

# A Comparative Study of Sexual Attitudes among Clinically Stable Patients of Schizophrenia and Normal Population

Dr. Malleeka Bora<sup>1</sup>, Dr. Soumitra Ghosh<sup>2</sup>

<sup>1</sup>M. D., Consultant Psychiatrist, Guwahati

<sup>2</sup>M. D., Professor and HOD, Department of Psychiatry, TMCH

Place of study: Department of Psychiatry, Assam Medical College and Hospital (AMCH), Dibrugarh, Assam, India

**Abstract:** Background: An important facet that remains continually evasive in the ministrations of patients suffering from Schizophrenia is the sexual domain. The perspectives of patients of Schizophrenia towards sexuality (or Sexual Attitudes) are crucial with respect to the disease process itself (negative symptoms) and its progression, physical health, stigmatization, use of psychotropic medications and compliance. Sexuality is one of the four basic psychological needs for an individual besides attachment, autonomy & self - esteem. Even so this domain remains relatively out of focus, less studied, less addressed and less documented. Aims and Objectives: To assess and compare the sexual attitudes of patients of schizophrenia with that of normal controls. Materials and Methods: Every consecutive case who attended or who was admitted in the study period was selected till the total sample size was reached. An age, sex and socio - culturally matched control group was selected from normal healthy population. A written informed consent was taken from each participant of both the study and control groups. They were free to withdraw their consent at any given point of time. A socio - demographic data of each patient was tabulated in the demographic sheet by interview method. After this, clinical stabilities of patients were assessed with the Brief Psychiatric Rating Scale (BPRS) following which a Brief Sexual Attitude Scale (BSAS) was provided to every patient. Sexual Attitudes were tested between patients of schizophrenia and normal controls through the BSAS. Results: We infer that although patients of Schizophrenia scored more on the domain of 'Instrumentality', meaning that they viewed sex more as a natural, biological and a self - oriented aspect of life; yet the changes observed in their sexual attitudes were not statistically significant when compared to that of normal controls. Their attitudes towards sex continued to remain same, implying that sexuality is just as indispensable to them as to the normal population; and hence sexual dysfunction due to disease progression or use of psychotropic medications will only result in struggle to form relationships and poor treatment compliance. Conclusion: Objective assessment of sexuality is undoubtedly difficult, so more focus is needed to improve the rating scales. Clinicians must be more informed on this domain and make questioning about sexuality an integral part of a routine clinical interview; and thereby come up with more efficient methods in its management.

**Keywords:** Schizophrenia, Sexuality, Sexual Attitudes, Psychotropic medications, Stigmatization

## 1. Introduction

Sexuality is one of the four basic psychological needs for an individual besides attachment, autonomy & self - esteem (Infrasca 2011). [1] WHO defines *sexual health* as "integration of physical, emotional, intellectual & social aspects of sexual being in ways that are positively enriching & that enhance personality, communication & love. Every person has a right to receive sexual information & to consider sexual relationship for pleasure as well as for procreation." (WHO Technical Report, Series 572). [1]

In the early 20th century, it was believed that schizophrenia was caused by deficiencies in sex hormones. [2]. According to Aizenberg et al 1995, Fujii et al 2010, Malik et al 2011, sexual dysfunction in patients with schizophrenia may be due to the disease process itself (example negative symptoms), physical health or use of psychotropic medications. [3, 4, 5]. Nesteros et al 1981 proposed that patients with schizophrenia have changes in sexual performance either due to primary illness, treatment with antipsychotics or stigmatization. [11] Sexual side effects may lead to a reduced quality of life (Baggaley et al 2008, Finn et al 1990). [6, 7]

Sexual attitude refers to a person's beliefs about sexuality shown by a person's behaviour and are based on cultural views and previous experiences. Sexual attitude includes four main items- permissiveness, birth control, communion and instrumentality (Hendrick and Hendrick 2006). [8, 9] Permissiveness measures a casual, open attitude toward sex. Birth control measures responsibility in sex. Communion presents sex as an ideal or "peak experience." Finally, Sexual Instrumentality reflects sex as a natural, biological, self - oriented aspect of life (Hendrick and Hendrick 2006). [8, 9]

Mc Evoy et al 1983 studied sexual attitudes in patients with schizophrenia and found many female patients with continued interest in sex and about half of them wanted to conceive- although at the same time many were unaware of the limitation to their parenting abilities. [10]

Chandra et al 2003 reported high prevalence of risky sexual behaviours in patients of schizophrenia. [12]

### Aims and Objectives

To assess and compare the sexual attitudes of patients of schizophrenia with that of normal controls.

2. Methods and Materials

This was a hospital based comparative study carried out in a tertiary medical institution located in the upper part of Assam, India. The study duration was one year (August 2016 - July 2017). The study received the ethical approval from the institutional review board. The total sample size was 50 (30 males and 20 females). The cases were selected from patients, attending the outpatient department or admitted in the institution between August 2016 and July 2017, who were diagnosed as **Schizophrenia** as per ICD - 10. The diagnosis was confirmed by consultant Psychiatrist of the same institution. An age, sex and socio - culturally matched control group was selected from normal healthy population. A written informed consent was taken from each participant of both the study and control groups. They were free to withdraw their consent at any given point of time. A socio - demographic data of each patient was tabulated in the demographic sheet by interview method. After this, clinical stabilities of patients were assessed with the Brief Psychiatric Rating Scale (BPRS) following which a Brief Sexual Attitude Scale (BSAS) was provided. Sexual Attitudes were tested between patients of schizophrenia and normal controls through the BSAS.

