

Sexuality, Religious Orientation and Aggression in Adult Men



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Abstract

The present study aimed to explore the relationship between sexuality, religious orientation, and aggression in men. The study was conducted on 300 adult men; the data was collected by the hybrid method through the internet and in public and private universities and offices. The sexuality scale, religious orientation, and aggression questionnaire were used as instruments of the study. Results indicated a positive and significant relationship between sexuality, religious orientation, and aggression. There were also positive and significant relationships between sexuality and its dimensions with extrinsic religiosity. However, no relationship has been found between intrinsic religiosity and sexuality, except sexual self-esteem was significantly correlated to intrinsic religiosity. There were significant differences in demographic variables (age, education, marital status, having children, ethnicity, times of prayer). Each group showed significant differences in the study variables. The regression model suggested that religious orientation significantly predicts aggression. Furthermore, the study examined research questions. The findings illustrated that intrinsic and extrinsic religious orientation with sexual esteem, sexual depression, and sexual preoccupation were differently observed.

Introduction

Human life is varied in the types of experiences people live through each day. These experiences are based on the choices that people make every day. All aspects of human life are choices to achieve satisfaction. In this regard, the sexual desire of a person is also a choice. In an ideal world, this selection would lie with everyone. However, since man is a social animal, he must follow social norms and values in satisfying their sexual desire, which may cause a lot of frustration, aggression, and dissatisfaction for some individuals who may not have fulfilled their desires. The present research thus would like to explore the sexual health of male individuals, particularly in Pakistani society, and study the factors associated with their regimented sexual lives. Thus, this research insinuates that sexuality is an experience, and this experience is manifested and fulfilled through thoughts, ideas, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships (Edwards & Coleman, 2004).

Sexuality has a different meaning for each gender because of biology and the roles assigned for each gender. Thus, gender differences have a significant role in constructing sexual attitudes and sexual behavior, mainly in emerging adulthood (Peplau, 2003). For instance, according to some research, one of many explanations for the deficiency of sexual tendency or desire in women is their difficulty and strict gender roles in societies (Drew, 2003); men have more tendencies for sexual desire than women (Morris, 2019). Physiological sexual enjoyment, orgasms during intercourse, and permissive sexual behaviors are often more common in men (Higgins, Mullinax, Trussell, Davidson, & Moore, 2011). Men's sexuality is also changed with the passage of age, and its impacts can occur on physical and psychological health. Recent studies consistently suggest that increasing age is associated with decreased interest in sex (Buono, Urciuoli, & LEO, 1998; Helgason et al., 1996; Lindau et al., 2007). It is also reported that individuals who may have sexual dysfunction problems are likely to get fewer experiences of sexual activities in life (Taylor, Abi, Gosney, & Margot, 2011).

Biological roles highly characterize sexuality. The biological influences are involved in hormonal changes of human sexuality. After puberty, men face several changes that emerge with their previous mental and physical behavior. The emergence of sexuality at that age is one of the most important aspects of adolescents' lives (Kar,

Choudhury, & Singh, 2015). Adolescents become very interested in their sexual feelings, attitudes, thoughts, and perception of their body image (Cash, 2011).

On the other hand, societal influences are also very strong predictors to shape one's sexual behavior since a person's cultural values are related to sexual behaviors that cannot be avoided (Parker, 2008). All societies have moral and ethical values for sexual behavior; these moral values are very different from society to society, so people should maintain their sexual desires and urges in this modern world (Singh & Forsyth, 1989; Yee, 2014). Shaping the sexuality in which societal role is also important. Still, it seems incomplete until religious influences are not considered a strong predictor for shaping and giving the frequency to sexual behavior. Religious institutions promote a variety of relationship-related values, norms, and social supports, which serve to encourage a greater stake in marriage and discourage behaviors that are harmful to marriage, such as premarital and extramarital sexual behavior (Christiano, Swatos, & Kivisto, 2015; Wilcox, Chaves, & Franz, 2004).

Institutionally, all major religions have certain laws and rules for sexual behaviors. For instance, Islam refers that a person's sexual desires must be satisfied for both procreation and pleasure by marital relationship. It prohibits and discourages all extramarital, premarital, and homosexual behaviors (Sudan, 2015). Similarly, Christianity also condemns fornication and adultery and considers them immoral and sinful acts. Further, Hinduism censures the extramarital affairs of individuals; likewise, Judaism also prescribes the death penalty for adultery (Pandit, 2001). Moreover, strict laws on sexual behaviors and sex outside of marital relationships are forbidden in many societies. Religious institutions are the primary moral codes for appropriate sexual behavior (Hunt & Jung, 2009).

Religion is one of the major societal factors to be dominant over human sexuality, but people's attitudes and beliefs are tremendously different towards their religions. Observably, some people daily visit churches and mosques and attend congregations, and some are randomly involved in these activities or may avoid them completely. The attachment with religious institutions has a significant impact on individual sexual life. A study found that teens with high religiosity tend to delay intimate behavior more than those with low religiosity (Hardy & Raffaelli, 2003). Allport and Ross (1976) defined the dimensions of religiosity; they proposed that religion has a different meaning for believers. For some, religion is an internalized motivation; for them, religion itself is an end of life (Intrinsic religiosity).

In contrast, others use religion to fulfill their life needs, such as social status and reputation (Extrinsic religiosity). Religious orientation effects are not limited to an individual's religious perspective. Rather its influences can make the variation in the different settings of one's life such as sexual behaviors, the experiences, and beliefs related to sexual behaviors also vary with the concept of religious orientation. People with intrinsic views are more traditional in their sexual values, whereas extrinsic orientation has a more liberal view of sexual activities (McMillen, Helm, & McBride, 2011).

It is always assumed that religion positively constructs people's well-being and reduces negative aspects, such as frustration, aggression, and depression. Interestingly, empirical evidence suggests that religious values and norms can increase frustration (Baker & Gorsuch, 1984). Similarly, religious prohibitions and sexual behaviors outside of marriage correlate with sexual frustration (Khalil, 2016). It was also accounted that frustration provokes aggression (Dollard et al., 1939; Brotman, Kircanski, & Leibenluft, 2017). Theoretically, sexuality and aggression are immensely interconnected with each other. This concept is not only for the biological model of the variables but also has been reported by neuro-based studies. Goldhill (2016) showed that the cluster of neurons becomes active during sexual and aggressive behavior. Sex itself is aggressive behavior, and many forms of sexuality are associated with aggression, for instance, sexual aggression and sadomasochism (Chester, DeWall, & Enjaian, 2019). Sexuality and aggression can be found in a single form in all these behaviors. Most research on men's sexual health did not differentiate between sexuality and aggression and often worked on sexual aggression.

Literature Review

The present research would like to explore the relationship between sexuality, religious orientation, and aggression in consideration of introduction. There is no considerable number of studies in previous literature which could illustrate the accurate picture of the relationship of the variables with each other. The present research aims to expand the understanding and examine the nature of variables in a particular direction.

Sexuality

Sexuality is one of the primitive forces of everyone's feelings, thoughts, and

behaviors (Lehmiller, 2017). It combines biological reproduction, describes psychological and sociological representations of self, and orients a person's attraction to others. Sexuality shapes the brain and body to be pleasure-seeking (libido instinct). Sex is directly or indirectly associated with human personality in different contexts, such as talking, dressing, eating, drinking, and all other aspects are related to one's pleasure. It is also discussed in the holy books of the world's great religions, and it is scripted in every culture (Lucas & Fox, 2018).

Human sexuality is a strong inclination through which individual experiences and expresses his feelings as a sexual being (Balswick & Balswick, 2008). Sexuality not only refers to romantic bound and intimate relationships, but it also describes one's orientation and identity of expressions, such as maleness or femaleness. Human sexuality evolves at birth and ends at death. Humans are sexual beings; sexuality interplays between body image, gender identity, sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection. Sexuality includes attitudes, values, knowledge, and behaviors. Many theorists explained sexual need is very similar to all other basic needs, food, shelter, water, sleep, and attachment. Non-fulfillment of needs can be caused by insufficiency, and such deficiency can enormously impact on person's mental, behavioral, and emotional health (Khalil, 2016).

Men's Sexuality

The concept of human sexuality is one of those topics that will remain controversial in human history. Research and all national dialogue would like to brush the existence of sexuality at a very young age because all societies tend to eliminate it, and such feelings and urges are considered negative exercises over recognizing and discussing these issues. Unlike the views, scientific evidence supports that these are innate biological responses that human poses at a young age. Sexuality exists in men at birth; for example, male infants get erections within 24 hours of birth (Masters, Johnson, & Kolodny, 1977). In addition, Adolescence occurs with biological changes at puberty. Puberty comes with sudden enlargement of genitals and secondary sex characteristics that surge intense sexual interests, such as sexual thoughts, sexual fantasies, sexual attraction, and sexual behaviors like masturbation (Fortenberry, 2013; Roberts, 2016).

Psychologically, sexual development is also continued during adulthood. Sexual satisfaction becomes an important element of one's sexual relationship and

sexual health. Men can have a strong sex drive through mid-adulthood, but after middle age, the testosterone starts to decrease, which slows men's sex drive (Carol, 2019). As time passes, men's age causes the various effects on sexuality. However, sexual engagement in all forms, including masturbation and same-gender behavior, persists past 74 years of age among older persons who are well and active and have regular opportunities for sexual expression (DeLamater & Friedrich, 2002).

Many studies demonstrate that men have a larger sexual drive than women and show more interest in sexual activities than women (Baumeister, Catanese, & Vohs, 2001). Men report more frequent sex fantasies and more desires to be engaged in sex. Men rate higher sex drive than their female age-mates in all life spans. Men are more interested in visual sexual stimuli and more likely to spend money on such sexual activities as X-rated videos and visits to prostitutes. Men are more likely than women to enjoy masturbating and start masturbating at an earlier age and do more often (Peplau, 2003). Boys report feeling sexual arousal before the age of 13, whereas most girls report becoming conscious of sexual arousal after that specific age; more men are energetic seekers and initiators of sex than women (Leiblum, 2002).

Male sexual behaviors include greater desires of casual sex; men have more sexual fantasies with different partners; they report having a large libido drive; and they desire to engage in extramarital affairs (Buss & David, 2019). Adult men who have good sexual experiences and spend time with their sexual partners tend to have high sexual esteem than others (Maas & Lefkowitz, 2015). Men report having more sex partners across all studies and are more enthusiastic about experiencing socio-sexual behaviors (Baumeister et al., 2001).

Sexual Behavior and Influences

Human sexuality emerges through several components; it can be said biological function is the baseline, and it is the most important factor to determine one's sexuality, as it is an innate reproductive behavior. Particularly hormonal changes are accounted for from a biological perspective. The hormonal force of the individual drives sexual behaviors at the puberty stage. Hormones are produced by the gonads (testes and ovaries); hormonal level is usually associated with an individual's sex drive capacity; Testosterone explanation is related with the male sexual drive and also with aggressive behavior (Reinisch, Davis, & Saunders, 1991).

In addition, biological influence may only determine the sexual orientation, gender, and frequency of sexual behaviors. Sexuality is also influenced by environmental factors of one's life, such as how parents react to a child's sexual behavior that can significantly impact their future sexual life (EL Kok, 2004). However, individuals' attitudes toward sexuality can be controlled or shaped through many other factors, such as gender, changes depending on age, previous experiences, family or parenting styles, immediate change of environment, subcultures and the social structure, religious beliefs, and moral attitudes (Aşçı, Gökdemir, & Kanbay, 2016). Societal views about sexuality continue to be dominated by religious perspectives, which assert that sexual desire to be restrained in some limits and sexual pleasure to be avoided except marriages (Davidson, Moore, Nelwyn, & Ullstrup, 2004). Literature suggests that societal role is very important in defining sexual behaviors according to their ways. In this regard, Pakistan is a highly conservative society for sexuality and follows the traditional norms and values designed according to religious instructions. Any sexual behavior outside of the marital relationship is forbidden; even public discussion about sexuality is often discouraged and disapproved. In the country, only a few young people are familiar with sex education in youth, majority of young people are not informed about sexual and reproductive health issues (Hennink, Rana, & Iqbal, 2005). Islam is the National religion of Pakistan, with conservative and traditional views related to sexual behaviors. Like most other religions, Islam also recognizes that sexuality should be accomplished within a legally binding form of marriage as a combination of pleasure and obligation (Bouhdiba, 2013).

Pakistan is a patriarchal society where men are authoritative figures (Ali et al., 2011); those men privilege sexual behavior. For instance, in Pakistani society, males have more open and relaxed spaces for sexual attitudes and behaviors because Muslim parents often hold more restrictive and conservative behavior towards women's sexuality (Askun & Ataca, 2007). A study based on a Pakistani sample found that men experience more sexual intercourse before marriage than women (Ajmal, Agha, Zareen, & Karim, 2011). Still, Pakistan is one of those countries where the internet is mostly used to search for pornographic content (Morgan, 2010); because they are not informed about the impacts of pornography, and religion is the only singular source to share sexual instruction. Hennink, Rana, and Iqbal (2005) study found that religion is included as one of the main sources of sexual

information for boys, and family members such as cousins, uncles, and brothers often convey sexual development knowledge in a religious context.

Previous studies have found that the frequency of religious beliefs, such as church attendance, commitment level, attachment to God, have a significant impact on sexual attitudes and behaviors of both young and adult individuals (Bell & Chaske, 1970; Dedman, 1959; Freeman & Freeman, 1966; Moreau, Trussell, & Bajosb, 2013). Religion is the single best predictor of sexual attitudes and behaviors, particularly premarital intercourse. According to these studies, highly religious students are less sexually active and have more restrictive sexual attitudes than less religious students. Religious views can greatly influence sexual activity, especially if they do not act by sexual values (Palha & Lourenço, 2021).

Sexual behaviors and aggression are also assumed to be associated with each other and can co-occur in various behaviors (Callaway, 2011). Men's sexuality and aggression take shape to satisfy the desire and urge of one's feelings; for instance, men have a higher tendency of sadomasochism than women (Donnelly & Fraser, 1998). Sado-masochism obtains sexual pleasure and gratification through self-harm and humiliating others. Freud (1924) defined those who actively seek pain in a sexual context to satisfy feelings of shame and guilt (Cross & Matheson, 2006); because aggression is an inextricable element of the male sexual instinct. Sexual self-concept has been identified in many forms, like sexual aggression, sexual depression, sexual preoccupation, sexual anxiety, sexual permissiveness, sexual jealousy, and others. Research on sexual jealousy and aggression found that sexual jealousy predicts anger, verbal aggression, and physical aggression (Archer & Webb, 2006). Anger is a personality trait and an unpleasant emotion that people experience; previous studies examined that anger is correlated with neurotic sex (Muscatello et al., 2010). Another study on sexual satisfaction found that low sexual satisfaction positively related to relational aggression, and high sexual satisfaction negatively linked with relational aggression (Meservy, 2017).

