Pornography—Is It Good for Sexual Health? A Systematic Review

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Abstract
Aim: The topic of pornography use is controversial. It is important to understand how young people use pornography and determine whether pornography use has adverse effects on health and well-being.

Methods: A comprehensive systematic literature search was conducted in 4 electronic databases (PubMed, Google Scholar, CINAHL plus, and Cochrane library) with appropriate MeSH terms “sexual health” and “pornography” and Boolean operators “AND” and “OR,” using SPIDER search strategy tools (sample, phenomenon of interest, design, evaluation, and research type). 11 articles were proceeded with systematic review after critical appraisal following PRISMA guidelines.

Results: The major findings of the study imply that traditional and unimaginative activities depicted in some pornography and sexualized media are harmful because they impose restricted and circumscribed concepts of sex and sexuality. As a result, sexism, sexual objectification, neoliberal sexual consumerism, and sexual variety are reproduced and reinforced rather than promoted. FPU is linked to better levels of sexual comfort and self-acceptance and reduced levels of anxiety, shame, and guilt over sexual behavior. Pornography consumption has also been linked to increased arousal and orgasm responses, a greater interest in sex, acceptance of various sexual acts, and more sexual experimentation.

Conclusion: Watching pornography may be a healthy phenomenon if it is occasional, not impairing the personal and social life; however, it can become pathological if watched excessively and impairs the individual's functioning.

Keywords
Pornography, sexual health, systematic review

Introduction

Since the end of the 20th century, there has been a tremendous increase in the use of internet, social media, and smartphones, resulting in the permanent online presence of the pornography industry.1 On the web, there is the availability of pornographic material with free access, which makes it even easy for those under 18s.2 Online pornography use is increasing and can cause addiction considering the “triple A” influence, including accessibility, affordability, and anonymity.3

Because of the cultural stigma of moral status, it is difficult for researchers to define pornography, and they utilize euphemism phrases such as uncensored media or materials, aphrodisiacal, or online sexual activity to refer to pornography.4,5 The average age of pornography consumers declined in current years, which enlightens that people at an early age are being exposed to such media or materials and may influence the understanding of young adults regarding sexual behavior. They get confused to find normal, acceptable, and rewarding sexual attitudes.6

The topic of pornography use is controversial.8 There is a different opinion regarding pornography use in various sources in which some claim that it is having negative impacts,9 positive results,10 or likely to possess mixed consequences.11 There is an increase in discussion regarding

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the influence of pornography on sexual health and behavior, which revealed that young people are using pornography as a form of sexual education.12

In contrast, pornography can be scrutinized positively, as if it offers an approach to explore one’s sexuality.13,14 Even before the marriage, couples are exposed to watching pornography during their counseling, and sometimes psychologists recommend watching pornography together for the couples who were having problems in their marital life.15

There is an increase in discussion regarding the influence of pornography on sexual health and behavior which revealed that young people are utilizing pornography as a source of sexual education and implementing the practices viewed into their genuine experience.12 In addition, several literature express its impact on mental health, such as the pressure experienced by women to engage in anal intercourse, which is shown in 15% to 32% of pornographic scenes.16 It is easy to get articles regarding how pornography is affecting lives but challenging to conclude whether pornography is good for sexual health.

The purpose of this systematic review is to learn more about how young people use pornography and if it has negative consequences for their health and well-being. Furthermore, the review will aid in addressing or exploring the argument over whether pornography addiction is good for sexual health or not.

**Design and Methodology**

**Study Design**

This systematic review included observational and experimental studies, following qualitative and quantitative methods.

**Search Strategy**

To justify the need for this systematic review, a search was conducted in the Cochrane database of systematic reviews to see if any existing or ongoing systematic reviews on the topic were available, and then a review of existing literatures was conducted on PubMed, JSTOR, Ovid Medline, Ovid Embase, EBSCO, CINAHL plus, and Biomed Central, which revealed that several studies had been conducted regarding how pornography is viewed. Despite this, no systematic review (SR) addressed whether pornography addiction is beneficial to sexual health.

PubMed, Embase, CINAHL plus, Cochrane databases, and Google Scholar were used to conduct a comprehensive search using the MeSH terms “pornography” and “sexual health,” connected using the Boolean operators “AND” and “OR.” The literature search was not restricted to a single nation; however, it was limited from the years 2000 to 2010. Because of their applicability, SPIDER search strategy techniques (sample, phenomena of interest, design, assessment, and study type) were utilized to conduct the SR (Table 1). The database search resulted in 144, 314, 120, and 32 articles from CINAHL plus, PubMed, Google Scholar, and Cochrane library, respectively, which is shown in Figure 1.

