

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

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SYNOPSIS

615 women were interviewed regarding this practice.

10.1 percent admitted to having practised or were still practising anal sex.

1.5 percent refused to allow their husbands' demands for this type of sexual outlet.

Of those who practised anal intercourse 6.5 percent were unmarried women and the remaining 93.5 percent were married women.

Reasons for this practice and its advantages and disadvantages are discussed.

INTRODUCTION

The anal area is erotically responsive in some individuals and about 50 percent of the population may get erotic satisfaction from anal stimulation. Some males and females get erotic arousal by anal stimulation which is equivalent in intensity to that got by genital stimulation (1).

Anal practices in many couples continue to be the exception, but the incidence of the practice is definitely on the increase (2, 3).

Some people are psychologically aroused while others are repulsed by the idea of anal intercourse. Psychological factors determine to a great extent whether the idea of anal intercourse is going to elicit erotic or non erotic responses(1).

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MATERIALS AND METHOD

615 women, who were patients of the Obstetrics and Gynaecology Unit at Toa Payoh Hospital were interviewed personally by the author as regards their sexual knowledge, sexual attitudes and sexual practices.

Their responses as regards anal intercourse (anal sex) are shown below.

RESULTS

Table I shows the practice of anal intercourse by the sample surveyed.

TABLE I
ANAL INTERCOURSE

| Practice | Number of Persons | Percentage |
|----------------------------------|-------------------|------------|
| Practised and/or were Practising | 62 | 10.1 |
| Never Practised | 553 | 89.9 |
| Total | 615 | 100 |
| Approached by Spouse but Refused | 9 | 1.5 |
| Unmarried Women | 4 | 6.5 |
| Married Women | 58 | 93.5 |

10.1 percent of those surveyed had had experience or were still practising anal intercourse.

1.5 percent refused to accede to their partners' request for anal intercourse.

4 women (6.5 percent) of the 62 who indulged in anal intercourse were unmarried, while the remaining 58 (93.5 percent) were married women.

Reasons given for indulging in such practices were curiosity, need for sexual variety, to have an outlet at times of menstruation or being forced by their husbands' or partners' to accept this outlet. A few said (multiparous women) that their husbands complained of lack of sensation (muscle tonus) in vaginal intercourse.

DISCUSSION

In an intimate relationship between a man and a woman, the idea of trying anal caressing and manipulation and finally, anal intercourse is invariably discussed. The male is usually the initiator of such advances and his search for novelty and new experiences is the main driving force.

First he may explore the anus with tongue and mouth and expect the female to reciprocate. Then this proceeds to anal penetration with the finger and digital manipulation. Finally this proceeds on to anal intercourse with penetration of the anus with the penis(4).

The anus like the vaginal entrance is richly supplied with nerves, but the rectum like the vagina barrel, is a tube poorly supplied with sensory nerves. Erotic sensitivity is contributed by the abundant end organs of touch throughout the anal surface and the reactions of the muscle (anal sphincter) which normally keep the anus closed.

The anal and genital areas have some muscles in common and activity of one may bring the other into action eg stimulation of the genitalia of both sexes causes contraction of the anal sphincters. The anal sphincter may rhythmically open and close during the rhythmic movement during sexual responses especially after orgasm.

These anal responses are partly responsible for the incentive to anal intercourse and for insertion of various sorts into the anus. Reciprocally, anal sphincter contractions may bring contractions to the genitals and cause erection in the male or movement of genital parts in the female (1).

In summary, it can be said that anal contractions, perineal responses and genital responses are interlinked (1).

Though, as said earlier, the rectum has a sparse sensory supply, the receiving partners in anal intercourse often report that deep anal penetration may bring satisfaction comparable to that obtained from deep vaginal insertions. Further anal penetration may cause pain and intensify the sexual responses of some individuals (1).

Anal practices are usually taken up later in marriage, because the tone of the anal sphincters helps the aging man to complete the act which an overrelaxed and atonic vagina of his multiparous wife does not allow. Another reason is that it may be resorted to as an answer to contraceptive problems (2). This was true in some instances in the survey.

