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Study of socio-psychological factors associated with men's sexual dysfunctions

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Вивчення соціально-психологічних чинників, асоційованих із сексуальними дисфункціями у чоловіків

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Introduction

Sexual health has medical and social significance, as it is a guarantee not only of physical, but also of mental and social well-being of every person.

Common sexual dysfunctions in men include erectile dysfunction (ED), premature ejaculation (PE), orgasmic dysfunction (OD), and hypoactive sexual desire disorder (HSDD).

Scientists believe that the undoubted risk factors for sexual dysfunction are psychosocial [1]. For example, it has been proven that, in addition to organic etiology, psychogenic causes, such as depression, anxiety and partner-related difficulties, contribute significantly to the development of ED [2–3].

An important predictor of ED can also be loneliness [4]. According to the results of research by Calzo JP et al (2021), unmarried men have a 65% higher chance of erectile dysfunction compared to married men [5].

Scientific studies have shown that psychosocial factors are also important for the development of premature ejaculation, hypoactive sexual desire disorder and orgasmic dysfunction. In particular, while in congenital PE the priority in its etiology is genetic predisposition [6], the determinants of acquired PE are usually anxiety, depression, uncertainty, anxiety related to previous sexual experience, psychological problems, relationship problems, including partner change [7–8].

According to scientists, negative intrusive thoughts play a significant role in the development of hypoactive sexual desire disorder, namely: lack of erotic thoughts, anxiety about erection and a limited attitude to sexuality [9]. It has been shown that significant prognostic factors of HSDD in men can also be: unattractiveness of the partner, long-term relationships, conflicts in relationships, stress at work, anxiety, depression, age [10–11].

Scientists have proven that psychosexual factors are the determining causes of 90% of cases of orgasmic dysfunction, including depression, anxiety about sexual failure. Factors of psychological (peculiarities of socialization in childhood with a lack of sexual education, religious and cultural beliefs, anxiety, fatigue, stress) and social nature (poor relationships between partners, conflicts in the family) are of great importance [12–13].

Despite the significant interest of scientists in studying the relationship between psychosocial factors and sexual dysfunctions, most of them focus on specific aspects of the problem. At the same time, comprehensive studies of psycho-social factors associated with the main types of sexual dysfunctions are still lacking.

The aim: to analyze the interrelation between socio-psychological factors and the sexual dysfunctions in men.

Object, materials and research methods

During 2023-2024, an analytical retrospective epidemiological medical and sociological study was conducted on a representative sample of 402 men with sexual dysfunctions who seek care in private health care facilities in Ivano-Frankivsk and who agreed to participate in the study by signing the appropriate informed agreements.

The study of medical and social characteristics was carried out on the basis of the author's questionnaire, which was initially tested on 11 people to assess the adequacy of the material collection program, the clarity of the questions, the time required to answer them. The questionnaire contained information about the respondents' stress, the nature of their relationships in the family, at work, social activities, etc.

The International Index of Erectile Function (IIEF) was used for the diagnosis of erectile dysfunction and its severity, hypoactive sexual desire disorders, and orgasmic dysfunction [14]. The Premature Ejaculation Diagnostic Tool (PEDT) was used to detect premature ejaculation [15].

In the main group of 402 men, ED was diagnosed in 232 (57.7%), PE in 89 (22.1%), HSDD in 61 (15.2%) and OD in 20 (5.0%). Among the men with erectile dysfunction, 65 (28.0%) had mild, 130 (55.9%) had moderate, and 37 (16.1%) had severe erectile dysfunction.

The control group consisted of 200 men who visited the same health care facilities for a preventive check-up and were found to be practically healthy and also agreed to participate in the study.

The median age of the control group did not differ from that of the main group (p>0.05) and was 34.0 [27.0-41.0] and 33.0 [27.0-42.0] years, respectively. The median age of the surveyed patients with ED was 35.0 [27.0-43.0] and increased with the severity of the disorder from 26.0 [23.0-29.0] years in mild to 36.0 [31.0-42.0] years in moderate and 51.0 [46.0-57.0] years in severe. The median age of men with PE was 33.0 [26.0-39.0] years, with HSDD – 33.0 [26.0-40.0] years, with OD – 32.5 [25.0-40.5] years.