Sexual Self-concept. The term sexual self-concept was coined by Snell (1998/2016). It measures the multidimensional construct of one's sexuality that covers a person's positive and negative perceptions and feelings about him-or-herself as a sexual being. Studies highlighted the multifaceted nature of sexual self-concept, through which individuals evaluate their sexual state (Garcia, 1999; O'Sullivan et al., 2006; Rostosky et al., 2008; Snell, 1998; Tolman et al., 2003). Sexual self-concept

covers many areas of one's sexuality, such as sexual anxiety, sexual depression, sexual satisfaction, sexual preoccupation, sexual self-esteem, sexual assertiveness, etc. The following dimensions illustrate men's sexuality components considered in the present study.

Sexual Self-Esteem. Sexual self-esteem refers to one's sexual feelings, capacity, abilities, and attitude towards their sexuality, individual overall opinion about own sexuality. Sexual self-esteem may be explained, including sexual identity and perceptions of sexual appropriateness that describe one's idea of self as a sexual being, reaching from sexually appealing to unappealing and sexually competent to incompetent (Mayers, Heller, & Heller, 2003). Sexual self-esteem can impact sexual behaviors and emotional responses to assess thoughts, feelings, and sexual behavior (Beth et al., 2010). It plays a great role in one's ability to maintain a close relationship with one's spouse or partner and enjoy a sexual relationship. Individuals perceive themselves as a good or bad sexual partner through high and low sexual esteem (Duvdevany & Mazor, 2009).

Men's sexual esteem revolves around their self-concept and how capable they are of having effective sex with their partners; those who have a successful sexual relationship have higher sexual esteem (Shaheen & Batool, 2019). Further, Kontula and Haavio-Mannila (2009) also reported that high sexual self-esteem, good health, and active sexual history were more important to male sexual life. Another study also suggested that single and married people can differently be sexual esteem because of past experiences (Mayers, Heller, & Heller, 2003). Sexual self-esteem also has an important role in satisfying sexual desire and needs; high sexual self-esteem is a positive predictor of a higher ability to communicate about satisfying sexual behaviors with a partner (Oattes & Offman, 2007).

Moreover, sexual self-esteem and religion were not studied together as much; there is a lack of literature on how religion affects one's sexual self-esteem. Only a little attention has been given to the relationship. For example, previous research examined religious commitment and sexual self-esteem of women findings noted that the high religious commitment is a strong predictor for lowered sexual self-esteem for women (Abbott, Harris, & Mollen, 2016).

Sexual Preoccupation. Sexual preoccupation defines one's sexual encounter with excessive thinking about sex, sexual fantasies, sexual urges, and involvement in sexual behavior. Similarly, the behaviors are most related to non-paraphilia

Compulsive Sexual Behavior (Coleman, 1992). Sexual preoccupation or thinking about sex in most situations is associated with high involvement in sexual behavior, which is very time-consuming. Therefore, spending time satisfying sexual needs may also impact a person's domestic and occupational areas of life (Winder, 2016). Individuals may experience guilt due to their excessive sex thinking and sexual behavior, which are considered immoral in their cultural or religious perspectives (Magsig & Hailey, 2009). Suppose a person engages in high religious practice and sexual behavior (i.e., pornography). In that case, the conflict between beliefs and behavior can be caused by the problematic features of one's personality (Short, Kasper, & Wetterneck, 2014).

There is no sufficient literature between excessive sex thinking or sexual preoccupation and aggression. Still, some studies support a relationship between compulsive sexual behavior and male sexual aggression (Elmquist, Shorey, Anderson, & Stuart, 2016). Another study by Bonewell (2009) examined the relationship of sexual compulsivity (preoccupation) with intrinsic and extrinsic religious motivations; the finding suggested that individuals with intrinsic religiosity experience less sexual preoccupation than extrinsically motivated. The study also claimed no significant difference among the ethnic groups on religious orientation and sexual compulsivity.

Sexual Depression. Sexual depression is a form of depression that occurs due to sexual incompleteness. The idea concept was described as a feeling of disappointment and discouragement about one's capability of sexual life by Snell and Papini (1989). People can experience sexual depression due to several factors, such as internet and technology pornography, dating sites, and applications that can cause sexual depression, particularly in youth (Hirayama, 2019). Sexuality is one important aspect of individual life to satisfy desires and urges. It also matters for well-being; interestingly, the facts indicate that good sexual relationships and sexual satisfaction are positively associated with life satisfaction (Buczak-Stec, König, & Hajek, 2019). In addition, majorly many sexual behaviors are done between two partners. That process makes individuals very conscious of finding a good sexual partner who can satisfy each other. This compatibility perception can predict sexual depression (Offman & Matheson, 2005). Another study also examines the first positive sexual experiences and sexual satisfaction and sexual depression; the findings suggested that people, who experienced positive sexual encounters, have high sexual self-esteem and are less sexually depressed (Antičević, Jokić-begić, & Britvić, 2017; Smith & Shaffer,

2013).

Global depression and sexual behaviors among men adults are not frequently studied in a clinical setting, but some evidence refers that early sexual experiences in adolescence are associated with depression (Kaltiala-Heino, Kosunen, & Rimpelä, 2003). It is always premised that religious beliefs and attitudes could be a protective factor, such as the relationship between general depression and higher religious attitude was compared to lower religious attitude. The findings showed that a higher religious attitude has low, depressed symptoms (Tahmasbipour & Taheri, 2011). Previous studies also illustrated global depressive symptoms along a religious dimension; it was found that intrinsically motivated individuals have lesser depressive symptoms than extrinsically motivated individuals (Genia & Shaw, 1991; Park, Murgatroyd, Raynock, & Spiliett, 1998).

Theories on Sexuality

Sexuality has been defined based on several theoretical perspectives. These perspectives explain the structure of human sexuality in different dimensions like biological, psychological, social, and other contexts. Following are some relevant theories that can define the study model.

Drive Model of Sex. Sigmund Freud proposed the sex drive model, the basic idea of sexual drive is a component of psychoanalysis theory (Solms & Zellner, 2012). According to Freud, the sex drive explains the sexual motivation, which generally refers to the focus on the desire for sexual activities and sexual pleasure (Stoléru, 2014). The instinct drive is a person's complete sexual drive or sexual activity; it can be influenced by several ways, such as biological, psychological, and social factors. Biological influences can occur in hormones that refer to neurotransmitters and testosterone levels that determine human sex drive. Human sexuality can be manipulated by social factors, such as society, family, and friends. Internal psychological factors also influence sex drives, such as relationship and emotional issues (Petric, 2019). The drive theory focuses on the individualistic approach; according to the model, a high frequency of sexual desire can be found in a person who has a higher sexual drive. People engage in sexual activities for multiple purposes to satisfy their urges, relieve stress, desire for procreation, and increase the feeling of power. The individuals with the higher sex drive would probably think or engage more often than those with a lower drive. Studies on men's sex drive revealed

that men engaged in more sexual thinking, and people reported that the thoughts are unrestrained and unwanted in various situations (Fisher, Aron, & Brown, 2007).

Sexual Strategies Theory. Sexual strategies theory refers to sexual selection theory, a person's selection process for a mating partner. According to the theory, humans have developed several strategies to approach short-term and long-term mating behaviors. These strategies vary in cultural, societal, peer, and parental influences. The basic concept of the study is to focus on differences between men's and women's choice of mating (Buss & Schmitt, 2016). From the perspective of men's sexuality, men prefer to have more mating partners than women in sex life. Men's sexual strategies explain a greater willingness to agree to be countered in sexual relationships with strangers. They are less focused on emotional attachment with their sexual partners throughout their lifespan. Rather, they seek to satisfy their sexual urges. Men show great regret to miss opportunities for sexual activity; men usually experience more intense sexual fantasies about the number of sex partners; men tend to show socio-sexual behaviors. Men prefer to be engaged in more short-term sexual attachments so that they can get pleasure with a large number of partners (Ihab & Sherine, 2013).

Sexual Script Theory. Sexual scripts are the legal norms concerning sexuality that one holds, internalizes, and authorizes through a process of socialization (Wiederman, 2015). Sexual script theory is effective in comprehending and explaining sexual behaviors which occur; the knowledge about sexuality is acquired during childhood and adolescence, as it explains sexual behavior from a global and individual psychological perspective (Wiederman, 2015). The cultural script that drives men's sexuality and shows an important role in the sexual development of adolescents and young adults that shift to sexual maturity and communicates to them about their anticipated sexual roles (Tumbo-Masambo, 2004). Young men obtain messages concerning sexual normalcy, sexual power, and the accurate aspects of sexual expression for a man. In addition, the scripting of sexuality is proposed to socialize and guide men in life circumstances and sexual and gender concerns (Maticka-Tyndale et al., 2005).

Religion

Religion plays an important meaning in human life. It is a central focus in

collective and individualistic lives (Rehman & Ahmad, 2019). Religion is defined as a system of selected behaviors and practices, morals, worldviews, texts, sanctified places, prophecies, ethics, and organizations that transmit humanity to supernatural, transcendental, or spiritual elements (Nolan, Whetten, & Koenig, 2011). Religion is a strong social tool for developing the beliefs system, and it can manipulate people to take control over behavior.

Religion greatly influences human behavior (Agorastos, Demiralay, & Huber, 2014). Religion has been described as a moralizing compass that drives psychological and behavioral characterization by rewarding the actions that benefit the group and punishing those contrary to the common good (Kevin, 2015). Because a human being is a social animal, morality is one of the most important components to maintain people's behaviors in a social setting (Baumeister & Exline, 2000). Religiosity projects an important command of morality (Landor et al., 2011). Studies often showed that religiosity has a significant positive impact on moral beliefs (Bloom & Galen, 2012).

Religion has been identified as one of the most important factors in a person's life; this is because the majority of the world has religious beliefs; according to sources majority of the world's populations recognize an association with religion or religious organizations (Barrett, Kurian, & Johnson, 2001). Religion teaches rewards and punishments of good and bad actions, and it is a religion that labels the behaviors to take control in society (Willard et al., 2020). The idea of punishment emerged as an ethical phenomenon in religious society because the concept of supernatural punishment began as an effective cultural tool to encourage ethical behaviors among group people (Johnson, 2005).

Religion gives shape and frequency to human sexual behavior at any age. It has a multilayered function that can generate both guilt and satisfaction. For example, it can be a source of sexual satisfaction when people follow religious guidelines and marry each other because sexual satisfaction is positively associated with marital status and religion forbidding extramarital sexual relationships (McFarland, Uecker, & Regnerus, 2011). Religion promotes sexual traditionalism, abstinences, and general disapproval (Regnerus, 2007). People conform to religious norms in religious communities because they fear possible social sanctions (Ellis & Levin, 1998). Religious attitude also has an effective role in constructing sexual attitudes and behaviors. People who attend religious services most of the time and who give great

value to religion in their lives are more likely than others to develop sexual attitudes and behavior consistent with their religious doctrines (Odimegwu, 2005). The impact of religion has mostly been observed as a preventing force, which may involve postponing, reducing, and controlling certain behaviors, for instance, premarital and extramarital sexual activity. A religious person's extreme involvement in sexual behavior without a marital relationship may cause psychological distress because the violation of religious norms raises mental consequences of non-conformity, such as guilt and shame, which result from divine punishment (Elliso & Levin, 1998).

Religiosity directly or indirectly impacts people's various behaviors, attitudes, and practices (Graafland, 2017). Much like other behaviors, religiosity and sexuality are nearly linked; religion potentially influences various decisions about sex-related issues such as abstinence, birth control, and abortion (Lefkowitz, Gillen, Shearer, & Boone, 2004). In the perspective of religiosity, studies found that people, who more often attend religious services, are less likely to be sexually active. They have fewer sexual partners in their lives and have less frequent sexual intercourse (Lefkowitz, Gillen, Shearer, & Boone, 2004). Moreover, people who show more religiosity often have later sexual intercourse than non-religious individuals (Penhollow, Young, & Denny, 2005). Whether extrinsically or intrinsically orientated, religious individuals are engaged in less erotic behavior than non-religious (Zaleski & Schiaffino, 2000).

Moreover, religious practices reduce aggressive behavior; therefore, it is assumed that religious people are less aggressive (Wright & Khoo, 2019). Religion can play a mediator role in reconciling community members' peace process (Mahmud, 2017). On the other hand, all religions teach about aggression and violence to their believers for defending their beliefs system and power status. All major religions of the world include narratives, codes, and descriptions of violence and war in their holy books and scripts (Jones & James, 2014). Studies have found that religious commitment was positively correlated to anger if a religion's identity is in threat (Wright & Young, 2017). Another experimental study focused on God's scripture of violence, and the study findings showed that scriptural violence sanctioned by God could increase aggression (Bushman et al., 2007). Similarly, extrinsic religious orientation was positively correlated with such a self-report of vengeance (Greer et al., 2005).

Religious Orientation

Religious orientation has been constructed in the psychology of Religion

(Kirkpatrick, 2005), which makes an understanding of the individuals' differences toward their involvements and expressions of religion. This view of Religion is especially used to explain the effects of religion on the physical, psychological, and social life of people. Allport (1966) explains religious orientation as the nature of the personal religious sentiment, which are motives, attitudes, goals reflected in individuals' involvements of religion, and the degree of significance that a particular religion has in their lives. Studies have been conducted on religious orientation found that how people understand religion; act according to religion; the purpose of believing in religion, and how they construct their religious beliefs and practices in their everyday life (Alandete & Valero, 2013).

People are distinctively orientated towards their religious beliefs to fulfill their psychological and social needs, although there may be many approaches to define, examine and study religion. The present research uses a bifurcation of religion given by Allport (1966). There are two different main approaches of religion 1) intrinsic religious orientation and 2) extrinsic religious orientation (Burch-Brown & Baker, 2016). Religious orientation is a recognized approach to studying religious impacts through two different dimensions of religion that reflect people's emotional regulation toward their religion (Meagher, 2015).

