

KAP STUDY

ASSOCIATION BETWEEN LACK OF SEX EDUCATION AND WATCHING OF ADULT THEMED CONTENT AMONGST YOUNGSTERS IN PAKISTAN

Syed Muhammad Ehsan, Sana Ahmed, Areebah Asim, Madhuri Devi, Farah Ahmad
Ziauddin Medical College, Ziauddin University, Karachi, Pakistan.

ABSTRACT

Background: Sex education is based on addressing the issues relating to human sexuality or other sexual activity includes reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, consent and birth control. Youngsters, a vulnerable age group, experiment and engage in risky activities such as seeking information from adult themed content and pornography sources. Since, no study has addressed this subject thus; our study aims to see if there is an association between watching of pornography and lack of sex education among youngsters in Pakistan.

Methods: The sample 151 at 95% confidence level consisted of both male and female participants (ages of 16-24 years). The data collection tool used in this study was an online questionnaire. Chi square was used to develop an association between lack of sex education and watching of adult themed content. All tests were significant when $p < 0.05$.

Results: Out of 151, only 46 (30.5%) had sex education. Options regarding what the person was told or taught to learn about sex education, 12 (7.9%) marked 'puberty and adolescence', while 116 (76.8%) were not comfortable asking their parents or guardians about sex education. A majority 102 (67.5%) participants have watched adult themed content. Additionally, 50 (33.1%) were introduced to adult themed content through their friends whereas, 46 (30.5%) by watching movies.

Conclusion: The findings of our study show that young people want to learn about their sexual health and that lack of proper sex education does lead to a buildup of curiosity, which is satisfied by going on the internet, most often misleading the seeker towards pornography and other adult themed content.

Key words: Sex Education; Adult; Reproductive System; Pornography.

Corresponding Author:

Dr. Farah Ahmad

Ziauddin Medical College,
Ziauddin University, Clifton Campus,
Karachi, Pakistan.

Email: farga24@gmail.com

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INTRODUCTION

To ascertain a safe and satisfying sexual life, it is essential to have knowledge regarding sexual and reproductive health which can be provided through sex education. Sex education aims to incorporate the instructions that help in the development of physical, mental, emotional, social, economic and psychological phases of human relationships^{1,2}. The number of youngsters in the world is increasing rapidly. Youth is the time period of multiple transitions in physical, cognitive, sexual, emotional and social behaviors³. Youngsters are considered a vulnerable age group as they are

highly likely to experiment and engage in types of risky behavior that will affect their life. Therefore, delivering sex education to this particular demographic is emphasized²⁻⁵. This has led to youngsters seeking information from other sources². Research shows youngsters are increasingly using pornography as a source of sex education⁶.

A rapid rise has been observed in the trends of using electronic media particularly due to the increased availability of the internet. This has been raising concerns over sexually explicit content being easily available online leading to increased watching of pornography^{7,8}.

There are mixed reviews on the effect of pornography on younger people yet many researchers have indicated negative consequences of consuming pornography^{6,9}. Exposure to pornography may affect the sexual socialization of young people by affecting their understanding on sexual behaviors. Increase in high-risk sexual behaviors is also observed with watching of pornography¹⁰. Providing sex education to youngsters has been a great challenge mostly due to the sensitivity of the topic and the ubiquitous age and gender discrimination¹¹. These behaviors are considered as those sexual activities that increase these individuals to the risk of human immunodeficiency virus (HIV) and other sexually transmitted diseases⁹. Researches also say pornographic scenes involve physical aggression that has been associated with sexual violence and attitudes towards rape^{9,10}.

Pakistan is one of the populous countries of the world with an estimated population of 191 million, 32% of which comprise of young people aged 10 to 24 years. In Pakistan matters related to sex and sexual health are deemed very sensitive. Pakistan's socio cultural milieu makes it difficult to discuss about sexual matters and practices³. There is lack of literature regarding sexual and reproductive health in Pakistan, the literature that is present shows lack of knowledge among youngsters regarding their sexual and reproductive health¹¹. A survey performed by a non-governmental organization (NGO) revealed that adolescents had general lack of self-confidence and had inadequate information about their body changes¹².