The comparison groups also did not differ in terms of place of residence (p>0.05). Among surveyed, urban residents accounted for 78.9% in the main group and 80.5% in the control group, and rural residents – 21.1% and 19.5%, respectively.

The design and program of the study were reviewed and approved by the Ethics Committee of Ivano-Frankivsk National Medical University (protocol №133/23 of 29.03.2023).

The work is a fragment of the comprehensive research work of the Public Health Department "Medical and social substantiation of improving the organization of prevention, medical and rehabilitation care" (state registration number 0124U001983, timeline 2024–2028), as well as a comprehensive study of the Department of Postgraduate Surgery and Urology "Modern mechanisms of development of pathological conditions of the lower urinary tract and male genital organs and substantiation of effective methods of their correction" (state registration number, timeline 2021-2026).

Data processing. All statistical calculations were performed using the Microsoft Excel data analysis package.

The statistical processing of categorical (qualitative) data was carried out by calculating the rate of the characteristics per 100 people who answered the corresponding question. The reliability of the differences in indicators in different observation groups was assessed by the chi-square test (χ^2).

To identify the risk factors associated with sexual dysfunction in men, we used the method of calculating the odds ratio (OR) and its 95% confidence interval (95% CI) [16].

Research results

It was found that about 40% (41.0%) of respondents in the main group complained of frequent stress in their lives, while in the control group there were only 2.0% of such persons (p<0.001). In contrast, more than half of the respondents in the control group (52.5%) reported no stress in their lives, versus only 3.7% in the main group (Table 1).

The results of the odds ratio calculations (Fig. 1) showed that sexual dysfunctions in men were closely associated with high odds of permanent distress: OR=28.52; 95%CI=15.88-51.22 (p<0.001).

It was found that almost 60% of the surveyed men with sexual dysfunctions (57.5%) complained of sleep problems, including 7.5% who suffered from constant insomnia. In the comparison group, these indexes amounted to 15.0% and 1.0%, respectively. It has been proven that in the presence of sexual dysfunction, the chances of episodic or persistent insomnia increased significantly (OR=7.98; 95%CI=1.89-33.76; p<0.001).

A quarter (25.9%) of the main group assessed their health as good, and only 6 people (1.5%) – as excellent, compared to 71.5% and 8.5% in the control group (p<0.001). Instead, more than half of the surveyed men with SD assessed their own health as satisfactory (55.7% vs. 20.0% in the control group) and another 16.9% as unsatisfactory, while in the control group there were no such responses. It has been proven that low self-assessment of health is also associated with sexual dysfunctions (OR=10.62; 95%CI=7.05-16.00; p<0.001).

It should be noted that only 36.1% of respondents in the main group indicated that they were completely satisfied with their lives, while in the control group there were twice as many of them – 76.5%. It was found that low life satisfaction accompanies the development of sexual dysfunctions in men (OR=5.77; 95%CI=3.93-8.48; p<0.001).

It has been shown that sexual dysfunction is accompanied by a feeling of loneliness. Only 27.1% of respondents in the main group compared to 57.5% of the control group (p<0.001) said they never felt it. Respectively, the majority of respondents with SDs complained that they felt lonely from time to time (64.9%) or more often (8.0%). It has been proven that sexual dysfunctions in men are accompanied by higher chances of feeling lonely (OR=8.56; 95%CI=2.03-36.10; p<0.001).

It was found that only half of the surveyed men with SDs were married or had partners – 54.2% vs. 63.5% of the comparison group (p<0.01). At the same time, the rate of those who have never been married in the comparison groups is almost the same (39.8% vs. 36.0%), which is logical given the median age of the respondents. However, the share of divorced people in the main group, although small, is higher than in the control group – 6.0% versus 0.5%. It has been proven that the absence of marriage/partner is one more factor associated with SDs in men (OR=1.47; 95%CI=1.04-2.08; p<0.01).