**Study Selection**

Inclusion and exclusion criteria (IC/EC) are listed in Table 2. Before implementing the IC and EC, manual screening was done to 610 articles to avoid duplication bias. After removing 126 duplicate articles, the literature search resulted in 484 papers. After screening those papers with the designed IC and EC, 20 were taken for assessing eligibility, and final 13 articles were selected for the critical appraisal. In contrast, others were not peer-reviewed, which may affect the quality of research and cause bias.

**Inclusion Criteria and Exclusion Criteria Implementation**

Initially, the discovered publications were checked for research type (R) based on the title, which resulted in the exclusion of numerous studies based on IC/EC. The second step, which was confined to data acquired through interviews, focus groups, questionnaires, and surveys, including qualitative and quantitative research, evaluated the abstract for sample (S) and design (D). In several studies, the particular goal of determining whether or not pornography addiction is beneficial to sexual health and its impact on sexual health was not stated in the abstract. At the third screening step, IC/EC for the phenomena of interest (PI) and evaluation (E) was adopted. A total of 20 publications were scanned for full-text evaluation and categorized as “E” or “D.” Articles with insufficient or misdirected information regarding the impact of pornography on sexual health were eliminated. After adopting IC/EC, a final of 14 publications were listed in the SR for critical assessment (Figure 1 and Table 2).

**Critical Appraisal**

The methodological strengths and weaknesses of 13 studies and the study’s validity, the results’ dependability, and the existence of biases were examined using the critical assessment (refer to Table 3). The studies were also examined...
to see if they were well-designed, conducted, and published, as well as if they addressed the systematic review question. The studies were evaluated using a variety of methodologies, with the critical appraisal skills program (CASP)\textsuperscript{17} being used to grade the qualitative research’s quality. The cross-sectional study appraisal instrument (AXIS) was designed particularly for cross-sectional research assessment.\textsuperscript{18}

**Ethical Statement**

The School Research Ethics Panel (SREP) allied health at Anglia Ruskin University received an application for ethical approval and determined that no ethical consent was required for this study because the systematic review only required retrieving and synthesizing data from previously published articles.

**The Outcome of the Critical Appraisal and Ethical Appraisal**

After a thorough and ethical examination, 11 papers were chosen for the review. Because of a lack of information on participant permission and obtaining ethical approval,\textsuperscript{20} and low internal validity of the study, which affects the dependability of the results,\textsuperscript{27} 2 studies were excluded from this systematic review.

**Data Abstraction**

Microsoft Excel was used to extract the data. The data retrieved included the article’s in-text reference, research design, study context, sample size, and if the study’s major goal was connected to pornography and sexual health, was
pornography beneficial or bad for sexual health? The study limitations and conclusion are also included.

**Analysis**
After organizing and analyzing the data taken from the final articles using Microsoft Excel, a textual narrative synthesis was performed, as though it had data from both qualitative and quantitative research, and meta-analysis could not be completed for such method studies.

**Results**
Characteristics of the Included Studies
3 of the studies were conducted in the United States; the others were conducted in Malaysia, Ethiopia, Hungary, Nigeria, Indonesia, and Brazil, and one study was conducted in both the United States and Hungary. All the researchers analyzed the influence of pornography on sexual health, but 2 of them (Ali et al. and Mesquita et al.) explored the fantasy and discourse around online pornography usage.

The Designs of the Included Studies
There was one qualitative study that collected data via in-depth interviews through interpretative and exploratory approach, and 10 cross-sectional studies–community-based, school-based, college-based, and household surveys were included in the SR, in which the data were collected via self-administered questionnaires, computer-assisted interviews, probability-based web panel.

Source of Information Regarding the Effects of Pornography Addiction on Sexual Health
Except for Bőthe et al., who used a previously published research on the news site, the data retrieved from the studies were self-reported by the participants. Each study reported their own experiences with pornographic exposures based on internet access and technical abilities, and each study included varied samples varying in age groups (adults and adolescents) and educational levels. Table 5 shows the characteristics, designs, sources of information, and summaries of the findings.

After the analysis, 6 major themes were identified from the reviewed articles which included the following themes.