People are different in many ways, even in similar activities; most people follow their religious beliefs in different contexts, not unique. Religion motivation varies with believers, such as some use religion for gaining some social reputation and status, to whom religion has no internal effect of real intrinsic motivation. Those who cognitively different people from each other uniquely act in stressful situations. Masters, Hill, Kircher, Benson, and Fallon (2004) study measured religious orientation with other factors like aging, blood pressure, and interpersonal cognitive stressor. The result indicated that religious orientation has a tremendous role in drawing differences among religious people. Extrinsic orientated participants demonstrated exaggerated reactivity on stressors than young and older intrinsically motivated responders. Religious orientation distinguishes people into two categories regarding mental health: high-level depression, anxiety, and poor sleep quality is associated with higher extrinsic orientation. Unlike externally motivated people, intrinsic individuals have better emotional and mental health states (Hasan et al., 2017).

Religious orientation illustrates that people prefer different cognitive pathways

to pursue religious beliefs and practices. Studies always use religious orientation to find religious differences on different platforms. It was previously applied with sexual behavior studies and found that sexual behaviors and attitudes are positively correlated with religious orientation but potentially show dissimilarities on both sides. Rowatt and Schmitt (2003) identified the positive relationship between the varieties of sexual experiences and intrinsic and extrinsic religious orientation. Besides this, religious people are significantly different in provoking aggression. The study between aggression and religious orientation was conducted on students. The results reported a positive relationship between the variables (Hussain, Awan, & Ameen, 2017).

Intrinsic Religiosity. Intrinsic religious orientation is the drive for experiencing and practicing one's religious beliefs for the sake of the faith itself. Religion is an objective, a purpose pursued in the lack of external support (Neyrinck, Vansteenkiste, Lens, & Soenens, 2010). A person with an intrinsic religious orientation sincerely believes in their religion and all its teachings and attempts. Believers try to live their lives as their religion demands (Whitley & Kite, 2010). To apply intrinsic orientation, people engage in the essential ritual and convince themselves to drive internal satisfaction without achieving anything external (Michaels, Petrino, & Pitre-Zampol, 2021).

People with intrinsic motivation have behavioral patterns that lead them towards spirituality and control to be involved in many irrelevant activities contrary to their religions (Fischer, Malycha, & Schafmann, 2019). Those who have intrinsic religiousness are more likely to feel guilty and confess their wrongdoings when it happens to them (Bélanger, Kruglanski, & Kessels, 2019). Intrinsic followers avoid all kinds of sexual behaviors as they can and concur with marriage. They are negatively correlated with sexual fantasy, non-genital petting, masturbation, premarital intercourse, homosexuality, oral sex, mutual masturbation, and sexual liberalism (Rowatt & Schmitt, 2003). Many studies indicate that intrinsic religiosity is negatively associated with a variety of premarital sexual behaviors among adults because of the pattern of their internal beliefs (Farmer, Paul, & Cindy, 2008). In addition, conservative sexual attitudes and negative perceptions about intimate premarital relationships are most common in internally religious oriented people (Lorenz, Farmer, Trapnell, & Meston, 2010). Haerich (1992) also found that intrinsic religiosity and church attendance were negatively correlated with premarital sexual permissiveness. However, the results showed extrinsic motivation

result was positively related to premarital sexual permissiveness and church attendance.

Religious people have a wide range of religious beliefs and behaviors that affect their personalities in different dimensions (Clark et al., 2017). Leach, Berman, and Eubanks (2008) extended these findings by investigating how religious orientation impacts aggression. The results indicated that intrinsically motivated people are less aggressive than extrinsic motivated because they follow religion's internal beliefs that do not have any external meaning for themselves and cannot be caused by frustration. The present research measures the components of intrinsic motivation to access that link to research assumptions, like intrinsic motivation with 1) sexual self-esteem, 2) sexual preoccupation, and 3) sexual depression impact on aggression.

Extrinsic Religiosity

Extrinsic religious orientation is a religious orientation that mainly focuses on achieving some meaning within religion, like more ultimate goals than religious beliefs themselves. Extrinsically religious people use their religion to meet goals they want, such as social relationships or general satisfaction for their reputation in society. Their behaviors indicate that they are more socially conscious than God itself (Masters, 2013). People who are highly extrinsic religious are likely to be more willing to adhere to social norms and demands than what religion prescribes and teaches them. They are habituated to deviate from religious beliefs to serve their own ideological goals (Whitley & Kite, 2010). According to Allport and Ross (1967), extrinsic individuals use their religion for their motives in life (Francis, 2007).

Psychological well-being is one of the most important aspects of life. Interestingly, the studies show that extrinsic religiosity is more negatively associated with one's well-being than internal religiosity (Doane, Elliott, & Dyrenforth, 2014). Extrinsic religiosity is also negatively related to altruistic behaviors (helping others). The extrinsically motivated individuals are more negatively identified in research on consumer ethics (Arli, Septianto, & Chowdhury, 2021). Moreover, people, who are more socially motivated, use religion for worldly things like the extrinsic individual has a stronger desire for more sexual partners. They want to be engaged in sexual activities with several partners (socio-sexuality). They are more found with unrestricted patterns to prevent sexual intercourse; they are more promiscuous and unfaithful (Ashton, 2013). Sexual behavior outside of marriage may result in heavenly

punishment and direct social consequences, such as stigmatization or judgment from religious community members, leading to feelings of guilt and shame (Vasilenko, Duntzee, Zheng, & Lefkowitz, 2013).

Lai Ling et al.(1990) found that extrinsically motivated people scored high on shame and the personality dimensions of neuroticism than intrinsic religiosity. Extrinsic religions associate higher anxiety traits and depressive symptoms (Doane, Elliott, & Dyrenforth, 2014). Similarly, extrinsic individuals show more aggression in aggressive situations because they are less likely to rely on their faith and focus on external factors (Leach, Berman,& Eubanks, 2008). The research conducted on Pakistani madrassah and male and female school students showed that extrinsic religious orientation is positively related to aggression among the students (Hussain, Awan, & Ameen, 2017).

Theories on Religion

Functionalist's perspective. Durkheim was one of the most influential functionalists who had significant writing work on religion. According to Durkheim, religion is an effective tool to control society; religion is used to control society by imposing religious-based morals and values that help maintain conformity through its structure to take control in society. Durkheim defined the function of religion as that religion's role in maintaining social institutions is obvious. It is because religious institutions apply reinforcing techniques such as punishment and reward by a divine source; individuals who participate in religious practices are always reinforced to build moral obligations and encourage internalizing their religious values. According to the functionalist approach, religious institutions are the leading platform for learning proper social behaviors in societal demands. Religion teaches to worship God, but it also emphasizes people to admire specific behavior, follow the rule of society, and conform to societal values (Shanea, 2003). In terms of sexuality, functionalists explain the role of regulating sexual behavior to confirm marital relationships and family stability. Functionalist Talcott Parsons (1955) theorized that balancing sexual activity is an important component of the family system because social norms encourage sexual practices conservatively within the marital frame and discourage outside marital relationships. Functionalists' perspectives on sexuality asserted that homosexuality could not be promoted as equal to heterosexuality in religion because it can be a problem of procreation and cease reproduction in society; if homosexuality occurs predominantly in the population, it will defeat social norms (Carrington, 2013).

Psychoanalytic Perspective. Religions, according to Freud, emerge from the unconscious desires, longings, and imaginations of human minds, focusing more on neurosis as a psychological origin of religious belief. He theorized that religion serves as a tool to persuade people to believe in the existence of a God or Gods and the gods serve as a medium to overcome the threat of nature, to convince people to accept the cruel nature of their fate, and to promise rewards for the suffering and frustration that humans are required to endure (Susanto & Idris, 2017). According to Freud, religion emphasizes teaching morality (Onete, 2021). Freud defined that the role of religious institutions is to guide social morality, which shapes and restrains primitive human drives such as sexual desire and urges.

Consequently, people and societies as a whole remain unsatisfied with that desire and urge and suffer from neuroses. He described that the consequences of suppression would occur in the latent form of human aggression (Ajvazi, 2021). In addition, in his words, the conflict between sex and aggression, the human instinctual drive has two functions, Eros and Thanatos (Gerber, 2019). The continual repression of the death instinct uttered by society leads to feelings of guilt, which usually remain in an individual's subconscious mind and generate anxiety that disorders can cause. The super-ego is developed by society regarding moral values, which is the consciousness, and punishes the ego for the committed sins (Ajvazi, 2021).

Yinger's Perspective. Yinger (1970) designed a theory in a scientific framework that proposed integrating the interconnection among culture, society, and personal dimensions into the science of religion. He believes that force, conflict, and violence are natural parts of life that must be considered in any theoretical work. He also asserted that religion must be conceptualized on these three levels. In a cultural context, the role of a religion must be understood with the society's demands and influences.

Further, the personal elements of the person who internalizes the religion must be brought to attention. Finally, the social mechanisms that allow religion to exist, prosper, and persist must be investigated. According to Yinger's idea, religion must be studied in a social context so that its function can be fully comprehended as how social behaviors regulate religious phenomena. Religion includes two main bases, which are psychological and sociological.

On the report of psychological view, religion has a bifurcation effect. Firstly, Religion tries to explain mysterious things. However, as people get more educated and

the mysterious becomes more understandable by scientific explanations, religious beliefs must be reduced. As people become better educated with each following generation, religion's role would decrease in society. The second function of the psychological aspect is that it controls people's emotional urges, and to some extent, it fulfills them. Despite the advancement of education, religion remains an important part of social institutions. Religion enables people to deal with a hostile and threatening environment. Religion also plays a positive role by providing hope, consolation, and guidance when they do not have another source to satisfy themselves (Krech, 2015).

Aggression

Aggression refers to any behavior directed towards another person or object with the immediate purpose of causing harm. The offender must intend that the action will become the cause of harm to the target and the target is motivated to escape the behavior or provoke the response to defend itself (Baron & Richardson, 1994; Berkowitz, 1993; Bushman & Anderson, 2001; Geen, 2001). Aggression is also observed as an external expression of wrath that tries to destroy an object or an individual, and it involves intentional activities that result in physically and mentally destructive repercussions (Yıldırım & Çoban, 2018). Aggression is a broad concept in human behavior that can occur in various ways; aggressive behaviors are restricted in situations of physical harm, and different types of aggressive behavior emerge in individuals, particularly depending on circumstances of immediate response (Ahsan, 2015).

Furthermore, Buss (1961) divided aggression into four-dimensional forms. Physical aggression is a behavior that contains physical harm towards others which shows some behavior as hitting, kicking, biting, using weapons, and breaking things or other possessions. Verbal aggression defines any threat or comment directed towards others that indicates any form of harm to another person, including reputational. Hostile aggression is a type of aggression that responds to perceiving a threat or insult that is impulsive behavior and gets intensity by restriction situation towards the desired goals. Finally, anger occurs as an unpleasant state of emotions, personal experiences over time in various situations (Buss & Perry, 1992).

Numerous parts of the human brain work to provoke aggression, in which the amygdala and prefrontal cortex have a significant role (Gibson, 2002). Hormones are also important to determine a high level of aggression. Most importantly, the male sex hormone testosterone is associated with increased aggression in animals and humans

(Dabbs, Hargrove, & Heusel, 1996). The study also found that individuals who show a wide range of aggressive behavior have a high testosterone level (Cohen, Nisbett, Bowdle, & Schwarz 1996). Testosterone is not the only biological factor linked to human aggression. Recent research has found that serotonin is also important as serotonin inhibits aggression. Low levels of serotonin have been found to predict forthcoming aggression (Stangor & Jhangiani, 2014; Virkkunen, de Jong, Bartko, & Linnoila, 1989).

Negative emotions can also lead to aggression, such as bad mood, anger, pain or sick, tiredness, and frustration. Frustration is also one important aspect that leads to aggressive behavior. Frustration can result when people do not achieve the targeted goals individuals set for themselves (Berkowitz, 1989; Dollard et al., 1939; Breuer & Elson, 2017). In this regard, sexual incompleteness and not access to sexual behavior often can lead to sexual frustration in men. For example, aggressive behavior against children and other bystanders is often associated with sexual frustration (Zillmann, 2021). To understand the link between sexual frustration and aggression, the mechanisms of sexuality-aggression by Freud (1905/1917) have received much attention. Freud proposed that the blockage of sexual urges stresses the linked submissive, externally directed aggressive impulses active. These impulses seek passage in the assault on any substitute object that can be any target (Bigda-Peyton, 2004). If this object cannot fulfill the sexual urges, the assault would be destructive and sexual impulses repressed. In the interest of the individual's welfare, sexual frustrations always inspire aggressive actions (Zillmann, 1998).

Sexual frustration can drive aggressive behaviors, and it does not need to form sexual aggression in all circumstances, but they are associated with the sexual incompleteness of individuals (Zillmann, 2021). In addition, sometimes, sexual frustration can cause sexual aggression, such as rape and child molestation (Groth & Birnbaum, 2013). It has been reported that people, who are engaged in these criminal behaviors, are mostly sexually frustrated and want to satisfy their urges (Finkelhor, 1979).

Regrettably, studies did not pay considerable attention to the relationship of these two variables, which have a strong bond to each other (Iannuzzo et al., 2014). Previous studies examined the construct of variables, but majorly they did not differentiate between the terminologies of sexuality and aggression. Rather they precisely focused on sexual aggression (Eckhardt, Norlander, & Deffenbacher, 2004).

Formerly, it was already identified that there is an effective association between anger experiences and frustrating situations. Still, sexual frustration in men adults and its relationship with aggression was not immensely considered (Rinaldi, 2003). The explanation above illustrates that frustration results from lacking the desired objectives, negatively affecting individuals' minds—similarly, sexual frustration work in this manner. There is a high chance that aggression can occur in many forms, such as sexual aggression, physical aggression, or verbal aggression.

Aggression in Males

Previous literature supports that males are generally more aggressive than females in the overt form of aggression, such as verbal and physical aggression (Archer, 2000). From an evolutionary perspective, men have inherited aggression from their ancestors because, in general, attaining higher hierarchical status, survival resources, protecting family, and obtaining competitive advantages in conquering women concerns can increase physical contest and aggressiveness in males (Buss & Duntley, 2006; Gat, 2010). Men show direct aggression at every age; even among children, boys have a higher level of physical aggression than girls (Loeber & Hay, 1997). Evidence supports that male aggression's social expectation is considered more normal than women's. Males must be more competitive to obtain social status in society. Having social status allows men to direct aggression because it is assumed that high social status attracts women and is desirable for healthy mating (Buss & Shackelford, 1997; Goetz, 2010).