It has been found that sexual dysfunctions are often accompanied by tense family relationships. Only 36.1% of respondents in the main group evaluated them as friendly, compared to 67.0% of the control group. The results of calculating the odds ratio indicate that sexual dysfunctions are associated with tense family relationships (OR=3.60; 95%CI=2.52-5.15; p<0.001).

It was shown that the respondents of the main group also had worse relations with their colleagues at work. Only 26.6% of them compared to 41.5% of the control group evaluated them as friendly (p<0.001). Thus, the odds ratio showed that the presence of SD increases the chances

Table 1

Socio-psychological characteristics of respondents

Question	Main group			Control group		
	n=402	%	± m	n=200	%	± m
Frequency of stressful situations in life		100.0			100.0	
almost never	15	3.7	0.9	105	52.5	3.5
sometimes	222	55.2	2.5	91	45.5	3.5
often	165	41.0	2.5	4	2.0	1.0
p	0.00000					
Sleeping problems		100.0			100.0	
none	171	42.5	2.5	168	84.0	2.6
episodic	201	50.0	2.5	30	15.0	2.5
permanent	30	7.5	1.3	2	1.0	0.7
p	0.00000					
Self assessment of health		100.0			100.0	
unsatisfactory	68	16.9	1.9		0.0	0.0
satisfactory	224	55.7	2.5	40	20.0	2.8
good	104	25.9	2.2	143	71.5	3.2
excellent	6	1.5	0.6	17	8.5	2.0
p	0.00000					
Life satisfaction		100,0			100,0	
not satisfied	12	3.0	0.8		0.0	0.0
moderately	245	60.9	2.4	47	23.5	3.0
satisfied	145	36.1	2.4	153	76.5	3.0
p	0.00000					
Feeling of loneliness		100.0			100.0	
never	109	27.1	2.2	115	57.5	3.5
sometimes	261	64.9	2.4	83	41.5	3.5
often	32	8.0	1.4	2	1.0	0.7
p	0.00000					
Marital status		100.0			100.0	
Never been married	160	39.8	2.4	72	36.0	3.4
Is married	218	54.2	2,.5	127	63.5	3.4
Widowed	0	0.0	0.0		0.0	0.0
Divorced	24	6.0	1.2	1	0.5	0.5
p	0.00233					
Family relationships		100.0			100.0	
unsatisfactory	19	4.7	1.1		0.0	0.0
satisfactory	238	59.2	2.5	66	33.0	3.3
friendly	145	36.1	2.4	134	67.0	3.3
p	0.00000					
Relationships in the workplace		100.0			100.0	
unsatisfactory	7	1.7	0.7		0.0	0.0
satisfactory	288	71.6	2.2	117	58.5	3.5
friendly	107	26.6	2.2	83	41.5	3.5
p	0.00029					
Activity in social life		100.0			100.0	
never	55	13.7	1.7	1	0.5	0.5
sometimes	206	51.2	2.5	112	56.0	3.5
often	141	35.1	2.4	87	43.5	3.5
p	0.00000					