Risky Sexual Behavior Because of Pornographic Exposure
The frequency of pornographic exposure is often related to sexual dissatisfaction, a higher preference for sexual intercourse, and the increased frequency of masturbation. Later sexual aggressiveness, liberal sexual norms and gender role views, earlier sexual behavior, poorer levels of sexual pleasure, more desires for certain body types, unfavorable attitudes toward monogamy, group sex involvement, and larger numbers of sexual partners, associate with an increased number of hook up partners, oral sex and sexual intercourse during a hookup, sexual permissiveness, anal intercourse, number of sexual partners, engaging in extramarital sex, and in paying for sex.

Sexual Functioning Problems and PPU/FPU
Frequency of pornography use (FPU) is caused by increased sexual desire, which encourages sexual thoughts, resulting in faster sexual reactions and higher levels of sexual comfort and self-acceptance and lower levels of sexual anxiety, shame, and guilt. People who view too much pornography are more likely to have a refractory period while trying to engage in sexual activities with their partner, leading to problems with sexual functioning. Sexual anxiety was shown to be positively connected with problematic pornography use (PPU) severity, whereas sexual satisfaction was found to be adversely associated. When comparing PPU and FPU, FPU showed a slight unfavorable connection with sexual functioning difficulties.

Compulsive Pornography Uses and Mental Health
According to Camilleri et al., there is a potential link between pornography use and decreased mental well-being and lower psychosocial functioning in those who reported higher levels of internet pornography addiction behaviors. Like the clinical expression of anxiety (American Psychiatric Association, 2013), feelings of restlessness/frustration/irritation when unable to access pornography websites significantly predicted both anxiety and stress. It is represented by preoccupation, behaviors such as rushing work to access pornography websites, and dependence, challenging to stop using pornography websites, reflecting a level of dependence-related anxiety.

Adolescent Dating Abuse Because of Pornography Use
Adolescent dating abuse (ADA) is now considered one of the country’s most significant public health concerns. Pornography use in the company of others, being asked to perform a sexual act first seen in pornography, and watching pornography while or after marijuana use have all been connected to ADA victimization.

Effects of Pornography Use on Sexual Response During Masturbation
Consumption of pornography may lead to male porn consumers masturbating more frequently than they would
### Table 3. Critical Appraisal for Qualitative Studies Using the Critical Appraisal Skills Program (CASP) Tool

#### Qualitative Studies: CASP Tool

| Reference          | Section A: Are the Results Valid? | Section B: What Are the Results? |
|--------------------|-----------------------------------|---------------------------------|
|                    | Was there a clear statement of the aims of the research? | Is a qualitative methodology appropriate? | Was the research design appropriate to address the aims of the research? | Was the recruitment strategy appropriate to the aims of the research? | Was the data collected in a way that addressed the research issue? | Has the relationship between researcher and participants been adequately considered? | Have ethical issues been taken into consideration? | Was the data analysis sufficiently rigorous? | Was there a clear statement of findings? | How valuable is the research? |
| Mesquita et al19   | +                           | +                        | +                       | +/-                     | +                     | +/-                      | -                      | +                       | +                       | +                       |
| Fox et al 201820   | +/-                         | +                        | -                       | -                       | +/-                    | +/-                      | +                      | +/-                     | +/-                     | +/-                     |

Note. (+) = item adequately addressed, (-) = item not adequately addressed, (+/-) = item partially addressed.

### Table 4. Critical Appraisal for Cross-Sectional Studies Using the Appraisal Tool for Cross-Sectional Studies (AXIS).

| Reference          | Introduction | Methods |
|--------------------|--------------|----------|
|                    | Were the aims/ objectives of the study clear? | Was the study design appropriate for the stated aim(s)? | Was the target/reference population clearly defined? (Is it clear who the research was about?) | Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation? | Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation? | Were measures undertaken to address and categorize-nonresponders? | Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialed, piloted, or published previously? | Is it clear what was used to determine statistical significance and/or precision estimates? (eg, P-values, confidence intervals) | Were the methods (including statistical methods) sufficiently described to enable them to be repeated? |
| Peter et al21      | +/-          | +        | +                    | +                       | +                      | -                      | +                      | +                       | +                       |
| Arulogun et al22   | +            | +        | +                    | +                       | +/-                    | +                      | +                      | +                       | +/-                     |
| Ali et al23        | +            | +        | +                    | +                       | +                      | +                      | +/-                    | +                       | +                       |
| Bóthe et al24      | +            | +        | +                    | +                       | +                      | +                      | NA                     | +                      | +                       |
| Camilleri et al25  | +            | +        | +                    | +                       | +/-                    | +/-                    | NS                     | +                      | +                       |
| McNabney et al26   | +            | +        | +                    | +                       | +                      | +                      | NS                     | +                      | +                       |
| Miller et al27     | +            | +        | -                    | +                       | +/-                    | +/-                    | -                      | +                      | +/-                     |