Many factors can influence men's sexual aggression one important element is sexuality. Theoretically, Darwin (1871), given the concept of intrasexual selection, defines sexual selection as important in developing male aggressive behavior. It was found that intrasexual selection can shape male aggression. For example, in polygenic societies, where men have more than one wife, men show a high level of aggression, leading to more frustrating situations (Camilleri & Kushnick, 2016). Another component of men's aggressive behaviors is that they possess atypical sexual behaviors known as sexual aggression, and society disapproves of these behaviors. In addition, sexual aggression defines any kind of behavior which forcefully applies to someone for a sexual relationship the victim does not consent to engage in that behavior (Posmontier, Dovydaitis, & Lipman, 2010). Many studies also suggest that

religiosity can predict a low level of sexual aggression because religions often discourage aggressive behavior and condemn all sexual behavior except marital relationships. A four-year longitudinal study examined the impact of religiosity on sexual behavior such as pornography consumption and promiscuity. The findings suggest that religiosity mediates effect on sexual behaviors (Hagen, Thompson, & Williams, 2018).

Moreover, religions widely explain the social behaviors of masses, and sexuality is always the major topic for the preachers and clerics who proscribe religious prohibition and restriction on sexual behaviors like premarital, extramarital, masturbation, and homosexuality (Adamczyk & Hayes, 2012; McFarland, Uecker, & Regnerus, 2011; Schlagdenhauffen, 2021). In this perspective, religions serve as the supplementary forces that block primitive sexual urges of people, and their dissatisfaction feelings cause frustration, which can provoke aggressive behaviors or sexual aggression. As the study defines, frustration occurs due to some blockage of getting the desired goals, which negatively affects the situation, and the burst of frustration often leads to aggressive behavior (Breuer, Johannes, & Elson, 2017). Both aggression and sexual aggression come from the same channel of individual cognitive mechanism, but sexual aggression has an extreme deep-rooted pattern of sexuality than general aggression.

Prevalence of Aggression in Pakistan

Pakistan has faced several problems, including internal security, political, economic, religious, and ethnic issues. Khurshid, Parveen, and Yousuf (2020) conducted a recent comparative study between Australian and Pakistani students to find the prevalence rate of aggression. Results indicated that aggression was high among both samples, but Pakistani students showed higher aggression.

Pakistani students were more aggressive as compared with Australian participants; however, the cultural differences could be a strong predictor to contribute to the development of aggression among students who belong to Pakistan. Interestingly, the results also showed that many Pakistani students specified that frustration is the main cause raise aggression. A considerable number of Pakistani students showed moderate to high levels of aggression. The examiners concluded that maybe some factors contribute to putting more aggression in Pakistani students, such as economic and political issues. Another study was a sample of medical students in a

Pakistani institute. The study aimed to measure the association between exposure to violence and its impact on aggression. The findings revealed that many medical students, who experienced exposure to violent events, were associated with high rates of aggression. Particularly, physical aggression and hostility were more common than others (Mushtaq et al., 2019). In addition, the contribution of another Pakistani study shows that students and teachers demonstrated the major symptoms to recognize aggression are the feelings of discomfort and frustration; however, the causes of frustration were not explained by the participants (Malik & Abdullah, 2017).

Theories on Aggression

The following theories best explain the theoretical model of aggression.

Dual-Instinct Theory. Freud suggested a dual-instinct theory in which the life instinct was emerged by a death instinct, named Thanatos (Freud, 1920). This instinct was a motivating force behind the deterioration of individuals and human life. The life and death drive has a polarized relationship, and any destructive or non-destructive activity can be interpreted as the unique interaction of the enemy powers. Freud proposed that anger and hostility are consequences of internal conflict and the unconscious guilt of humans, which are developed by inevitable sexual desires. Additionally, Freud observed that many impulses comprise both sexual and aggressive mechanisms have several clinical signs that contain the symptoms of sadism, masochism, and ambivalent behaviors. The relation of these two variables consists of varying degrees of conflict between these two innate drives. According to Freud, the death instinct plunges people to be direct aggressive in confronting a physical threat to protect themselves from self-destruction. Displacement and sublimation are central dynamic mechanisms in transforming the possible attack towards the self into an external redirection. This internal dynamic process defines various behaviors, including coping, creativity, self-destruction, and violence against inanimate objects or living beings. According to the dual drive theory, if aggressive impulses do not reach libido, then enlarged aggression and destructiveness can be expected in that situation. In such catastrophic circumstances, the destructive drive gets power as its original form, which causes enormous destructive behaviors. Freud suggested that catharsis or tension-release activities may help to reduce destructive energy (Bjørkly, 2006).

Frustration-aggression hypothesis Theory. The frustration-aggression hypothesis was not only designated how and when aggression will occur but also

explained the elements that can regulate frustrating situations and become aggressive. This theory was extracted from Freud's original works in which he identified the death instinct. According to Dollard and his group, they intended to expand Freud's theory. The frustration-aggression hypothesis explains very simple understanding, which tells when individuals experience frustration (uneasy of goal), they show aggressive behavior. Mostly frustration is the only reason behind aggressive behavior. Frustration always converts itself into aggression. It has an inverse effect (Dollard et al., 1939).

The idea defines that it does not need that aggressive behavior must result from aggression drive like dual-drive theory. Rather it can be consequences of an aversive feeling or an external stimulation that can create unpleasant emotion. Therefore, these characteristics contradict Freud's instinctual consideration; in this sense, aggression is a reactive phenomenon.

In this present study, frustration can be understood better as sexual frustration. For example, when sexual desires and needs do not achieve the desired goals of one's sexuality, it turns over the direction and triggers the chamber walls of frustration. Further, frustration thresholds the level of aggressive behavior. Similarly, Breuer, Johannes, and Elson (2017) proposed that frustration occurs due to some blockage of desired goals, which negatively affects the situation. The burst of frustration often leads to aggressive behavior. Sexual needs and urges are the desired goals that everyone adapts by born. Unsurprisingly, the studies show men have a larger desire for sexuality, and they think about sex persistently than their female counterparts.

On the other hand, religion has an active role in society that continuously tries to restrain the pressure of sexual urges even if it does not allow masturbation to the believers. Resultantly, individuals, who have excessive sexual desires, become sexually frustrated due to the religious forbidden. Empirically, there is a positive relationship between sexual frustration and the religious prohibition on sexuality (Khalil, 2006). The conflict of faith and desire is very aversive and sometimes far away from control. Evidence supports that people, who experience high frustration, are more sexually active but also sexually deprived due to that they show aggression in sexual experiences (Abbey, Jacques-Tiura, & LeBreton, 2011; Kanin, 1967)

Social Learning Theory. Social learning theory is the leading scientific method of psychology hitherto. The implications of the theory were broadly applied to aggressive behavior by the contribution of Arnold Buss and Albert Bandura (Björkly, 2006). According to the perspective, aggressive behaviors are particularly learned

during childhood because one actively observes in their environment. Individuals experience positive and negative reinforcement when exhibiting aggressive behavior (Leff & Tulleners, 2009). This theory provides how social norms are learned and internalized during childhood and adolescence (Telzer & Do, 2018).

In addition, religion is also a social phenomenon that individuals have in life, such as visiting the congregation. Religion also reinforces aggressive behavior for different motives. For example, all religion teaches about aggression and violence because the world's major religion includes narratives, codes, and descriptions of violence and war (Jones & James, 2014). Especially, individuals, who prefer regular presence in a religious institution and use religion to fulfill their social status and needs, show more aggressive behavior (Leach, Berman, & Eubanks, 2008).

Besides this, social learning theory implications can be better understood in the context of sexual violence. For instance, children, who have become victims of sexual violence or abuse, may grow with partial views on sex and may develop an affectionate feeling with the abusive behavior. In later life, they adapt it. The victim of sexual aggression has learned that specific sexual encounters may be satisfactory or beneficial. There is a high chance that children become the same behavior orientated in adulthood (Finkelhor & Browne, 1985; Sharma, 2017).

Relationship Between Variables

The previous studies showed the relationship among the variables in disjointed frameworks. There is not a clear image of the construction of sexuality, religious orientation, and aggression in any study. The following studies show the possible relationship of the variables in different contexts.

Relationship Between Sexuality and Religious Orientation. Only some studies illustrate the combined framework of the relationship between sexuality and religious orientation, although some relevant research shows the association of the variables in other directions. McMillen, Helm, and McBride (2011) examined the relationship between the present study variables of religious orientation and sexuality. The study has shown that individuals with intrinsic religious orientation were more conservative toward their sexual values and practices. In contrast, the extrinsic participants reported more liberal views for sexuality. The initial purpose of the study was to assess the association between religious orientation and several premarital sexual behaviors and attitudes on the sample of traditional religious students. The results indicated that students, who see themselves as open-minded about religion,

may possess the same perspective regarding their sexual attitudes.

Similarly, the study was conducted on the population of emerging adulthood to examine the relationship between religiosities, such as group affiliation and attendance at religious service, and sexual behaviors, which includes abstinence, age to onset, lifetime partners, sexual attitude, conservative attitude, perception of vulnerability to HIV, and condom usage. The finding suggests an association between the variables that religiosity behaviors were effective predictors for all those dependent sexual behaviors. Further, many aspects of religiosity related to the general sexual attitudes of those individuals (Penhollow, Young, & Denny, 2005).

Another study was particularly conducted on women samples to measure the relationship between religious commitments and several sexual behaviors like reducing sexual activities, poor sexual satisfaction, and sexual guilt. All participants were undergraduate students who identified themselves as Christian. Here, assessable questionnaires were used. The findings demonstrated that women with high religious commitment hold more conservation sexual attitudes. There was a significant relationship between religious commitment and the overall sexual self-esteem of women with a strong religious attitude. The people, who showed high religious commitment, reported low sexual self-esteem (Abbott, Harris, & Mollen, 2016).

Previous literature showed the correlation between religious orientation and the sexual dimension of personality, such as short-term and long-term mating behaviors, with Big Five personality factors (Rowatt & Schmitt, 2003). The study examined a sample of 161 individuals who completed the study questionnaires. Further, the results suggested that intrinsic religiosity is positively correlated with more restrained sexual urges like low socio-sexuality and less desire for a large number of sex partners across time. In contrast, the extrinsic participants were positively linked with unrestrained sexual desires and urges; they have high socio-sexuality and prefer to take pleasure with multiple sexual partners (Rowatt & Schmitt, 2003).

Relationship between Religious Orientation and Aggression. A Pakistani survey examined the relationship between religious orientation and aggression of the students of schools and madrassahs. The results demonstrated that the urban and rural students are significantly different on aggression and religious orientation scales. Further, it specified that students, who belong to madrassahs, reported higher aggression than the school students. The study concluded that the religious orientation

of the students has an important effect in predicting aggression. It indicated that religious beliefs and faith help investigate the behaviors, such as aggression and intolerance (Hussain, Awan, & Amin, 2017).

Leach, Berman, and Eubanks (2008) conducted a twofold (experimental and self-reported). The study aimed to identify individuals' religious beliefs on aggression. The data was gathered from the participants. The finding presented that intrinsic orientated individuals showed less aggression by self-reporting, but there was no difference in overt aggression. Further, the extrinsic orientation was subdivided into two forms (extrinsic personal and extrinsic social). It found a positive relationship between aggression and extrinsic orientation. Extrinsic personal subscale was positively correlated with self-report and behavioral aggression.

Relationship between Sexuality and Aggression. As aforementioned in the literature material, sexual behaviors and human aggression theoretically share a strong bond, but previous studies did not study the relationship between these two variables. However, little empirical evidence explains their relationship sufficiently. For instance, a study examined the relationship between the trait anger and dysfunctional sexual behaviors. The study included 410 voluntary participants, 199 men and 211 women, students at Messina University in Italy. The data was run for the analysis and found a relationship between trait anger and sexual excitement and fulfillment. Unexpectedly, both male and female genders did not indicate a noticeable difference.

Moreover, a negative effect of trait anger on sexual behavior was reported. It presented that a high level of anger can decrease sexual excitement and motivation, impacting sexual behavior. The study reported that a positive relationship between anger and sexual behavior was more significant for men than women (Muscatello et al., 2010).

Rationale

Sexual health is one of the most important factors to lead life satisfaction. People who face sexual problems and report difficulties experience severe frustration and low self-esteem in their relationship because sometimes they cannot easily cope with these issues. Interestingly, although a Pakistani study sample was based on women, it concluded that marital satisfaction and life satisfaction could not be achieved without a satisfying sexual life (Bilal & Rasool, 2020). In public, sexual behaviors or sex talks are considered taboo in countries like Pakistan (Shaikh & Ochani, 2018). Pakistan's population is 216 million with a 2.1% annual growth rate

and the fifth-highest populated country in the World (Abbas, Xu, & Sun, 2021); the majority are recognized with youth who share almost 63% population of the country. Considering this figure, it is indispensable that all aspects of human life be taken seriously. Unfortunately, men's sexual health is being ignored; only a few studies can identify men's sexual issues (Tutino, Shaughnessy & Ouimet, 2018; Walther, Mahler, Debelak & Ehlert, 2017). Therefore, the present research would like to explore this.

Sexuality itself is a broader term that involves a lot of concepts; measuring sexuality in the Pakistani men's population is important because it can construct a new understanding. It will help to reach a significant amount of information about men's sexual health. In Pakistan, previous studies have specifically focused on exploring urban male non-marital sexual behaviors in, such men having sex with men (Mir et al., 2013); sexual behaviors among truck drivers (Agha, 2002); and the prevalence of HIV and sexually transmitted diseases (Mir, 2009; Saleem, Adrien, & Razaque, 2008). Some of the most important predictors can exhibit unusual sexual behavior in society.

Sexual behavior can be influenced by many factors, in which religion is one of the main components to shape and give frequency to individual sexuality. However, religion is always a helpful predictor for people's well-being, but religious motivation differs from individual to individual. Religious orientation explores the different dimensions of persons to pursue the religion; it fulfills their internal and external needs, and it was found that individuals practice religion for different purposes. In Pakistani society, religion has an important value; people often can discuss religious ideas and concepts, such as eating, clothing, and behaving, to act appropriately as religious demands. Islam discourages and prohibits premarital and extramarital sexual relationships like other major religions. But still, Pakistan is among most top porn-searching countries (Zaheer, 2018). Sexual violence in a marital relationship is also common among married couples in which women experience and become victims of men aggression (Hussain & Khan, 2008).

Previous studies found that individuals follow religion through intrinsic and extrinsic orientations for different purposes, impacting their sexual behavior. Similarly, the findings revealed that people are different in their aggression level; intrinsic orientated are less aggressive than extrinsic orientated (Greer et al., 2005). The relationship between religious orientation and sexual behavior, attitude, varieties of experience were collectively studied in which it was found there are significant

relationship between the variables (McMillen, Helm Jr., & McBride, 2011; Penhollow, Young, & Denny, 2005; Rowatt & Schmitt, 2003).