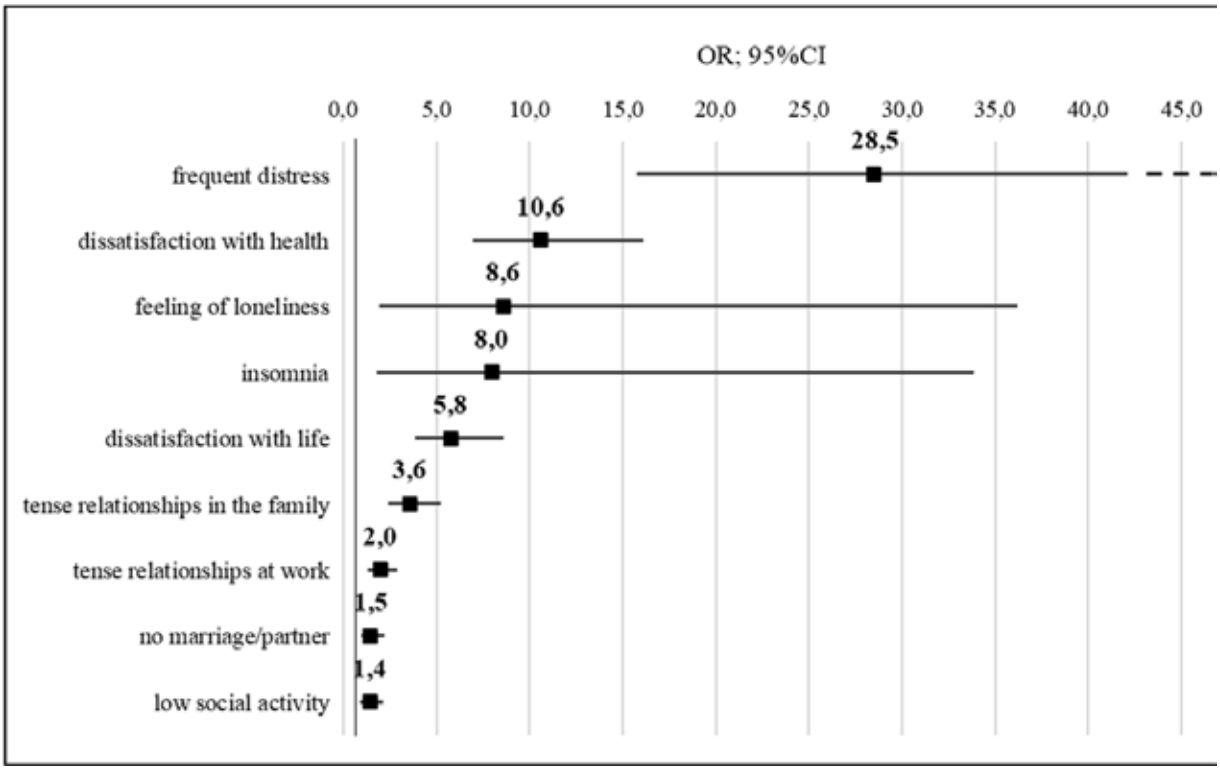

Fig. 1. Social and psychological factors associated with sexual dysfunctions in men

of negative relationships in the workplace (OR=1.96; 95%CI=1.37-2.80; p<0.001).

It was found that engagement in social life is also affected in SDs. Only one third (35.1%) of the surveyed men with SDs (compared to 43.5% of the control group) indicated that they are actively involved in social life: they meet with friends, family, attend public events, church, fellowships, clubs, etc. Conversely, there were significantly more people in the main group who were not engaged in social life than in the control group: 13.7% vs. 0.5%, respectively. It has been proven that SDs significantly increases the chances of a decrease in social activity (OR=1.43; 95%CI=1.01-2.02; p<0.001).

Discussion of research results

Our research proved and studied in more detail the interrelation of men's sexual dysfunctions with socio-psychological factors.

In particular, the results of our study showed that men with sexual dysfunctions are 15.9-51.2 times more likely to complain about permanent stressful situations in their lives than those who are practically healthy (96.3%; OR=28.52; 95%CI=15.88-51.22). This may indicate the need for anxiety and depression screening among them, as numerous studies have shown a high probability of these psychological symptoms in various sexual dysfunctions [7, 17–20].

Another confirmation of this hypothesis is the evidence that sexual dysfunction in men is also accompanied by sleep disorders (57.5%; 7.98; 1.89-33.76), dissatisfaction with their own health (71.4%; 10.62; 7.05-16.00) and life in general (63.9%; 5.77; 3.93-8.48). That is, as in similar studies of this kind, it can be argued that sexual dysfunctions significantly reduce the quality of life of men [21-22].

It should be noted that the development of sexual dysfunctions in men also negatively affects their family life and relationships. The results of our study showed that in case of sexual dysfunctions, the chances of not having a marriage or partner are significantly higher (45.8%; 1.47; 1.04-2.08), and, accordingly, the feeling of loneliness (72.9%; 8.56; 2.03-36.10). Similar results were obtained in other scientific researches [4-5].

