

## Perception and practices of masturbation by male medical students, Tanta University, Egypt

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### Abstract

**Background:** In the Middle East, masturbation is one of the most sensitive and uncomfortable topics to discuss. It is a stigmatized sexual behavior, which is publicly referred to as the secret habit. **Methods:** A cross sectional study, recruited 484 male medical students using a predesigned questionnaire for data collection. **Results:** The first source of information about masturbation was friends (68.8%) followed by the internet (20.2%). Students perceived masturbation either as a physical problem associated with sexual desire (39.7%) or a natural phenomenon associated with adolescence (38.2%). Regarding side effects, guilt feeling came first (70.5%) followed by general body weakness (40.5%). Only 11.8% believed no harms from masturbation while 56.8% believed that premature ejaculation may be a side effect of masturbation on reproductive system. Meanwhile, 32.6% and 25.2% believed masturbation may lead to loss of sexual desire or weak erection, respectively. Nearly two thirds (64.7%) thought that masturbation may affect future sexual satisfaction in marital relationship. Participants expressed the need for more awareness about masturbation (93.2%). Practice of masturbation was reported by 75.2% of participants. The age of starting masturbation was 12-17 years (54.2%). The majority reported their desire to quit masturbation (63.2%) and 39.5% reported need for help to quit. **Conclusion:** Masturbation is commonly practiced among medical students. They need more awareness to correct their misconceptions and to act, as future physicians, as peer educators and role models for their patients.

**Keywords:** Masturbation, Medical students, practices, perception, Egypt

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### Introduction

Masturbation could be defined as an act of exciting sexual organs by rubbing, stroking, pressing, fondling, or other forms of manipulations. It is also called as orgasmic experience.<sup>(1)</sup> Masturbation is a peculiar human practice and express sexual outlet related to the onset of sexual development. It is considered as normal healthy sexual development during adolescence. Maturation of sex hormones

predisposes to the activity which everyone may indulge in some part in his life.<sup>(2,3)</sup> In males, masturbation happens by exciting the sexual organs and continues until the point of top sexual pleasures or orgasm occurs. It is controlled by three important factors namely hormonal, environmental and emotional factors.<sup>(4-6)</sup> There are social stigma, taboos and myths regarding

sharing of information about sexual activities among men all over the world.<sup>(7)</sup>

Because of health professionals' reluctance in addressing sexual health issues, sexual concerns of patients are found to be frequently underestimated. Worldwide, medical students and practicing physicians receive non-standardized, variable, or inadequate training in sexual history taking and sexual issues management.<sup>(8)</sup> Adequate knowledge and positive attitudes towards sex issues are essential for physicians so that they can take a proper sexual history and give an effective sexual counseling with a non-judgmental, supportive attitude towards patients. Physicians are also responsible for transmitting proper sex information to patients to induce positive sex attitudes and proper behaviors in society. Therefore, developing healthy attitudes and the ability to show the adequate approach to patients in terms of sexual issues, are considered valuable achievements in medical education.<sup>(9)</sup>

Surveys conducted among many groups of medical students indicated that the attitude of students towards sexual issues had great impact on their approach in the diagnosis and treatment than the substantive quality of the received education in this field.<sup>(10-13)</sup> It is expected that subjects who negatively perceive their own sexuality will have difficulties in conducting a neutral and free conversations regarding sexuality of others. This may be due to the possibility of projection on them their own embarrassment, shame or insecurity. Since sexual activity is still in many homes shameful and overlooked subject, physicians play a special role in promoting a healthy and fulfilling sex

life. This study aimed to study perception and practices of masturbation by male medical students of Tanta University, Egypt.

### **Methods:**

#### **Study settings:**

This study was conducted at Faculty of Medicine, Tanta University. The faculty recruited students from Lower Egypt's governorates in the Nile Delta. There are nearly 600 students in each of the six faculty's academic grades. Students in their curriculum are exposed to information about sexually transmitted diseases but receive very limited information about sexuality.

