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Review Article

Sexual Dysfunction and Associated Socio-Cultural Factors in India

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Abstract

Sexual disorders are a major healthcare issue and therefore deserve due attention, proper investigation, consideration, and appropriate treatment. Sexual problems are highly prevalent in both men and women, yet they are frequently under recognized and under diagnosed in clinical practice. Even among clinicians who acknowledge the relevance of addressing sexual issues in their patients, there is a general lack of understanding of the optimal approach for sexual problem identification and evaluation. The constraints of this review are not yet acquired complete information about emotional signs of the school prosperity. It is proposed that educators assess the info and consider the students' judgment to further develop understudy's prosperity, in this way brings about the improvement to the nature of learning and showing exercises, particularly to the perspectives including school condition, educator's quality, help on extracurricular exercises, and guardians' support.

Keywords: Sexual Dysfunction; Psychiatric; Disorders; Problems

Introduction

"Human sexuality," described as an individual's own sexual interest and attraction to others, also accounts for one's capacity to have erotic experiences and responses based on their sexual orientation. The concept of sexuality has evolved over the years. Sex is a motive force for bringing two people into intimate contact. They may have nothing in common except mutual sexual interest. Their meeting could be brief or it could lead to the most important relationship in their lives. To quote John Bancroft, "there are few people for whom sex has not been important at some time and many for whom it has played a dominant part in their lives" [1].

The term "normalcy" in sex varies between individuals of the same gender and across cultures. The descriptions of the sexual response cycle for males and females are different. The understanding of sexual scripting and courtship behaviour sheds further light on human sexuality. Now-a-days sexual functioning is not seen as only a part of procreation. This changing view towards sex has grown across a variety of disciplines. From Hippocrates' time to the present, sexual dysfunction has been frowned upon. Seeking help for such dysfunction has brought about the view that it is curable and should not be stigmatised. Because of the stigma associated with this, many myths have become deeply embedded in society. In relevance to psychiatry, one such myth is that all psychiatric drugs completely impair one's sexual functioning. But on the contrary, some don't have such effects or have minimal effects.

The term "sexual dysfunction" covers various ways in which an individual is unable to participate in a sexual relationship, including lack of interest, lack of enjoyment, failure of the physiological response necessary for effective sexual interaction (e.g., erection), or inability to control or experience orgasm [2]. Adequate sexual expression is an important part of human relationships, can improve quality of life, and promotes physical, psychological, and social well-being [3].

Epidemiological studies in India have revealed a prevalence rate of SD in the general population of around 20%, and it is around 20.95% in psychotropic medications [4].

And these sexual dysfunction induced by Psychotropic drugs, which is the most distressing side effect and causes poor quality of life, which in terms leads to negative attitude towards therapy and non-compliance to treatment [5].

On average prevalence of sexual dysfunction or sexual side effects following medication use varies between 25% and 80% [7]. Among medications, the variation remains unclear. Approximately 50% of individuals taking antipsychotic medications will experience adverse sexual side effects, including problems with sexual desire, erection, lubrication, ejaculation, or orgasm.

Sexual dysfunction and mental illness

Sexual dysfunction is prevalent and related to both the psychopathology and the pharmacotherapy [8]. People with mental illnesses have difficulties finding and maintaining intimate partner relationships. People with serious mental illnesses are also sexually isolated as a result of discrimination and coping strategies associated with the stigma of mental illness [9].

Sexual dysfunction and associated socio-cultural factors in India

Men

Sexual misconceptions in men are significant issues in both rural and urban India. The majority of the sample learned about sex from friends [10]. The men interviewed held diverse beliefs about the causes of their sexual problems (masturbation, nocturnal emission, disease, punishment by God, karma, black magic, and a lack of privacy) [11].

They also believed in diverse treatments (herbal remedies, traditional healers, special diets, and medical treatment) [11]. The factors consistently associated with erectile dysfunction were financial problems, a history of diabetes mellitus, a past history of psychiatric treatment, and a current diagnosis of a common mental disorder (anxiety or depression).