Reasons given by the women included curiosity, as outlet during times of menstruation, need for variety and influence of pornographic tapes and films. In two instances the wives were forced to submit by their drunken husbands to this practice. One Middle East woman said she allowed this practice with her many boyfriends, as being a Muslim virginity at marriage was essential. Anal intercourse satisfied both her and her partners' needs. According to her this sort of practice is quite acceptable and occurs to a high degree in the Middle East and Mediterranean areas.

In Kahn's survey (5) both sexes said that anal intercourse was the least sexually exciting. Probably social condemnations may be partially responsible for the very low ranking of this practice.

In another survey (3), 4.2 percent of the males surveyed said they would like to have more anal sex.

One psychologist (3) characterised anal intercourse as possibly harmful with psychological overtones of anger, mastery and conquest and physically leading to artful infection in the male and tearing of the 'vital sphincter muscles' in the woman.

There is a lot of popular literature glorifying anal intercourse as a routine pleasure form of sex variation, but as far as sex therapists are concerned it is a bane to them.

In a college campus survey 48 percent of young women said that they had engaged in anal practices and one male author has described anal intercourse as the ultimate act of submission for a woman short of sado-masochistic acts (3). Rapists are often known to humiliate their victims by anal penetration after forced vaginal intercourse (2).

Kinsey (1) in 1953 described the incidence of anal intercourse as infrequent that it was difficult to determine an exact figure.

Playboy's 1976 campus poll indicated that 20 percent college males had tried it and 14 percent like it. 41 percent said they would like to try it for the first time if given an opportunity.

In Hite's survey only 146 of 1609 women said they enjoyed anal sex and around only 11 percent found the

technique pleasant (6).

In another survey (3), several men responded that they fantasized their wives enjoying in oral and anal intercourse or various sexual positions or exhibiting their nude bodies. The authors concluded that probably these men were rarely able to get their wives to engage in the kind of variety that so stimulated them (these men) to fantasy.

In the present study, many young couples were engaging in anal intercourse. The similar trend was seen in the surveys reported on above. Further, some of the women said they refused to submit to their partners' demands after a few painful encounters. Some carried on frequently and one woman even said she could get orgasm and enjoyed anal intercourse better than normal heterosexual intercourse.

In the absence of piles or fissure in ano, the anus can accommodate most lubricated male organs. The rectal mucosa after some conditioning produces a transudate like the vagina and women familiar with the practice do say they do reach orgasm with anal intercourse. Digital stimulation of the anus during sexual intercourse aids in attainment of orgasm in some women (2).

Anal intercourse has to be proceeded with slowly and gradually. Physical damage and violent pain can occur if it is done roughly (7). Couples are usually advised not to go on to vaginal intercourse after anal intercourse and the male partners are advised to wash their penises or to use a condom at the anus and discard the condom if they want to proceed on with vaginal penetration after that.

The disadvantages (2, 3, 4, 5, 8) of anal intercourse are that if one is brought up with the mental attitude that anal practices are dirty and degenerate, it will initially be hard for an individual to enjoy this practice. The psychic trauma is very noticeable and more so than the physical one. Women often say they have done something dirty and shameful. The type of woman who enjoys anal stimulation or finds enemas enjoyable will be the one who probably enjoys the act and with a patient partner will run little risks.

Lacerations of the anus are rare though some requiring medical and surgical therapy have been encountered.

Urethritis incidence is higher in those males who

have anal practices reflecting the increased exposure to enteric bacteria from anal intercourse.

Condylomata acuminatum, gonococcal and non specific prostatic, anal fistulas and perirectal abscesses can occur.

Chlamydia organisms have been recovered from the throat and rectum of homosexual males.

The good features (2, 3, 4, 6, 7) of anal intercourse is that variety is added to lovemaking. Pregnancy problems are eliminated and virginity is preserved. Anal intercourse can be done at times of menstruation when the urge for sexual release is high. Finally, it opens up a whole new area of pleasurable sensations to a person.

With more and more heterosexual couples and younger people too being involved in anal practices, and with AIDS (Acquired Immune Deficiency Syndrome) being in the limelight, it may be prudent for couples to reconsider their sexual behaviour and attitude of anal intercourse in particular.

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