(Table 4 continued)
### Introduction

| Reference         | Were the aims/objectives of the study clear? | Was the study design appropriate for the stated aim(s)? | Was the target/reference population clearly defined? (Is it clear who the research was about?) | Was the sample frame taken from an appropriate population base so that it closely represented the target/reference population under investigation? | Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation? | Were measures undertaken to address and categorize nonresponders? | Were the risk factor and outcome variables measured appropriately to the aims of the study? | Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialed, piloted, or published previously? | Is it clear what was used to determine statistical significance and/or precision estimates? (e.g., P-values, confidence intervals) | Were the methods (including statistical methods) sufficiently described to enable them to be repeated? |
|-------------------|---------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yunenshih et al\(^{28}\) | +                                           | +                                                      | +                                                                                            | +/-.                                                                                                                                         | +/-.                                                                                                                                                    | -                                                                                                                                  | -                                                                                                         | +                                                                                                                | +                                                                                                                                                    | +/-                                                                                                                                             |
| Rothman et al\(^{29}\) | +                                           | +                                                      | +                                                                                            | +/-.                                                                                                                                         | +/-.                                                                                                                                                    | -                                                                                                                                  | +                                                                                                         | -                                                                                                                | +                                                                                                                                                    | +/-.                                                                                                                                             |
| Rothman et al\(^{30}\) | +                                           | +                                                      | +                                                                                            | +                                                                                            | +                                                                                                                                                    | -                                                                                                                                  | +                                                                                                         | +                                                                                                                | +                                                                                                                                                    | +                                                                                                                                             |
| Shallo et al\(^{31}\) | +                                           | +                                                      | +                                                                                            | +                                                                                            | +                                                                                                                                                    | +                                                                                                                                  | +                                                                                                         | +                                                                                                                | +                                                                                                                                                    | +                                                                                                                                             |

### Methods

| Reference         | Were the basic data adequately described? | Does the response rate raise concerns about nonresponse bias? | If appropriate, was information about nonresponders described? | Were the results internally consistent? | Were the results presented for all the analyses described in the methods? | Were the authors’ discussions and conclusions justified by the results? | Were the limitations of the study discussed? | Were there any funding sources or conflicts of interest that may affect the authors’ interpretation of the results? | Was ethical approval or consent of participants attained? |
|-------------------|---------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Peter et al\(^{21}\) | +                                           | -                                                          | -                                                            | +                                      | +                                                                      | +                                                                      | +/-                                                     | NS                                                                                                       | +                                                                                          |
| Arulogun et al\(^{22}\) | +                                           | +                                                          | +                                                            | +                                      | +/-                                                                    | +                                                                      | -                                                       | NS                                                                                                       | +                                                                                          |
| Ali et al\(^{23}\) | +                                           | +                                                          | +                                                            | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | +                                                                                          |
| Bóthe et al\(^{24}\) | +                                           | NA                                                         | NA                                                           | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | +                                                                                          |
| Camilleri et al\(^{25}\) | +                                           | NS                                                         | NS                                                           | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | +                                                                                          |
| McNabney et al\(^{26}\) | +                                           | NS                                                         | NS                                                           | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | NS                                                                                         |
| Miller et al\(^{27}\) | +                                           | NS                                                         | NA                                                           | +                                      | +                                                                      | +/-                                                                     | +                                                       | NS                                                                                                       | NS                                                                                         |
| Yunenshih et al\(^{28}\) | +                                           | NS                                                         | NS                                                           | +                                      | +                                                                      | +                                                                      | +                                                       | NS                                                                                                       | +                                                                                          |
| Rothman et al\(^{29}\) | +                                           | -                                                          | -                                                            | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | +                                                                                          |
| Shallo et al\(^{31}\) | +                                           | +                                                          | +                                                            | +                                      | +                                                                      | +                                                                      | +                                                       | +                                                                                                         | NS                                                                                         |