Another study conducted on young boys and girls revealed 54% of the participants had no knowledge on any sexually transmitted infection (STI)¹³. Incidence of rape and sexual violence has been increasing at a disturbing rate in Pakistan¹⁴. At the moment Pakistan is considered as a low prevalence high risk area for HIV¹⁵. No study to date has been conducted on the viewership of pornography in Pakistan. Considering this and the increased public health concern of pornography, the aim of this study is to see if there is an association between watching of pornography and lack of sex education among youngsters in Pakistan.

METHODOLOGY

A cross sectional study was conducted online in Karachi, Hyderabad, Quetta, Lahore and Islamabad in Pakistan. The target population consisted of age 16-24 year olds. The study was conducted over a 5 months' period from December 2016 until April 2017. The sample size calculated to achieve sufficient confidence level of 95% was 369 using the formula $n=(1.96)^2pq/(0.05)^2$ where p was taken as 0.6 by literature search (almost 25 searches) but due to a low response rate

a safe sample size of 151 was considered. The sample consisted of both male and female participants between the ages of 16-24 years. Those with education and language barriers and without access to the internet were not included in the study. Non probability consecutive sampling technique was used as the research was performed online.

The data collection tool used in this study was an online questionnaire. The questionnaire was designed using Google forms and consisted of thirteen questions which were divided into two sections. The first section consisted of 7 questions. The demographics including age and gender were incorporated in this section. All the responses received through the online questionnaire were used for data analysis.

Data analysis was performed using SPSS version 20. Frequencies and percentages were calculated to assess if the participant received sex education and if the participant viewed adult themed content. Chi square was used to develop an association between lack of sex education and watching of adult themed content. All tests were statistically significant with $p < 0.05$.

Ethical consideration was also done. The participants were free to choose if they wanted to participate in this study or not. To keep the responses anonymous, the names and residences of the participants were not asked.

RESULTS

In the study 89 (58.9%) were females and 61 (40.4%) were males. The age range was from 16-24 years. Out of this majority of the persons consisted of ages 18-20 years. When asked about if sex education was ever taught, 46 (30.5%) answered yes and 105 (69.5%) answered no. Most 9 of were 16 years of age when they received sex education.

When asked about the context in which sex education was taught, 25 (16.6%) answered through school and only 15 (10%) answered through television. Thus, 13 (8.6%) received it through home-schooling and only 1 (0.7%) received it through a religious group.

When asked to tick options regarding what the person was told or taught to learn regarding sex education, 12 (7.9%) participants ticked, 'puberty and adolescence'. 116 (76.8%) participants answered no when asked if they were comfortable asking their parents or guardians about sex education. 102 (67.5%) persons have watched adult themed content when inquired if they had ever watched adult theme content. 50 (33.1%) participants were introduced to adult themed content through their friends and 46 (30.5%) of them

through watching of movies.

Further, 59 (39%) of the people were 12-16 years of age when they were first introduced to adult themed content, and 40 (26.5%) were 16-20 years of age. 38 (25.2%) participants ticked, 'Once in a month' when asked about the frequency of adult themed content they watch. When asked about sexual orientation, 141 (93.4%) persons were heterosexuals and 2 (0.14%) were homosexual. When asked of their opinion on whether lack of sex education leads to watching of explicit or adult-themed content, 91 (60.3%) persons agreed that it does and 60 (39.7%) disagreed.

A comparison was generated between students with formal sex education and those without any sex education. It was observed that those who had

formal sex education n=29 (25%) were not comfortable in discussing issues related to sex with their parents as compared to those who had no formal sex education n=87 (75%). 28 (27.5%) participants who received sex education have also watched adult themed content as compared to 74 (72.5%) participants who did not receive any sex education and yet watched adult themed content.

44 (74.6%) participants, without any formal sex education, were introduced to adult themed content at the ages of 12-16 years than those with the same age range, who had formal sex education, n=15 (25.4%). 18 (39.1%) students with formal sex education were introduced to adult themed content through movies as compared to 28 (60.9%) who did not receive any formal sex education and were introduced to adult themed

Table 1: Chi square association between gender and other variables.

