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# The Impact of Alcohol, Drugs Usage and Pornographic Movies on the Sexual Performance of Young Lebanese Students Between their Beliefs and Practices

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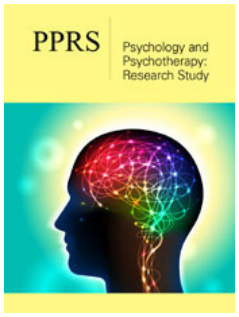


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## Abstract

This article presents the impact of drugs, alcohol and pornographic movies on the sexual performance of Young Lebanese students. We hypothesized that porn movies, psychoactive substances and alcohol, known as having aphrodisiac effects on human, could have diverse or reverse effects on sexual functions and quality of loving relationships. The method used was a questionnaire answered by a total of 706 young Lebanese university students, 446 females and 260 males, aged between 18 and 25 years old. The study intended to examine the differences between "In belief" and "In practice" answers and among males and females. The results showed high percentage of the usage of ecstasy and marijuana, while the Lebanese youth did not experiment its effect on their sexual performance. Moreover, having an energy drink mixed with alcohol was not intended to have a better sexual performance, but in practice the answers were lessen, which could demonstrate that their expectations or beliefs toward the effect of energy drink on their sexual performance could have had better results. Likewise, most of the population of Lebanese females did not experience having sex after drinking an energy drink mixed with alcohol. The same could be stated for males that could indicate that they did not experience it, or they are not sure if the effects improve their sexual performance. Lebanese youth had a preconceived idea of the effect of pornographic films on raising desire and sexual performance; but the results expressed that many of the students did not try the effects of pornographic films on the sexual performance; it was similar for males that could indicate that they did not experience it or they were not positive if its effects improved their sexual performance. The females believe that pornographic movies influence the sexual performance however they do not know if pornographic films are an enhancer of the sexual relationship and the desire accompanying it as they might not have experienced it. An important strength of the study was the ability to find that females are more reluctant on expressing their experiences of the usage of drugs, alcohol and pornographic movies on their sexual performance.

This study demonstrated some limits if we acknowledge the young age of the population as they are students and the patriarchal structure of the Lebanese society that is still existing in Lebanon, and the sense of unequaled powers between males and females. The reservation observed through the answers might be associated with the lack of information or the inability to unveil their sexual activities and desire. The utmost population was demographically concentrated in rural areas, 44.3%, in Mount Lebanon, 25.3%, South of Lebanon and only 19.6% in Beirut, and the rest between North Lebanon and the Bekaa area. Noting that the female population of our sample is 62.9% while the male population is 36.7%, which lead us to conclude that the female coming from rural areas, and from conservative society either fear social sanctions disclosing premarital sex as they are agreeing on abstinence before marriage within their society due the prevalence of religious and social norms.

**Keywords:** Young Lebanese adolescents; University students; Sexual performance; Impact of alcohol and drugs; Pornographic movies; Perception

## Introduction

The impact of drugs, alcohol and energy drinks mixed with alcohol on sexual performance has been an issue widely discussed. The term of "Sexuality" designates many other ones such as sex, gender and sexual performance; in conflict with one another. In the Ancient times, specifically in the Greek Antiquity, man sexual desire and act was priming, regardless

of woman desire. Sexual male performance was considerably substantial. Ancient poetry pointed out on the man potency as a starting point of the importance of sexual performance [1]. Some Greeks were acquainted with few recipes that aimed to boost sexual performance.

Indians used unidentified plants causing powerful erections. Furthermore, in ancient Mesopotamia, arranged marriages were considered as unacceptable, but they were practiced by romans [2]. Michel Foucault, the French historian and philosopher, author of the "History of sexuality" described the sexuality as a rambling object that emerged recently in the Western society and newly discussed [3]. The Word Health Organization (WHO's) defines sexuality as "A central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, and social well-being that relates to one's sexuality" [4]. "The use of psychoactive substances is popularly believed to loosen sexual inhibitions and contribute to increased sexual activity. However, the actual direct and indirect effects of alcohol and drugs on sexual function are still not fully understood" [5]. The study "suggests that chronic alcohol and drug abuse have clear deleterious effects on sexual functioning for many individuals" [5]. The performance is defined as per the Webster dictionary as "the execution of an action, something accomplished, the fulfillment of a claim, promise, or request" [6]. Noting that sexual performance encompasses the libido, the sexual desire, the orgasm, erection and ejaculation.