**Note.** (+) = item adequately addressed, (-) = item not adequately addressed, (+/-) = item partially addressed.  
**Abbreviations:** NS, not stated or “I do not know”; NA, not applicable.
### Table 5. Data Extraction Table

| Reference     | Study Design and Methods                                      | Context                          | Sample Size   | Is the Aim Specific Whether Pornography Is Good for Sexual Health | Aim of the Study                                                                 | Source of Information Regarding Effect of Pornography on Sexual Health | Key Findings Regarding Pornography and Sexual Health | Limitation                                                                                     |
|---------------|----------------------------------------------------------------|----------------------------------|---------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Ali et al<sup>23</sup> | Cross-sectional with self-administered questionnaire         | Central Seberang Prai, Penang, Malaysia. | 986 students response; (students aged 18 to 25 years) | No | To quantify the incidence of pornographic exposure, elicit gender differences, and uncover related characteristics such as perceived realism among college students. | College students answered the questionnaire on pornography exposure. | Easy availability of pornographic materials at home contributes to a high rate of pornography exposure among male adolescents. Their pornographic exposure was influenced by their gender and perceived reality. | Students were chosen at the request of college authorities; therefore, the conclusion does not rule out chance. The results may not be representative of college students in other regions of the country. The research did not investigate the effects of pornography on masturbation, sexting, or talking. |
| Arulogun et al<sup>22</sup> | Descriptive and cross-sectional study using a pretested self-administered questionnaire | Ibadan North Local Government Area of Southwest Nigeria. | 413 young persons from households | No | This study aimed to look at the effects of internet exposure on young people’s sexual behavior. | The household members were asked about their general activities and practices, including internet usage, pornography exposure, and behavior changes as a result of exposure. | 72% had viewed pornographic websites, 48.3% had engaged in oral sex, 18.3% had a body tattoo, 11.6% had several sexual partners, and 11.6% had homosexuality (5.0%). Males and frequent users were more likely to report a change in sexual behavior. | * The findings are unique to Nigeria and cannot be applied to other countries. |
| Bőthe et al<sup>24</sup> | Cross-sectional study with multigroup structural equation modeling | Hungarian news portal           | 14,581 participants (aged between 18 and 76 years) | No | To look at the relationship between the amount (FPU) and severity (PPU) of pornography usage and sexual functioning issues. | An online poll was used to collect data from previously published research on a major Hungarian news page. | Because PPU was positively and substantially connected to sexual functioning difficulties whereas FPU was adversely and weakly related, it is vital to assess both PPU and FPU in relation to sexual functioning issues. | Generalizability may be restricted because moral inconsistency and religiosity were not measured. It’s probable that the linkages between FPU, PPU, and sexual functioning difficulties don’t apply to all people seeking therapy or in all professional settings. |
| Reference       | Study Design and Methods                                      | Context                                                                 | Sample Size          | Is the Aim Specific Whether Pornography Is Good for Sexual Health | Source of Information Regarding Effect of Pornography on Sexual Health | Key Findings Regarding Pornography and Sexual Health | Limitation                                                                                                                                 |
|-----------------|----------------------------------------------------------------|-------------------------------------------------------------------------|----------------------|------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Camilleri et al, 2020<sup>25</sup> | Cross-sectional study using online survey                      | Catholic University located in Steubenville, OH, United States.          | Students from Franciscan University of Steubenville (n = 1031) (aged over 18) | No                                                              | The survey was sent via the university student email address through the online survey engine survey monkey | 17.0%, 20.4%, and 13.5% of students, respectively, experienced severe or extremely severe depression, anxiety, and stress with compulsive pornography usage having a substantial impact on all 3 mental health indicators in both sexes. | Did not address or distinguish between durations of the individual sessions, not addressed include (1) the potential financial burden associated with the use of pornography, (2) the potential role of the level of a person’s current faith and morals impacting an individual’s perception of pornography, and (3) specifics pertaining to behaviors associated with pornography use. |
| McNabney et al<sup>24</sup>    | Community-based cross-sectional study                          | Multinational sites including USA and Hungarian populations.          | 2433 women ≥18 years of age | No                                                              | The purpose of this study is to look at the link between pornography usage and female sexual responses. | 966 women in the United States visited one of 12 online posts, 1043 women in Hungary visited equivalent online forums and promotions or the website of a Hungarian research organization, and 424 women in Hungary enrolled in a professional degree program at a university | Most partnered sex characteristics were unaffected by more frequent pornography usage, which was related with better sexual response outcomes during masturbation. Several demographic and interpersonal factors appear to predict orgasmic issues during partnered sexual activity more consistently and strongly than pornography consumption. The inability of the questionnaire to distinguish between multiple reasons for pornography use. |
| **Mesquita et al.** | A qualitative study with the interpretative and exploratory approach followed by in-depth interviews. | Different parts of Brazil. | 12,591 members between 20 and 38 years of age. | The goal of the research is to figure out how online pornography use is influenced by imagination, discourse, and female sexuality. | In-depth interviews with 11 women—self-declared online pornography consumers—from the secret Facebook group. | Curiosity, the need for diversity, and sexual fantasies drive the consumption of pornographic content, which reinforces prejudices about the notion of beauty and body standards. | The outcomes of this research lead to debates that can challenge the female and male “standards” of beauty.