Male sexual disorders are more prevalent in the upper and lower classes of socioeconomic status when compared to the middle class [12]. Those who reported sexual dysfunction in hospital settings had chronic medical comorbidities or chronic use of substances. Male sexual disorders were more prevalent among illiterates than literates [12].

Women

Women's education and socioeconomic status do influence their sexual attitudes. There are various factors responsible for FSD, including the psychological status of a person, gynaecological or medical problems, long-term use of certain drugs, and social beliefs [13].

Cultural expectations and taboos alter women's perceptions and expectations about sexuality [14]. Lack of privacy, sexual openness, and freedom, coupled with ignorance of issues pertaining to sex and sexuality and poor communication regarding sexual matters, all combined, make it an even more complex issue. A "culture of silence", which a woman is expected to maintain when confronted with sexuality issues and views access to information about the same as a risk to her reputation, has a negative impact on women's sexual lives [15].

According to studies [16], female sexual dysfunction is more common in women with a higher education than in women with no formal education. Female sexual disorders were found to be most common among upper socioeconomic class females and least common among lower socioeconomic class females. Females who worked in some capacity (as a daily wage labourer, a salaried employee, or in business) had a lower prevalence of sexual disorder [16].

Prevalence of sexual dysfunction among general population

Global studies on sexual attitudes and behaviours state that lack of interest and the inability to reach orgasm during sexual intercourse are the most common sexual problems across the world. It ranges from 26 to 43% and 18 to 41%, respectively [17].

Sexual complaints are common problems among the general population in the United States. Its prevalence is estimated to be 31% in males and 43% in females [18,19].

An analysis of SD across eight European countries revealed that up to 34% of women and 15% of men reported low sexual desire [20].

Overall, 51.3% of respondents (n = 374) in J. K. Tan., *et al*. [21] study reported some degree of erectile dysfunction. Of these, 23.2% have mild ED, 8.8% have moderate ED, and 19.3% have severe ED.

After controlling for all confounding variables, they discovered that age over 50 was the single most significant risk factor. Other important risk factors included the Indian ethnic group, lower household income, physical inactivity, diabetes mellitus, and cardiac diseases.

Sexual dysfunction in India in general population

A study [12] by T. S. Sathyanarayana Rao., *et al*. from a rural population in south India, found 21.15% of the men to have one (or more) sexual disorder. The prevalence of erectile dysfunction was found to be 15.77%, which is considered to be more common and prevalent among other disorders, but severity varies between mild and moderate [12]. Other disorders like male hypoactive sexual desire disorder (HSDD) account for 2.56%, and premature ejaculation was found to be prevalent in 8.76% of the males [12]. When looking at female sexual dysfunction, 14% of the female subjects were diagnosed with female sexual disorders. The prevalence of female arousal dysfunction was found to be 6.65%, female hypoactive sexual desire disorder was found to be 8.87%, orgasmic disorders were found to be 5.67%, female dyspareunia was around 2.34%, and female sexual aversion disorder was found to be prevalent in 0.37% of the female subjects.

In a study by Vivekanandan., *et al*. that exclusively looked at male sexual dysfunction, the following results were obtained: Erectile dysfunction was found in 29.9% and premature ejaculation in 19.4% [10].

Another study by THANGADURAI., *et al*. focusing on men reporting to secondary care hospitals in rural India, found that premature ejaculation and erectile dysfunction were reported by 43.0% and 47.8% of men, respectively [11]. Masturbation-related sperm loss and nocturnal emission were the most commonly perceived causes.

Treatment emergent or drug induced sexual dysfunction

Recently, several studies outlined that SD is rated as one of the most distressing side effects of antipsychotics [22,23] and a major cause of poor quality of life [24], and that it is associated with a negative attitude toward therapy and noncompliance with treatment [25].

Treatment with antidepressants is associated with significant rates of SD [26], and there are also significant differences in the effects produced by different drugs in this class.

