



## Letter to the Editor

## Is porn use becoming a modality of sex education among teenagers? A case study



Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease or infirmity as defined by the WHO (2006). Sex education is a recommended modality to achieve sexual health. Sex education helps in getting information about conception, contraception, high risk behaviours and sexually transmitted diseases. It helps in developing one's attitudes, values and understanding regarding situations and relationships (Shashi Kumar et al., 2013). It has contextual implication for India because India has the largest adolescent population (243 million with more than 50% of the adolescent population living in urban areas) (Tripathi and Sekher, 2013). An Indian non-governmental organization running a helpline on sexual information, reported of receiving over 59,000 calls from men, seeking information on sexual anatomy and physiology. Their results indicated that 70% of the callers were below 30 years of age, while 33% were in the age group of 15 to 24 years, it implied to educate the young group about issues related to sex (Motihar, 2008).

In another study among college students, it was found 54% of males and 42% of females did not have adequate knowledge regarding matters of sex (Mamulwar et al., 2015). About 30% of males and up to 10% of females were sexually active during adolescence before marriage, though social attitudes clearly favour cultural norms of premarital chastity (Jejeebhoy, 1998). A report from UK showed that 60% adolescents (N = 2500) use porn to know about sex to fill up the gap in sex education. 75% even admitted that it created unrealistic expectations (National Union of Students, 2015). 88% of the male and 58% of the female teenagers had not received sex education. They used books, magazines or pornography, to know more about sex (Mamulwar et al., 2015). The users in the young age group are learning about sex from what they or peers or their partners see in pornography (Flood, 2009).

The case sought help for management of use of pornography with speciality centre working for promotion of healthy use of technology.

Ms A, 17 years old female, pursuing high secondary education, from nuclear single child family, with both parents being professionals, reported with history of assessing porn of heterosexual content on smartphone for the last 4 years. She started at the age of 13 years to know more about sex, physiology and sexual activity for pleasure and to overcome boredom. Initially she started accessing online platforms to know about sex related issues and subsequently started using it to feel good. She attributed porn exploration to the peer discussion about sex and porn and as well as lack of opportunity to clarify or discuss in family context or in school setting. She was spending 30 to 40 min per day on the porn sites. There was history of peer group sharing of this content. No significant decline in academics was reported secondary to these behaviours. Clinical interview did not reveal presence of pre-occupation, loss of control over online activities and its use continued despite knowledge of potential psychological harm. Her access to online devices was stopped 6 months back subsequent to caregivers coming to know about it. Caregiver did not want to discuss sex related information

with user. There was presence of significant caregiver distress secondary to user's online behaviour. Subsequently, she started accessing sex related novels which could provide her feelings of well-being and as a source of sexual reference.

The case documents the initiation of pornography use secondary to lack of opportunity to discuss these issues in school and family context as well as curiosity to explore these issues through available literature over online platforms. The excessive use of internet to overcome curiosity during adolescence and young adulthood about many issues including sex usually drives individuals to access the internet which overtime usually becomes excessive for some users. Research findings from India indicate that increased access to mobile phones even in rural India is leading to IA among school students. IA was more among male students, those having a personal smart phone, and those who were depressed (Jamira et al., 2019).

Similar findings were evident even among medical students who were male, staying in rented accommodations, accessed internet several times a day, spent more than 3 h per day on internet and had psychological distress were found to have higher rates of IA. Among N = 1763, 27% of medical students met criterion for mild addictive internet use, 10.4% for moderate addictive internet use, and 0.8% for severe addiction to internet. Thus, even medical students are at-risk for IA (Anand et al., 2018) and they may possibly be using the internet over smartphone for accessing information on sex via pornography as well. Majority of participants (N = 859 out 1029) in Australia in the age group of 15–29 used pornography for getting sex education (Davis et al., 2012). It has been argued that promotion of sex education leads to promiscuous behaviours and early sexual activity. However, scientific evidence suggests the contrary (Sahay et al., 2013; Fonner et al., 2014). The UNESCO /WHO reported evidence for the ability of comprehensive sexuality education to reduce risk behaviours and delay first sexual activity (UNESO, 2018; WHO, 2003). It has also been seen that 21% of men and 37% of women also reported that they felt embarrassed while attending family life/sex education (Motihar, 2008). The smartphone use is emerging as new modality for accessing information on sex via pornography.

There appears to be a need for cultural and context specific sex education programs among adolescents to promote healthy sexual life (Datta and Majumder, 2012) as well as to enhance their literacy regarding non-traditional modalities like porn to get educated about sex and sexuality.

## Ethic statement

The paper has address the following headings:

- **Authorship of the paper:** Authors made a significant contribution to the conception, design, execution, or interpretation of the reported study.

- **Originality and plagiarism:** It was author original work and other authors work has been appropriately cited or quoted.
- **Data access and retention:** I am willing to provide the raw data in connection with a paper for editorial review in case asked for.
- **Multiple, redundant or concurrent publication:** It has not been submitted else where for publication.
- **Acknowledgement of sources:** Proper acknowledgment of funding agency mentioned.
- **Disclosure and conflicts of interest:** it was mentioned.
- **Fundamental errors in published works:** I would report to editor in case of any error.
- **Reporting standards:** It was followed.
- **Hazards and human or animal subjects:** Not applicable.
- **Use of patient images or case details:** Institute ethics committee approval and informed consent was documented.

#### Declaration of Competing Interest

None.

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