| **Peter et al.** | Cross-sectional study using a 2-wave panel study. | Dutch adolescents' adults. | In the first wave, there were 1765 teens (ages 12-17) and 1026 adults (18 years of age and older). A total of 1445 youths took part in the study, and 833 adults in the second wave. | To compare the use of sexually explicit internet material by adults and teenagers, as well as the factors that influence it. | An online questionnaire was used to conduct a study of Dutch adults and adolescents. | SEIM usage is increased by lower life satisfaction in both adolescents and adults, and the frequency of SEIM use and its antecedents are almost same in both. | SEIM usage has possibly equivalent (non) impacts on teenagers and adults, although nothing was said about this.

| **Rothman et al.** | Cross-sectional questionnaire-based study | Boston, Massachusetts. | 16 to 17 years old participants. They were recruited from a big Boston safety net hospital. The study’s 72 participants were 53% female, 59% African-American, 19% Hispanic, 14% other race, 6% White, and 1% Native American. | To investigate if pornography consumption was connected with experiences of adolescent dating abuse (ADA) victimization(s). | Self-administered, paper-based questionnaire was answered by the participants. | Weekly pornography usage among teenage, city-dwelling children might be prevalent and could be linked to ADA victimization. | Not representative of all the youth in the USA; the study may have been underpowered to detect some associations between ADA victimization and pornography use. Possibility that youth either underreported or overreported their pornography use or ADA victimization experiences.

*(Table 5 continued)*
| Reference         | Study Design and Methods                | Context                      | Sample Size                                                                 | Is the Aim Specific Whether Pornography Is Good for Sexual Health | Source of Information Regarding Effect of Pornography on Sexual Health | Key Findings Regarding Pornography and Sexual Health | Limitation                                                                                                                                 |
|-------------------|----------------------------------------|------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Rothman et al³⁸   | Cross-sectional study using population survey | USA representative sample. | A nationally representative poll of 14-24-year-olds in the United States (n = 600 adolescents between the ages of 14 and 17 and 666 young adults between the ages of 18 and 24) | No (1) To establish which sources of information adolescent and young adult subgroups found most useful in learning how to have sex, and (2) to identify characteristics of individuals most likely to describe pornography as the most helpful source of knowledge on how to have sex. | To recruit adults and adolescents, a probability-based online panel was used. I sent them an email with a link to the survey, and they responded. | In the preceding year, adolescents were more likely to claim that their parents, rather than pornography, were the most helpful source of information on how to have sex. | The fact that we did not define pornography in the survey does not invalidate the results; nonetheless, “information about how to have sex” might have been interpreted in a variety of ways by respondents, skewing the results. |
| Shallo et al³¹    | Institutional based cross-sectional study using self-administered questionnaire | Ambo University, Ethiopia. | 403 university students                                                     | No                                                                 | To see whether there’s a link between being exposed to sexually graphic materials and engaging in sexually hazardous conduct | Ambo University students were given a questionnaire that included both open-ended and close-ended questions that were translated into local languages. | Many university students were exposed to sexually explicit electronic resources while searching for sexual and related information. This form of exposure is strongly linked to risky sexual behavior. | There was no qualitative data to supplement the quantitative findings. Furthermore, because this is a cross-sectional study, the connection does not imply causation. |
| Yunensih et al³⁸ | Observational analytic study design with a cross-sectional approach | Karawang Regency. | 394 Senior High School students of grades X and XI reaching the age of 14 to 19 years old from 5 schools. | No                                                                 | To see if there’s a link between teenage hazardous sexual activity and their history of exposure to pornography. | The Sexual Risk Survey questionnaire was used in this online study. | The age of initial exposure to pornography, the pornographic materials viewed, and the motivations for watching pornography were all found to have a substantial link with hazardous sexual conduct in students. Students who are addicted to pornography are more likely to engage in unsafe sexual conduct. | In sample selection, majority of the respondents were from female and middle adolescents. |
Frequent masturbation (because of regular pornography use) could undermine male porn users’ sexual performance, arousability, or partnered sexual interest by keeping these porn users in a near-continual state of relative postejaculatory refractory time (PERT), in which their arousal is suppressed.26

