

Sexuality and Sexual Problems in the Malaysian Context

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Introduction

The Kinsey report¹ or the study by Kinsey Pomeroy, Martin and Gebhard in 1953 may perhaps be considered the beginning of the many attempts to uncover the thick mantle of myth, prejudice and folklore that enveloped the area of sexuality in the modern era. Since time immemorial and advent of religious beliefs all over the world, sex and sexuality have been closely linked to taboo and sin despite the obvious role of both as important factors in the natural procreation of the human species. It is acceptable to talk about sex as long it was done quietly in the night. Proscriptions on who one could indulge in sexual activity also limited severely one's choices thus setting in motion what was considered a correct approach in sexuality and sexual activity among civilised humans. Sexual activity was only allowed between male and female in the strictest context of marriage at an age which society determined. Any sexual activity before or outside this or with the opposite sexes inside the restricted relationships of family members was strictly taboo. Sexual activity with members of the same sex was unthinkable as was sexual activity between humans and animals.

Despite these ancient edict-like beliefs, sexuality and sexual practice has grown not only vertically but laterally and into areas that society considered abhorrent and religions condemned as sinful. The Kinsey report may be considered one of the early attempts to question the long held beliefs and to look at what in reality were modern day practices in sexual relations.

Although the Kinsey report was first accepted with great excitement when released, it soon ran into a wall of criticism especially on the methods used in the

study to obtain answers from respondents. Despite such criticism, the study continued to be quoted as it was the first attempt to look at the area of sexual practice and attitudes without the usual taboos that had accompanied the subject. The report also tended to lend weight to long held suspicions that all that was not allowed was not necessarily all that bad and for this was roundly criticised once again. Sex and sexuality it seems cannot be the subject of rational scientific or decent social discussion without incurring the wrath of society in one form or the other. The rapid de-mystifying of sex and sexuality by authors in print celluloid or electronic media may have tended to make it more saleable but continues to wreak havoc on the feelings of the conservative sections of society.

The Malaysian Sexuality Study

It is with the background of the controversy surrounding studies on sexuality that the first study on Adolescent Sexuality in Kuala Lumpur City (AS KLC) was conducted in 1986 by Low, Zulkifly and Yusof of the Social Obstetrics & Gynaecology Unit of the Faculty of Medicine, University of Malaya, Kuala Lumpur^{2,3}. The study was conducted among 1,200 Malaysians between the ages of 15 to 21 years. The study was in Malaysia a ground breaking look at what in the local context was a subject not easily discussed. The study not only looked at current practices but also knowledge and attitudes related to sex and sexuality among adolescents, aside from socio-demographic profiles. The study using a time state probability questionnaire accumulated by face to face interviews and self administered questionnaires concerned areas such as demographic data, knowledge and attitudes towards virginity, marriage, premarital sex, pregnancy, contraception, dating, masturbation and sexual intercourse.

The study produced some interesting and quite a few surprising results. It showed 20% of the 1,181 unmarried respondents had had sexual intercourse of which 93% were boys and 7% girls. Dating was however not all that common a practice as only 45% of the respondents had ever dated and 44% had experienced kissing and necking. Knowledge of contraception was widespread among boys and girls but only 32.5% of the sexually active respondents had ever used contraceptives. Masturbation was fairly common with the majority starting the practice between the ages of 14 to 17 years of age.

Malaysian adolescents' knowledge, attitude and behaviour in sexual matters compared with those in other countries showed interesting results. Teenagers in the Gambia⁴ were more sexually active (73% of the married boys and 28% of the unmarried girls) as were those in the 17 years age group in Nigeria⁵ (60% boys and 38% of girls) compared to Malaysians. In Taiwan however the figures were more conservative with only 4% having experienced sexual intercourse between ages of 15 to 21 years⁶.

The low prevalence rate of contraceptive use ever among the sexually active Malaysian teenagers was similar to those in other developing countries.

The study found that the practice of masturbation among Malaysian teenagers seemed fraught with feelings of guilt uncertainty and misconceptions for examples that it would lead to sexual problems, infertility and mental illness. The last fear is a common one in the Malaysian cultural context.

The study recommended more sexual or family life education that could reduce ignorance in sexual matters especially contraception and responsibility in sexual intimacies. The study also recommended further surveys that could help understand the problems faced by teenagers.

The changing trends in sexual problems

There was a time not long ago when it was rightly or wrongly believed that wrong or absent knowledge about normal sexual relations among adult populations was a major problem in sexual dysfunction. Therapists

dealing with sexual dysfunction in the clinical setting were advised to train patients with such problems in basic anatomy and physiology of sex. The "PLISSIT" model (Permission, Limited-Information, Specific Suggestions and Intensive Treatment in that order) was recommended as standard treatment. It was based on the view that many conservative married adults were so inhibited to engage in sex that they needed permission and basic information to start sexual relations.

Today the "PLISSIT" model has been largely outmoded by the explosion through all medias that portray not so explicit and explicit sexual scenes with little left to the imagination. Sexual education has also started to fill in the gaps supposedly left by the media if one can believe such gaps exist.

Today's sexual problems that present in clinical settings relate to performance more than ignorance. The literature and media in one's own homes has it appears gone ahead of the experience of the vast majority of adult individuals by introducing such practices as sexual bondage, rape and violent sex and given such practices a semblance of commonality that is as misleading as the ultra conservative mores of an era gone by. The sexual pendulum has it seems swung the other way. The population at large is being encouraged through television to end every male female encounter in bed with the unwritten and unspoken message that all heroes and heroines do it.

With such media overkill many hesitant persons who lack self confidence fear they are not the sexual athletes they think they should be. Sexual dysfunction is more commonly seen in males for obvious reasons. Erectile dysfunction is not easily compatible with successful intercourse. The man with erectile dysfunction (impotence) is prominent in the sexual arena simply by his inability to perform. In his female counterpart the woman who fails to lubricate her vagina sufficiently is still capable of participating in her sexual intercourse without discovery. Orgasm in woman during intercourse is said to be achieved in less than 50% of women.

Male impotence in its various degrees from mild to total has been recognised for ages and been prescribed

everything from spanish fly to Tongkat Ali to intercourse with a virgin. The fact remains that the vast majority of causes of impotence relate to psychological rather than physical causes.

However as impotence is a highly personal and sensitive issue related to manhood it seldom presents in the clinical setting as a primary complaint. Many males come with hypochondriacal complaints from 'weakness of legs', tiredness, backache or 'kidney trouble' rather than impotence. It is the experienced clinician who sees these as merely symptoms of the more fundamental problems.

The treatment of male impotence experimented and established by Masters and Johnsons in the 1970s, focuses on not only improving technique but also the relationship between the couple. Although sexual therapists in the Masters & Johnsons (1976) model are few and far between, modification of their methods are used widely in clinical practice. Female sexual problems are far more difficult to treat and indeed come less frequently for psychiatric help.

The sexual revolution given a push by the Kinsey report of the 1950s has to many peaked and is on its way down with new realisation that sexual liberation brought on problems as well as promises. The decimating effect of AIDS & HIV disorders have in no small way contributed to the control of free sex in the name of liberation. Like most issues that follow a pendulum swing, sex was kept in the closet given a breath of fresh air reached its climax and seems to be turning to conservatism. Whatever the current state of sexually practice clinical recognition and treatment of sexual problems remain unrealistically low. This may largely be due to generations of doctors themselves not taking a sexual history and if they did, not knowing how to treat sexual problems.

The first Malaysian study may be beginning in making sex and sexuality more acceptable to the medical profession and the public.

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