**Study design:** cross sectional study

#### **Study participants:**

The target population of this study was male students in the clinical academic stage which extends for three academic years. In each academic grade, students were divided into four groups for practical training. One group was chosen randomly from each of the three academic grades to be included in the study sample. The total number of male students in the chosen clusters was 523. The total number of participants included in the study totaled 484 with a response rate of 92.5%.

#### **Data collection:**

A predesigned questionnaire sheet was used for data collection. The questionnaire included personal data, data of students' knowledge about masturbation and its hazards in general and on reproductive system and data related to students' practices of masturbation. The questionnaire was pilot tested on a group of 50 students who were not included in the results. Students during their practical tutorials were asked

to fill in the questionnaire after stressing on confidentiality and anonymity of data. Seats were rearranged to give more space between students to ensure privacy. The filled sheets were delivered to data collectors in closed sealed envelopes. Data collectors were present during filling the questionnaire to respond to any query by the study participants. Only males were included in the sessions of data collection.

#### **Statistical analysis:**

The collected data were organized, tabulated using SPSS version 19 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. The numbers and percentages were calculated for each subcategories of studied variable.

#### **Ethical considerations:**

- The study was approved by the internal review board of Tanta Faculty of Medicine.
- Data were collected anonymously and confidentiality was guaranteed during the whole period of the study
- Before data collection, the objectives of the study and the contents of the questionnaire sheet were discussed with study participants and their verbal consents were obtained.

#### **Results:**

The total number of participants was 484 out of them 57.2% were of urban residence and the majority of them (94.4%) were single. The majority of students had parents of university education (77.9% for fathers and 71.5% for mothers). The family size among 63.7% of them ranged between 5-6 members and 55.6% of students were first or second birth in their families. (Table 1)

Age 12-15 was reported by 62.8% of participants as the age of first knowledge about masturbation. The first source of information about masturbation was from a friend as reported by 68.8% followed by the internet (20.2%). Search for more information about masturbation was reported by 75.6% and the search was mainly through the internet as reported by 55% followed by friends (29.5%).(Table 2)

Participants perceived masturbation either as a physical problem associated with sexual desire (39.7%) or a natural phenomenon associated with adolescence (38.2%). Regarding side effects of masturbation as reported by study participants, guile feeling came first (70.5%) followed by general body weakness (40.5%), impaired memory and joint pains (36.4% each). Other side effects were loss of self-confidence (32.9%) and impaired vision (28.7%). Only 11.8% believed no harms form masturbation. Among participant students, 56.8% believed that premature ejaculation may be a side effect of masturbation on reproductive system. Meanwhile, 32.6% and 25.2% believed that masturbation my lead to loss of sexual desire or weak erection, respectively. Only 15.3% of participating students reported no harm on reproductive system attributed to practicing masturbation. Nearly two thirds (64.7%) thought that masturbation may affect future sexual satisfaction in marital relationship. (Table 3)

The expected percentage of youth practicing masturbation as reported by study participants was 90% or more as reported by 59.3% while 13.8% expected a percentage of 80-90%. The motives or stimuli for practicing masturbation were sexual desire, watching sexual videos or

pictures, observing stimulating scenes in the surrounding community and delayed age of marriage as reported by more than one half of participants. None adherence to religious believes was a reason for practicing masturbation as reported by 44% of students. The majority of participants reported having friends who practiced masturbation (79.8%). Only 3.1% of participants reported proper manipulation of the community to masturbation. Most of participants (93.2%) expressed the need for more awareness about masturbation. (Table 3)

Practice of masturbation was reported by 75.2% of participants. The age of starting masturbation was reported at 12-17 years as reported by 54.2% while 32.6% gave no response to this question. The frequency of practicing masturbation was once per week as reported by 38% while 30.6% did not respond to this question. The majority reported their desire to quit masturbation (63.2%) and 39.5% reported need for help to quit it. (Table 4)

## Discussion:

The issues of sexuality in general and masturbation in particular, are very sensitive topics to deal with especially in traditional conservative communities. The present study showed that masturbation is surrounded by a lot of misconceptions and stigmatization even among the highly educated medical students. The majority of our study participants reported that they first know about masturbation at early and middle adolescence. Mainly, friends and internet were the main sources of information about masturbation. This shows the great effect of beers and media on the knowledge and subsequently practices of children and adolescents. A

similar study found that many of the young adults cited the media, peers and partners as important contexts to their developing understanding of masturbation.<sup>(14)</sup>The majority of our study participants tried getting more information about masturbation, mainly from internet and friends. The great majority of our study participants tried to know religious point of view regarding masturbation. This could be explained by the religious nature of our country.