Alcohol is perceived to give a positive effect to improve sexual pleasure. However, abuse of substances to improve sexual performance and pleasure will later result in negative sexual functioning and may lead to sexual disorders. Opioids have been used as an aphrodisiac and delay ejaculation [7]. How is physiological sexual functioning affected by alcohol and opioids? Endogenous opioids, an opiate-like substance produced by the body such as an endorphin, play a very important role in physiological sexual functioning. Prevalence of sexual dysfunction in patients with opioid dependence: Heroin addictions showed higher rates of sexual dysfunction compared to the general population. The most common dysfunctions were the following: premature ejaculation, orgasmic dysfunction, and low libido [7]. Prevalence of sexual dysfunction in patients with alcohol dependence: The rate of sexual dysfunctions is higher in alcohol-dependent people than in social or healthy controlled drinkers. The greater quantity, frequency, and duration of drinking are associated with the following common sexual dysfunctions, erectile dysfunction followed by premature ejaculation, retarded ejaculation and low sexual desire among men, and dyspareunia and vaginal dryness among women [7]. Some studies have linked erectile dysfunction with lower testosterone and older age. Some studies should be done to evaluate the sexual dysfunctions in various phases of drug dependence, especially during the abstinence phase [7]. It is important to mention that young people are consuming more energy drinks than before; some of its ingredients "can boost heart rate and blood pressure, dehydrate the body, aggravate the effects of other stimulants, and prevent sleep may help as a decision-making tools for the consumers of such products"; "therefore further research is needed on their potential hazards" [8]. Factors should be studied that can also affect such disorders such as the use of medications, particularly calcium cyanimide, significantly diminish general sexual behavior [9]. The effect of Ecstasy (MDMA) on sexual functioning, following the consumption of MDMA was evaluated with regard to four major domains of sexual activity: desire, erection (lubrication in women), orgasm and satisfaction. The MDMA abbreviation stands for its active chemical ingredients of "3,4-methylenedioxy-methamphetamine", known as a synthetic drug, that modifies, moods, sensory and time perception, increased energy and pleasure. It is commonly known as "Ecstasy or Molly" [10].

MDMA moderately to profoundly increased desire and satisfaction in the test subjects. There was a delay in orgasms but they were perceived as more intense. There was a decrease in erection. Based on the results from the test subjects, MDMA alters sexual performance, despite enhancing the sexual desire and perception of greater satisfaction [11]. Ecstasy has been shown to intensify feelings of intimacy, senses, and communication. This study was based on the use of MDMA in heterosexual women. The women reported magnified sexual (such as orgasmic intensity, arousal, desire) and sensual (feeling love, affectionate, deep emotions, emotional closeness) experiences. However, experiences were categorized as sensual more than sexual. Research has found that MDMA changes the sexual activity in heterosexual women. Some women expressed that they engaged in sexual behavior (such as anal sex) they wouldn't have done with partners they wouldn't otherwise have had sex with while sober [11]. Ecstasy produces euphoria, boosts feelings of closeness with others and interpersonal communication. In contrast to induced emotions of sensual enhancement and affection, clinical studies show that it reduces sexual drive and functioning [12-14]. A drug is a substance that modifies our mental activity and has effects on our biological functions. Together, these two effects cause behavioral changes. The following are changes caused by drugs: perception, sensations, cognitive, mood and behavior, and affect the state of consciousness, depending on the type of drug:

A. Stimulants: short and long-term effects; cocaine, crack, Ritalin, amphetamines, methamphetamine, nicotine and caffeine.

B. Depressants: short and long-term effects; alcohol, GHB, opioids, volatile substances and benzodiazepines.

C. Perturbators effects such as LSD, cannabis, ecstasy, mushrooms, ketamine and magic.

D. Anti-depressants effects; drugs with sedative, stimulating ad intermediate effects [14].

Psychoactive substances are believed to be aphrodisiacs, but they have harmful effects on mental processes and sexual function and behavior. The use of psychoactive substances including tobacco, alcohol and illicit drugs have major impacts on erectile dysfunction in men. Studies have shown that the effects of neurological damage

from chronic substance abuse are long term [14]. Substance use is categorized as licit (legal) and illicit (illegal) use. Examples of licit substances are caffeine, nicotine and alcohol. Examples of illicit substances are heroin, amphetamine, MDMA and marijuana [14].

The main harmful effects resulting from substance use can be divided into four categories:

a) Chronic health effects: lung cancer and emphysema due to cigarette smoking.

b) Acute biological effects: car accidents associated with drug use.

c) Acute social problem: an arrest or break in a relationship.

d) Chronic social problems: failures in family roles or working life.

Furthermore, it is important to mention that one of the most common male sexual dysfunctions is erectile dysfunction; it's the inability to obtain or keep penile erection sufficient for satisfactory sexual performance [15]. The most common effects of psychoactive substances on erectile dysfunction are as follow:

## Alcohol

Alcohol consumption is believed to be a strong sexual facilitator and aphrodisiac due to its disinhibition (anti-anxiety and tension-reducing-like) properties. The behavioral effects of ethanol (substance used to make alcohol) differ among individuals depending on multiple factors such as the amount of drinking, gender, quantity, blood alcohol level, body weight and the time since the last dose. There are two phases of behavioral effects produced by the intake of ethanol: with a small quantity intake, there's elevated activity and disinhibition; with a big quantity, motor, perceptual, and cognitive functions become defective. Effects on emotions and mood depend on each person. Testicular atrophy, inhibition of testosterone production and spermatogenesis may be caused by the chronic abuse of alcohol. It's unlikely to have a short- term impact on one's sexual response when a small amount of alcohol is consumed. A person's physiological response to sexual stimulation decreases as the alcohol intake increases. Studies have shown that the greater the duration of drinking, frequency and quantity, are associated with low libido, retarded ejaculation and erectile dysfunction in alcoholic men. Even after years of sobriety, many men still suffered from erectile dysfunction due to the permanent neurological damage caused by the long-term use of alcohol.