Our study also found that sexual dysfunctions are often accompanied by tense family relationships (63.9%; 3.60; 2.52-5.15). According to Nimbi FM et al, such relationships in the family have a particularly negative impact on sexual desire [10].

It is clear that the constant psychological suffering associated with sexual dysfunctions has an unsatisfactory impact on other areas of social life. In particular, our study has shown that men with sexual dysfunctions usually do not have good relationships with their colleagues (73.4%; 1.96; 1.37-2.80). Most of them do not actively participate in social life (64.9%; 1.43; 1.01-2.02). This is despite the fact that the study involved mostly young people, urban residents with good access to social entertainment, clubs, etc.

Limitation. The design of analytical retrospective epidemiological studies, and, accordingly, the methodology for calculating the odds ratio in this case, does not provide a definitive answer to the question of what is

the cause and what is the effect: whether sexual dysfunction occurs as a result of psychosocial factors or whether psychological manifestations are the consequences of sexual dysfunction in men.

Prospects for further research

Prospects for further research will be to develop a set of measures to prevent sexual dysfunctions in men based on the data obtained in the study.

Conclusions

It was found that sexual disorders in men are associated with their complaints about frequent and constant stressful situations in life (OR=28.52; 95%CI=15.88-51.22), sleep disturbances (7.98; 1.89-33.76), dissatisfaction with their own health (10.62; 7.05-16.00) and life in general (5.77; 3.93-8.48).

It has been proven that sexual dysfunction in men negatively affects their family relationships, as it is accompanied by significantly higher chances of not having a marriage or partner (1.47; 1.04-2.08), tense family relationships (3.60; 2.52-5.15) and a feeling of loneliness (8.56; 2.03-36.10).

It has been found that sexual dysfunctions in men are associated with negative relationships in the workplace (1.96; 1.37-2.80) and low activity in socal life (1.43; 1.01-2.02).

In the management of sexual dysfunctions in men, screening for psychological disorders and preventive counseling and care aimed at social and psychological support should be a mandatory component.

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Purpose: to analyze the interrelation between socio-psychological factors and the sexual dysfunctions in men.

Materials and methods. During 2023-2024, an analytical retrospective epidemiological medical and sociological study was conducted on a representative sample of 402 men with sexual dysfunctions and 200 men without them.

Results. It was found that sexual disorders in men are associated with their complaints about frequent and constant stressful situations in life (OR=28.52; 95%CI=15.88–51.22), sleep disturbances (7.98; 1.89–33.76), dissatisfaction with their own health (10.62; 7.05–16.00) and life in general (5.77; 3.93–8.48). It has been proven that sexual dysfunction in men negatively affects their family relationships, as it is accompanied by significantly higher chances of not having a marriage or partner (1.47; 1.04–2.08), tense family relationships (3.60; 2.52–5.15) and a feeling of loneliness (8.56; 2.03–36.10). It has been found that sexual dysfunctions in men are associated with negative relationships in the workplace (1.96; 1.37–2.80) and low activity in social life: meeting with friends, family, attending public events, church, fellowships, clubs, etc (1.43; 1.01–2.02).

Conclusions. In the management of sexual dysfunctions in men, screening for psychological disorders and preventive counseling and care aimed at social and psychological support should be a mandatory component.

Key words: sexual dysfunctions of men, socio-psychological factors, management.

Сексуальне здоров'я є запорукою не лише фізичного, а й психічного і соціального благополуччя кожної людини.

Мета: проаналізувати взаємозв'язок між соціально-психологічними чинниками та наявністю сексуальних дисфункцій у чоловіків.

Матеріали та методи. Провели аналітичне ретроспективне медико-соціологічне дослідження за оригінальною авторською програмою репрезентативної вибірки 402 чоловіків із сексуальними дисфункціями (СД) та контрольної групи 200 практично здорових чоловіків.

