

Short Report

Use of pornography in India: Need to explore its implications

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ABSTRACT

Background. Internet use has increased access to online sexually explicit material. We explored the use of pornography in a community sample.

Methods. In a house-to-house survey, 2525 individuals (1239 men; 1286 women) in the age group of 18–40 years were administered a schedule which included a screening tool for pornographic addiction along with a General Health Questionnaire.

Results. Around 8.3% (229; 152 men [10.9%]; 77 women [5.6%]; $p < 0.001$) acknowledged the use of pornography. It was more common among single and single parenting group samples. Pornographic addiction was 0.2% (5/2525; 0.3% men; 0.1% women). Sex had a significant association with age and pornography addiction.

Conclusion. Our study documents the use of pornography in India. It suggests the need for in-depth studies.

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INTRODUCTION

Screening for pornography use/sexual addiction has largely been ignored by mental health professionals.¹ A large number of people (both men and women) use the internet for purposes of sexual gratification: men accessing sexually explicit material, whereas women for sexually loaded interactions and cybersex.² In recent years there has been an increase in the use and exchange of pornography material, especially among young adult groups with online pornographic content (e.g. real-time and interactional) providing novelty and variety.³ Nearly 10% of adult internet users (9.6%) have reported online sexual addiction.⁴ Among 948 Canadian 19-year-old college-going young people, 11.9% had an addiction for relationship (submissive/love) and 10.3% had sexual addiction.⁵ Among 240 college students, 13.5% were at risk for or were sexually addicted.⁶ It is acknowledged that 70% of all adult content traffic occurs during 9 a.m. to 5 p.m., a typical working-day timing,⁷ and adult

sites are the fourth most visited category while at work. The majority of users reported loss of productivity at the workplace.⁸ While 5% of the workforce struggles with problems related to sexual compulsivity, 80% among them are men.⁹ In another study, 20% of men and 12% of women reported using the internet at work for sexual reasons.¹⁰

Users are known to develop psychiatric distress due to problematic use of the internet.¹¹ Internet use has become the topmost priority in the lives of users and could be attributed to a triple A engine approach—affordability, anonymity and accessibility of technology.¹²

Based on media reports of the use of pornography as well as a review of the literature, the projected percentage of users is from 10% to 20%. There is a lack of information about the percentage of pornography users in India. Hence, we explored the use of pornography and its relationship with psychosocial variables.

METHODS

We used data from a larger study which explored behavioural addiction in a community-based survey. The study area was an urban locality representative of the overall socioeconomic status of residents of Bengaluru, Karnataka, India. A house-to-house survey was done in the selected residential area. A total of 2525 individuals (1239 men; 1286 women) in the age group of 18–40 years were interviewed. All eligible adults in the age group of 18–40 years were administered the interview schedule, which included the General Health Questionnaire (GHQ) and Pornography Use Checklist. The latter was specifically developed for the study. Those who could not read and write in English or a regional language were excluded from the survey. The study was approved by the ethics committee of our institution.

Measures

The GHQ is a 5-item screening tool for probable non-psychotic cases in routine clinical work with 86% sensitivity, 89% specificity, and an overall misclassification rate of 13%. It does not screen out psychiatric disorders but screens out only psychiatric caseness. It does not give information about other psychiatric disorders. The product moment correlation between the subject score on GHQ-5 and the number of symptoms in the interview protocol was 0.86.¹³

Pornography use checklist: Screening items were developed for pornography based on four-component criteria: (i) control; (ii) craving; (iii) compulsion; and (iv) consequences. We developed items based on each of the four components. These items were evaluated by experts for assessment of mental health variables. Subsequently, item deduction and content validation were carried out. One question for each of the components (total four items) was included in the final data sheet. These items were selected on the basis of appropriateness, meaning and easy understanding of the component. Content validation was done for these items through focus group discussions. The time duration was use in the past 12 months. Each question was scored on a scale of 1–4 with higher scores indicating the severity of usage, thus a score of 12 and above indicated addiction. The Cronbach alpha for the four items of pornography

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TABLE I. Pattern of pornography activities and psychosocial variables among individuals based on sex