## Tobacco

Nicotine is one of the many substances in tobacco that is related to dependence. It is a universal activity that has an increasing number of smokers on an annual basis. High doses of nicotine can eventually produce mood changes. Tobacco also affects erectile dysfunction as the nicotine increases the blood nicotine level and interferes with the relaxation of the intracorporal smooth muscle of the penis. Cigarette smoking has proved to be an autonomous risk factor for erectile dysfunction and can either act independently or additively with other risk factors.

## Illicit drugs

Some of these illicit drugs were taken as aphrodisiacs to improve sexual performance and pleasure. However, some studies showed negative effects on sexual desire, erection and ejaculation latency. Below are some of the drug-related sexual effects of some illicit drugs [16].

**Opioids:** Opiate drugs are extracted from the poppy seed. They include semi-artificial and artificial compounds (like heroin and morphine) with similar properties. Intravenous injection of such drugs provides a "rush" sensation (a warm flushing of the skin.) However, nausea and vomiting can also be effects of an unpleasant first experience. Opioids are regarded as highly addictive substances that produce analgesic, sedative, euphorigenic, and respiratory depressant effects. The results of such drug use are a decrease in sexual desire, a decrease in testosterone levels, and the redirection of blood away from the genitals (which can lead to erectile dysfunction) in men. In the majority of heroin users, a decrease in libido was reported in the studies. Men recovering from heroin addictions usually experience spontaneous erections and nocturnal ejaculation.

**Amphetamine:** Artificial drugs that increase the central nervous system activity by stimulating the release and /or blocking the reuptake of dopamine neurotransmitters. Amphetamine is a white, odorless crystalline powder that is either swallowed, injected, snorted, or smoked and is extremely addictive. These drugs are known to increase sexual desire, make orgasms much more intense, and prong the sexual relation. The long-term use of amphetamine-based drugs causes delayed ejaculation and erectile dysfunction in men. Men experience a condition known as "crystal dick" in which the user has high energy, a strong libido and a lowered sexual inhibition, but is incapable of getting an erection when the use of amphetamine is prolonging [16].

**MDMA:** MDMA is an artificial drug and is also known as Ecstasy along with other names. Its severe effects appear to be mediated by the release and the reuptake inhibition of serotonin and dopamine with MDMA. It has a decrease of the erectile ability.

**Cocaine:** Cocaine is found in Erythroxylon coca. It is a powerful stimulant that affects the central and peripheral nervous system. It can be smoked, injected intravenously or snorted. It acts as a monoamine transporter blocker in the brain. It appears to have two opposite effects on sexuality depending on the level of abuse. Infrequent users reported that cocaine generates spontaneous ejaculation and erection. The impact of cocaine on sexuality is due to the route of administration, the variation of dosage and other factors. Chronic use of cocaine leads to sexual dysfunction.

**Marijuana:** It is derived from the cannabis sativa plant: the main ingredient in marijuana. They are mostly smoked but may also be ingested. Marijuana use can be modulated by the expectations of users, age, consumption, setting, personality types and relationship status of the couple [16,17]. Some scientific studies show marijuana is linked to erectile dysfunction, in both animals and humans but just like with alcohol, dosage is usually key. Excess usage of marijuana

will be linked to difficulty in sexual performance. Hence it depends on the person's tolerance; Cannabis has a range of possible effects, often differing based on strain and the method of consumption: it could make some people relaxed, others may become hyperactive, or paranoid or sleepy.

The impact of porn movies on sexual performance showed that after consumption of pornography, subjects reported less satisfaction with their intimate partners, specifically, on the emotional level. They gave less attention to the physical appearance related to sexual curiosity and performance. Furthermore, these subjects showed increased importance to sex without emotional involvement. The study proved that these effects were equal across gender and populations. By reviewing several studies done regarding the most common sexual dysfunctions due to addictive cybersex, drugs and alcohol, we will categorize the most imminent ones that are low sexual desire in women and premature ejaculation in men. Some drugs and alcohol aid in tackling the anxiety that arises from low sexual performance by improving it or even overcoming sexual dysfunctions. As well, addictive cybersex defined as the erotic fulfillment or arousal by watching porn movies, indicated that it is associated with higher levels of sexual desire, but accompanied with or due to depressive mood, and avoidant attachment style. Another study established that adolescents struggling with psychosocial challenges and who "shared sexual photos were more likely to use substances and less likely to have high self-esteem than their demographically similar peers". Furthermore, exposure to pornography strongly impacted self-assessment of sexual experience and "subjects reported less satisfaction with their intimate partners specifically, with these partners' affection, physical appearance, sexual curiosity, and sexual performance proper. In addition, subjects assigned increased importance to sex without emotional involvement. These effects were uniform across gender and populations".

