

Perceptions and Attitudes of College Students Toward Sexual Disorders: The Interplay of Stigma, Awareness, and Help-Seeking Behaviour

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Abstract

Sexual disorders are an important yet often overlooked aspect of health care due to widespread social stigma and cultural taboos. This study examined how college students (N = 150) perceive sexual disorders, focusing on the effects of sexual health awareness and self-stigma on their willingness to seek help. Using a quantitative approach with standardised measures, the study found that participants had a moderate level of awareness, but stigmatising attitudes significantly hindered their readiness to seek professional support. The results indicated that awareness and stigma accounted for 47% of the variance in help-seeking intentions, with stigma being a stronger negative predictor. Significant gender differences emerged, with female students showing greater awareness and more positive attitudes toward seeking help than male students.

Keywords: attitude, perception, sexual disorders, stigma, awareness, help-seeking behaviors, college students

1. Introduction

Sexual disorders refer to clinically recognised conditions that interfere with a person's ability to find satisfaction during sexual activity (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, 2013). These disorders include issues related to desire, arousal, orgasm, or pain, and they often lead to deep psychological distress, relationship problems, and a lower quality of life (Laumann et al., 1999; Seidman & Roose, 2000). Despite how common they are, concerns about sexual health are often surrounded by silence and incorrect information, especially in cultures where sexuality is seen as a private or sensitive topic (2015).

For college students, the transition into adulthood is a key time for forming identities and exploring intimate relationships. Unfortunately, sexual education during this stage generally focuses on reproductive health and infection prevention, neglecting the complexities of sexual functioning and pleasure (Fisher & Fisher, 1992). Without proper education, myths and stereotypes can fill this knowledge gap, reinforcing both public stigma—society's support for negative stereotypes—and self-stigma—how individuals internalise these negative views (Corrigan & Watson, 2002; Goffman, 1963).

Understanding what encourages or discourages help-seeking is vital for enhancing student well-being. Help-seeking is affected by several psychological factors, including how serious they perceive the problem to be and the potential social judgment from seeking professional help (Gulliver et al., 2010; Rickwood et al., 2005).

1.1. Research Gap and Rationale

Sexual and mental health among college students is increasingly recognised, but important gaps remain in understanding sexual disorders, particularly around awareness, stigma, and help-seeking behaviours. Current research often treats sexual health knowledge, risky behaviours, and mental health stigma separately, neglecting sexual disorders as unique health issues.

There is a lack of research on college students' understanding of sexual dysfunctions, even as studies on sexually transmitted infections and contraceptives abound. Additionally, existing research typically examines awareness, stigma, and help-seeking in isolation, failing to integrate these aspects and limiting insights into students' help-seeking patterns.

Sociocultural factors, such as gender and cultural context, are frequently overlooked, despite their significant influence on attitudes toward sexual disorders. Moreover, much of the literature comes from Western populations, leaving a gap in understanding stigma and help-seeking behaviours in the Indian context.

This study seeks to address these gaps by examining the relationship between sexual health awareness, self-stigma, and attitudes toward psychological help among college students. Understanding these views is crucial, as sexual disorders can negatively impact mental health and self-esteem.

The college years are vital for shaping health attitudes, and stigma often prevents students from seeking help. Addressing these barriers is essential for improving access to care.

Moreover, clarifying misconceptions about sexual dysfunctions can guide educational interventions, foster awareness and reduce stigma. The findings will help psychologists, counsellors, and educational institutions develop strategies to promote early detection and improve support services.

This research also aims to enrich the limited Indian literature on sexual disorder stigma, promoting culturally relevant mental health strategies and encouraging open discussions about sexual health issues.

2. Literature Review

Sexual problems are not getting attention when it comes to the health of college students. Most of the time, researchers look at how aware students are of sexual health, or they look at reproductive health or the stigma around mental health. They do not really look at the problems that students are having.

The available research says that knowing about health, feeling embarrassed about it and being willing to ask for help are all important things that decide if a student will go to a professional for help with sexual problems.

One thing that stops students from getting help is feeling embarrassed or ashamed. Even when students know a lot about health, they might still be afraid of what other people will think, so they do not go to get help. On the one hand, when students know more about mental health, they are less likely to feel embarrassed and more likely to ask for help.

Sexual health is also affected by whether you're a man or a woman, what your friends think and what kind of person your doctor is. Even with all these things to consider, not many studies have really looked at how Indian college students think about sexual problems, including what they know about how they feel about it and if they will ask for help.

3. Methodology

3.1. Participants and Design

The study used a quantitative cross-sectional design. It recruited 150 college students (50% male, 50% female) through purposive and snowball sampling. The ages of participants ranged from 18 to 25, with an average age of 21.3 years (SD = 1.9).

3.2. Tools for the study

- Sexual Health Awareness Scale: Assessed knowledge about sexual disorders, reproductive health, and treatment options.
- Self-Stigma of Seeking Help Scale: Evaluated the internalisation of negative beliefs surrounding the act of seeking mental health services.
- Attitudes Toward Seeking Professional Psychological Help – Short Form: Measured openness to and perceived value of professional psychological support (Vogel et al., 2007).

3.3. Analytical methods

Descriptive statistics outlined sample characteristics, while Pearson correlation and multiple regression analysed the relationships among awareness, stigma, and help-seeking attitudes. Independent samples t-tests identified gender differences.

