

Sexual Function Among Male Medical Students

AUB Pethiyagoda*, K Pethiyagoda**

*Department of Surgery, Faculty of Medicine, University of Peradeniya, Sri Lanka

**Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka

Abstract-Sexual dysfunction is a very common presentation in urology clinics. Although it is very common in elderly men which is estimated as 50% of all men aged 40 and 70 years old have this problem to some degree. Though it is more common among older age group 26% of men Under 40 year suffer from erectile dysfunction and more than half of them had severe type. Erectile dysfunction is associated with poor cardiovascular function, Ischemic heart disease and stress. Assessment of erectile dysfunction is a way to assess Psychological stress and future risk of Ischemic heart disease in a young population. It was a cross sectional descriptive study conducted in faculty of medicine, university of Peradeniya among male subjects, questionnaires was distributed and assessment of sexual dysfunction was done according to "International Index of Erectile Function (IIEF)". In sample of 232 of male medical students (all were single), mean age of 23.49 ± 1.68 years with minimum of 18 years and maximum of 27 years. Only 1.3% was circumcised and 3.9% of them had lower urinary tract symptoms. In lower urinary tract symptom assessment nobody complains of intermittency, urge incontinence and stress incontinence. Among the subjects 79.3% of them were sexually active for previous 4 weeks. This included masturbation as well. Among them 1.7% were homosexual & 4.7% are Bi-sexual. In this study 2% had erectile dysfunction, 4.36% had orgasmic dysfunction, 6.16% had reduced libido, 3.1% had poor intercourse satisfaction and 9.4% have poor overall satisfaction. Half of them with any disability were severely affected.

In conclusion among male medical students in Peradeniya sexually active percentage is low and sexual disabilities are also lower than normal population. Low sexual active percentage was due to lack of free time and places. Condensed time table and heavy work load as a medical student might be the underline cause. Medical students had knowledge on physiology and pathophysiology of sexual dysfunction than others. Proper sex education reduced anxiety of sex well as could have managed without affecting severely.

Index items- Sexual dysfunction, erectile dysfunction, International Index of Erectile Function (IIEF)

• INTRODUCTION

Erectile dysfunction (which was referred to as Impotence in old literature) is a very common among elderly male which is estimated as 50% of all men aged between 40 and 70 years old have sexual dysfunction to some degree. Though it is more common among elderly age group at least 26% of men under 40 year suffer from erectile dysfunction and more than half of them are severe type [1].

To have a successful penile erection proper function of brain, nerves, hormones, muscles, circulatory system and emotions is required. Corpora Cavernosa is the penile erectile tissue, specifically the cavernous smooth musculature and the smooth muscles of the arteriolar and arterial walls, plays a key role in the erectile process. In the flaccid state, these smooth muscles are topically contracted, allowing only a small amount of arterial flow for nutritional purposes. Causes of erectile dysfunction can be physical and psychological. In young men psychological causes are more prominent than physical causes. [1] Feelings of sexual excitement that lead to an erection starts in the brain. But conditions such as depression and anxiety can interfere with that process. In fact, a major sign of depression is withdrawal from things that once brought pleasure. Stress about jobs, money, exams and other concerns contribute to erectile dysfunction. Alcohol and drug abuse are both common causes of erectile dysfunction among young men. Additionally, relationship problems and poor communication with a partner, performance anxiety can cause sexual dysfunction in men [2]. In our study we will be assessing erectile dysfunction in medical students as a descriptive study to assess the prevalence of erectile dysfunction. Here we are opening a path for another research to assess the causes for erectile dysfunction in this sample.

• MATERIALS AND METHODS

This was a descriptive study conducted among male medical students in Faculty of Medicine, University of Peradeniya, except who were not willing to take part in the study and being treated for sexual dysfunction was recruited and questioners were distributed among them. They were asked to fill the questioner at leisure where their privacy was protected demographic data, marital/relationship status, urinary symptoms, assessment of sexual dysfunction according to “International Index of Erectile Function (IIEF)” was obtained. Students were asked to put their completed questioners to a box at the Department of Surgery, Faculty of Medicine, University of Peradeniya any time they are possible. Questioners were collected by investigators at every evening at 3.00 pm and data was entered in to data base in Microsoft office excel 2007. Data was analyzed using IBM SPSS statistic version 23.