In addition, aggression in men is often associated with sexual behaviors, such as sexual violence in a marital relationship. Mostly, women become victims of men's aggression (Hussain & Khan, 2008). These harmful sexual behaviors are always on the mainstream media of the country, for instance, sexual harassment against women, child sexual abuse, and men sexual aggression in domestic violence (Ali, Naylor, Croot, & O'Cathain, 2015; Imtiaz & Kamal, 2021; Gillani, 2009). In these instances, men are mostly perpetrators and face different kinds of sentences according to the nature of their crime. Therefore, there is a dire need to examine this area and contribute more empirical evidence. For example, the relationship between anger and sexuality was also examined in women's samples (Muscatello et al., 2010). Moreover, studies in different dimensions and samples examined the relationship between religious orientation and aggression (Hussain, Awan, & Amin, 2017; Leach, Berman, & Eubanks, 2008). It can be seen there is an observable dearth of study among the variables because previously they were not examined together, rather than the variables have a strong direction for each other.

The prevalence of aggression in Pakistan needs adequate consideration of various dimensions. Indeed, sexuality and religion are dynamic and contextual; however, some ground factors also manifest aggressive behavior, such as political and economic issues. The current empirical evidence is insufficient to broadly elaborate the relationship among aggression, sexual behaviors, and religious attitudes. Unfortunately, there is a noticeable gap between the variables (sexuality, religious orientation, and aggression), and more studies are required to fulfill the aperture of their connection. Here, the present study would like to fulfill the gap and explore the relationship in a uniform direction so that the concrete knowledge of the variables can be elaborated on the Pakistani.

The present study used a quantitative method because it is easy to reach participants who could rate themselves on sexuality. The self-report technique is appropriate for gathering the data because people are often reluctant to talk about sex and intimate relationships in Pakistani society. Sexuality is a broader concept; for men's sexuality, it is important to use the instrument to give broader information. The Sexuality scale by Snell and Papini (1989) is a useful tool to see different aspects of males' sexual life, such as sexual self-esteem, sexual preoccupation, and sexual

depression are considered the most significant dynamics in the present study. Similarly, to measure people's religious orientation and aggression level, the method is suitable to collect a large amount of data that can better understand the nature of the present study variables in this population.

Chapter 2

Method

The major research goals were discussed in the preceding chapter, and research questions were identified based on previously cited literature. The operational definition of study variables has been specified with the definition. This chapter will also contain a brief description of the sample and tools in this study. Lastly, the procedure followed for the data collection is explained.

Objectives

1. To examine the relationship among sexuality, religious orientation, and aggression.
2. To examine the role of various demographic (age, education, religion prayer, marital status, number of children, and socioeconomic status) concerning study variables.

Research Hypotheses

1. There will be a positive relationship between sexuality and religious orientation in male adults.
2. There will be a positive relationship between sexuality and aggression in male adults.
3. There will be a positive relationship between religious orientation and aggression in male adults.
4. Male adults with high sexual self-esteem and extrinsic religious orientation will have high-level aggression than male adults with low sexual self-esteem and intrinsic religious orientation.

5. Male adults with high sexual preoccupation and extrinsic religious orientation will have high-level aggression than male adults with low sexual preoccupation and intrinsic religious orientation.
6. Male adults with high sexual depression and extrinsic religious orientation will have high-level aggression than male adults with low sexual preoccupation and intrinsic religious orientation.

Operational Definitions

Major study variables were operationally defined as follows.

Sexuality. Sexuality in the current study is defined as the sexual self-concept. It emerges as a broader concept of one's sexual preferences. The dimensions of sexuality identify the three areas of men's sexuality. First, sexual self-esteem refers to one's feeling, attitude, or behavior to perceive the own sexuality. A high score on sexual self-esteem indicates positive feelings towards one's sexual behavior and experiences. A low score indicates one's negative attitude toward own sexual experiences individual has. Sexual preoccupation explains the thinking about sex and sexual activity most of the time; a high score on sexual preoccupation shows excessive thinking about sex and sexual behavior; in contrast, a low score demonstrates less sexual thinking. Finally, sexual depression refers to one's sexually depressed who perceive low sexual drive compared to others; a high score indicates that an individual is sexually depressed and dissatisfied with his sexuality. On the other hand, a low score on sexual depression shows an individual normal sexual life without any difficulty (Snell & Papini, 1989).

Religious Orientation. Religious orientation is related to one's oriented behavior toward the religion. Religious people are different and perspectives about the religious beliefs and attitudes. Religion orientation defines how an individual sees religion in his life and how a person gives importance to religion in life according to teaching; a high score indicates higher religious orientation (Allport & Ross, 1967). Religious orientation was further subdivided into two aspects; intrinsic religious orientation, also known as intrinsic religiosity, is described as a religion that serves no other purpose rather satisfies one's desires. Individuals defined as intrinsically religious see their religion as the basis for their lives, and they strive to practice their faith faithfully. On the other hand, extrinsic religious orientation is a desire to meet needs. Individuals who hold an extrinsic religious orientation may look to their faith for a sense of protection and safety in the face of life's challenges, or they may see

their religion as a place to make friends, find help, or even elevate their social status. Specified that intrinsic and extrinsic religious orientation are separate concepts within the theoretical framework of Allport and Ross, distinct scores were obtained for the intrinsic scale measuring intrinsic religious orientation and the extrinsic scale measuring extrinsic religious orientation (Lew et al., 2018).

Aggression. Aggression is defined as any behavior directed at another person with the immediate (quick) intent to harm others. Furthermore, the perpetrator must believe that the behavior will harm the target and that the target is motivated to avoid it (Bushman & Anderson, 2001). Aggression in the present study involves varieties of aggressive behavior one provokes, such as physical aggression, verbal aggression, and hostile aggression. High scoring on overall aggression shows an individual has high levels of aggression. A low score shows the individual does not have problematic aggression and scoring on the rest dimensions shows each high or low level of aggression.

Sample

The research sample comprised 300 male adults. Details are as follows:

Table 1
Frequency and Percentage of Demographic Variables (N=300)

Demographic	Frequency	Percentage
Age		
20-30	152	50.70%

31-40	119	39.70%
41-Above	29	9.70%
Education		
Graduated	118	39.30%
Postgraduate-Above	182	60.70%
Marital Status		
Single	166	55.30%
Married	134	44.70%
Family System		
Nuclear	139	46.30%
Joint	161	53.70%
Socioeconomic Status		
Upper class	15	5.00%
Middle Class	247	82.30%
Lower Class	38	12.70%
Ethnicity		
Punjabi	143	47.70%
Sindhi	25	8.30%
Baloch	37	12.30%
Pashtun	65	21.70%
Others	30	10.00%
No of Children		
Have no Children	171	57.00%
Have Children	129	43.00%
Prayer Times		
5times a day	142	47.30%
4times a day	46	15.30%
Less than 4times a day	112	37.30%

Note: others;refers to other ethnicities,includingGilgit, Baltistan, Kashmiri, Saraiki,Memon, and Urdu speaking.

Instruments

The Sexuality Scale (Snell & Papini, 1989).The sexuality scale is constructed to measure the different dimensions of one's sexuality. The scale consists of thirty items; the scale is divided into three subscales; sexual self-esteem, sexual preoccupation, and sexual depression. Statements regarding one's sexuality of all kinds are given, and respondents were asked to rate on a seven-point intensity on the Likert scale, ranging from strongly agree to disagree strongly. Items number 5, 9, 10, 11, 13, 14, 19, 21, 23, 24, 25, 27, 28, 29 and 30 are reversed statements in the scale.

A high score shows a high tendency has about sexuality. Alpha reliabilities for subscales are following sexual self-esteem ($\alpha = .92$), sexual preoccupation ($\alpha = .88$) and sexual depression ($\alpha = .90$) (Snell & Papini, 1989).

Religious Orientation (Allport & Ross, 1967). The scale was designed to measure an individual's religious orientation. It is designed to assess one's personality religious dimension. The scale consists of two subscales: Intrinsic religious orientation (religion as an end unto itself) and extrinsic religious orientation (religion as a mean to some end, like social status). The scale consists of fourteen items, and all items are five-point Likert-type ratings. It is a five-point response scale ranging from 1 (*strongly disagree*), 2 (*disagree*), 3 (*neither agree nor disagree*), 4 (*agree*), and 5 (*strongly agree*). The Alpha reliability of scale is ($\alpha = .73$) (Allport & Ross, 1967).

The Aggression Questionnaire (Buss & Perry, 1992). Aggression is a personality trait associated with antisocial behavior. The Aggression Questionnaire, created by Buss and Perry (1992), is one of the most widely used instruments for studying it. It consists of 29 items divided into four categories: physical aggression, verbal aggression, anger, and hostility. It is a Likert-type scale, which has a five-point response from 1 (extremely uncharacteristic for me), 2 (somewhat uncharacteristic for me), 3 (neither uncharacteristic nor characteristic), 4 (somewhat characteristic for me), and 5 (extremely characteristic for me). The alpha reliability of the four factors is physical aggression ($\alpha = .85$), verbal aggression ($\alpha = .72$), anger ($\alpha = .83$) and hostility ($\alpha = .77$) (Buss & Perry, 1992). A high score indicates the tendency of a severe form of aggression.

Demographic Sheet: A detailed demographic sheet has been developed to quantify various important demographic characteristics. The demographic sheet includes comprehensive information on an individual's age, education level, marital status, family system, socioeconomic status, children, ethnicity, and the number of prayers said in a day.

Procedure

Data for the present research was both online and face-to-face. The online method involved emails and social media sites, such as WhatsApp, Facebook where individuals were requested to participate in the study. Further, the face-to-face technique was conducted in different areas, which involves universities in Islamabad (Quaid-i-Azam University and the International Islamic University of Islamabad) and public and private sectors of Islamabad (banks, property offices, mobile franchises,

car showrooms, diagnostic laboratories, and others). Approval was obtained from the heads of each relevant area for the study purpose. Informed consent was obtained from each participant on a form, and its information was maintained. Each participant received a questionnaire booklet focusing on study variables and was asked to fill out the questionnaires appropriately, honestly, and accurately. The participants knew the purpose and nature of the study. Participants were asked to leave the questionnaire if they did not like to participate. No compulsion was made on the participants. The contents of the questionnaires were anonymous since no personal identification was required like name, email address, phone number, etc. The collected data were kept confidential and only used for statistical analysis of the published data.

Although there was no time limit to complete the questionnaire, respondents normally took 25 to 30 minutes. Some participants requested to leave the questionnaire with them. They will hand it over the next day for their comfort. Some participants asked questions while the questionnaire was being filled out; they were replied to on the spot to understand the statement better. Later, the participant was thanked verbally and expressed gratitude for their time and valued study information.

Chapter 3

Results

The current study explored the link between sexuality, religious orientation, and aggression among male adults. The demographics studied among the targeted sample were age, education, marital status, socioeconomic status, family system, children, ethnicity, and prayer times. SPSS-21 was used for several statistical analyses. Cronbach's alpha reliability coefficient determined the internal consistency of the scales. Pearson Product Moment Correlation was calculated to determine the relationship between the current study variables: religiosity, sexuality, religious orientation, and aggression. An independent sample *t*-test was computed on the marital status, education, family system, children, and three assumptions of the research questions for finding the differences. ANOVA was computed to compare age groups, ethnicity, prayer times, and socioeconomic status.

Reliability and Descriptive Statistics of the Measures

Cronbach's alpha reliability coefficients were calculated for every scale and their subscales to measure the internal stability and establish the applicability of the scales on the sample of 300 adult males and the descriptive statistic of the constructs (see Table 2).

Table 2

Cronbach's Alpha and Descriptive Statistic and Reliability Estimate for Study Variables (N=300)

Scales	<i>k</i>	α	<i>M</i>	<i>SD</i>	Range		Skewness	Kurtosis
					Actual	Potential		
Sexuality scale	30	.92	124.35	28.08	34-191	30-157	-.31	-.23
Sexual self-esteem	10	.73	42.47	9.19	10-62	10-52	-.50	.14
Sexual preoccupation	10	.83	35.94	10.05	10-58	10-48	-.21	-.68
Sexual Depression	10	.78	41.54	9.99	13-67	10-54	-.36	-.33
Aggression questionnaire	29	.92	94.17	19.21	48-137	29-89	-.19	-.67
Anger	6	.73	22.36	5.53	9-35	6-26	-.23	-.47
Hostile	8	.73	26.47	5.60	11-40	8-29	-.35	-.29
Physical aggression	9	.80	28.73	7.10	10-43	9-33	-.30	-.55
Verbal aggression	5	.48	16.61	3.26	8-25	5-17	-.12	-.37
Religious orientation	14	.83	49.43	9.12	14-70	14-56	-1.070	2.64
Extrinsic orientation	6	.74	20.59	4.52	6-30	6-24	-.55	-.95
Intrinsic orientation	8	.88	28.83	5.33	8-40	8-32	-1.21	2.90

Table 2 illustrates the descriptive measurements and reliability estimates of the study variables. Results showed that sexuality scale, religious orientation, and aggression were reliable to measures of the related constructs as alpha coefficient ranged from .48 to .92. A large alpha indicates strong item covariance or homogeneity and suggests that the sampling domain has been captured adequately (Yang & Green, 2011). In addition, means obtained by respondents on each construct also showed that the majority response set was quite average. Finally, Table 1 further indicated that skewness and kurtosis values were in a desirable range, suggesting the normality of the present sample (Blanca, Arnau, López-Montiel, Bono, & Bendayan, 2013).

