEPTION

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SYNOPSIS

This is the first of a series of articles based on a survey of 1012 women. This article gives a background of the study population as regards ethnic group, religion, age, education, marital status, duration of marriage and sexual activity.

“Friends” were the source of knowledge for the large majority.

76.4 percent had their menarche around 12 to 14 years of age and 41.1 percent had no foreknowledge or forewarning about it.

60 percent knew by age 14 to 16 the relationship between sexual intercourse and conception.

51.1 percent had had termination of pregnancy.

Only 49.6 percent were interested to use reliable contraception.

Just over 40 percent planned the pregnancy they are carrying.

24.2 percent had not decided on contraception after delivery or abortion and only 68.7 percent were interested to use a really effective method with a low failure rate.

The low (30 percent) acceptance of the oral pill is highlighted.

The conclusion is that there is a need to further educate the community regarding sexual matters and contraceptive practice.

INTRODUCTION

In the local scene, human sexuality research and treatment of dysfunctions is in an infantile state. Locally published materials hardly exist about human sexuality in the local context.

Lim (1) reported a questionnaire survey on sexual attitudes conducted on fourth year medical students in Singapore.

Khairuddin et al (2) published a study on Human Sexuality in Malaysia in 1980. This too was again a questionnaire study submitted to medical students, nurses and secretaries.

Sex is a topic which is surrounded by myth, taboo and awe. Anyone doing studies or enquiries about sexual activities is either met with suspicion, hostility, evasiveness or embarrassed responses.

The present study represents an attempt to try and get a baseline of sexual attitudes, knowledge, experiences and practices in the local situation.

Because of the lack of previously published materials, this study represents an initial thrust into this wide and unexplored field.

The author hopes that it will help to answer some questions about local sexual behaviour and hopes that it will remove some of the mystery out of sexuality in the local scene.

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MATERIALS AND METHOD

The author personally interviewed all the volunteers who agreed to partake in the survey.

The volunteers were all patients who had been sexually active and all of them attended the obstetric and gynaecological clinics at Toa Payoh Hospital or were in-patients of the wards of the same unit.

All the volunteers who were approached for the interview were by necessity restricted to those who were able to converse in English with a helping word or two in one of the local vernacular languages.

Where an approached volunteer refused to contribute to the study or where in the course of the interview, it was found that the problems of communication were troublesome, or from the hesitancy in response it was felt that the subject was not being co-operative, such interview was discontinued and these cases have not be included in the study. In all less than twenty persons fell into these categories.

Personal interviews rather than questionnaires were used because the author believes that face to face interviews are better adapted for obtaining personal and confidential material.

Further, by interview, the interviewer is able to explain and get a clear response from the subject and also it is possible to cross check the answers given.

Most of the data obtained is the result of good rapport established in these personal interviews. Most of the subjects have, I believe, been honest in their responses.

The subjects at the outset have been reassured that their inclusion in the study is purely voluntary and no coercion whatsoever was applied. All subjects were reassured that all their responses were confidential and no record was kept in the format, whereby, it could be possible for anyone to trace back as to the source of the data. Further, all records were handled and kept and filed by the author himself.

In the course of the interviews the author was completely non-judgemental on any type of sexual activity and no attempt was made to redirect the subjects behaviour.

Where reassurance was sought by the subject as to the normality of any activity, this was given in a non-objective manner.

Vocabularies differ and subjects' knowledge of terminology varies depending on their educational status, social class, occupational background, racial origins, religious background and many other factors.

In some instances, the author had to use slangs or use terms as a child would.

In a personal interview, the consistency of the response can be checked and it was possible to adjust, correct and iron out contradictions in the response.

It was possible to seek answers for each and every item. In questionnaires, there is frequently failure to secure all the answers sought and no correction can be made after a written record has been turned in.

In a personal interview it is possible to check the honesty, certainty and exact meaning of the subject's reply. The speed of response, tone of voice, direction of eyes, the intonation and directness or circumlocution of her statement, often provides a clue to the

quality of the information which she is giving.

When the subject is uncertain in her reply, the interviewer may ask for additional information. There are few such basis to determine the quality of replies on a questionnaire, and little opportunity for extending the data beyond the set limits of a questionnaire.