Anthony J. Bella., *et al*. [6] concluded that sexual dysfunction is a very common side effect due to the use of various psychotropic medications, worldwide. Current evidence from available studies shows that SD rates are drug-related rather than drug-class specific, and that these rates vary significantly. The mechanisms underlying psychotropic drug-induced SD are largely unknown or underappreciated.

In their study, Smith., *et al*. [28] discovered that sexual dysfunction occurred in 45% of antipsychotic medication patients and 17% of normal controls. The prevalence of sexual dysfunction associated with antipsychotic medication varies from 18 to 96% [29,30].

In a study conducted at a teaching hospital in Benin, Nigeria [33], the prevalence of total sexual dysfunction was 48.7%, while that of the specific SDs ranged from 20.0% to 39.3%, with erectile dysfunction having the highest proportion. Age, marital status, class, dose of psychotropic medication, polypharmacy, and duration of treatment were significantly associated with SD. The majority of patients with SD reported poor compliance with medication. Self-esteem scores had a significant inverse relationship with total SD scores. The frequency distribution showed that the highest proportion of patients (45.39%) had psychotic disorders.

In their special article, Angel L. Montejo., *et al*. [34] concluded that sexual dysfunction is common during short- and long-term antipsychotic treatment and has a significant impact on quality of life in adult and adolescent patients. It affects between 38 and 86% of patients 10-13, depending on the measurement method, including remitted patients and those experiencing their first episode of schizophrenia. Patients with chronic mental illnesses like schizophrenia are vulnerable to sexual dysfunction. A Turkish study showed that around 50% of schizophrenic patients on antipsychotic medication had sexual dysfunction due to the nature of the illness [35,36].

Indian studies

Ghormode., *et al*. [39] found that patients with depression had significantly higher rates of SD in the domains of obtaining a penile erection (P = 0.019), ability to reach orgasm (P = 0.03), and satisfaction from orgasm (P = 0.01) when compared to healthy controls. Patients with schizophrenia had higher rates of problems in achiev-

ing arousal (P < 0.01), penile erection (P = 0.03), and satisfaction from orgasm (P = 0.03), whereas those with bipolar disorder only differed significantly in the domain of ability to reach orgasm (P = 0.03). However, patients fared better than the controls on various domains of QOL (except the social domain).

A study done by Shaikh RA., *et al*. [40] found the prevalence of antipsychotic drug-induced sexual dysfunction to be 54 percent. The most common type of sexual side-effect of oral antipsychotic treatment was decreased sexual desire or drive (DSD), as assessed by ASEX (94.4%).

Lucca., *et al*. [4] in their study found that the overall incidence of sexual dysfunction was 20.95%. A higher incidence of sexual dysfunction was observed in women [n = 56 (70.88%)] in the age group of 18-29 years [n = 30 (37.9%)]. Amenorrhea [n = 32 (38.5%)] was the most prominent observed sexual dysfunction, followed by galactorrhea [n = 15 (18.07%)] and decreased sexual desire [n = 14 (16.86%)]. Antipsychotics [n = 54 (65.06%)] constituted the most common class of drug implicated in sexual dysfunction, followed by antidepressants [n = 25 (30.12%)]. Withdrawal of the drug [n = 58 (42%)] was the most common intervention for the management of sexual dysfunction. The majority of reports rated interference in daily performance due to side effects as severe [n = 48 (60.75%)], followed by moderate [n = 26 (32.91%)].

Thakurta., *et al*. [3] discovered that 33.33% of men and 42% of women had decreased sexual interest in their study of subjects with major depressive disorder. Reduced levels of arousal were more common in both men and women (8-22%) than ejaculatory or orgasmic difficulties (11-16%). SDs were more common in women than in men. Quality of life was more impaired in the sample with SDs than in those without dysfunction, showing a significant impact of SD on quality of life.

According to the findings of epidemiological and clinical studies, depression, anxiety, and medications have a 30-70% impact on sexual function [41,42]. Adult participants who took SSRIs had about a 65-94% risk of sexual impairment across different subscales of the CSFQ-14 [43].