**Fantasy and Discourse in Consumption of Online Pornography**

The consumption of pornography reflects and refracts socially established features established as beautiful and adequate in terms of body shape. It is also possible to state that the female and male “standards” disseminated by the pornographic industry cause a few expectations, create complexes, and intensify the low self-esteem of both women and men because some women understand that to please their partners, they must look exactly like the porno actresses. Men believe that they must have the same sexual organs as those presented in porno videos and movies to prove their masculinity and satisfy their partners.19

**Discussion**

The consequences of pornography use continue to be a source of controversy as the literature indicates reports of both positive and negative effects of pornography use on the consumer. Among individuals who view pornography use as acceptable, such use opens the door to sexual empowerment and autonomy. According to McNabney et al, a higher frequency of pornography use predicted greater sexual functioning across all outcome variables during masturbation yet had no deleterious effects on sexual outcomes during partnered activity in females. In contrast, the same study reveals that frequent masturbation (because of frequent pornography use) could undermine male porn users’ sexual performance, arousability, or partnered sexual interest by keeping these porn users in a near-continual state of relative PERT, in which their arousal is suppressed.26 Pornographic exposure is frequently linked to sexual dissatisfaction, a higher preference for sexual intercourses, and increased masturbation, leading to subsequent sexual aggression, permissive sexual norms and gender role attitudes, earlier sexual behavior, lower levels of sexual satisfaction, higher preferences for specific body types, negative attitudes toward monogamy, participation in group sex, and higher numbers of sexualists.30

When both PPU and FPU were included, FPU demonstrated a modest negative connection with community sexual functioning difficulties. Furthermore, it has a major negative influence on mental health, resulting in severe or extremely severe sadness, anxiety, and stress. Compulsive pornography users prefer accessing pornography over spending time with others, neglecting daily obligations because of selecting to access pornography, and rushing through work to access the websites. When it came to self-perception, young individuals were the most likely to say that pornography was the most useful source of knowledge about having sex. Because they regard this period to be intimate and utilized to achieve happiness and self-knowledge, they consume web content mostly through smartphones and computers in the absence of their spouses.21

**Strength and Limitations**

This SR is the first to debate whether pornography is favorable for sexual health, which summarized the prevalence of pornography viewing and explained the elements that influence its frequency. At the same time, because of a dearth of studies specifically concentrating on the influence of pornography on sexual health, gaining a meaningful answer to the research question proved challenging. So, additional study into the concerns of whether porn attracts more individuals with sexually aggressive tendencies, those in unhappy relationships, those with weaker reward systems in their brains, and those with sexual addiction—or whether it triggers these things—should be undertaken.

**Conclusion**

The topic of pornography use is controversial. Watching pornography may be a healthy phenomenon if it is occasional, not impairing the personal and social life; however, it can become pathological if watched excessively and impairs the individual functioning.

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**References**

1. Bulot C, Leurent B, Collier F. Pornography sexual behaviour and risk behaviour at university. *Sexologies*. October 1, 2015;24(4):e78-e83.
2. Ybarra ML, Mitchell KJ. Exposure to Internet pornography among children and adolescents: a national survey. *Cyberpsychol Behav*. October 1, 2005;8(5):473–486.
3. de Alarcón R, de la Iglesia JI, Casado NM, Montejo AL. Online porn addiction: what we know and what we don’t—A systematic review. *J Clin Med*. January 2019;8(1):91.
4. Carroll JS, Padilla-Walker LM, Nelson LJ, Olson CD, McNamara Barry C, Madsen SD. Generation XXX: pornography acceptance and use among emerging adults. *J Adolesc Res*. January 2008;23(1):6–30.

5. Manning JC. The impact of internet pornography on marriage and the family: a review of the research. *Sex Addict Compulsivity*. September 1, 2006;13(2–3):131–165.

6. Short MB, Black L, Smith AH, Wetterneck CT, Wells DE. A review of Internet pornography use research: methodology and content from the past 10 years. *Cyberpsychol Behav Soc Netw*. January 1, 2012;15(1):13–23.

7. Wright PJ, Sun C, Steffen NJ, Tokunaga RS. Pornography, alcohol, and male sexual dominance. *Commun Monogr*. April 3, 2015;82(2):252–270.

8. Grubbs JB, Kraus SW, Perry SL. Self-reported addiction to pornography in a nationally representative sample: the roles of use habits, religiousness, and moral incongruence. *J Behav Addict*. March 2019;8(1):88–93.

9. Hilton Jr DL. Pornography addiction: a supranormal stimulus considered in the context of neuroplasticity. *Socioaffective Neurosci Psychol*. January 1, 2013;3(1):20767.