4. Results

4.1. Descriptive and Correlational Analysis

The sample showed a moderate level of sexual health awareness (M = 64.20, SD = 8.45) and a moderately high level of self-stigma (M = 49.75, SD = 7.90). Attitudes toward seeking help were similarly moderate (M = 31.40, SD = 6.80).

4.2. Correlation analysis revealed significant relationships between key variables ($p < .01$):

- Awareness and Help-Seeking: A moderate positive correlation ($r = .51$), suggesting that higher knowledge levels relate to more positive attitudes toward professional help.
- Stigma and Help-Seeking: A significant negative correlation ($r = -.58$), identifying self-stigma as a key barrier to seeking support.
- Awareness and Stigma: A negative correlation ($r = -.42$), indicating that greater awareness may reduce stigmatising beliefs.

4.3. Regression Model

Multiple regression analysis showed that awareness and stigma significantly predicted help-seeking attitudes, $F = 65.20$, $p < .001$. Together, these factors accounted for 47% of the variance in help-seeking behaviour ($R^2 = .47$). Notably, self-stigma ($\beta = -.46$) was a stronger predictor of help-seeking than awareness ($\beta = .34$).

4.4. Gender Differences

Significant gender differences emerged across all areas. An independent samples t-test showed that female students (M = 33.90) had much higher help-seeking intentions compared to male students (M = 28.90), $t = 4.21$, $p < .001$. Females also reported higher levels of sexual health awareness and lower levels of self-stigma than males.

5. Discussion

The findings reveal a complicated relationship between knowledge and social perception. While students have a foundational awareness of sexual health, this knowledge often falls short of overcoming the

psychological barrier of stigma. The fact that stigma was the strongest predictor for seeking help indicates that even informed students may shy away from professional assistance due to feelings of shame or fear of judgment (Corrigan, 2004; Vogel et al., 2007).

The identified gender differences align with broader studies that suggest traditional masculine norms often discourage emotional sharing and seeking help (Herek, 2007). Male participants displayed higher self-stigma and lower awareness, likely reflecting a lack of targeted sexual health resources for men.

Moreover, the high variance explained by the regression model (47%) points to the need to address both cognitive (awareness) and emotional (stigma) aspects in campus health initiatives. Programs that only provide information without addressing the deeper social taboos may not lead to increased usage of services (Kelly & Barker, 2016).

6. Conclusion

This study shows that stigma is a major hurdle to professional consultation for sexual disorders among college students. While boosting sexual health literacy is important, programs also need to work on lowering self-stigma and normalising conversations about sexual function (2015). Educational institutions should focus on creating confidential, non-judgmental support systems and awareness campaigns that meet the specific needs of various gender groups. By fostering an environment that views sexual health as an essential part of well-being, colleges can promote timely help-seeking and improve long-term health outcomes for their students.

7. Implications

The results of this study are really important for people who work with health, schools and programs that teach people about sexual health. If we understand what students think about problems, we can make programs that help students learn more about sexual health and make them feel less ashamed about sexual problems.

The study also shows that colleges need to make their counselling services better and create a space where students can talk about their sexual health problems without feeling judged. We can have programs and workshops that help students feel okay talking about problems and make them want to get help when they need it.

These results can also help psychologists and counsellors make plans that reduce the shame associated with problems and create programs that are sensitive to different cultures. If we teach students about health early on, we can prevent them from feeling really stressed out about sexual problems that are not treated. This study is also important because it helps us learn more about what Indian college students think about health, which is something we do not know a lot about. This study can be the starting point for research, making new policies and creating programs that promote mental health on college campuses, especially programs that focus on sexual health and mental health.

8. Limitations of the Study

Despite its contributions, this study had a few limitations. For one, we carried it out in a small geographical area, pulling students from just a handful of colleges. This might restrict how well the findings apply to other student groups from different cultural and educational settings.

A second limitation was our reliance on self-report measures. These can be susceptible to social desirability bias, especially when dealing with sensitive topics like sexual health. Participants might have

offered answers they felt were acceptable rather than their true views, which could affect the accuracy of our results.

Third, since the design was cross-sectional, we couldn't establish direct cause-and-effect links between awareness, stigma, and help-seeking behaviour. To truly understand how these variables influence each other over time, longitudinal studies would be necessary.

Lastly, our quantitative approach meant we couldn't deeply explore personal experiences or cultural influences. Things like prior sexual education, family beliefs, and the media's impact also fell outside the study's scope.

9. Recommendations for future research

For these findings to apply more widely, future studies should include more people from various places, cultures, and educational backgrounds. Longitudinal designs could also show us how attitudes about sexual disorders—things like awareness, stigma, and seeking help—change over time.

We could also use qualitative methods, like interviews or focus group discussions. These might uncover students' personal experiences, cultural beliefs, and emotions that influence their views on sexual disorders. Putting these different research methods together would give us a fuller understanding of these complicated attitudes.

It's also important to research how effective intervention programs are. We could look at programs such as sexual health awareness workshops, stigma-reduction campaigns, and campus counselling initiatives to see if they encourage people to seek help. Plus, understanding how family attitudes, sexual education, and media influence play a part would further our grasp of this subject.

10. References

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