Shivananda., *et al*. [44] discovered that depression (42%) was the most common clinical diagnosis in a study of 50 people. The overall prevalence of drug-induced sexual dysfunction was 16%. A higher incidence of drug-induced sexual dysfunction was observed in men (62.5%). A 40% decrease in libido was the most prominently observed drug-induced sexual dysfunction in both genders. Antidepressants (50%) were the most common class of drugs implicated in sexual dysfunction.

Nebhinani N., *et al*. [45] on a sample of 100 men with psychotic disorders (F2 category of the ICD-10) and receiving trifluoperazine (n = 20), risperidone (n = 30), or olanzapine (n = 50) for at least 3 months› duration, excluding subjects with a history of sexual dysfunction prior to antipsychotic intake or chronic medical illness, found the rate of sexual dysfunction was 25% on the ASEX, 37% on the PRSexDQ, and 40% on the UKU.

Grover., *et al*. [46] in their study, 28.6% (18 out of 63 bipolar disorder subjects) were found to have sexual dysfunction as per the ASEX. In terms of dysfunction in the specific domain of sexual functioning, problems with sexual desire varied from 13.33% to 35.41% among males and 6.66%-46.66% in females. Erectile dysfunction was seen in 13.33%-31.25% of males, and difficulty in vaginal lubrication was reported by 13.33%-26.66% of females. When those with and without sexual dysfunction were compared as per the ASEX, it was seen that those with sexual dysfunction had significantly longer durations of illness.

Krishna., *et al*. [47] in their study of 100 subjects with major depressive disorder in remission, found 23 subjects to have sexual dysfunction. Nine subjects had dysfunction in the domain of desire, five had arousal difficulties, six had erection problems, and eight had orgasm problems. Some of the subjects (n = 5) had sexual dysfunction in more than one domain. A significant difference was found between those with and without sexual dysfunction on the dyadic adjustment scale and the quality of life scale.

Atram., *et al*. [48] discovered that when psychotropic drugs were administered in larger doses, patients reported more changes in sexual activity (66%), with 70.6% having mild forms of sexual dysfunction on the PRSexDQ-SALEX.

A study found that 94% of people in the USA declared that sexual pleasure has a strong link to high quality of life and stated that 15.4% of women with depression had to stop their antidepressants after suffering from sexual side effects [49].

Conclusion

As per the exploration results and conversation, it tends to be inferred that the students have not mentally arrived at the prosperity condition at school. At the having aspect, students felt less comfortable, less fulfilled, less secure, as well as more focused on due to the school condition, that is a long way from being great. At the caring aspect, students are happy with their connections among peers. In any case, they didn't have comparable fulfillment as far as their connection with the educators, in that they discovered a few troubles in adjusting to the difference in the educational program and made them feel of shamefulness in the execution of the school guideline. At the being aspect, students have not been completely involved and ideal in following the school exercises. At the part of wellbeing status, students felt happy with their medical issue. Other important finding shows that there is an inclination of brutality/harassing, either verbally, genuinely, or physically, both by peers and by instructor.

Bibliography

1. Crooks R and Baur K. "Our sexuality". VI edition, Brooks/Cole Publishing Company, Washington, (1996).

2. World Health Organization. "The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines". World Health Organization; (1992).

3. Rajarshi Guha T., *et al*. "Nature of sexual dysfunction in major depressive disorder and its impact on quality of life". *Indian Journal of Psychological Medicine* 34.4 (2012): 365-370.

4. Jisha M Lucca., *et al*. "Psychotropic medication-induced sexual dysfunction and its interference with patient's daily performance: a cross-sectional study". *Egyptian Journal of Psychiatry* 37 (2016): 36-40.

5. Bella AJ and Shamloul R. "Psychotropics and sexual dysfunction". *Central European Journal of Urology* 66.4 (2013): 466.

6. Hatzichristou D., *et al*. "Clinical evaluation and management strategy for sexual dysfunction in men and women". *Journal of Sexual Medicine* 1 (2004): 49-57.

7. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, (2013).

8. Zvi Zemishlany., *et al*. "The Impact of Mental Illnesson Sexual Dysfunction; sexual dysfunction- The Brain and body connection". *Advances in Psychosomatic Medicine*. Basel, Karger 29 (2008): 89-106.