The average interview took something between half an hour or therabouts.

Problems of Sampling

in general, it may be said that data from a smaller number of individuals, may within limits, give an indication of the activity of the larger population at large.

Ideas of most people concerning sexual activities and attitudes and behaviour of the population as a whole abound upon their personal experiences, fragmentary information picked up from contacts with a relatively small number of friends, newspapers or magazine reports or on more general gossip.

RESULTS

Table I shows the distribution by ethnic groups of the sample.

TABLE I DISTRIBUTION BY ETHNIC GROUPS

Ethnic Group	Number of Persons	Percentage
Chinese	581	57.4
Malays	246	24.3
Indians	162	16.0
Others	23	2.3
Total	1012	100%

A great diversity of the groups that exist in the community are represented.

Data from a smaller number of individuals may within limits, given an indication of the activity of the larger population at large.

The majority of the sample were Chinese who made up 57.4%, followed by Malays 24.3%, Indians 16.0% and other minor groups comprised 2.3%.

Table II shows the breakdown of the sample into different religious groups.

TABLE II RELIGIOUS BACKGROUND

Group	Number of Persons	Percentage
Agnostic	334	33.0
Buddhist	264	26.1
Christian	179	17.7
Muslim	131	12.9
Hindu	104	10.3
All Groups	1012	100%

All the major religious groups are represented. It is interesting to note that the largest group (Agnostics) comprising 33.0% had no belief in God or the exist-

tence of such being. Buddhists comprised 26.1%, Christians 17.7%, Muslims 12.9% and Hindus 10.3% of the sample.

Table III shows the age distribution of the sample surveyed.

TABLE III AGE DISTRIBUTION

Age Group	Number of Persons	Percentage
Below 20 years	54	5.3
20 to 24 years	306	30.2
25 to 29 years	406	40.1
30 to 34 years	189	18.7
35 to 39 years	51	5.0
Above 40 years	6	0.6
All Age Groups	1012	100%

89% of those interviewed were in the age group 20 to 34 years - the sexually active age.

Table IV gives a breakdown of the educational status of the population sampled.

TABLE IV EDUCATIONAL BACKGROUND

Educational Level	Number of Persons	Percentage
Nil	4	0.4
Lower Primary (3 years)	4	0.4
Upper Primary (6 years)	78	7.7
Lower Secondary (8 years)	152	15.0
Upper Secondary (10 years)	680	67.2
College (12 years)	78	7.2
University (> 12 years)	16	1.6
All levels	1012	100%

76% of the sample had had over 10 years of education behind them.

The marital status of those surveyed is shown in Table V.

TABLE V MARITAL STATUS

Status	Number of Persons	Percentage
Married	906	89.5
Single	106	10.5
Total	1012	100%

89.5% had been married and so were indulging in regular sexual activities.

Table VI gives a breakdown of the duration of marriage of the married population.

TABLE VI YEARS OF MARRIAGE

Years	Number	Percentage
1	81	8.9
1	156	17.2
2	122	13.5
3	115	12.7
4	96	10.6
5	78	8.6
6	66	7.3
7	48	5.3
8	36	4.0
9	22	2.4
10	23	2.5
10	63	7.0
Total	906	100%

54% of the sample had been married for a duration of up to 4 years ie they had had opportunities for sexual experience for the same period - a period during which they are likely to be very active sexually.

Duration of sexual activity varies depending on the opportunities which the women would have had for sexual encounters ie premaritally.

Table VII gives the distribution of the duration of sexual activity of the sample.

TABLE VII DURATION OF SEXUAL ACTIVITY

Number of Years	Number of Persons	Percentage
1	119	11.8
1	180	17.8
2	142	14.0
3	122	12.0
4	103	10.2
5	83	8.2
6	69	6.8
7	49	4.8
8	36	3.6
9	22	2.2
10	24	2.4
> 10	63	6.2
Total	1012	100%

64.8% had had sexual encounters for duration of up to 4 years.

The volunteers were questioned as to their source of knowledge regarding sexual matters.

Table VIII shows the main source of knowledge of the 1012 subjects.