The relationship among Study Variables

Table 3 shows the correlation of study variable

Table 3*Pearson Correlation between study variables (N=300)*

variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Age	-	.42**	.26**	.14*	.41**	.38**	.40**	.24**	.18**	.26*	.26**	.05	.21**
2.Sexuality scale		-	.63**	.19**	.93**	.94**	.95**	.56**	.57**	.60**	.48**	.09	.28**
3.Agression			-	.28**	.60**	.58**	.60**	.90**	.90**	.93**	.76**	.21**	.31**
4.Religious orientation				-	.24**	.16**	.12*	.27**	.27**	.24**	.22**	.93**	.91**
5.Sexual esteem					-	.80**	.83**	.53**	.55**	.56**	.47**	.16**	.30**
6.Sexual preoccupation						-	.87**	.51**	.51**	.55**	.43**	.07	.25**
7.Sexual depression							-	.54**	.55**	.57**	.46**	.03	.20**
8.Anger								-	.76**	.81**	.57**	.22**	.28**
9.Hostille									-	.77**	.66**	.20**	.30**
10.Physical aggression										-	.62**	.16**	.30**
11.Verbal aggression											-	.18**	.24**
12.Intrinsic orientation												-	.70**
13.Extrinsic orientation													-

** $p < .01$ (2-tailed); * $p < .05$.

Table 2 presented correlation matrix computed for all variables and their subscales. Result indicated that Sexuality scale has positive significant relationship with religious orientation $r = .19$ and its subscales, extrinsic orientation positively related to sexuality $r = .28$, but there is non-significant relationship between sexuality with intrinsic orientation $r = .09$. Further, relationship between sexuality and aggression positively and significantly related $r = .63$. Religious orientation also positively and significantly correlated to aggression $r = .28$. Moreover, intrinsic religious orientation has positive significant relationship with aggression $r = .21$, and extrinsic also significantly correlated to aggression $r = .31$. In addition, sexual esteem has positive significant relationship with aggression $r = .60$, intrinsic orientation $r = .16$ and extrinsic orientation $r = .30$. Findings also indicates sexual preoccupation positively correlated with aggression $r = .58$ and extrinsic religious orientation $r = .25$, but there is non-significant relationship between sexual preoccupation and intrinsic orientation $r = .07$. In last, sexual depression showed positive relationship with aggression $r = .60$ and extrinsic orientation $r = .20$, and non-significant with intrinsic orientation $r = .03$.

Group Differences on Study Variables

Independent sample *t*-test used to study differences along with the demographic assumption, i.e., Education (graduation & post-graduation or above), family system (nuclear & Joint), marital status (single & married), and children (have no children & have children) see Table 3, 4, 5, & 6 respectively.

Table 4

Graduate/UG (<i>n</i> =114)	PG/above (<i>n</i> =182)	95% CL	Cohen's
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Variables	<hr/>		<hr/>		<i>t</i>	<i>p</i>	<hr/>		<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Sexuality scale	118.87	26.93	127.92	28.55	-2.71	.01	-15.62	-2.50	.32
Sexual self-esteem	40.96	8.73	43.42	9.47	-2.23	.03	1.13	-.30	.27
Sexual preoccupation	34.02	9.94	37.21	10.00	-2.68	.01	-4.83	-.85	.31
Sexual depression	39.76	9.77	42.70	10.08	-2.47	.01	-.56	-.59	.30
Aggression questionnaire	92.30	21.60	95.68	17.55	-1.48	.14	-7.90	-1.13	-
Anger	22.23	6.05	22.55	5.17	-.50	.62	-4.62	.97	-
Hostile	26.04	6.21	26.85	5.18	-1.21	.23	-.30	.51	-
Physical aggression	27.89	7.90	29.35	6.57	-1.71	.09	-5.54	.22	-
Verbal aggression	16.14	3.50	16.93	3.09	-2.04	.04	-.85	.03	.24
Religious orientation	47.79	11.54	50.48	7.12	-2.49	.01	-4.83	-.56	.28

Individual Difference of Education Level across the Study Variables (N=300)

Note. UG: Undergraduate; PG/Above: Postgraduate/and above postgraduate study.

Table 4 depicted education differences on study variables. The finding showed significant education differences in sexuality and religious orientation. The above-graduated individuals exhibited higher than till graduation individuals. Still, there are no significant differences among the individual on aggression. Finding also indicated that sexuality subscales have a significant difference in which higher graduation are more sexually depressed, sexually preoccupied, and have more sexual esteem than until graduated individuals. However, there is no significant difference occurring on the subscales of aggression that show that there are no differences between till graduated individual and above graduated participants.

Table 5

Variables	Nuclear		Joint		<i>t</i>	<i>p</i>	95% CL		Cohen's <i>d</i>
	<i>(n=139)</i>		<i>(n=161)</i>				<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Sexuality scale	125.93	27.53	122.99	28.56	.90	.36	-3.47	9.33	-
Sexual self-esteem	42.89	9.15	42.10	9.24	.74	.45	-1.30	2.89	-
Sexual preoccupation	36.34	9.96	35.60	10.14	.63	.52	-1.56	3.03	-

Sexual depression	42.33	9.80	40.86	10.13	1.27	.20	-.80	3.74	-
Aggression questionnaire	94.14	19.70	94.20	18.83	-.02	.98	-4.44	4.33	-
Anger	22.42	5.65	22.31	5.45	.17	.86	-1.15	1.37	-
Hostile	26.45	5.52	26.49	5.68	-.06	.95	-1.32	1.24	-
Physical aggression	28.76	7.24	28.71	6.99	.05	.96	-1.58	1.66	-
Verbal aggression	16.52	3.42	16.68	3.13	-.44	.66	-.91	.58	-
Religious orientation	49.24	9.39	49.58	8.90	-.32	.74	-2.42	1.74	-

Individual Difference of Family system on the Study Variables (N=300)

Table 5 shows the family system differences across the study variables, sexuality, religious orientation, aggression, and dimensions. The mean scores on all variables of nuclear ($n=139$) and joint ($n=161$) showed a non-significant mean difference among Nuclear and Joint individuals. The result indicated that no significant difference existed among the study variables.

Table 6

Variables	Single ($n=166$)		Married ($n=134$)		t	p	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
Sexuality scale	114.92	24.89	136.04	27.47	-6.98	.00	-27.09	-15.17	.80
Sexual self-esteem	39.61	8.48	46.00	8.83	-6.36	.00	-8.36	-4.41	.73
Sexual preoccupation	32.77	9.24	39.87	9.64	-6.49	.00	-9.26	-4.95	.75
Sexual depression	38.31	9.31	45.54	9.39	-6.68	.00	-9.36	-5.10	.77
Aggression questionnaire	90.58	19.17	98.63	18.36	-3.68	.00	-12.35	-3.75	.43
Anger	21.48	5.87	23.45	4.89	-3.11	.00	-3.21	-.72	.36
Hostile	25.76	5.57	27.36	5.53	-2.48	.01	-2.87	-.33	.29

Physical aggression	27.29	6.95	30.52	6.90	-4.02	.00	-4.82	-1.65	.47
Verbal aggression	16.05	3.33	17.30	3.05	-3.35	.00	-1.98	-.52	.40
Religious orientation	48.10	10.04	51.07	7.54	-2.85	.01	-5.04	-.92	.33
<i>Individual Difference of Marital Status Differences across the Study Variables(N=300)</i>									

As Table 6 indicates, there is a significant difference between single and married on the Sexuality scale; married individuals reported high on sexuality than single individuals. The results also showed that on sexuality subscales, there is also a significant difference in the means scores; married individuals also have a high level of sexual esteem, are more sexually preoccupied, and are sexually depressed than single individuals. Similarly, there is also a significant difference between married and single individuals on religious orientation and aggression; married participants were more religious orientated than single. The mean scores of aggression subscales have significant differences; married individuals have scored high on anger, hostility, physical and verbal aggression compared to single individuals. Married individuals are highly aggressive than single.

Table 7

Individual Difference of Children on the Study Variables (N=300)

Variables	No Children (n=171)		Have Children (n=129)		t	p	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
Sexuality scale	113.96	25.15	138.1	25.81	-8.15	.00	-30.01	-18.34	.95
Sexual self-esteem	39.30	8.53	46.70	8.35	-7.46	.00	-9.30	-5.42	.90
Sexual preoccupation	32.50	9.45	40.50	8.97	-7.42	.00	-10.12	-5.88	.86
Sexual depression	38.01	9.41	46.22	8.75	-7.71	.00	-10.31	-6.12	.90
Aggression questionnaire	89.50	19.58	100.40	16.88	-5.04	.00	-15.10	-6.62	.60
Anger	21.22	5.91	23.87	4.58	-4.21	.00	-3.88	-1.41	.50
Hostile	25.46	5.78	27.81	5.08	-3.68	.00	-3.61	-1.09	.43
Physical aggression	26.88	6.98	31.19	6.52	-5.44	.00	-5.86	-2.75	.64
Verbal aggression	15.94	3.41	17.50	2.84	-4.21	.00	-2.29	-.83	.50
Religious orientation	48.20	10.37	51.10	6.83	-2.71	.01	-4.93	-.79	.32

Table 7 showed the differences among the participants who had no children ($n=171$) and children ($n=129$) on study variables. Findings indicated a significant difference in the Sexuality scale, where children had reported high overall sexuality. Results also highlighted a significant difference in the subscale of sexuality. Participants who had children were high in sexual esteem, more sexually preoccupied, and more sexually depressed than those with no children. Results also illustrated significant differences in religious orientation; those who had children were more religiously oriented than no children persons. Similarly, the individuals who had children who reported high on aggression also the individual who had children showed more anger, physical aggression, hostile and verbal aggression than participants who had no children.

Individual Differences on Research Questions

Three assumptions were made to find the differences in the research questions, with individuals falling in the respective categories. Further, the assumptions were applied on an independent t-test to compare aggression levels. Table 8 (assumption 1) includes individuals with high sexual self-esteem and intrinsic religious orientation and individuals with low sexual self-esteem and extrinsic religious orientation on aggression. Table 9 (assumption 2) contains the individuals with high sexual preoccupation and extrinsic religious orientation and low sexual preoccupation and intrinsic religious orientation on aggression. Table 10 (assumption 3) consists of individuals with high sexual depression, extrinsic religious orientation, and low sexual depression and intrinsic religious orientation.

Table 8

Variables	Extrinsic ($n=71$)		Intrinsic ($n=91$)		t	p	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
	Aggression questionnaire	105.54	11.14	80.95			16.49	10.79	
Anger	24.94	3.51	18.95	4.85	8.78	.00	4.65	7.35	1.41

Hostile	29.63	3.29	22.97	5.00	9.71	.00	5.31	8.02	1.57
Physical aggression	32.97	4.29	24.03	6.55	9.95	.00	7.17	10.71	1.61
Verbal aggression	17.99	2.44	15.00	3.22	6.50	.00	2.08	3.89	1.04

Individual Differences of High Sexual Self-esteem, Extrinsic Religiosity and Low Sexual Self-esteem, Intrinsic Religiosity on Aggression (N=162)

Table 8 indicated assumption 1 in aggression levels; results indicated a significant difference in overall aggression levels. The finding suggests that high sexual esteem individuals with extrinsic orientation are significantly different in aggression than low sexual self-esteem with intrinsic motivation. High sexual esteem individuals with extrinsic orientation show higher aggression than individuals with low sexual self-esteem with intrinsic religious orientation. Respectively, high sexual esteem individuals with extrinsic orientation exhibited higher aggression on each subscale of aggression, such as, they were higher on anger, physical aggression, hostile and verbal aggression. Assumption 1 explored that individual with high sexual esteem and extrinsic orientation are more aggressive than low sexual self-esteem individuals with intrinsic motivation.

Table 9

Individual Differences of High Sexual Preoccupation, Extrinsic Religiosity and Low Sexual Preoccupation, Intrinsic Religiosity on Aggression (N=172)

Variables	Extrinsic (n=71)		Intrinsic (n=101)		t	P	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
Aggression questionnaire	104.96	12.21	82.98	17.75	9.03	.00	17.18	26.78	1.44
Anger	24.85	3.72	19.49	5.35	7.29	.00	3.91	6.81	1.16
Hostile	29.39	3.53	23.76	5.34	7.77	.00	4.20	7.06	1.24
Physical aggression	32.94	4.44	24.48	6.94	9.06	.00	6.62	10.31	1.45
Verbal aggression	17.77	2.65	15.26	3.35	5.28	.00	1.58	3.46	.83

Table 9 showed assumption 2 in aggression level of different dimensions participants; findings suggest a significant difference between these two groups on aggression. High sexual preoccupation with extrinsic religious orientation showed a higher level of aggression than individuals with low sexual preoccupation and

intrinsic religious orientation. Further, results illustrated that individuals with high sexual preoccupation and extrinsic religious orientation showed a higher level of aggression than low sexual preoccupation and intrinsic religious orientation on subscales of aggression. Participants' high sexual preoccupation was higher on anger, physical aggression, and hostile and verbal aggression than on low sexual preoccupation individuals.

Table 10

Individual Differences of High Sexual Depression, Extrinsic Religiosity and Low Sexual Depression, Intrinsic Religiosity on Aggression (N=172)

Variables	Extrinsic (n=68)		Intrinsic (n=104)		t	p	95% CL		Cohen's d
	M	SD	M	SD			LL	UL	
Aggression questionnaire	106.13	11.29	82.94	17.92	9.50	.00	18.37	28.01	1.54
Anger	25.16	3.56	19.42	5.37	7.77	.00	4.28	7.20	1.26
Hostile	29.74	3.35	23.57	5.18	8.70	.00	4.77	7.57	1.41
Physical aggression	33.34	4.07	24.58	7.00	9.34	.00	6.91	10.61	1.53
Verbal aggression	17.90	2.53	15.38	3.24	5.43	.00	1.60	3.44	.86

Table 10 includes assumption 3 in aggression levels; the findings illustrated that individuals with high sexual depression and extrinsic religious orientation and low sexual depression with intrinsic religion are significantly different in scoring on aggression. Individuals with high sexual depression and extrinsically orientation have a high level of aggression than low sexual depression individuals with intrinsic orientation. Moreover, a similar difference was found on the subscales of aggression. High sexual depression participants strongly scored high on anger, physical aggression, hostile and verbal aggression than low sexual depression individuals with intrinsic orientation.

ANOVA. Analysis of variance was used to conclude more than two groups' differences along with the demographic assumptions, i.e., Age groups (20-30, 31-40, and 41 to Above), Ethnicity (Punjabi, Sindhi, Baloch, Pashtun, and Others), Times of Prayers (5times, 4times and less than 4times) and Socioeconomic status (Upper class,

Middle class, and Lower class).

Group Differences in Age. Table 11 showed the differences between age categories in the association of study variables.