• RESULTS

In sample of 232 of male medical students with a mean age of 23.49 +/- 1.689 years and minimum of 18 years and maximum of 27 years. They all were single with no major uro-surgical interventions.

Only 0.4% had been treated for sexual dysfunctions. Among the subjects 79.3% of them were sexually active during the previous 4 weeks including masturbation. Other 20.7% were sexually inactive. Among the subjects 1.7% was homo-sexual and 4.7% were bi-sexual. Others were hetero-sexual. Among the sample 59.1% had no sexual partner. 41.1% of them had female partners. 0.4% had male sexual partner. 0.4% had both male and female sexual partners.

In this study 2% had erectile dysfunction, 4.36% had orgasmic dysfunction, 6.16% had reduced libido, 3.1% had poor intercourse satisfaction and 9.4% have poor overall satisfaction. Half of them with any disability were severely affected.

IV.CONCLUSION

Among male medical students in Peradeniya sexually active percentage is low and sexual disabilities except reduced libido and overall satisfaction are also lower than normal population. Percentage of homo sexual and bi-sexual was also lower in the study sample than normal population. Percentage of having a sexual partner also was lower than the normal population.

V.DISCUSSION

Erectile dysfunction is defined as the inability to achieve and maintain an erection sufficient to permit satisfactory sexual intercourse.

According to the literature, Sexual problems don't only affect older men. One-third of men between ages 18 and 25 suffer from at least one sexual dysfunction, according to a recent study from Switzerland. Many of them were addicted to cigarettes, marijuana, illegal drugs, compared with those without premature ejaculation.(7) And also they have found out that men with erectile dysfunction were more likely than men without the condition to say they had taken medication without a prescription, which could indicate that young [men with ED tend to self-medicate](#) or possibly treat their own sexual problems,(6) Results also showed a link between poorer mental health, lifestyle choices, depression and both premature ejaculation and ED and depression. Age, smoking and obesity are the main risk factors. In about 20% of cases psychological problems are the causes (4)

According to our study, in normal young population more than 93% have regular sexual activities. The lower sexual active percentage was due to lack of free time and places for sexual activities. Mental stress due to condensed time table, work load reduces libido in both partners which also leads to reduce the time of sexual activities and overall sexual satisfaction. However, medical students have a better knowledge on physiology and pathophysiology of sexual dysfunction than other populations. Proper sex education reduced anxiety of sex well as could have managed without affecting severely.

5.5% are homosexuals and 2.1% are bi-sexual [[Headbomb](#),2016].Lower percentages are due to medical students get chances to co-operate with populations and they are considered as higher state peoples in the society according to the Sri Lankan culture. Therefore, psychological factors such as loneliness, refusing by hetero sexual are lower in subjects might reduce the percentage of homosexual and bisexual percentage. But Psychological stress, lack of time, Higher expectations, behave in a small population has reduces the percentage of having a sexual partner than normal population.

When a patient presents with erectile dysfunction, a thorough history (medical, sexual, and psychosocial) should be taken, the patient should undergo physical examination, and appropriate laboratory tests aimed at detecting these diseases should be performed. The physical examination should include evaluation of the breasts, hair distribution, penis, and testes; palpation of the femoral and pedal pulses; and testing of genital and perineal sensation. Recommended laboratory tests include urinalysis, a complete blood count, and measurements of serum glucose, creatinine, cholesterol, triglycerides, and testosterone while the patient is fasting. If the man's serum testosterone concentration is low, serum free (or bioavailable) testosterone, prolactin, and luteinizing hormone should be measured. Current medical interventions for the management of ED include oral drugs, intrapenile therapies (intra-urethral suppositories and intracavernous injections) and penile prosthesis implantation. Although considerable advances have been made, the ideal treatment of ED has not been identified [5].

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