Analysis of the observed data was done using tests like **Chi square test and unpaired t - test** in SPSS windows version 16.0. The significance threshold for the tests were set at **p<0.05**.

Assessment Tools –

- Informed consent form
- The ICD - 10 classification of Mental and Behavioural disorders
- Kuppaswamy’s Socio - economic Status Scale (Modified version 2014)
- Semi - Structured Proforma
- Brief Psychiatric Rating Scale (BPRS)
- Brief Sexual Attitude Scale (BSAS)
- Statistical Program for Social Sciences (SPSS) windows version 16.0

**Brief Sexual Attitude Scale (BSAS):**

The Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006) was modified from the original version of the Sexual Attitudes Scale (SAS) by Hendrick & Hendrick, 1987 in which the 43 - item SAS was refined into the 23 - item BSAS.<sup>[8, 9]</sup> The final four scales included - - - - - Permissiveness (10 items), Birth Control (3 items), Communion (5 items), Instrumentality (5 items). The Brief Sexual Attitudes Scale is a reliable and valid measure of all the four sexual attitudes and has strong psychometric properties (The Journal of Sex Research 2006).<sup>[8, 9]</sup> For those who did not know English, a vernacular translation was administered.

3. Results and Observations

**Table 1:** Distribution of Case and Control on the basis of age

Age in years	Cases	Controls
	N (%)	N (%)
18 - 30	52 (52)	16 (32)
31 - 43	29 (29)	24 (48)
44 - 56	19 (19)	10 (20)

**Table 2:** Mean age distribution of case and control

Age in Years	Cases		Controls	
	Mean ±SD	Range	Mean±SD	Range
	32.82±10.185	18 - 56	35.78±7.926	22 - 55

**Table 3:** Distribution of case and control according to sex

Sex	Cases	Controls
	N (%)	N (%)
Male	60 (60)	23 (46)
Female	40 (40)	27 (54)

**Comparison of Sexual Attitudes between Cases and Controls**

**Table 4:** Comparison of Case and Control according to their endorsement of permissiveness

	Permissiveness Endorsement		p - value
	High (N) (%)	Low (N) (%)	
Cases	31 (31%)	69 (69%)	0.714
Controls	17 (34%)	33 (66%)	

\*p - value significant at <0.05

**Table 5:** Comparison of Case and Control according to their endorsement of birth control

Birth Control Endorsement	High (N) (%)	Low (N) (%)	p - value
	Cases	36 (36%)	
Controls	23 (46%)	27 (54%)	

\*p - value significant at <0.05

**Table 6:** Comparison of Case and Control according to their endorsement of communion

Communion Endorsement	High (N) (%)	Low (N) (%)	p - value
	Cases	22 (22%)	
Controls	19 (38%)	31 (62%)	

\*p - value significant at <0.05

**Table 7:** Comparison of Case and Control according to their endorsement of instrumentality

Instrumentality Endorsement	High (N) (%)	Low (N) (%)	p - value
	Cases	44 (44%)	
Controls	16 (32%)	34 (68%)	

\*p - value significant at <0.05

4. Discussion

Most of the subjects in the case group belonged to the age group 18 - 30 years and in the control group belonged to 31 - 43 years. The mean age for the case group was **32.82±10.185** years whereas the mean age for the control group was **35.78±7.926** years. There was no significant difference between the mean ages of the two groups. Majority of subjects in the case group were males (**60%**) and in the control group were females (**54%**). There was no

significant difference when it came to distribution of subjects in both the groups on the basis of gender. This was an expected finding as age and sex matched groups were selected for the study sample.

When the sexual attitude - 'permissiveness' was tested, it was found that **31%** cases endorsed it more whereas in case of controls more endorsement was seen in **34%**; 'birth control' was endorsed more in **36%** cases and **46%** controls. The sexual attitude - 'communion' was more endorsed by **22%** cases and **38%** controls. The sexual attitude - 'instrumentality' was endorsed more by **44%** cases and **32%** controls. However none of the resultant scores were statistically significant.

We can therefore infer that although patients of Schizophrenia scored more on the domain of 'Instrumentality', meaning that they viewed sex more as a natural, biological and a self - oriented aspect of life, by its definition; yet the changes observed in their sexual attitudes were not statistically significant when compared to that of normal controls. Their attitudes towards sex continued to remain same, implying that sexuality is just as indispensable to them as to the normal population; and hence sexual dysfunction due to disease progression or use of psychotropic medications will only result in struggle to form relationships and poor treatment compliance.

The present finding is corroborated by the study of McEvoy et al 1983 who studied sexual activity and attitudes in chronic patients of schizophrenia. A majority of female patients with chronic schizophrenia continued to be interested in sex. About one - half of them wanted to become pregnant, but at the same time many of them were unaware of the limitations to their parenting abilities implying no changes in sexual attitudes or activities.

## 5. Conclusion

Since the attitudes of the patients of schizophrenia towards sex continued to remain same as the normal population; the importance of sexuality has been highlighted, displaying the need to address sexual functioning in routine interviews to ensure treatment adherence. Objective assessment of sexuality is undoubtedly difficult, so more focus is needed to improve the rating scales. Clinicians must be more informed on this domain and make questioning about sexuality an integral part of a routine clinical interview; and thereby come up with more efficient methods in its management.

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