Table 11*Individuals' Comparison of Age Groups (in years) across the Study Variables (N=300)*

Variables	20-30 (n = 152)		31-40 (n = 119)		41-Above (n=29)		F	p	i-j	MD(i-j)	95%CL	
	M	SD	M	SD	M	SD					LL	UL
Sexuality scale	109.59	22.45	141.80	23.13	130.14	30.58	63.12	.00	2>1	32.2*	25.40	39.01
									2>3	11.7*	.15	23.17
									3>1	20.5*	9.28	31.81
Sexual esteem	37.89	8.00	47.76	7.32	44.72	9.86	53.28	.00	2>1	9.9*	7.59	12.16
									3>1	6.8*	3.06	10.61
Sexual preoccupation	31.00	8.57	41.95	8.11	37.21	10.82	54.06	.00	2>1	10.9*	8.46	13.44
									2>3	4.7*	.53	8.95
									3>1	6.2*	2.09	10.33
Sexual Depression	36.69	8.78	47.11	8.18	44.14	10.06	49.57	.00	2>1	10.4*	7.92	12.92
									3>1	7.4*	3.31	11.59
Aggression questionnaire	87.47	19.74	102.70	14.78	94.31	19.08	24.23	.00	1>2	15.2*	10.07	20.38
Anger	20.64	5.94	24.45	4.14	22.79	5.41	17.63	.00	2>1	3.8*	2.29	5.31
Hostile	24.99	5.77	28.51	4.77	25.86	5.40	14.59	.00	2>1	3.5*	1.97	5.06
									2>3	2.7*	.04	5.27
Physical Aggression	26.27	7.31	31.89	5.56	28.69	6.65	24.16	.00	2>1	5.6*	3.72	7.53
Verbal Aggression	15.57	3.40	17.85	2.58	16.97	3.32	18.43	.00	2>1	2.3*	1.39	3.17
Religious orientation	48.11	10.50	50.82	7.57	50.62	5.72	3.26	.04	2>1	2.7*	.09	5.31

Table 11 indicated a significant difference among Age groups (20-30, 31-40, and 41 to above) across study variables. The results showed that age group 31-40 is significantly different from age group 41 to above, the group 31-40 showed whole sexuality moreover from rest groups in the study. Results indicated that men of 31 to 40 age report high on Sexuality scale compared to men with 20 to 30 age and 41 to above age. Further, age group 41-to above also showed high score on sexuality than age group 20-30. Moreover, for the dimensions of sexuality, on sexual self-esteem, age group 31-40 showed high responses than rest group and age group 41-to above also showed high score on sexuality than age group 20-30. The result was also similar for sexual preoccupation and sexual depression. The age group of 31-40 indicated higher on both study variables.

There is a significant difference in the age group for the Aggression scale. It is indicated that men with 31 to 40 ages had more aggression than men with 20-30 age. Age group 31-40 also showed high aggressive nature on the rest of the aggressive dimension compared to other groups, i.e., anger, physical aggression, hostile and verbal aggression. It was illustrated that age group 31-40 had high aggression in the present study. Furthermore, results indicate differences in ages for religious orientation. From the mean values, it is indicated that men individuals with 31 to 40 showed little high tendency of religious orientation compared to the age group of 20 to 30.

Group Differences in Ethnicity

Table 12 indicate the difference between ethnicity (Punjabi, Sindhi, Baloch, Pashtun, and others) on the variables of the present study.

Table 12*Individuals' Comparison of Ethnicity Groups across Study Variables (N=300)*

Variables	Punjabi (n=142)		Sindhi (n=25)		Baloch (n=37)		Pashtun (n=65)		Others (n=30)		F	p	i-j	MD(i-j)	95%CL	
	M	SD	M	SD	M	SD	M	SD	M	SD					LL	UL
Sexualityscale	130.5125.45140.4822.41116.0831.82115.6326.44109.9729.268.98 .00											1>3	14.4	.91	27.95	
												1>4	14.9	3.91	25.85	
												1>5	3.0	.32	5.72	
												2>3	24.3	5.43	43.37	
												2>4	24.8	7.61	42.09	
Sexualself-esteem	44.61 7.97 46.24 8.86 40.08 10.71 39.85 8.85 37.57 9.93 7.68 .00											2>5	30.5	10.68	50.35	
												1>3	4.5	.07	9.00	
												1>4	4.7	1.14	8.39	
												1>5	7.0	2.18	11.91	
												2>4	6.3	.70	12.09	
Sexualpreoccupation	37.85 9.29 42.16 7.26 33.03 10.53 32.98 9.86 31.40 10.86 8.10 .00											2>5	8.6	2.12	15.23	
												1>4	4.8	.92	8.80	
												1>5	6.4	1.15	11.74	
												2>3	9.1	2.31	15.95	
												2>4	9.2	2.98	15.37	
Sexualdepression	43.60 9.14 46.92 7.20 39.19 11.14 38.37 9.99 36.83 10.20 7.78 .00											2>5	10.8	3.63	17.89	
												1>4	5.2	1.30	9.16	
												1>5	6.8	1.49	12.04	
												2>3	7.7	14.53	.93	
												2>4	8.6	14.73	2.37	
Aggressionquestionnaire	96.92 18.36 102.52 15.49 95.76 19.11 89.28 18.28 82.57 21.86 6.14 .00											2>5	10.1	17.20	2.98	
												1>5	14.3	4.09	24.61	
												2>4	13.2	1.23	25.26	

														2>5	19.9	6.13	33.78
														3>5	13.1	.65	25.73
Anger	23.12	5.08	24.20	4.79	23.51	5.17	20.82	5.78	18.97	6.17	6.27	.00	1>4	2.3	.11	4.50	
													1>5	4.2	1.21	7.10	
													2>5	5.2	1.26	9.21	
													3>5	4.6	.94	8.15	
Hostile	27.22	5.53	28.96	3.389	26.43	5.88	25.05	5.31	23.97	6.38	4.62	.00	1>5	3.3	.23	6.27	
				O									2>4	3.9	.38	7.45	
													2>5	4.9	.92	9.06	
Physicalaggression	29.62	6.72	31.36	6.36	29.73	7.34	27.37	6.55	24.10	8.20	5.71	.00	1>5	5.5	1.72	9.32	
													2>5	7.3	2.13	12.39	
													3>5	5.6	.98	10.28	
Verbalaggression	16.96	3.16	18.00	3.16	16.08	3.02	16.05	3.53	15.53	3.05	3.17	.01	2>5	2.5	.07	4.86	
Religiousorientation	50.62	6.59	50.16	6.63	44.84	13.65	50.11	8.73	47.43	13.04	3.55	.01	1>2	5.7	1.23	10.33	
													4>3	5.2	.19	10.35	

Note: Others refer to other ethnicities which are included Gilgiti, Baltistani, Kashmiri, Saraiki Memon and Urdu speaking.

Above Table 12 illustrates the comparison of Ethnicity (Punjabi, Sindhi, Baloch, Pashtun, and Other) with the variables of the present study. Results showed significant group differences in Sexuality; findings indicate that Punjabi's were significantly different from Baloch, Punjabi's were also significantly different from Pashtuns and others on sexuality. Similarly, Sindhi differed significantly from Baloch's, Pashtuns, and Others on their sexuality score.

Finding also shows significant differences in Aggression by indicating that Punjabi was significantly different from others. The result further indicated that Sindhis are also significantly different from Pashtuns and others. There is also a significant difference between Balochs and others; Balochs reported high on scoring Aggression.

The result of the present study also depicts that there was a significant group difference in Religious Orientation by showing that Punjabi's were more religious orientated than Sindhi's and Pashtun reported high on religious orientation than Baloch's

Furthermore, there were also significant differences in Sexuality subscales among the groups, on Sexual esteem, Punjabi's were significantly different from Baloch's, Pashtuns, and Other. Similarly, Sindhi's scored high as compared to Pashtuns and Other. On Sexual Preoccupation, there were significant differences; Punjabis show high-level sexual preoccupation than Pashtuns and Others. At the same time, Sindhi scored more than Baloch's, Pashtuns, and Others. Moreover, on Sexual Depression, there were also significant differences among groups, Punjabis showed more sexual depression than Pashtuns and Others, and Sindhi's have high-level sexual depression than Balochs, Pashtuns, and Other.

In addition, there were also significant differences in Aggression dimensions, in Anger Punjabi's reported high than Pashtuns and Others, Sindhi illustrated high anger than others, and Baloch's showed more anger than others. In Hostile aggression, Punjabis had a higher score than others; Sindhis were higher than Pashtuns and Other. In Physical aggression, Punjabi's, Sindhi's, and Baloch's showed more Physical aggression than others. And in Verbal aggression, Sindhi reported higher verbal aggression than others.

The difference in Time of Prayers

Table 13 indicated the differences between the participants' Time of Prayers

(5times, 4times, and less than 4times) on the study variables.

Table 13*Individuals Comparison of Times of Prayer in a Day across the Study Variables (N=300)*

Variables	5times (n=141)		4times (n=46)		Less4times (n=112)		F	p	i-j	MD(i-j)	95% CI	
	M	SD	M	SD	M	SD					LL	UL
Sexualityscale	134.23	25.53	120.54	27.05	113.25	27.28	20.20	.00	1>2	13.7	3.11	24.26
Sexual-Esteem	45.55	8.03	40.61	9.41	39.29	9.29	17.26	.00	1>2 1>3	4.9 6.3	1.45 3.66	8.44 8.44
SexualPreoccupation	39.20	9.52	35.54	9.47	31.91	9.50	18.40	.00	1>3	7.2	4.45	10.12
SexualDepression	44.59	8.76	39.98	10.03	38.28	10.34	14.27	.00	1>2 1>3	4.6 6.3	.78 3.46	8.44 9.17
Aggressionquestionnaire	97.40	17.95	89.18	19.21	92.07	20.21	4.31	.01	1>2	8.2	.62	15.84
Anger	22.94	5.24	21.35	5.49	21.99	5.85	1.81	.17	-	-	-	-
Hostile	27.27	5.19	24.59	6.06	26.23	5.76	4.22	.02	1>2	2.7	.46	4.90
PhysicalAggression	29.99	6.53	27.30	7.14	27.75	7.59	4.28	.02	1>3	2.2	.14	4.33
VerbalAggression	17.21	2.99	15.93	3.28	16.10	3.50	4.83	.01	1>3	1.1	.15	2.07
ReligiousOrientation	50.80	6.53	49.30	8.34	47.79	11.69	3.47	.03	1>3	3.01	.32	5.72

Notes: 5times:5timesprayer inaday;4times:4timesprayerin a day; less4time: less than four prayers in a days.

Table 12 shows the comparison of Pray times Categories (5times, 4times, and less than 4times) with the variables of the present study. Findings show significant differences in sexuality, and after comparison of 3 group's results, individuals of 5times score high on the Sexuality scale than individuals of 4times. Results also indicated that 5times prayer individuals scored high on the sexual esteem than 4times and less than 4times participants, on sexual preoccupation, the group of 5times showed a higher response than group 4times, and sexual depression 5time prayer individual displayed more sexual depression than 4times and less than 4times group.

Similarly, the significant differences also exhibited between groups of prayer times on religious orientation, and the 5times prayer individuals reported high on religious orientation than group less than 4times. Furthermore, on aggression findings indicated that 5times prayer reported significant differences than group 4times prayer. While on aggression subscales, on anger, there were no significant differences found between the three groups. But there is a significant difference between 5times prayer and 4times prayer on the hostile group of 5times prayer showed high hostile than group 4times. On physical aggression, the result indicated a significant difference between 5times prayer and less than 4times prayer; individuals on 5times showed more physical aggression. Finally, on verbal aggression, 5times prayer group indicated more aggression than the group less than 4times aggression.

Differences in Socioeconomic Status

ANOVA was run to comparesocioeconomic status (upper class, middle class, and lower class) with the variables of the present study. The present study was expecting that there would be differences based onthe class level of participants. Still, results illustrated no significant differences between the categories of socioeconomic status and the present study variables.

Regression Analysis

Regression analysis was applied to consider which of the independent and demographic graphic variables are linked to the dependent variables and investigate the aspects of those connections. Table 14 includes a hierarchal regression analysisfor aggression among adult males.

Table 14

Aggression

Variable	Model 1	Model 2	Model 3			<i>Hierarchical Regression Analysis for Aggression (N=300)</i>
	β	β	β	<i>t</i>	95% CI	
Constant				4.14	14.28	40.18
Have no Children	-.24***	-.20***	.01	.25	-3.27	4.22
Other Ethnic	-.19**	-.18**	-.10*	-2.26	-12.34	-.85
Low Socioeconomic class	.12*	.13**	.07	1.61	-.93	9.17
Pashto Ethnic	-.12*	-.13**	-.060	-1.29	-6.98	1.45
Religious Orientation		.25***	.19***	3.99	.20	.58
Sexuality			-.15	-.19	-1.22	1.01
Sexual Self-esteem			.23	.79	-.71	1.66
Sexual Preoccupation			.16	.52	-.87	1.50
Sexual Depression			.37	1.18	-.48	1.90
R^2	.14	.20	.45			
ΔR^2	.01	.06	.249			
F	11.58	14.45	25.90			
<i>p</i>	.00	.00	.00			

= Upper Limit.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 14 illustrates the findings of hierarchical regression using the enter method run on variables of sexuality and religious orientation and demographic variables of the study. The result of the regression analysis show that predictors show 45% of the variance ($R^2 = .45$, $F = 25.90$, $p < .00$). The results revealed that religious orientation significantly positively predicted aggression ($\beta = .19$), and other ethnicities were significant but negatively predicted the aggression level ($\beta = .10$).

Chapter 4

Discussion

The current study examined the relationship between sexuality, religious orientation, and aggression among adult males. The role of diverse demographic characteristics was also

analyzed with the study variables (age, family status, marital status, children, education, socioeconomic status, ethnicity, and prayer times). The present study explored the questions which were not identified in empirical studies. The sample contained adult men, and the data was collected through hybrid techniques (social media, university students, and private and public sectors). The study objectives respondents' data on scales were analyzed in SPSS. The following instruments were used to accumulate the data, the sexuality scale (Snell & Papini, 1989); religious orientation (Allport & Ross, 1967); and aggression questionnaire (Buss & Perry, 1992). All the psychometric tools sounds were reliable for the study purpose. The respondents' data also showed normal distribution of the sample.

The previous literature indicates that sexual behaviors are positively and negatively correlated with the religious orientation of extrinsic and intrinsic dimensions, respectively. For example, extrinsic religiosity was positively correlated with unrestricted sexual behavior, and intrinsic religiousness was correlated with restricted sexual behavior (Rowatt & Schmitt, 2003). Similarly, Mcmillen, Helm, and Duane (2011) found a weak but positive correlation between religious orientation and sexual attitudes and behaviors. The present research examined the relationship between the dimensions of sexuality (sexual self-esteem, sexual preoccupation, and sexual depression) and religious orientation (intrinsic and extrinsic religiosity). The result indicates a weak but positive correlation between these two variables.