9. Eric R Wright., *et al*. "Stigma and the Sexual Isolation of People with Serious Mental Illness". *Social Problems* 54.1 (2007): 78-98.

10. KS Vivekanandan., *et al*. "Sexual Dysfunction among Men in Rural Tamil Nadu: Nature, Prevalence, Clinical Features, and Explanatory Models". *Indian Journal of Psychological Medicine* (2019).

11. P Thangadurai., *et al*. "Sexual dysfunction among men in secondary care in southern India: Nature, prevalence, clinical features and explanatory models". *The National Medical Journal of India* 27.4 (2014).

12. TS Sathyanarayana Rao., *et al*. "An epidemiological study of sexual disorders in south Indian rural population". *Indian Journal of Psychiatry* 57.2 (2015): 150-157.

13. Phillips NA. "Female sexual dysfunction: Evaluation and treatment". *American Family Physician* 62 (2000): 127-136,141-142.

14. JC Singh., *et al*. "Prevalence and risk factors for female sexual dysfunction in women attending a medical clinic in south India". *Journal of Postgraduate Medicine* 55.2 (2009): 113.

15. Solomon S., *et al*. "Stopping HIV before it begins: issues faced by women in India". *Nature Immunology* 4 (2003): 719-721.

16. Vineet V Mishra., *et al*. "Prevalence of female sexual dysfunction among Indian fertile females". *India Journal of Mid-life Health* 7.4 (2016).

17. Laumann EO., *et al*. "Sexual problems among women and men aged 40-80 y: prevalence and correlates identified in the global study of sexual attitudes and behaviors". *International Journal of Impotence Research* 17 (2005): 39.

18. Clayton AH., *et al*. "Characterizing sexual function in patients with generalized anxiety disorder: a pooled analysis of three vilazodone studies". *Neuropsychiatric Disease and Treatment* 12 (2016): 1467.

19. Cohen PG. "Sexual dysfunction in the United States". *JAMA* (1999) 282:1229.

20. Moreira ED., *et al*. "Sexual problems and help-seeking behaviour in adults in the United Kingdom and continental Europe". *BJU International* 101 (2008): 1005-1011.

21. Tan JK., *et al*. "Erectile dysfunction in Singapore: prevalence and its associated factors--a population-based study". *Singapore Medical Journal* 44.1 (2003): 20-26.

22. Lambert M., *et al*. "Impact of present and past antipsychotic side effects on attitude toward typical antipsychotic treatment and adherence". *European Psychiatry* 19 (2004): 415-422.

23. Montejo AL., *et al*. "Frequency of sexual dysfunction in patients with a psychotic disorder receiving antipsychotics". *Journal of Sexual Medicine* 7 (2010): 3404-3413.

24. Park YW., *et al*. "Antipsychotic-induced sexual dysfunction and its management". *The World Journal of Men's Health* 30 (2012): 153-159.

25. Rosenberg KP., *et al*. "A survey of sexual side effects among severely mentally ill patients taking psychotropic medications: impact on compliance". *Journal of Sex and Marital Therapy* 29 (2003): 289-296.

26. Angst J. "Sexual problems in healthy and depressed persons". *International Clinical Psychopharmacology* 6 (1998): S1-S4.

27. Cyranowski JM., *et al*. "Lifetime depression history and sexual function in women at midlife". *Archives of Sexual Behavior* 33 (2004): 539-548.

28. SM SMITH., *et al*. "Sexual dysfunction in patients taking conventional antipsychotic medication". *British Journal of Psychiatry* 181 (2002): 49-55.

29. Haefliger T and Bonsack C. "Atypical antipsychotics and sexual dysfunction: five case reports associated with risperidone". *Encephale* 32.1 (2006): 97-105.

30. Souaiby L., *et al*. "Sexual dysfunction in patients with schizophrenia and schizoaffective disorder and its association with adherence to antipsychotic medication". *Journal of Mental Health* 3.12 (2019): 1-8.