### Focus of the study

This study emphasizes on the effects different drugs and alcohol, and exposure to pornographic films, have on sexual performance and desire among young Lebanese men and women, university students, as well as contradictions between their beliefs on one hand and their practices on the other hand, based on their gender, demographics and social pressure. Sexual dysfunction refers to problems that occur during the sexual response cycle that prevents an individual or couple from experiencing satisfaction from the sexual activity taking place linked to the usage of alcohol and drugs. Usually, excitement, plateau, orgasm, and resolution arise as part of the sexual activity response cycle and are associated to the sexual performance which requires all aspects of a satisfying relationship, as having a good libido, a desire a good sexual erection at men and good blurbification at women.

**Ethical framework and considerations of the study:** We respected the ethics and values of clinical research by using the key principles for ethical research by aiming to maximize benefit for individuals and society and minimize risk and harm. Participation in the research was voluntary and the population was appropriately informed respecting the rights and dignity of individuals. Our research was conducted with integrity and transparency. We defined our lines of responsibility and accountability by explicating and promoting society reflection, debate and mutual learning regarding the importance of the subject. The research was conducted without any funding, but the time of the authors used for the importance of the scientific research for knowledge exchange, dissemination of information and implementation for future use and sharing.

## Methodology

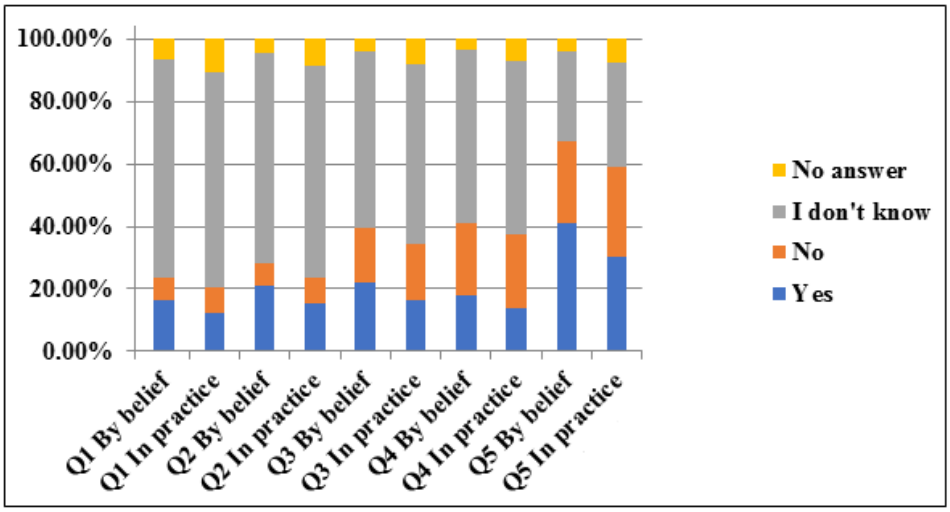


**Figure 1:** Graphical representation for the percentage distribution.

The root of the study arises from the contradiction between beliefs and practices in active sexual life before marriage, and the impact of alcohol and drugs on the sexual performance of young Lebanese students from different demographics in Lebanon. The proposed methodology principle is followed. The data was collected through a qualitative questionnaire of 9 questions. The

questions were proposed by the authors upon the hypothesis of the study: "The impact of alcohol, drugs usage and pornographic movies on the sexual performance of Young Lebanese students between their beliefs and practices". A total of 706 students aged between 18 and 25 years old, have accepted to participate in the study (Figure 1). They were randomly selected from several public and private universities during the academic year 2014/2015. They were selected from different majors such as engineering, medicine, accounting and business, architecture, nursing, physiotherapy, literature, law, advertising and marketing, science, human resources, interior design, computer science, and psychology. We took them from different disciplines to sufficiently preserve optimal diversity within the collected data required for subsequent analysis. They completed the questionnaire voluntarily and received no remuneration. They were informed about the purpose of the study, and that their responses would be confidential and anonymous.

The questions were formulated as follow:

Young people do not always have the same views on the relations between men and women. For each question, tell me if you agree or not.

a. One answer was for: "BY BELIEF" (depending on what you believe).

b. And the second one was for: "IN PRACTICE" (depending on what you practice). We had almost a 5% of "No answer" to many of the questions (Table 1).

**Table 1:** We will be introducing the main items of the questionnaire.

| |
|---|
| Q1 : Do you consider that the usage of ecstasy increases desire and decreases sexual performance? |
| 2 : Do you consider that the marijuana has adverse effects on libido (or sex drive)? |
| Q3 : Do you consider that energy drinks improve your sexual performance ? |
| Q4 : Do you consider that cocktails mixed with energy drinks and alcohols improve your sexual performance ? |
| Q5 : Do you consider that pornographic films improve desire and sexual performance? |
| Q6 : Sex (Male/Female) |
| Q7 : Age |
| Q8 : University Major |
| Q9 : Demographic address |

## Data pre-processing and tool used

Data were collected through a questionnaire of eighteen questions, by a web linked form and printed ones. The research timeline started in May 2015 and ended in December 2015. Before analyzing the data, we used a technique to enhance the accuracy and the reliability of the extracted information. It consists of deleting inputs having a predefined number of questions without answers. Therefore, the results presented are done using all of the 706 vectors of answers. Data were coded and processed into SPSS, a statistical package system. The data were explored both for their descriptive statistics and inferential statistics. Results were analyzed and summarized, in order to draw conclusions and make recommendations (Table 2).