		Gender				p-value
		Male		Female		
		n	%	n	%	
Do you feel comfortable asking your parents about sex education?	Yes	12	35.3	22	65	0.812
	No	49	42.2	67	58	
Have you ever watched adult themed content?	Yes	54	52.9	48	47	0.000
	No	5	12.5	35	87.5	
At what age, were you introduced to this content?	12-16	34	42.4	25	57.6	0.000
	16-20	19	47.5	21	52.5	
	20-24	1	16.7	5	83.3	
How were you introduced to this content?	Advertisement	0	0	2	100	0.010
	Friends	28	56	22	44	
	Lack of sex education	3	60	2	40	
	Movies	22	47.8	24	52.2	
	Siblings	1	50	1	50	
How often do you watch this content?	Multiple times a day	5	100	0	0	0.000
	Once in a day	7	87.5	1	12.5	
	Once in a month	20	52.6	18	47.4	
	Once in a week	10	71.4	4	28.5	
	Once in a year	2	8.3	22	91.7	
	Twice in a week	9	69.2	4	30.8	
How do you characterize your sexual orientation?	Bisexual	2	66.7	1	33.3	0.838
	Homosexual	2	100	0	0	
	Heterosexual	54	38.3	86	61.7	
	Transgender	1	100	0	0	

content through movies, which was greater in number (Table 1).

Lesser number of students who had received sex education, watched adult themed content once in

a month n=6 (15.8%) and once in a day n=1 (12.5%) as compared to more number of students who had received no formal sex education and watched adult themed content once in a month n=32 (84.2) and once in a day n=7 (87.5%) (Table 2). More

Table 2: Chi square table comparing age with variables.

		Age								p-value
		16-18		18-20		20-22		22-24		
		n	%	n	%	n	%	n	%	
Do you feel comfortable asking your parents about sex education?	Yes	3	8.8	23	67.6	0	0	8	23.5	0.960
	No	8	6.9	79	68.1	0	0	29	25.0	
Have you ever watched adult themed content?	Yes	8	7.8	68	66.7	0	0	26	25.5	0.825
	No	3	7.5	29	72.5	0	0	8	20	
At what age, were you introduced to this content?	12-16	8	13.6	43	72.9	0	0	8	13.6	0.008
	16-20	1	2.5	24	60	0	0	15	37.5	
	20-24	0	0	2	33.3	0	0	4	66.7	
How were you introduced to this content?	Advertisement	1	50	1	50	0	0	0	0	0.017
	Friends	5	10	34	68	0	0	11	22	
	Lack of sex education	0	0	1	20	0	0	4	80	
	Movies	2	4.3	32	69.6	0	0	12	26.1	
	Siblings	1	50	1	50	0	0	0	0	
How often do you watch this content?	Multiple times a day	3	60	2	40	0	0	0	0	0.003
	Once in a day	0	0	4	50	0	0	4	50	
	Once in a month	2	5.3	29	76.3	0	0	7	18.4	
	Once in a week	0	0	9	64.3	0	0	5	35.7	
	Once in a year	1	4.2	16	66.7	0	0	7	29.2	
	Twice in a week	2	15.4	7	53.8	0	0	4	30.8	
How do you characterize your sexual orientation?	Bisexual	0	0	1	33.3	0	0	2	66.7	0.316
	Homosexual	0	0	0	0	0	0	2	100	
	Heterosexual	11	7.8	97	68.8	0	0	33	23.4	
	Transgender	0	0	1	100	0	0	0	0	

number of heterosexuals did not receive formal sex education n=99 (70.2%) as compared to those heterosexuals who did receive it n=42 (29.8%).

DISCUSSION

The main purpose of this study was to find out an association between lack of sex education and

watching of adult themed content in Pakistan. Our results reflect that 46 (30.5%) of the participants had sex education. 102 (67.5%) of persons had watched adult themed content when inquired and after establishing the association we observed that 28 (27.5%) participants who received sex education had also watched adult themed content as compared to 74 (72.5%) participants who did not

receive any sex education and yet watched adult themed content.