Результати. Установлено, що близько 40% (41,0%) респондентів основної групи скаржилися на часті стреси в житті, тоді як у контрольній групі таких було лише 2,0% (p<0,001). Результати обчислень показника відношення шансів показали, що сексуальні дисфункції у чоловіків були тісно пов'язані з високими шансами постійних дистресів: OR=28,52; 95%CI=15,88–51,22 (p<0,001).

З'ясовано, що майже 60% опитаних чоловіків із СД (57,5%) скаржилися на проблеми зі сном, у т. ч. 7,5% страждали постійним безсонням. У групі порівняння ці показники становили відповідно 15,0% і 1,0%. Доведено, що за наявності сексуальної функції шанси періодичного чи постійного безсоння суттєво зростали (OR=7,98; 95%CI=1,89–33,76; p<0,001).

Більше половини опитаних чоловіків із СД оцінювали власне здоров'я як задовільне (55,7% проти 20,0% у контрольній групі) і ще 16,9% – як незадовільне, тоді як у контрольній групі таких відповідей не було. Доведено, що низька самооцінка здоров'я також асоціюється з порушеннями сексуальної функції (OR=10,62; 95%CI=7,05–16,00; p<0,001).

Серед респондентів основної групи лише 36,1% указали, що були повністю задоволені життям, тоді як у контрольній групі таких було вдвічі більше – 76,5%. Установлено, що неповна задоволеність життям супроводжує розвиток сексуальних дисфункцій у чоловіків (OR=5,77; 95%CI=3,93–8,48; p<0,001).

Показано, що більшість опитаних із СД скаржилися, що відчувають самотність час від часу (64,9% проти 41,5% у контрольній групі) або частіше (8,0% проти 1,0% відповідно). Доведено, що сексуальні дисфункції у чоловіків супроводжуються вищими шансами відчуття самотності (OR=8,56; 95%CI=2,03–36,10; p<0,001).

Установлено, що лише половина опитаних чоловіків із СД перебувала у шлюбі чи мала партнерів – 54,2% проти 63,5% респондентів групи порівняння (p<0,01). Водночас частка тих, хто ніколи не був у шлюбі, у групах порівняння практично однакова (39,8% проти 36,0%), що логічно, виходячи з медіанного віку опитаних (34,0 [27,0–41,0] і 33,0 [27,0–42,0] роки відповідно). Але питома вага розлучених в основній групі хоча й невелика, проте вища, ніж у контрольній, – 6,0% проти 0,5%. Доведено, що відсутність шлюбу є ще одним чинником, асоційованим із СД у чоловіків (OR=1,47; 95%CI=1,04–2,08; p<0,01).

З'ясовано, що наявність сексуальних дисфункцій часто супроводжується напруженими стосунками в родині (OR=3,60; 95%CI=2,52–5,15; p<0,001). Лише 36,1% респондентів основної групи оцінювали їх як доброзичливі порівняно із 67,0% контрольної.

Показано, що наявність СД збільшує шанси несприятливих стосунків у робочому колективі (OR=1,96; 95%CI=1,37–2,80; p<0,001). Лише 26,6% з основної групи проти 41,5% опитаних із контрольної групи оцінювали їх як доброзичливі (p<0,001).

З'ясовано, що при СД страждає й залученість у громадське життя. Лише третина (35,1%) опитаних чоловіків із СД (проти 43,5% контрольної групи) вказали, що беруть активну участь у громадському житті: зустрічаються з друзями, родиною, відвідують громадські зібрання, церкву, товариства, гуртки тощо. І навпаки, таких, що зовсім не залучені до цього, в основній групі було значно більше, ніж у контрольній: 13,7% проти 0,5% відповідно. Доведено, що наявність СД достовірно посилює шанси зниження громадської активності (OR=1,43; 95%CI=1,01–2,02; p<0,001).

Висновки. У менеджменті сексуальних дисфункцій у чоловіків обов'язковими складниками повинні бути скринінг на психологічні порушення та профілактичні консультації і допомога, спрямовані на соціально-психологічну підтримку.

Ключові слова: сексуальні дисфункції чоловіків, соціально-психологічні чинники, менеджмент.

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