

Short Communication

Male sexual dysfunction among infertile couples in Khartoum, Sudan, 2013

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Abstract

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Infertility is a clinical health problem creating a physical challenge and affecting one of the most fundamental human activities. This is a prospective, hospital-based study, to determine the prevalence of male sexual dysfunction and female awareness about their husband sexual dysfunction among infertile couples in three fertility centers in Khartoum state. A total of 300 infertile couples were included in the study after an informed consent for collecting information about male sexual dysfunction. The prevalence of male sexual dysfunction was 102 out of 300 (34%). Of them; 54 (18%) had ejaculatory disorders, 36 (12%) had erectile dysfunction and 34 (11%) suffering from inhibited desire. One hundred and sixty four (54.7%) of participated women were not oriented about male sexual dysfunction. While seeking pregnancy, 192 (64%) of the couples were not asked about their husband sexual dysfunction and only 64 (21.3%) of the husbands were examined. Male sexual dysfunction is prevalent among infertile couples, requiring counseling and management with improving female and doctor awareness towards male sexual dysfunction when dealing with infertility.

Keywords: Khartoum, Male, sexual dysfunction, Sudan

INTRODUCTION

People engage in a variety of sexual acts, and for a wide variety of reasons. Sexual activity normally results in sexual arousal and physiological changes in the aroused person. It includes conduct and activities which are intended to arouse the sexual interest of another, such as attracting partners and personal interactions between individuals (Kamel 2010). Sex is important for humanity to continue its existence, for pleasure, forming a close bond between partners and mood improvements (Fode et al., 2012).

The sexual response cycle has four phases including; excitement, plateau, orgasm and resolution. Sexual dysfunction is referred to a problem during any phase of the sexual response cycle that prevents the individual or

the couple from experiencing satisfaction from the sexual activity. The most common problems related to sexual dysfunction in men include erectile dysfunction (ED), premature ejaculations (PE), inhibited sexual desire (ISD) and rarely congenital anomalies of the penis (Parnet 2004).

There is reported clinical association between erectile dysfunction and premature ejaculation in men of infertile couples (Aytac et al., 1999). ED is usually associated with depressive symptoms, while PE is associated with symptoms and signs of prostatitis and phobic anxiety (Lotti et al., 2012). The exact prevalence of male sexual dysfunction is unknown, but it is believed to be under-reported (Lotti et al., 2012).

Erectile dysfunction or ejaculatory disorders in men resulting from neurological defects can cause infertility or semen abnormalities (Mikkle et al., 2012). Infertility by itself does not cause erectile dysfunction. However, the stress of trying to conceive can decrease the sexual desire. The stress can also be manifested in difficulty to perform sex on demand during fertile days of the woman (Lenzi et al., 2003). The long period of diagnostic and treatment procedures may also have a negative impact on the sexual activity of the infertile couple. Male sexual disturbances of infertile couple are usually expressed as erectile dysfunction, ejaculatory disorders, loss of libido and a decrease in frequency of intercourse (Lenzi et al., 2003). Many of the infertile men (63%) experienced a period of impotence after being discovered to be infertile, especially when they need to perform sex at specific time (Seibel et al., 1982).

Sexual problems can be easily diagnosed by careful listening, reviewing the list of medications as many of commonly used drugs can interfere with male sexual function and comprehensive clinical examination. This study was done to determine the prevalence of male sexual dysfunction among infertile couples, to assess female orientation about sexual dysfunction of their husbands and the attitude of the doctors towards male sexual dysfunction among infertile couples in Khartoum state.

METHODOLOGY

This is a prospective descriptive cross-sectional study done at three fertility centers in Khartoum. In these centers, infertile couples can receive both diagnostic and treatment services, including; semen analysis, ultrasound, laparoscopy, Intra-Uterine Insemination (IUI), Intra-Cytoplasmic Sperm Injection (ICSI) and In vitro-Fertilization (IVF). All infertile couples presented to these centers were included in the study after an informed consent. Data was collected by trained personnel using a structured format, including; socio-demographic characteristics, type and duration of infertility, type and duration of male sexual dysfunction, female awareness & attitude of doctors towards male sexual dysfunction. The data was analyzed by computer using statistical package for social science (SPSS) version 18.