10. Ley D, Praise N, Finn P. The emperor has no clothes: a review of the ‘pornography addiction’ model. *Curr Sex Health Rep*. June 2014;6(2):94–105.

11. Hald GM, Malamuth NM. Self-perceived effects of pornography consumption. *Arch Sex Behav*. August 2008;37(4):614–625.

12. Svedin CG, Åkerman I, Priebe G. Frequent users of pornography. A population based epidemiological study of Swedish male adolescents. *J Adolesc*. August 1, 2011;34(4):779–788.

13. Arrington-Sanders R, Harper GW, Morgan A, Ogunbajo A, Trent M, Fortenberry JD. The role of sexually explicit material in the sexual development of same-sex-attracted black adolescent males. *Arch Sex Behav*. April 2015;44(3):597–608.

14. Paul B, Shim JW. Gender, sexual affect, and motivations for internet pornography use. *Int J Sex Health*. August 19, 2008;20(3):187–199.

15. Vandenbosch L, Eggermont S. Sexually explicit websites and sexual initiation: reciprocal relationships and the moderating role of pubertal status. *J Res Adolesc*. December 2013;23(4):621–634.

16. Lim MS, Agius PA, Carrotte ER, Vella AM, Hellard ME. Young Australians’ use of pornography and associations with sexual risk behaviours. *Aust N Z J Public Health*. August 2017;41(4):438–443.

17. Singh J. Critical appraisal skills programme. *J Pharmacol Pharmacotherapeutics*. 2013;4(1):p.76.

18. Downes MJ, Brennan ML, Williams HC, Dean RS. Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open*. December 1, 2016;6(12):e011458.

19. Mesquita MC, Pinto MD. The exercise of female sexuality between fantasy and discourse in the consumption of online pornography. *Revista de Gestão*. April 2020;27(3):247–262.

20. Fox NJ, Bale C. Bodies, pornography and the circumscription of sexuality: a new materialist study of young people’s sexual practices. *Sexualities*. March 2018;21(3):393–409.

21. Peter J, Valkenburg PM. The use of sexually explicit internet material and its antecedents: a longitudinal comparison of adolescents and adults. *Arch Sex Behav*. October 2011;40(5):1015–1025.

22. Arulogun OS, Ogbu IA, Dipeolu IO. Influence of internet exposure on sexual behaviour of young persons in an urban district of Southwest Nigeria. *Pan Afr Med J*. 2016;25:261.

23. Ali AA, Muhammad NA, Jamil TR, Ahmad S, Abd Aziz NA. Internet pornography exposures amongst young people in Malaysia: a cross-sectional study looking into the role of gender and perceived realism versus the actual sexual activities. *Addict Behav Rep*. December 1, 2021;14:100350.

24. Böthe B, Tóth-Király I, Griffiths MD, Potenza MN, Orosz G, Demetrovics Z. Are sexual functioning problems associated with frequent pornography use and/or problematic pornography use? Results from a large community survey including males and females. *Addict Behav*. January 1, 2021;112:106603.

25. Camilleri C, Perry JT, Sammut S. Compulsive internet pornography use and mental health: a cross-sectional study in a sample of university students in the United States. *Front Psychol*. 2021;11:613244–613244.

26. McNabney SM, Hevesi K, Rowland DL. Effects of pornography use and demographic parameters on sexual response during masturbation and partnered sex in women. *Int J Environ Res Public Health*. January 2020;17(9):3130.

27. Miller DJ, McBain KA, Li WW, Raggatt PT. Pornography, preference for porn-like sex, masturbation, and men’s sexual and relationship satisfaction. *Pers Relationships*. March 2019;26(1):93–113.

28. Yunengsih W, Setiawan A. Contribution of pornographic exposure and addiction to risky sexual behavior in adolescents. *J Public Health Res*. May 31, 2021;10(s1). Doi: 10.4081/jphr.2021.2333.

29. Rothman EF, Adhia A. Adolescent pornography use and dating violence among a sample of primarily black and Hispanic, urban-residing, underage youth. *Behav Sci*. March 2016;6(1):1.

30. Rothman EF, Beckmeyer JJ, Herbenick D, Fu TC, Dodge B, Fortenberry JD. The prevalence of using pornography for information about how to have sex: findings from a nationally representative survey of US adolescents and young adults. *Arch Sex Behav*. February 2021;50(2):629–646.

31. Shallo SA, Mengesha WW. Exposure to sexually explicit materials and its association with sexual behaviors of Ambo University undergraduate students, 2018. *Ethiop J Health Sci*. 2019;29(4):461–470.