TABLE VIII SOURCE OF SEXUAL KNOWLEDGE

Source	Number	Percentage
Family	196	19.4
Friend	719	71.4
Books	550	54.3
Pornographic Films	310	30.6
Photos/Magazines	427	42.2

'Friends' were the source of information for the large majority (71.4%). Family members contributed the least (19.4%).

Note should be made of the fact that pornographic movies and pornographic magazines or photos were a major source of information for up to a third or more of the sample.

Menarche is an important landmark in the sexual life of a female. The age of menarche was recorded.

TABLE IX AGE OF MENARCHE

(Age (in years))	Number of Persons	Percentage
10 years	15	1.5
11	52	5.1
12	290	28.7
13	269	26.6
14	214	21.1
15	109	10.8
16	63	6.2
Total	1012	100%

The majority about 76.4%, had their menarche around the age range of 12 to 14 years.

Since menarche is an important part in the life of a female, the volunteers were questioned as to whether they had any foreknowledge or forewarning of the event.

TABLE X FOREKNOWLEDGE/FOREWARNING ABOUT MENARCHE

	Number of Persons	Percentage
Forewarned	596	58.9
Not warned	416	41.1
Total	1012	100%

Only 58.9% of the females had been briefed or warned by their family members, teachers or friends or had gathered self knowledge from books, magazines etc about the onset of menstruation and its hygiene.

Since sexual intercourse is the step that leads to conception, enquiries were made as to the age at which knowledge was acquired regarding the relationship between sexual intercourse and conception.

TABLE XI KNOWLEDGE RE RELATIONSHIP BETWEEN SEXUAL INTERCOURSE AND CONCEPTION

Age (in year)	Number of Persons	Percentage
10	5	0.5
11	2	0.2
12	39	3.8
13	48	4.7
14	141	14.0
15	141	14.0
16	332	32.8
17	48	4.7
18	73	7.2
18	83	8.2
At Marriage or After	100	9.9
Total	1012	100%

60 percent had acquired the knowledge by age 14 to 16 years, the bulk when in upper secondary schools when studying science or hygiene.

30 percent acquired knowledge of how babies are made only after leaving school ie after age 16.

10 percent only acquired such knowledge at the time of marriage or therabouts.

Abortion is legally approved in Singapore. The volunteers were questioned regarding their experiences of it.

TABLE XII ATTITUDE OF TERMINATION OF PREGNANCY

Number of Abortions	Number of Persons	Percentage
0	495	49
1	373	36.9
2	104	10.2
3	34	3.3
4	3	0.3
5	3	0.3
Total	1012	100%

51% had had termination of pregnancy either because of contraceptive failure or refusal to use any contraception at all. Even, excluding the unmarried women, 411 out 906 (ie 44.3%) married women have had termination of pregnancy on request.

The women were questioned regarding their contraceptive use at that period in time prior to the interview. Table XIII shows the breakdown according to the type of contraceptive used.

TABLE XIII CURRENT CONTRACEPTIVE USAGE

Method	Number of Persons	Percentage
Nil	406	40.1
Condom	271	26.8
ORAL contraceptives	168	16.6
IUCD	16	0.4
Chemicals	4	9.9
Safe Period	101	3.0
Withdrawal	30	0.2
Hormonal Injections	2	1.6
Ligation	14	1.4
Total	1012	100%

Only about half (49.6%) of the sample were interested to use reliable contraceptive methods.

561 obstetric patients were questioned regarding their planning of their pregnancies ie whether they had wanted that particular pregnancy. Table XIV shows their responses.

TABLE XIV PREGNANCY PLANNING

	Number of Persons	Percentage
Planned	331	59.1
Unplanned	230	40.9
Total	561	100%

Just over 40 percent ended up carrying a pregnancy which they did not plan or intend to have.

625 women who had had either had an abortion (legal or spontaneous) or had just had a baby were questioned regarding their intended method of contraception. Table XV gives a breakdown of their intended contraceptive practices.