**Table 2:** Percentage distribution of the total for questions Q1 to Q5.

| | | By Belief | In Practice |
|---|---|---|---|
| Q1 | Yes | 16.20% | 12.30% |
| | No | 7.50% | 8.30% |
| | I don't know | 69.80% | 69% |
| | No answer | 6.50% | 10.40% |
| Q2 | Yes | 21.20% | 15.20% |
| | No | 7.10% | 8.60% |
| | I don't know | 67.20% | 67.60% |
| | No answer | 4.50% | 8.60% |
| Q3 | Yes | 22.10% | 16.30% |
| | No | 17.50% | 18.20% |
| | I don't know | 56.30% | 57.60% |
| | No answer | 4.10% | 7.90% |
| Q4 | Yes | 17.90% | 14% |
| | No | 23.10% | 23.50% |
| | I don't know | 55.50% | 55.40% |
| | No answer | 3.50% | 7.10% |
| Q5 | Yes | 40.90% | 30.30% |
| | No | 26.40% | 28.90% |
| | I don't know | 28.80% | 33.30% |
| | No answer | 3.90% | 7.50% |

## Result

The sample, 706 young Lebanese university students, aged between 18 and 25 years old, was chosen randomly from different universities. The questionnaire was answered by a total of 706 young Lebanese university students, 446 females and 260 males. The female population of our sample is 62.9% of the total volunteers while the male population is 36.7%. They come from different religions (Christian, Muslim, Druze and Other). The demographic distribution of the sample is as follow: most of the population was concentrated in Mount Lebanon 44.3%, then decreasing percentage in the South of Lebanon 25.3%, 19.6% in Beirut, 6.2% North of Lebanon and 2.1% in the Bekaa area. We will be discussing the similarities and contradictions between beliefs and practices in every question. We will be interpreting if there is a significant difference between the "By belief" and "In practice" answers (Table 3).

**Table 3:** Correlation between sex and questions Q1 to Q5 Title.

| | | Male | | Female | |
|---|---|---|---|---|---|
| | | By belief | In practice | By belief | In practice |
| Q1 | Yes | 8.60% | 6.70% | 7.60% | 5.60% |
| | No | 4.40% | 5.10% | 3.10% | 3.30% |
| | I don't know | 21.50% | 21.80% | 48.20% | 47% |
| | No answer | 2.30% | 3.30% | 4.30% | 7.20% |
| Q2 | Yes | 8.80% | 7.40% | 12.50% | 7.90% |
| | No | 4.40% | 4.40% | 2.70% | 4.30% |
| | I don't know | 22% | 22.40% | 45.10% | 45% |
| | No answer | 1.70% | 2.70% | 2.80% | 5.90% |
| Q3 | Yes | 11.60% | 9.20% | 10.60% | 7.20% |
| | No | 9.40% | 9.70% | 8.20% | 8.60% |
| | I don't know | 14.30% | 15.60% | 41.80% | 41.80% |
| | No answer | 1.60% | 2.40% | 2.50% | 5.50% |
| Q4 | Yes | 8.60% | 8.40% | 9.40% | 5.70% |
| | No | 13.60% | 12.70% | 9.60% | 10.90% |
| | I don't know | 13% | 13.60% | 42.20% | 41.60% |
| | No answer | 1.60% | 2.10% | 2% | 5% |
| Q5 | Yes | 18.50% | 16% | 22.40% | 14.30% |
| | No | 12.10% | 12.90% | 14.10% | 16% |
| | I don't know | 4.70% | 5.70% | 24.20% | 27.60% |
| | No answer | 1.60% | 2.30% | 2.40% | 5.20% |

A. Question number 1 (Q1: Do you consider that the usage of ecstasy increases desire and decreases sexual performance?). 16.2% answered "Yes, By belief" and 12.3% "Yes, In practice". Students who did not try ecstasy consider that its usage would increase their desire while decreasing sexual performance. Whereas students who already tried ecstasy have a positive answer toward its effect on desire and sexual performance, which confirms the above-mentioned study (10) regarding the enhancing effect of Ecstasy on the sexual desire and perception of a greater satisfaction. However, the higher percentage of the "I don't know" answers to both "By belief" 69.8% and "In practice" 69% reflects the fact that they did not try it.

B. The Question number 2 (Q2: Do you consider that the marijuana has adverse effects on libido (or sex drive). The difference between 21.2% "Yes, by belief" and 15.2% "Yes, in practice" reflects that students who did not try the marijuana think that its usage would have an adverse effect on their libido, while the ones who tried are positive that it has a positive impact on their libido. The above-mentioned study's results [16,17] stated that an excess usage of marijuana is linked to difficulty in sexual performance which does not respond to our results. Furthermore, the higher percentage of the "I don't know" answers to both "By belief" 67.2% and "In practice" 67.6% indicates the fact that they did not try it either.