Most of study participants considered masturbation as a natural phenomenon associated with adolescence or a physical problem associated with sexual desire. Researches revealed that masturbation is considered nowadays to be a natural, healthy behavior of young adults. Unless it is non-intrusive activity in a compulsive disorder, it is not an element of sex addiction connected with hypoactive sexual desire disorder or is not linked to perverse behaviors.<sup>(15)</sup>

Guilt feeling was the most expected side effect of practicing masturbation in our study. This coincides with the traditional and religious nature of our society. Similar finding was present in another study among medical students in Syria.<sup>(16)</sup> Lesser percentages of guilt feeling were noticed in other studies performed in more liberal and less religious countries [20% in United States and Canada,<sup>(17)</sup> Poland<sup>(18)</sup> and up to 10.9% in Korea<sup>(19)</sup>]. A considerable proportion of our study participants thought that masturbation is associated with general body weakness. A nearby figure (51.2%) was observed among Syrian medical students.<sup>(16)</sup> More than the half of studied medical students thought that premature ejaculation may be a side effect of masturbation on reproductive system. This finding was in agreement with the study in Syria as 63.3% of the participants believed that

masturbation has a sexual risk.<sup>(16)</sup> and also another study among college students as participants believed that masturbation can affect future marital life.<sup>(14)</sup> these misconception may have a negative effect on dealing of physicians with masturbation and other sexual related issues among their patients and affects the positive effect of young physicians as peer educators for youth in their community

Study participants expected a high percentage of youth practice masturbation and among them also a high percentage reported practicing masturbation. A Similar higher figure of 87.3% was among Syrian students.<sup>(16)</sup> In 2007, an extension from the 1992 National Health and Social Life Survey, concluded that 38% of women and 61% of men between the ages of 18 and 60 reported masturbating.<sup>(20)</sup> A similar study in Australia found that among youth 15-18 years, 58.5% of men reported using masturbation.<sup>(21)</sup> These similar findings begin to establish some reliability in the results, which transcend across cultures. The issue with these results is that they appear to be low. One possible explanation is that the participants of either study were acting on behalf of a social desirability bias. The sensitivity and historical perception of the subject, masturbation, causes people to report more conservatively.<sup>(21)</sup> A different study found that of people 18 and old, 95% of men masturbate.<sup>(22)</sup> In a study of factors associated with initiation of practicing masturbation, it was found that 98% of men reported ever masturbating.<sup>(23)</sup> The discrepancy shows the sensitivity of participants and great care needed in the collection of such data.

The great majority of our study participants expressed the need for more awareness about masturbation, indicating

a situation of lack of knowledge, contradictories and myths surrounding sexual issues in our community. Knowledge about sexuality was found deficient among medical students in many studies.<sup>(24-26)</sup>

The majority of study participants had the desire to quit masturbation and nearly 40% of them declared that they need help to quit such practice suggesting an addictive nature of this habit. This is in agreement with the finding of another study on medical students as there was a high rate of recognizing masturbation as an addiction among the male group.<sup>(17)</sup>

### Conclusion:

It is essential to develop and implement a comprehensive curriculum addressing a range of sexual health topics for preparation of the future physicians for effective practice. Education aimed at improving sex knowledge and modifying negative attitudes may increase students' ability to perform more effectively as sexual history takers and sex counselors. Barriers to addressing sexual health issues in the healthcare settings, both from the perspective of the physician and the patient should be considered when designing this curriculum.