TABLE XV INTENDED CONTRACEPTION

Method	Number of Persons	Percentage
Nil	9	1.4
ORAL contraception	187	30.0
Condom	163	26.1
Undecided	151	24.2
Ligation	48	7.7
IUCD	25	4.0
Safe Period	25	4.0
Withdrawal	8	1.2
Vasectomy (for Husband)	2	0.3
Hormonal Injection	4	0.6
Chemicals	3	0.5
Total	625	100%

24.2 percent had not decided regarding what contraception they intended to use.

Only 68.7 percent were interested to use a really effective method with a low failure rate.

DISCUSSION

The results are indicative of possible trends in the population at large.

Factors such as age, social class, education and religion have a significant effect on sexual knowledge and attitude.

The sample includes females with diverse educational backgrounds and the overwhelming majority had attended English medium schools. However the females from the vernacular streams tended to be less knowledgeable mainly because of the lack of materials on sexual topics in their particular languages. Further, these females tended to come from conservative homes and went to conservative ethnic type schools and so had less opportunity to pick up knowledge as would those who had a more liberal Western type education.

Muslim girls who attended religious schools or classes said that they were instructed about menstruation and sexual matters and on the whole this group of females tended to be more aware of sexual matters than their counterpart Chinese and Indian sisters who went to traditional schools.

In general those with more education tended to have more knowledge and those with Western type education tended to be more knowledgeable than those more conservatively educated females. Also the

more educated and those with a liberal type education were more willing to try or were more aware of the various types of sexual outlets possible.

Age at which a female marries obviously markedly affects the nature and extent of her sexual knowledge, attitudes and experiences.

Sex related topics are seldom discussed at home with the family members and over 71 percent "picked up" information from friends and colleagues.

The large percentage (30.6) of females who had access to pornographic materials is of interest. Both sexes are interested in sexual matters but females by virtue of their role imposed on them by society are expected not to show an obvious interest in things sexual. However where opportunity presents they too are willing to look at erotic materials.

Religion did not appear to have a marked influence on sexual activities except for Catholics, some of whom were restricted in usage of contraceptives. Muslims, who though more knowledgeable by virtue of religious education, were prohibited from certain types of sexual activities by virtue of their religious teachings.

Only 58.9 percent of the females had been briefed or warned by their family members, teachers or friends about the onset of menstruation and its hygiene.

About 40 percent were left to discover by themselves, with shock, the onset of menstruation without being psychologically prepared for it.

Further despite education in school many of those who were not warned said they were instructed in school about menstruation only after they had had their menarche about a year or so earlier. Perhaps the school syllabi should be altered such that this education is given at an earlier age.

The ready acceptability of termination of pregnancy by 51 percent of the women is a poor reflection of the role of contraception despite the easy availability, propaganda and education of the latter.

Nearly 30 percent of the females learnt about how babies are conceived only after leaving school and another 10 percent only knew about it at the time of marriage or soon after that. These groups included females of all educational levels up to college.

Reasons given for lack of knowledge were that they were not instructed in school or did not study biology or hygiene as a subject. Some complained that their teacher treated the matter in a rather cursory manner (maybe the teacher herself was uncomfortable to talk about it) or that their teacher was a male and skipped the section on reproduction completely.

The aversion to use contraception is an area which could be studied in more detail. 40.1 percent did not use any contraception at all. Also the low rate of acceptability of the pill (30 percent) and the large number who were undecided (24.2 percent) on contraceptive choice needs further study.

Only about 68.7 percent were interested to use a really effective method of contraception with a low failure rate.

The aversion towards the oral contraceptives is surprising. Only 30 percent intended to use it. Many commented that they were worried about the side effects if they used the pill but they were unable to say any-

thing very specific about what they meant by 'side effects' except for weight changes.

More than 40 percent of the females ended up carrying a pregnancy which they did not plan for or intend to have.

Despite propaganda about family planning and spacing, it is disappointing to note that such a large percentage of pregnancies are unplanned and unintended.

However over 90 percent of those who did not plan their pregnancy said that they accepted the pregnancy after initial disappointment and felt happy to be carrying a baby.

A small percentage who planned their pregnancies had doubts or worries about how their pregnancies would terminate. Also they worried about their babies to be eg whether the baby would be normal, financial aspects of bringing up a child and so forth.

The study shows the need to educate the community more regarding sexual matters and contraceptive practices.

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