C. The Question number 3 (Q3: Do you consider that energy drinks improve your sexual performance?). Likewise, 22.1% of students answered "Yes, By belief" and 16.3% "Yes, In practice". This difference reflects that young students who used energy drinks had believed that their usage would improve their sexual performance. But, in practice, the answers were lessening which could demonstrate that their expectations toward the effect of energy drink on their sexual performance could have had better results; which correlates with the study number (8):"therefore further research is needed on their potential hazards." Moreover, the higher percentage of the "I don't know" answers to both "By belief" 56.3% and "In practice" 57.6% indicates the fact that having an energy drink was not intended to have a better sexual performance.

D. The Question number 4 (Q4: Do you consider that cocktails mixed with energy drinks and alcohols improve your sexual performance?). 17.9% of students answered "Yes, By belief" and 14% "Yes, In practice". These percentages reflect that students who use cocktails mixed with energy drinks and alcohols believed that its usage improved their sexual performance but in practice the answers were lessen, which could demonstrate that their expectations or beliefs could have had better results. In the study mentioned in this paper, alcohol is considered to be a facilitator due to the fact that its inhibits anxiety and makes people at ease [16]. Moreover, the higher percentage of the "I don't know" answers to both "By belief" 55.5% and "In practice" 55.4% indicates the fact that they did not try to mix cocktails with energy drinks and alcohol to have a better sexual performance.

E. The Question number 5 (Q5: Do you consider that pornographic films improve desire and sexual performance?) The percentage of 40.9% "yes, by belief" demonstrates a preconceived idea of the effect of pornographic films on raising desire and sexual performance. However, "In practice" the percentage was decreased to 30.3%. The "No' answers for both "By belief" and "In practice" are similar. The "I don't know" answers 28.8% "By belief" and 33.3% "In practice" expresses that many of the students did not try the effects of pornographic films on the sexual performance. In fact, in the several studies mentioned above (19.20.21, 22 and 23) it is mentioned that after pornography consumption, the subjects had reported less satisfaction with their partner and lower degree of arousal. It is a fact matching the present study.

Interpretation of results based on the differences between men and women's answers:

The majority of the answers to question 1, for both males and females, "By belief" and "In practice", reflects a high percentage of "I don't know". For males it is 21.5% "By belief" and 21.8% "In practice". For females it is 48.2% "By belief" and 47% "In practice." These high percentages demonstrate that young students do not know the effects of ecstasy on their sexual performance because they did not experience it. It is important to mention that the rate is higher in women's answers that might be due to the social and religious norms in the Lebanese society that prohibits sexual relationships to females outside marriage.

The answers to Question 2 between males and females are similar. The "I don't know" answers in males are 22% "By belief" and 22.4% "In practice"; and for females, they are 45.1% "By belief" and 45% "In practice". These high percentages demonstrate that young students do not know the effect of marijuana on their sexual performance because they might not have experienced it. Likewise, for the correlation between males and females in question 3, the high percentage in "I don't know" for females 41.8% for both "By belief" and "In practice." is reflecting that most of the population of Lebanese females did not experience having sex after drinking an energy drink mixed with alcohol. The percentage of "Yes" answers of males 11.6% "By belief" and 9.2% "In practice" indicates that the male population has experienced the positive effect of drinking energy drinks mixed with alcohol on their sexual performance. We could state the same for the "Yes" answers of females 10.6% "By belief" and 7.2% "In practice". For question 4, the males' answers reflected that for the "No" answers totaling a percentage of 13.6% "By belief" and 12.7% "In practice"; whereas the "I don't know" answers of 13% "By belief" are a very similar percentage of 13.6% "By practice"." These percentages demonstrate that young students do not believe that cocktails mixed with energy drinks and alcohols improve one's sexual performance since 12.7% tried cocktails mixed with energy drinks and alcohols but did not improve their sexual performance. The "I don't know" answers for males are very similar to the "no" answers 13.6%. On the other hand, for females 42.2% "By belief" and 41.6% "In practice" which could indicate that they did not experience it or they are not sure if the effects improve their sexual performance.

The question 5 regarding pornographic films improving sexual performance and desire, in males the answers "Yes" 18.5% "By belief" and 16% "In practice"; reflecting that the films improve their sexual performance and desire and 16 % have actually experienced it. For the females, the answers "Yes" 22.4% "In beliefs" and 14.3 % "In practice": the high difference between those percentages indicates that females believe that pornographic movies influence the sexual performance however the low percentage of "in practice" seems that they did not experience it. It is important to mention the "I don't know" answers for females 24.2% "By belief" 27.6% "In practice" the minor difference in the results reflects that the females do not know if pornographic films improve one's desire and might not experience it. In Table 4, we will examine the relationships between questions 1 and questions 2,3,4 and 5. Q1 and Q2-It appears that there is a correlation in the "By belief" "I don't know" answers as the percentage of 56.7% is significant regarding the usage of ecstasy that increases desire and decreases sexual performance and that the marijuana has adverse effects on libido (or sex drive). We could state the same for the "In practice" "I don't know" answer at both questions as the correlation is 54.2%. We could state that the significance of the "I don't know" answers suggest that the youth did not experience any of the marijuana nor the ecstasy's effect on sexual performance.