Variable	Women (n=1286)	Men (n=1239)	p value*
Age (18–40 years)	36.97 (13.65)	36.49 (12.26)	0.002
Duration of marriage (years)	11.89 (11.57)	10.46 (11.62)	<0.001
General Health Questionnaire-total	0.74 (1.17)	0.68 (1.34)	0.200
Pornography addiction	0.23 (1.47)	0.35 (0.94)	<0.001

* Wilcoxon rank sum test † All values are mean (SD)

use checklist was 0.688, 0.612, 0.561 and 0.671, respectively. The average measure of intraclass correlation coefficient was 0.696 (95% CI 0.677–0.714).¹⁴

Procedure

Informed consent of the participants was taken before inclusion in the study. In addition, focus group discussions were held to elicit participants' (n=50) perspective about pornography and the reasons for accessing it. The data were analysed using non-parametric analysis.

RESULTS

Of the 2525 participants, 27.1% were graduates, 10.7% were postgraduates, 24.1% had secondary education, 21.1% had higher secondary/pre-university education and 9.9% had primary education. The mean income was ₹8403.27. The addictive use of pornographic had a positive correlation (0.076 at 0.001 level) with psychological distress on GHQ. Age (−0.134 at 0.001 level) and years of marriage (−0.131 at 0.001 level) had a negative correlation with pornographic addiction.

Nearly 8.3% (229; 152 men [10.9%]; 77 women [5.6%]; p<0.001) of the participants acknowledged the presence of pornography by endorsing two or more statements of the 4-item pornography use checklist. Around 0.2% (5/2525; men 0.4%; women 0.1%) were screened to have pornography addiction. It was more among unmarried people (13.9%). The sex difference was significant in relation to the year of marriage and pornography addiction (Table I). The majority of them used the internet to access pornography. Almost 0.2% expressed the need for change due its dysfunctional effects. Focus group discussions among the participants also revealed the recognition of cybersex as an addiction. The reasons for accessing pornography were to relax (90%), for entertainment (45%), to learn about sexual activities (55%) and the partner not being around (60%).

Impact

The most common concerns due to pornography use included verbal abuse with spouse or family members, cancelled trips, missed social functions, not satisfied with work performance and non-payment of rent or bills.

DISCUSSION

Our community-based survey is possibly the first of its kind in India and documented the presence of pornography use among 8.3% of the total sample (Table I). Nearly 0.2% of those studied were addicted to the use of pornography in the age group of 18–40 years. The presence of pornography use was more among single, single parenting group and those unmarried. The focus group discussion also confirmed the presence of online pornography and acknowledgement of its addiction characteristics. Our study revealed a significant association of sex with age and pornography addiction. Relaxation was

reported to be the primary reason for accessing pornography (90%). Further, while interpersonal problems and socio-occupational disturbance were reported, there was also a felt need for change due to its dysfunctional effects.

Studies have reported that easy access prompted users to explore online sites for sexual gratification and this negatively affected the individual's everyday lifestyle.^{15–17} On a comparative note, pornography users have reported higher levels of depressive symptoms, a poorer quality of life and more mental and physical health issues.¹⁸ Similar findings have been reported among college students.¹⁹ A Kenyan study documented that 48% of respondents indicated that they used pornography to satisfy their curiosity, 43% to obtain knowledge and information about sex and 43% for entertainment.²⁰

We found under-reporting of use of pornography and addiction as well as a low correlation with other variables. This could be attributed to sociocultural factors in revealing such information, but also could be due to methodological issues. Although confidentiality of the elicited information was ensured, it did not lead to acknowledgement of indulgence in pornography among the survey population. The available international studies have used online surveys for assessment/prediction of sexual compulsivity/pornographic addiction along with other psychosocial variables. The advantage of maintaining anonymity in an online study provides higher rates for acceptance of such behaviours.

Future studies on pornography could include qualitative clinical interviews to understand the process of developing addictive use of pornographic, its association with clinical psychiatric comorbid conditions (psychological and personality disorder) as well as its implication for quality of marital life. Another area of enquiry could be the influence and impact of other addictive behaviours (gaming, shopping, social networks and texting) on pornography addiction. This would help in developing a more comprehensive and integrated service delivery mechanism, especially for enhancing awareness/psychoeducation about the risk of developing addictive use of pornography and developing interventions to address the associated psychosocial factors.

Conflicts of interest. None declared

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