31. Kockott G and Pfeiffer W. "Sexual disorders in nonacute psychiatric outpatients". *CompPsych* 37 (1996): 56-61.

32. Oyekanmi AK., *et al*. "Demographic and clinical correlates of sexual dysfunction among Nigerian male outpatients on conventional antipsychotic medications". *BMC Research Notes* 5.1 (2012): 1-7.

33. Osasona SO and Ehimigbai M. "Sexual dysfunction: prevalence and associated factors in patients with mental illness receiving psychotropic medication in Nigeria". *African Health Sciences* 19.4 (2019): 2973-2984.

34. Montejo AL., *et al*. "The impact of severe mental disorders and psychotropic medications on sexual health and its implications for clinical management". *World Psychiatry* 17.1 (2018): 3-11.

35. Shiri R. "Erectile dysfunction: Prevalence, incidence and risk factors (Master's thesis)". Faculty of Medicine, University of Tempere, Tempere, Finland. (2004).

36. Akkus E., *et al*. "Prevalence and correlates of erectile dysfunction in Turkey: a population-based study". *European Urology* 41 (2002): 298-304.

37. Fanta T., *et al*. "Assessment of sexual dysfunction and associated factors among patients with schizophrenia in Ethiopia, 2017". *BMC Psychiatry* 18.1 (2018): 1-9.

38. Williams VS., *et al*. "Prevalence and impact of antidepressant-associated sexual dysfunction in three European countries: replication in a cross-sectional patient survey". *Journal of Psychopharmacology* 24.4 (2010): 489-496.

39. Ghormode D., *et al*. "Evaluation of sexual dysfunction and quality of life in patients with severe mental illness: A cross sectional from a tertiary care center in Chhattisgarh". *Indian Journal of Psychiatry* (2019): 28-75-81.

40. Shaikh RA., *et al*. "A Cross-sectional Study of Antipsychotic Drugs Induced Sexual Dysfunction among Married Males with Remitted Schizophrenia Attending Tertiary Health Care Centre from Central India". *Journal of Clinical and Diagnostic Research* 15.3 (2021): VC01-VC07.

41. Zemishlany Z and Weizman A. "The impact of mental illness on sexual dysfunction". In: Sexual Dysfunction. Karger Publishers 29 (2008): 89-106.

42. Baldwin DS. "Depression and sexual dysfunction". *British Medical Bulletin* 57 (2001): 81-99.

43. Grover S., *et al*. "Prevalence and pattern of sexual dysfunction in married females receiving antidepressants: an exploratory study". *Journal of Pharmacology and Pharmacotherapeutics* 3 (2012): 259.

44. Shakya B., *et al*. "A Pilot Study On Identification And Management Of Drug Induced Sexual Dysfunction: A Collaborative Approach By Clinical Pharmacist And Psychiatrist". *International Journal of Pharmacy and Pharmaceutical Sciences* (2020).

45. Nebhinani N., *et al*. "Sexual dysfunction in male subjects receiving trifluoperazine, risperidone, or olanzapine: Rates vary with assessment questionnaire". *The Primary Care Companion for CNS Disorders* 14.2 (2012): 26855.

46. Grover S., *et al*. "Sexual dysfunction in clinically stable patients with bipolar disorder receiving valproate". *Indian Journal of Psychiatry* 63 (2021): 366-371.

47. Krishna K., *et al*. "Prevalence and psychological impact of antidepressant-associated sexual dysfunction: a study from North India". *Journal of Clinical Psychopharmacology* 31.4 (2011): 457-462.

48. Atram U., *et al*. "Prevalence of sexual dysfunction in patients receiving psychotropic medications". *Indian Journal of Neuroscience* 5.3 (2019): 145-149.

49. Manohar SJ., *et al*. "Sexual dysfunctions in depression". *Clinical Depress* 3 (2017): 125.

50. Saleem SM. "Modified Kuppuswamy socioeconomic scale updated for the year 2019". *Indian Journal of Forensic and Community Medicine* 6.1 (2019): 1-3.