**Table 4:** Correlation between question Q1 and "Q2,Q3, Q4, Q5".

| | | Q1 By belief | | | | Q1 In practice | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | No answer | I don't know | No | Yes | No answer | I don't know | No | Yes |
| Q2 By belief | No answer | 3.10% | 1% | 0% | 0.40% | 3.20% | 1.00% | 0% | 0.30% |
| | I don't know | 2.50% | 56.70% | 3.10% | 4.90% | 5.60% | 54.20% | 3.40% | 4.10% |
| | No | 0.10% | 2.00% | 3.10% | 1.80% | 0.40% | 1.70% | 3.40% | 1.60% |
| | Yes | 0.70% | 10.20% | 1.30% | 9.00% | 1.10% | 12.10% | 1.60% | 6.30% |
| Q2 In practice | No answer | 3.00% | 4.10% | 0.60% | 1.00% | 6.80% | 1.30% | 0.30% | 0.30% |
| | I don't know | 3.00% | 55.00% | 3.20% | 6.30% | 2.80% | 57.40% | 3.00% | 4.40% |
| | No | 0.40% | 2.80% | 3.00% | 2.40% | 0.60% | 2.80% | 3.80% | 1.40% |
| | Yes | 0.10% | 7.90% | 0.70% | 6.50% | 0.30% | 7.50% | 1.30% | 6.20% |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Q3 By belief** | No answer | 2.10% | 1.40% | 0.30% | 0.30% | 2.30% | 1.30% | 0.30% | 0.30% |
| | I don't know | 3.00% | 47.20% | 2.00% | 4.10% | 5.40% | 45.60% | 2.40% | 3.00% |
| | No | 0.80% | 10.20% | 3.50% | 3.00% | 1.40% | 9.70% | 4.10% | 2.30% |
| | Yes | 0.60% | 11.00% | 1.70% | 8.90% | 1.40% | 12.40% | 1.60% | 6.80% |
| **Q3 In practice** | No answer | 2.30% | 4.40% | 0.70% | 0.60% | 6.10% | 1.30% | 0.30% | 0.30% |
| | I don't know | 3.20% | 47.10% | 2.10% | 5.10% | 3.20% | 48.80% | 2.40% | 3.10% |
| | No | 0.60% | 10.70% | 3.50% | 3.40% | 0.70% | 10.70% | 4.20% | 2.50% |
| | Yes | 0.40% | 7.60% | 1.10% | 7.20% | 0.40% | 8.20% | 1.40% | 6.30% |
| **Q4 By belief** | No answer | 2.10% | 1.10% | 0% | 0.30% | 2.50% | 0.80% | 0.00% | 0.10% |
| | I don't know | 3.10% | 47.10% | 2.30% | 3.00% | 5.50% | 45.30% | 2.40% | 2.30% |
| | No | 1.00% | 13.70% | 3.90% | 4.50% | 1.40% | 13.80% | 4.40% | 3.50% |
| | Yes | 0.30% | 7.90% | 1.30% | 8.50% | 1.00% | 9.00% | 1.60% | 6.30% |
| **Q4 In practice** | No answer | 2.30% | 3.70% | 0.60% | 0.60% | 5.80% | 1.00% | 0.10% | 0.10% |
| | I don't know | 3.50% | 45.80% | 2.30% | 3.80% | 3.50% | 47.70% | 2.10% | 2.10% |
| | No | 0.70% | 14.20% | 3.80% | 4.80% | 0.80% | 14.00% | 4.70% | 4.10% |
| | Yes | 0% | 6.10% | 0.80% | 7.10% | 0.30% | 6.30% | 1.40% | 5.90% |
| **Q5 By belief** | No answer | 1.60% | 1.60% | 0.30% | 0.60% | 2.10% | 1.00% | 0.40% | 0.40% |
| | I don't know | 2.50% | 23.30% | 1.10% | 2.00% | 3.70% | 22.80% | 1.00% | 1.40% |
| | No | 0.60% | 18.90% | 2.80% | 3.90% | 1.60% | 17.90% | 3.10% | 3.70% |
| | Yes | 1.80% | 26.10% | 3.20% | 9.70% | 3.10% | 27.20% | 3.80% | 6.80% |
| **Q5 In practice** | No answer | 2.30% | 3.80% | 0.60% | 0.80% | 5.40% | 1.40% | 0.30% | 0.40% |
| | I don't know | 2.70% | 27.10% | 1.10% | 2.40% | 2.80% | 27.60% | 1.00% | 1.80% |
| | No | 0.70% | 19.70% | 3.10% | 5.40% | 1.30% | 19.70% | 3.90% | 3.90% |
| | Yes | 0.80% | 19.20% | 2.70% | 7.60% | 1.00% | 20.20% | 3.10% | 6.10% |

