

Sexuality: The Basics Everyone Should Know



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Q1. What is the difference between 'Sex' and 'Sexuality'?

What exactly is "sexuality"?

A: Many people use the word 'sex' and 'sexuality' as if they mean the same thing; but they are not. The term sex is often used to denote 'sexual activity or sexual intercourse' but in fact scientifically, the term 'Sex' refers to 'the biological characteristics that help to classify humans as males or females'. These sets of biological characters are not mutually exclusive; as there are individuals who possess both. Sexuality on the other hand is a broad concept, which underlines thoughts, behaviours and outcomes related to sexual health. 'Sexuality' is a central aspect of being human throughout life. It includes

- Sex identity (biological characteristics)
- Gender identity (what an individual consider itself- as male/ female/ both/ neither)
- Gender roles
- Sexual orientation (homosexual/ heterosexual/ bisexual etc)
- Pleasure and eroticism
- Intimacy, bonding, relationships
- Sexual and reproductive health

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships; but not all of them are always experienced or expressed. "Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." (WHO, 2006a)

Q2. When does sexuality start developing in a human being?

A: The common thinking is that sexuality starts at puberty onwards. The fact is it does not suddenly begin at puberty; but rather it starts very early in life and continues to develop throughout the lifespan. According to the World Health Organization (WHO), sexuality is present from birth and evolves gradually as a person grows.

- Infancy: Sex (Biological characteristics is generally determined at birth. In infancy, sexuality is expressed through touch, comfort, bonding, and attachment. A baby experiences pleasure and security through closeness, cuddling, and caregiving.

- Early childhood: Children become aware of their bodies, notice differences between boys and girls, and may show curiosity about body parts.

- Middle childhood: Children start learning social rules, boundaries, and modesty.

Feelings of affection, friendship, and emotional closeness develop further.

- Adolescence: Puberty brings hormonal changes, physical sexual maturation, sexual feelings, fantasies, and attraction. Identity related to gender and sexual orientation becomes clearer during this phase.
- Adulthood and later life: Sexuality continues to evolve through intimate relationships, emotional bonding, life experiences, health changes, and aging.

Thus sexuality is a lifelong process. It begins at birth, develops step by step with physical, emotional, psychological, and social growth, and is shaped by family, culture, education, relationships, and personal experiences.

Q3. What is the difference between sexuality and sexual health?

Sexuality is an integral part of an individual; while sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity". (WHO, 2006a)



WHO has regarded Sexual health as fundamental to overall health and well-being of individuals- couples- families- social & economic development of the communities and countries. A person with good sexual health

- enjoys freedom from issues/ illness / dysfunctions related to his sexual organs
- holds positive attitude towards his own sexuality, free from shame/ guilt/ fear
- is possible to have safe, pleasurable as well as consensual sexual experiences
- is able to act as per his sexual rights and respect, protect the sexual rights of others.

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Although sexual health is such an integral part of overall health, there is a lack of knowledge about it and the field of sexual health is often filled with silence, secrecy, taboos, shame etc.

Attainment of sexual health is largely dependent on

- Access to comprehensive- good quality information about sex and sexuality (sex education)
- Access to sexual health care So presenting this column on sexology is one important step in that direction

Q4. What common myths do people have about sex and sexuality? What is the effect of harboring such myths?

There are many myths observed in the field of sexual health, some very common ones are:

- Sexuality means sexual intercourse
- Manliness is decided by sexual performance
- Masturbation is harmful, loss of semen leads to loss of strength
- Penile size decides sexual satisfaction
- Sex education will increase sexual behavior
- Men always want sex; women want it less
- Homosexuality happens due to wrong upbringing
- Women do not think about sex or do not need sex after menopause

These are all myths, and they create shame, guilt, and at times unrealistic expectations. This in turn leads to stress, anxiety, depressive symptoms, low self esteem. This might lead to development of sexual dysfunction as well; can affect relationships and overall well being.

What can be the possible causes behind the development of these myths? There is a lot of taboo and shame to talk about sexuality, it's generally not discussed in a family environment. In friend circles, people tend to exaggerate to project strength. Social media and pornography can create many misconceptions or unrealistic expectations. There is a lot of hesitancy to approach professionals for sexual health concerns; or there is ignorance on whom to approach. Evidence-based information helps people feel confident and healthy. Comprehensive education and opening up such communication channels are very much needed.

Q5. When should a person consult a doctor about sexual concerns?

A person should consider seeking consultation from the doctor (sexual health practitioner/ sexologist) if there are concerns related to the

sexual health that are persistent (lasting for a few weeks or months), leading to physical or emotional distress, affecting relationships.

Examples of such concerns can be as follows

- **Concerns related to sexual desire**
- **Difficulty in getting or sustaining penile erection (for males)**
- **Concerns related to ejaculation (either early, delayed or absence of it) (for males)**
- **Any fear/ avoidance/ pain / tightening during physical or sexual intimacy**
- **Avoidance of intimacy affecting the relationships**
- **Difficulty in having successful sexual intercourse in spite of many efforts**
- **Concerns related to vaginal lubrication (for females)**
- **Lack of sexual satisfaction**
- **Concerns related to sexual organs or their development**
- **Concerns related to masturbation**
- **Relationship difficulties based on sexual complaints**
- **Mismatch of desire in a couple or couple conflicts**
- **Any distress or conflicts rising out of sexual behaviors or choices**
- **Any pain/ infections related to sexual organs**
- **Sexual complaints in presence of physical illness/ chronic conditions like hypertension or diabetes/ during pregnancy or after childbirth**

The above list is not exclusive, but the list of common complaints for which an individual or a couple can seek consultation from a sexual health practitioner. It is important to note that sexual problems are extremely common and highly treatable. Consulting a trained expert early makes a big difference.

Q6. Can I seek sexology treatment alone, or is it necessary to involve my partner?

Any individual can seek treatment for their sexual concerns alone (on their own). However partner involvement can be beneficial in many situations, and is highly encouraged by the treating sexologist

If the individual is involved in any kind of partnered relationship, individual treatment can be sought at the initial stages if the person feels anxious, hesitant, embarrassed to talk in front of the partner, or if the partner is not ready or willing to seek help. One may wish to understand their issues first before involving the partner. For those who are in a partnered relationship, there are definitely advantages of involving a partner in the treatment. Partner involvement allows doctors to clarify myths, explain likely causes, provide appropriate information to both the partners. This helps in improving communication - trust- support between the partners while reducing blame/ guilt / misunderstandings. Relationship dynamics - unresolved conflicts can serve as the underlying causes for sexual dysfunction, which can get addressed. Some of the treatment recommended for sexual dysfunctions needs partner involvement; the treatment gets more effective.

Sexual difficulties are common, treatable, and best approached as a shared journey, not a solo struggle. Partner involvement turns treatment from a source of fear into an opportunity for growth and connection.