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**Table (1): Socio-demographic characteristics of the studied students**

Variables	Number (n=484)	Percentage
<b>Residence:</b>		
Urban	277	57.2
Rural	207	42.8
<b>Marital status:</b>		
Engaged	27	5.6
Single	457	94.4
<b>Father's education:</b>		
Illiterate	26	5.4
Primary	19	3.9
Secondary	62	12.8
University and higher	377	77.9
<b>Mother's education:</b>		
Illiterate	36	7.4
Primary	17	3.5
Secondary	85	17.6
University and higher	346	71.5
<b>Family size:</b>		
3	6	1.2
4	84	17.4
5	179	37.0
6	129	26.7
7+	86	17.7
<b>Birth order:</b>		
1	129	26.7
2	140	28.9
3	59	12.2
4	38	7.9
5+	12	3.0
Not reported	103	21.3

**Table (2): Distribution of studied students in relation to their information about masturbation**

Variables	Number (n=484)	Percentage
<b>Age in years when first know about masturbation:</b>		
<10	9	1.9
10-	41	8.5
12-	139	28.7
14-	165	34.1
16+	86	17.8
Not reported	44	9.0
<b>First sources of information about masturbation:*</b>		
Brother	20	4.1
Friend	333	68.8
Internet	98	20.2
Books/magazines	26	5.4
Sex videos	31	6.4
Myself by curiosity	77	15.9
<b>Tried to know more information</b>	366	75.6
<b>Sources for information:*</b>		
Family member	16	3.3
Friend	143	29.5
Teacher	15	3.1
Health care worker	14	2.9
Internet	266	55.0
<b>Tried to know religious point of view for masturbation</b>	432	89.3

\*More than one source was reported

**Table (3): Opinions of medical male students about masturbation**

Variables	Number (n=484)	Percentage
<b>Student's perception of masturbation:*</b>		
Natural phenomenon associated with adolescence	185	38.2
Psychological problem	90	18.6
Social problem	83	17.1
Physical problem associated with sexual desire	192	39.7
<b>Side effects of practicing masturbation:*</b>		
None	57	11.8
Impaired vision	139	28.7
impaired memory	176	36.4
Guilt feeling	341	70.5
Loss of self confidence	159	32.9
General body weakness	196	40.5
Joint pains	176	36.4
<b>Reproductive side effects of masturbation:*</b>		
None	74	15.3
Weak erection	122	25.2
Premature ejaculation	275	56.8
Loss of sexual desire	158	32.6
Infertility	53	11.0
<b>Masturbation may affect future marital relationship</b>	313	64.7
<b>Expected percentage of youth practicing masturbation:</b>		
<50	16	3.3
50-	17	3.5
60-	12	2.5
70-	45	9.3
80-	67	13.8
90-	287	59.3
Not reported	40	8.3
<b>Motivations for practicing masturbation:*</b>		
Being alone	135	27.9
Sexual desire	262	54.1
Watching sexual videos/pictures	260	53.7
Non adherence to religious principals	213	44.0
Watching stimulating scenes in the community	269	55.6
Delayed age of marriage	268	55.4
<b>Have friends practicing masturbation</b>	386	79.8
<b>Proper community manipulation of masturbation</b>	15	3.1
<b>There is need for more awareness about masturbation</b>	451	93.2

\*More than one choice was reported

**Table (4): Distribution of studied students by their practice of masturbation**

Variables	Number (n=484)	Percentage
<b>Ever practiced masturbation</b>	364	75.2
<b>Age in years at first practice of masturbation:</b>		
<12	18	3.7
12-	70	14.5
14-	109	22.5
16-	83	17.2
18-	46	9.5
Not response	158	32.6
<b>Frequency of masturbation/week: (n=116)</b>		
<1	61	12.6
1-	184	38.0
4-	39	8.1
7+	52	10.7
Not reported	148	30.6
<b>Have the desire to quit masturbation</b>	306	63.2
<b>Need help to quit masturbation</b>	191	39.5