Further, results illustrate that extrinsic religiosity was significantly and positively associated with sexual self-esteem, sexual preoccupation, and sexual depression. In contrast, intrinsic religiosity only shows a significant positive relationship with sexual self-esteem, but there is no relationship of intrinsic motivation with sexual preoccupation and sexual depression. The past study supports the current findings, which show the variety of sexual behaviors was negatively associated with intrinsic religiosity (Farmer, Paul, & Cindy, 2008). As previous studies show, intrinsic people have restricted sexual attitudes and avoid unlawful sexual relationships. The present study found a non-relationship between intrinsic motivation and sexual preoccupation. Conceivably intrinsic individuals are less likely to think about sex. Therefore, they do not experience sexual depression. The study found those, who have a successful sexual relationship, have higher sexual esteem (Shaheen & Batool, 2019).

According to the previous literature, the relationship between sexual behavior and aggression is significant, although they used different dynamics of sexual behavior for study

purposes. An experimental study found that exposure to pornography contents that include aggressive features can significantly impact aggressive male behaviors (Yang & Youn, 2012); another study found that for men, power motivation and strong power-sex association predicted more frequent aggression (Zurbriggen, 2000). The present results demonstrated a significant positive relationship between sexuality and aggression in adult men, which shows that sexual behaviors are very strong predictors for aggressive behaviors that contain physical aggression, verbal aggression, hostility, and anger. Many scientific experiments tried to find the connection between sex and aggression in animals, showing that a cluster of neurons shares the same activation for both behaviors. However, these experimental studies are unethical with human subjects; the area needs more self-report examination so that a concrete conclusion can provide a piece of persuasive evidence.

Finally, the correlation analysis examined the relationship between religious orientation and aggression. The study findings show that religious orientation is positively linked to aggressive behavior. Similarly, earlier, it was demonstrated that religious orientation and aggression have a positive relationship in the students of schools and madrassahs (Hussain, Awan, & Ameen, 2017). These findings support the current study results, although the present found that extrinsic religiousness is more positively linked with all kinds of aggressive behavior than intrinsic people.

Furthermore, the study sample contained educated people of society, for knowing their education impacts their beliefs, attitudes, and behaviors. Findings postgraduate's group was significantly higher on sexual self-esteem, sexual preoccupation, and sexual depression. Baruwa and Amoateng (2019) found that individuals with low education experience sexual behavior earlier than those with higher education because of age factors. They experience more sexual behaviors than undergraduates, and most are married. On the other hand, the same individuals are more sexually preoccupied and sexually depressed because they feel incompleteness of sexuality according to their age and status. Interestingly, the study of women's samples found that under diploma and doctorate education groups have had more sexual dysfunction and lower sexual satisfaction than other groups. The study concluded that a high formal education level necessarily does not bring better sexual function or sexual life satisfaction (Abdoly & Pourmousavi, 2013).

Individuals with a higher education level showed greater religiousness than

undergraduate participants on religious orientation. It was expected that higher education holds less religious orientation, but previous literature concluded that education does not decrease the religiosity in high restricted society (McFarland, Wright, & Weakliem, 2011). Lastly, groups did not show any significant differences in aggression; a Pakistani study also examined the education level (postgraduate, research students, and undergraduate) with aggression. The result illustrated no significant difference (Khurshid et al., 2020). The conclusion can be drawn that the effect of environmental factors equally impacts the individuals in society, and the members perceive it as normal according to the social learning perspective.

Participants' differences in marital status (single and married) illustrated a significant difference between the groups on sexual self-esteem, sexual preoccupation, and sexual depression. Married people hold high sexual self-esteem than single participants, but they are more sexually preoccupied and more sexually depressed than the opposite group. In addition, the same instrument of sexuality was previously applied to the sample of single and couples; the findings indicated that singlehood had lower sexual self-esteem than the couples. In contrast to the present study, they also had high sexual preoccupation and sexual depression than couple counterparts (Antičević, Jokić-begić, & Britvić, 2017). It can be assumed that married individuals are not satisfied with the quality of their sexual partner and often think about sex which makes them sexually depressed. On the other hand, unmarried individuals do not experience more sex than married people. Consequently, they rate low sexual esteem.

Cultural differences, the scale was formerly used in different societies with conservative views about premarital and non-marital sexual behavior, which are illegal according to state law. For example, the study showed in Taiwan (Pai, Lee, & Chang, 2010). Exceptionally, an Iranian study tried to find the validity of the scale in the Farsi version because the scale was determined to measure the sexual concept of western societies. They examined 20 subscales of the study on premarital couples and further distinguished the items into two sections positive and negative aspects, respectively. Reportedly, it is assumed that single people are not involved in sexual experiences in Pakistani society, particularly in intercourse. Interestingly, the data show that around 16 % of men have reported a premarital sexual relationship in life (Mir et al., 2013), an enormous number in the country with 110 million men.

On religious orientation, married and single groups depicted a significant difference. Married were more religiously orientated than a single group. According to the past study,

married women are more religious than single women (Ebrahimi& Mirzahosini, 2015); after getting married, people become more conscious about their religious beliefs and maintain social reputation in religious society for conformity of social norms. In addition, the results illustrated that married men reported higher aggressive behavior than single men in all dimensions of the scale, such as anger, hostility, physical and verbal aggression. In contrast to the present study, Zhou, Yan, and Therese (2013) found that unmarried or never-married men had more aggression. These are the new findings contributing to the prevalence rate of aggression in the country that can be useful for future examinations on aggressive behaviors.

Moreover, the present study used information about having children to extend the understanding of marital status. After analyzing the data, it was found that only five individuals who have married but did not have children were excluded compared to having children and not having children. Individuals, who have children, showed more sexuality and its subscales sexual esteem, sexual preoccupation, and sexual depression. Those with children showed higher sexual esteem and were highly sexually preoccupied and sexually depressed than those without children. Earlier, there was no empirical evidence addressing men's sexuality with having a child. Although a study shows parents have lower marital satisfaction with having more children, people with more children showed great marital dissatisfaction than those with fewer children (Twenge, Campbell, & Foster, 2003). In the present study findings, after giving birth to children, women are often engaged in the upbringing of children in Pakistani society, which may be due to those men who have children being more sexually preoccupied and sexually depressed in this context. The previous finding also supports that father sexuality expressions are changed (MacAdam, Huuva, & Berterö, 2011). Similarly, the groups of children (have no children and have children) significantly differed on religious orientation and aggression.

One-way ANOVA was applied to measure differences between the men's age groups that play an important role in determining sexual behaviors (see Table 11); the findings show that age group 31-40 and 41 to above had higher sexual self-esteem than 20-30. This significant result indicated that the 20-30 are less sexually preoccupied and depressed and showed lower sexual self-esteem. Observably, the age groups that stand on high sexual self-esteem are married individuals who experience sexual lives more than singles. In addition, the previous literature showed that men could have a strong sex drive through the mid-adulthood; after middle age, the testosterone starts to decrease and slowing the sex drive (Carol, 2019). The main reason that aged

people feel sexually depressed themselves as compared to the young group.

Men's age group, 31-40, has shown higher aggression than 20-30. The age group has a more aggressive nature on all dynamics than young adult males. The previous comparative study also showed that men older than 28 years are more aggressive than young adults on the given dimensions, such as physical aggression (Connor, Archer, & Wu, 2001). Similarly, the current results demonstrated that men aged 31-40 high religious orientation than young adults aged 20-30. Understandably, the same group is high on religious orientation and aggression. The finding reported in regression analysis that religious orientation is a significant predictive factor in provoking aggressive behaviors in the model.

Ethnicity was also reported in the present study to identify the ethnic differences because Pakistani society has a diverse cultural and ethnic identity. The findings showed significant differences in ethnic groups (see Table 12). Punjabi and Sindhi ethnicities have the highest sexual self-esteem than the other ethnicities. Similarly, Punjabis and Sindhis showed great scores of sexual preoccupation and sexual depression than Pashtun, Baloch, and Others. The author applied the instrument to the USA's diverse ethnicity. The finding illustrated that the scale is applicable to examine ethnic diversity in society (Snell, 2016). Interestingly, the current study findings showed a significant difference among the group. The ethnicity could be measured for further sexuality research.

Furthermore, the Punjabi ethnic had high religious orientation than Sindhi. Additionally, the Pashtun ethnic was more religious orientated than Baloch. The western literature also supported that ethnic groups have significant differences in religious orientation (Sanchez & Gilbert, 2016). Besides this, the aggression was examined among ethnic groups; the results found Punjabi identity showed more aggression than Sindhi and Pashtun. Further, Sindhi adults had higher aggression than Pashtuns and others, and lastly, Baloch ethnic exhibited higher aggressive behaviors than others. The study based on aggression and ethnicity demonstrated that ethnic groups have diverse aggressive behaviors (Harris, 1996). In conclusion, the category of 'Others' showed less response on each dimension of sexuality, religious orientation, and aggression. In the same society, ethnic diversity can play a tremendous role in influencing people's behaviors.

ANOVA was applied to measure the prayer times of participants in a single day. Results showed a significant difference among the individuals who do prayers as a part of their daily routine. Results show that five-times followers illustrated they had high sexual self-esteem,

sexual preoccupation, and sexual depression than individuals engaged in four times and less than four-times prayers. Interpretively, results put the amount of information that people, who are more involved in prayer activities, think about sex excessively and become more sexually depressed. A study found that thinking about sex can generate guilt and the clash of one's sexual urges and religious beliefs develop sexual depression (Short, Kasper, & Wetterneck, 2014). On the other hand, sexual self-esteem could be high by the positive sexual experience of individuals as the findings suggested that individuals, who had more positive experiences, have high sexual esteem and less sexual depression (Smith & Shaffer, 2013). Still, the conjoint occurrence of extreme sexual thoughts and doing high prayer can increase the chance of sexual depression.

In addition, the result also showed that people, who pray five times, were greatly religious orientated than those who pray less than four times. Pragmatically, people, who have more religious beliefs, involve in more religious practices and activities. Additionally, a significant difference was found between the groups on aggression. Interestingly, participants, who were involved five times prayer, have high levels of aggression on all the given dimensions. Those individuals showed high anger, hostility, physical and verbal aggression than other groups of people. In general, it is assumed that religion can be a helpful factor in reducing aggression. Watkins (2003) found that frequent religious prayer is related to low aggressiveness because prayer is an internal process to decrease negative emotions. However, it was a western study, and no religion was mentioned in the examination. The present study findings demonstrated that believers, who were more involved in religious prayers, held high-level aggression.

Some important aspects of participants were constructed from past literature of the variables. The first assumption was that Male adults with high sexual self-esteem and extrinsic religious orientation would show high-level aggression than adult males with low sexual self-esteem and intrinsic religious orientation. The results (see Table 8) showed that men with high sexual self-esteem and extrinsic motivation were significantly different in aggression than men with low sexual self-esteem and intrinsic motivation. This observation was based on previous literature. For instance, a study expected low sexual esteem results from experiencing guilt related to inappropriate sexual behaviors and bad experiences. Bélanger, Kruglanski, and Kessels (2019) said intrinsic orientated individuals experience more guilt on their wrongdoing. A women sample found that highly religious committed involved low sexual self-esteem (Abbott, Harris, & Mollen, 2016); those people get less sexual experience and avoid being part of unlawful sexual

behavior, decreasing sexual esteem. Besides this, previous studies disclosed that intrinsically motivated individuals were less aggressive than extrinsic (Leach, Berman, & Eubanks, 2008); reasonably, they focus on internal circumstances of the situation rather than external factors that help them manage their behavior.

The second assumption is that male adults, who have high sexual preoccupation and extrinsic religious orientation, will show a higher level of aggression than male adults who show low sexual preoccupation and intrinsic religious orientation (see Table 9). The findings support the study hypothesis. The question was constructed from different studies; Bonewell (2009) showed that intrinsic individuals experience less sexual compulsivity than extrinsic religiosity; further intrinsic was already identified with less aggression than extrinsic religious orientation (Leach, Berman & Eubanks, 2008). The studies also showed that several sexual behaviors negatively correlate with intrinsic religiosity because they hold traditional attitudes towards sexuality (Lorenz, Farmer, Trapnell, & Meston, 2010; Rowatt & Schmitt, 2003). The present study findings demonstrated that people who have the combination pattern of high sexual preoccupation and extrinsic motivation could provoke high aggression levels even it can be found in marital relationships. Here, clinical practitioners must inquire about the patients' belief system, especially in sexual dysfunctions disorders and impulsive disorders.

Finally, the last assumption is that male adults with high sexual depression and extrinsic religious orientation will have higher levels of *aggression than male adults with low sexual preoccupation and intrinsic religious orientation*. The findings showed (see Table 10) high sexually depressed men with extrinsic orientation had a high level of aggression than low sexually depressed and intrinsic motivated men. In consideration of this, Genia and Shaw (1991) found intrinsically motivated people have less depressive symptoms than extrinsic because intrinsic men experience fewer sexual experiences due to traditional views for sexuality, such as they had a negative attitude toward premarital intercourse (Lorenz, Farmer, Trapnell, & Meston, 2010). In addition, intrinsic religiousness shows less aggression than extrinsic individuals (Greer et al., 2005). The extrinsic individual also wants to experience several sexual partners, and they show socio-sexual, for example, extramarital relationship, premarital intercourse, homosexual behaviors, and other-sexual deviant behaviors (Ashton, 2013). The previous study indicated that it is naturally important that individuals seek a similar partner; the perception of compatibility can also predict sexual depression (Offman & Matheson, 2005). It can be said that when extrinsic orientated have large libidinal urges and desires when the desires do not get satisfaction, they

become sexually depressed, and that cause frustration which leads to aggression.

Limitation

The present study sample was limited to approaching the men participant in a large population that cannot fully generalize them as aspects. No specific sampling techniques were conducted, through the convenient sampling study was administrated. Therefore, it can be assumed that individuals can over-rate their beliefs and behaviors on the study questionnaires. Furthermore, research in this area that would complement this study would utilize the same methods to investigate how professionals evaluate and apply current classification systems for sexual health in their practice. There is also a need to do a cross-cultural study with males from various countries. This would assist us in enhancing our knowledge base about the socio-cultural background of how men define sexual self-concept, religious orientation, and aggression.

Implications

The current study shows how sexuality, and its different dimensions relate to religious orientation and aggression in men adults, contributing to the literature. The present study has a practical implication for academic purposes and shows how sexual self-concept is important in men's lives, with religion and aggression. This study suggests that men's sexuality should be studied extensively, using more sensitized methods.

Conclusion

This research was conducted because there was a gap in literature among sexuality, religious orientation, and aggression in adult men and men's sexual health was ignored in Pakistan. The result shows sexuality had a significant positive relationship with aggression, and religious orientation was also positively linked with aggression. The demographic variables also showed significant differences among the study variables. Ethnicity, marital status, age, social economic status, prayer time and having children showed significant effects on the aggression, religious orientation and sexuality among adult men.

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