Q1 and Q3-the correlation in the "By belief" "I don't know" answers as the percentage of 55% is significant regarding the usage of ecstasy that increases desire and decreases sexual performance and that the energy drinks improve sexual performance. We could state the same for the "I don't know" "In practice" answer at both questions as the correlation is as high of 57.4% Q1 and Q4-the correlation between the answers to those 2 questions is less than the others: in the "By belief" "I don't know" answers between Q1 and Q4 as the percentage of 47.1% is significant regarding the usage of ecstasy that increases desire and decreases sexual performance and that cocktail mixed with energy drinks and alcohol improve your sexual performance. We could state the same for the "I don't know" answers "In Practice "at both questions as the correlation is 47.7% It seems that the young people did not try the effect of cocktail mixed with energy drinks and alcohol on their sexual performance. Q1 and Q5- The correlation between the usage of ecstasy that increases desire and decreases sexual performance and the pornographic films that could improve desire and sexual performance is lesser than the above-mentioned answers as the percentage is around 23.3% for the "I don't' know" "By belief"' and 27.1% for the "In practice". But the "Yes" answers "By belief" and "In practice" are correlated as the percentage is around 18.9% and 19.7%. and the "NO" answers for both "By belief" and "In practice" is significant which could be associated to the fact that young Lebanese had exposed to pornographic movies to boost their sexual performance.

## Discussion

We will be discussing how much the usage of the ecstasy, marijuana, mixed cocktail drinks and alcohol, and the exposure to pornographic movies are impacting the desire and the libido, and the relationships referring to the "In belief" and the "In practice" answers. The main findings in this research to be discussed are the following:

a) The high percentage of the usage of ecstasy and its effect on the sexual performance indicates the Lebanese youth did not experiment it; which explains the difference between the "In belief" and the "In practice" answers; while the ones who tried marijuana indicates that they are positive that it has an impact on their libido.

b) Moreover, the higher percentage of the "I don't know" answers to both "By belief" 56.3% and "In practice" 57.6% indicates the fact that having an energy drink mixed with alcohol was not intended to have a better sexual performance. Furthermore, it reflects that young students who use cocktails mixed with energy drinks and alcohols might have believed that its usage would improve their sexual performance but in practice the answers were

lessen, which could demonstrate that their expectations or beliefs toward the effect of energy drink on their sexual performance could have had better results.

c) The findings demonstrate that the Lebanese youth had a preconceived idea of the effect of pornographic films on raising desire and sexual performance; while the "I don't know" answers 28.8% "By belief" and 33.3% "In practice" expresses that many of the students did not try the effects of pornographic films on the sexual performance. Nonetheless, it seems that they improved sexual performance and desire. The females believe that pornographic movies influence the sexual performance however they do not know if pornographic films are in enhancer of the sexual relationship as well as the desire accompanying it as they might not experience it.

d) On the other hand, for both males and females; we established that due to the high percentages of the answers "I don't know", the young Lebanese ignore the effects of ecstasy, marijuana on their sexual performance because they might not experience it. Likewise, most of the population of Lebanese females did not experience having sex after drinking an energy drink mixed with alcohol. The same could be stated for males that could indicate that they did not experience it or they are not sure if the effects improve their sexual performance. An important strength of the study was the ability to find that females are more reluctant on expressing their experiences of the usage of drugs, alcohol and pornographic movies on their sexual performance.

### Limits of the study

We were unable to define if the answers "I don't know" actually reflect the fact that the students did not experience the effects of any of the drugs, or pornographic movies on their sexual performance or that they may have not answered due to the fear of responding honestly to this sensitive subject considered as a Taboo subject especially at females in Lebanon considered to be in the Middle East country where religions are multiple. It could limit our present study due to the reluctance of their answers. It is difficult to assume if the high percentage of the "I don't know" answer might be related to the fact that the students were not aware of the impact of such drugs on sexual performance. Further research is needed to replicate the present findings and expand on the potential predicators of the effects of the mentioned drugs and pornographic movies without reluctance on the answers. Elucidating these predictors will enable the development of strategies that may induce answers consistency and transparency, to ensure increased quality. We will envisage future work with older population who has more experience in life and especially that had previous marital sexual life or from different social class favoring more liberated pre-nuptial sexual relationships; bearing in mind that casual sex unbonded with religious contract boundaries is a defiant behavior in the patriarchal taboos societies especially at this young age, as early sexual activity is prohibited. We could investigate other individual difference factors that may play a role in explaining the personal and attitude factors that could be the vast experiential differences between generations and societal levels.

## Conclusion

Our study assessing the impact of drugs, alcohol and pornographic movies on enhancing the sexual performance of young Lebanese students appears to be significant as many of the answers were expressive in their sexual activities. As a baseline of the results, we found that there is a drift apart between males and females that could be linked to cultural beliefs and habits. Unfortunately, the reluctant answers of the current investigation prevented us from concluding that the real effect on these enhancers on the sexual performance that might be associated with specific social responses. Concluding our study, we hope that it achieved its intended objectives and could serve as a beginning for further research concerning the well-being of youth in reaching their sexual performance in an optimal psychological functioning. We also recommend families to be involved in such research that could show the significance of the importance of youth healthy development. Our plan is to extend our prospective research soon to explore such a daring subject approaching different kind of the Lebanese society, older and mature population; to keep delivering and contributing rigorously innovative quality research.

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