Sex education is a comprehensive program that provides information regarding the development, growth, anatomy and physiology of the human reproductive system¹, aiming to incorporate the instructions that help in the development of physical, mental, emotional, social, economic and psychological phases of human relationships^{1,16}.

In this study we analyzed 149 students both male and female between 16-24 years of age to correlate the lack of sex education to adult themed content viewership. In our study, out of 102 cases who did not get any formal sex education, 74 (72.5%) participants answered they were watching adult themed content, showing a positive correlation between lack of sex education to adult themed content viewership.

A survey regarding Sex, Contraception and Sexually Transmitted Diseases among Commerce College Students in Mumbai reported that more than 80% of the participants said that proper sex education in secondary schools will not lead to a rise in premarital sex. It concluded that sex education must be a continuous process and regular assessment of the student's knowledge, attitudes and practices. The lack of sex education will only lead young people to seek information about their bodies and the sexual acts from misinformed sources like peers, media, and pornography. The study therefore is very similar to our own study in terms of direct conclusions from a South Asian setting¹⁶.

A Youth Internet Safety Survey conducted by researchers at the Crimes against Children Research Center at the University of New Hampshire suggested adolescents who use the Internet to look at sexual material may be manifesting age-appropriate sexual curiosity. Further favoring our hypothesis that lack of sex education leads to curiosity⁸.

One local study amongst 150 female adolescents in Karachi concluded that there is a lack of knowledge related to puberty and related health problems among female adolescents. It cited electronic media including cable and internet as a major sources of information for the female adolescents, suggesting it did not provide them with the appropriate information they needed. This study favors our own in a similar context¹³.

Another local study on awareness and attitude towards sex health education and sexual health services among youngsters in Sindh noted that sexual health education and services for the young are barely enough or satisfactory in terms of quantity and quality in Pakistan¹¹.

A Hong Kong study on consumption of pornography among early adolescents suggested that, given the prevalence of pornography exposure, comprehensive sex education focuses on the development of correct attitudes and values towards sexual behavior¹⁷. Similar studies amongst young students in Brazil and Mexico agreed that sex Education is a preventive mechanism that leads to improved family and social communication and its lack contributes to their vulnerability^{18,19}.

Studies in India, Bangladesh and the USA postulated that increasing access to the internet is the greatest culprit, which makes pornography easily accessible in recent times. Noting that increased accessibility coupled with lack of parental supervision and guidance on sex education leads to the child feeling of the subject as forbidden, he/she feels more curious to know about it that can lead to misleading information. These studies also supported our own findings^{2,20-23,5}.

Two separate Australian studies concluded that consumption of pornography is common and noted that the current available sources of sexual health information for young men are failing to meet their needs, recommending potential improvements to school-based sexual education and online resources^{21,24}. A Malaysian study indicated that measures such as sex education and awareness programs are needed among youth to curb the complications and social problems that may follow risky behaviors like premarital sex²².

There were a couple of limitations that came about to be due to the sensitive nature of this topic. Firstly, as participants were recruited from academic institutions and the majority had higher secondary education level, it was difficult to generalize the findings on common young people in the local context. There is always doubt in the element of honesty when it comes to filling out responses. Knowing that this topic was sensitive in nature and self-administered questionnaires were given out, participants may have given a dishonest response. Moreover, the structure of the questionnaire was solely based upon a quantitative theme and so this did not allow the participant from sharing their own perspective which may have been dissimilar from what was given in the questionnaire. Lastly, the number of questions was less and so responses were only limited to certain questions that were asked. Increasing the number would have yielded more specific information regarding this topic, allowing a more in-depth knowledge on the current situation of youth watching adult themed content.

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CONFLICT OF INTEREST

There was no conflict of interest among the authors.

ETHICS APPROVAL

As this is part of student Project and was conducted under Community Health Sciences Department, Institutional letter was given to us.

PATIENTS CONSENT

Verbal and written informed consent was obtained from all patients.

AUTHORS CONTRIBUTION

ME conceived the idea, did bench work, SA helped in writing manuscript and did bench work, AA helped in assessing and writing results and bench work, all authors helped in designing of the project, MD facilitated in the data collection, FA overall supervised the project, did the data analysis and finalized the manuscript.

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