RESULTS

Three hundred infertile couples were included in this study to determine the prevalence of male sexual dysfunction as a health problem facing infertile couples. The prevalence of male sexual dysfunction was found to be 102 out of 300 (34%). Out of them; 273 (91.0%) were educated, only 27 (9.0%) were illiterate. The majority of couples have primary infertility 194 (64.7%), while 106

(35.3%) have secondary infertility with variable duration ranging between 2-10 years. Forty two (14.0%) of husbands have chronic illness, including diabetes mellitus (DM), hypertension, cardiac disease and four cases (1.3%) had history of prostatectomy and surgery for spinal trauma and 30 (10.0%) of them on long standing medication. Of interviewed women; 164 (54.7%) were not oriented about their male sexual dysfunction.

While seeking pregnancy; 192 (64%) of the couples were not asked about male sexual dysfunction and only 64 (21.3%) of the husbands has been examined. Male sexual dysfunction was found in 102 OUT OF 300 (34%) with duration of 2-5 years. Premature ejaculation in 44 (14.7%), 36 (12%) had erectile disorders and 34 (11.3%) with male inhibited sexual desire. Associated tiredness or fatigue 20 (6.7%), anxiety and depression 8 (2.7%) and loss of sexual interest (2.0%).

DISCUSSION

Infertility is a clinical and social problem, affecting one couple in six and commonly associated with male sexual dysfunction (Fode et al., 2012). In this study, the prevalence of male sexual dysfunction was found to be 34%. This level is low compared to what has been found in Nigeria 2012, where a rate of 41.7% sexual dysfunction was reported among a study population (Idung et al., 2012). In Sudan, due to many socio-cultural problems, women find difficulty to talk about their sexual life or their husband sexual dysfunction. Not only that, but many men do not seek medical advice for their sexual dysfunction, resulting in underreporting of sexual problems. In Sudan, female genital mutilation (FGM) specially, infibulations may lead to difficult first intercourse, which may lead to sexual dysfunction, although this was not assessed in this study (Umbeli et al., 2013).

In this study, premature ejaculation (PE) was found in 18%, of couples erectile disorders in 12% and inhibited sexual desire in 11.3%. With these sexual disorders there were reported complains of fatigue, anxiety and depression. This is consistent with that found by Ramadan et al., where they reported that 11% of men undergoing infertility evaluation had problems with erection and orgasm after being diagnosed as having abnormal results of their semen (Ramadan et al., 2003). Similarly, a study done in the University of Florence in Italy reported; ED in 43 (17.8%) and PE in 38 (15.6%) of the subjects (Francesco, 2005). This sexual dysfunction may be psychogenic triggered by the abnormal results of semen, it is even more worse with longer duration of infertility and usually associated with increased levels of anxiety (Ramadan et al., 2003).

Although over 90% of women in this study were educated; 164 (54.7%) of them were not oriented about

male sexual dysfunction. This may be influenced by the socio-cultural traditions of Sudanese population. Lack of privacy and unavailability of trained counselors at fertility centers may play a role. It is usually difficult to obtain complete information about the sexual problems from couples participating in the study in one session and even more difficult to obtain it from women about their husband's sexual dysfunction even in repeated visits (Ramadan et al., 2003).

Although it is easy to pick up most of information about male sexual dysfunction from a detailed history and a comprehensive clinical examination, most of infertile couples in this study 192/300 (64%) were not asked about male sexual dysfunction or related problem during their investigations for their infertility. This may be due to doctors' deficient practice on communication skills and history taking, poor attitude of doctors and others health providers towards male sexual dysfunction or lack of cooperation of participating couples.

This study has shown that Male sexual dysfunction is prevalent among infertile couples, requiring counseling and management with improving female and doctor awareness towards male sexual dysfunction when dealing with infertility.

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CONFLICT OF INTEREST

Authors declare that they have no financial or non-financial competing interest.

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