

## **Socio-demographic and Clinical Characteristics of Sexual Problems: Report from a Community Mental Health Clinic of West Bengal**

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### **ABSTRACT:**

Sexual problems are common in the general population. It affects people's social life, particularly marital or long term relationships. This study aims to investigate the association of sexual problems with various physical, social, and psychological problems. 33 patients (21 men and 12 women) came to a community mental health clinic with sexual problems were interviewed. There were strong physical and psycho-social associations found with sexual problems. Erectile problems and premature ejaculation were common sexual problems in men. Erectile problems were commonly found in association with hypertension and diabetes, whereas anxiety was predominantly associated with premature ejaculation. In women, the predominant association with arousal, orgasmic and enjoyment problems was marital difficulties. Anxiety and depression were more commonly associated with female sexual problems. Effective therapy (physical and psychological approaches) may have a wide range of social and psychological benefits in the adult population.

Key words: Community, Psychosocial disorders, Sexual problems.

### **INTRODUCTION:**

Sexual problems are common in the general population. Different literatures have highlighted its importance on individual's life, particularly on social functioning, psychological state and physical health<sup>1,2</sup>. Marital difficulties and problem in long term relationships are two important areas of people's social life that are strongly associated with sexual problems<sup>3</sup>.

Various studies have pointed out the relationship between sexual problems and specific physical conditions. The most common association is between diabetes mellitus and male sexual problems<sup>4</sup>. Hypertension is another common physical condition linked with different sexual problems. It is unclear, whether high blood pressure itself causes sexual problems or it is the effect of antihypertensive drugs like Thiazides and  $\alpha$  blockers known to cause impotence and reduced libido in men<sup>5</sup>.

A number of studies have reported the relation between anxiety and sexual problems<sup>6</sup>. Associations between sexual problems and depression have also been reported, though the effect of antidepressant drugs is not clear. Amongst different substances of abuse, alcohol is usually considered as an offending agent that can cause sexual problems<sup>7</sup>.

The present study was designed with the aim to study the socio-demographic and clinical characteristics associated with sexual problems in a community mental health clinic in West Bengal, India.

### **METHODS:**

**Study area:** The study was carried out in a block in the Sundarban region of South 24 Parganas district in West Bengal, India. Sundarban region is a remote coastal area and it is the largest delta region of the river Hooghly at her confluence in the Bay of Bengal. The socio-economic level of this region is very poor. Poverty, illiteracy and cultural conception and superstition regarding illness have profound influence on the help seeking behavior of the local people<sup>8</sup>. They depend much on traditional health care providers (locally known as 'Quack doctors') for most of their health problems. The Sundarban region has 13 blocks (administrative units) under South 24 Parganas district. Six blocks are island blocks and the rests are with the mainland. The present work was conducted in Namkhana block, which is an Island block situated 140 km. away from Kolkata City.

**Setting:** A community mental health clinic was run at the Dwariknagar area of Namkhana block monthly. The total period of study is from February 2011 to March 2011. Local health staffs like ICDS workers; multipurpose health workers (MPHWs) and HCPs were trained following the *IRMC* (Identification, Referral, Monitoring and Counseling) model<sup>9</sup> and referred most of the mentally ill patients from the community to these clinics. A good number of patients were also referred by the primary care Medical Officers posted in the primary health centers situated in the block.

Sample: The data are drawn from a study of 33 patients (21 men and 12 women) with sexual problems, out of 106 consecutive new patients attending the community mental health clinic at Dwariknagar area, Namkhana in those two months. A register was maintained for each patient where the basic identification data (age, sex, marital status, religion) were recorded.

Assessment: Patients with sexual problems were undergone a detailed clinical interview. Patients were asked about the social problems (e.g. problem with housing, work, finance, marriage, children and relationship with others) and physical problems (e.g. Hypertension, Diabetes, Prostate trouble, Pre-menstrual tension, Hysterectomy, Dysfunctional Uterine Bleeding or any chronic illness). Two mental health professionals examined each case independently and the diagnosis was made by consensus of opinion following the clinical guidelines of DSM-IV<sup>11</sup>.

## RESULTS:

### a. Socio-demographic profile:

Age: The study comprised of 33 patients. The patients under study were mostly males (n= 21, mean age 34.76 + 10.60 years; range 19-53 years). Females accounted for 36.4% of the patients (n=12, mean age 35.67 ± 6.74 years, range 26-46 years).

**Table 1 Demographic Characteristic of Patients with Sexual Problems**

	Male (n 21)	%	Female (n 12)	%	Total	%
<b>Religion:</b>						
Hindu	15	71.4	9	75.0	24	72.7
Muslim	6	28.6	3	25.0	9	27.3
<b>Marital Status:</b>						
Married	15	71.4	12	100	27	81.8
Single	6	28.6	-	-	6	18.2

Table 1 shows the religion and marital status of the patients with sexual problems. Most of the patients were Hindus (72.7%), while remaining were Muslims (27.3%). A higher percentage of sexual problems were seen among married patients (81.8%). Proportion of females was higher among this group (100%) than males (71.4%).

### b. Clinical profile:

**Table 2 Clinical Characteristic of Patients with Sexual Problems**

	Male (n21)	%	Female (n 12)	% (n 33)	Total	%
<b>Sexual Problem:</b>						
Arousal Problem	-	0.0	3	25.0	3	9.1
Dyspareunia	-	0.0	1	8.3	1	3.0
Erectile Problem	6	28.6	-	-	6	18.2
Inhibited Enjoyment	2	9.5	2	16.7	4	12.1
Orgasmic Dysfunction	-	0.0	4	33.3	4	12.1
Problem Getting Erection	3	14.3	-	-	3	9.1
Problem Maintaining Erection	4	19.0	-	-	4	12.1
Premature Ejaculation	6	28.6	-	-	6	18.2
Vaginal Dryness	-	0.0	2	16.7	2	6.1
<b>Diagnosis:</b>						
Adjustment Dis.	3	14.3	5	41.7	8	24.2
Anxiety Dis.	5	23.7	1	8.3	6	18.2
Depressive Dis.	1	4.8	4	33.3	5	15.2
Diabetes	3	14.3	1	8.3	4	12.1
Hypertension	6	28.6	1	8.3	7	21.2
Alcohol Abuse	3	14.3	-	-	3	9.1

Table 2 shows the clinical characteristics associated with sexual problems in both sexes.

Male sexual problems: Erectile dysfunction (ED) was found to be a common sexual problem amongst men. ED was associated mainly with physical factors like hypertension and diabetes. The prevalence of ED increases with advancing age. Alcohol abuse, anxiety and adjustment disorders were found as casual factors in some cases who had problem in getting or maintaining erection.

Premature Ejaculation (PME) was the second most common (28.6%) male sexual problem. PME was predominantly associated with anxiety and commonly found in the younger age group. Alcohol abuse and Adjustment disorders as causal factors were found in few cases.

Inhibited enjoyment was found in 9.5% of male patients. The main association with inhibited enjoyment in men was depression and psycho-social problems, mainly marital difficulties. The prevalence of inhibited enjoyment increased somewhat with advancing age.

Female sexual problems: Orgasmic dysfunction was found to be the commonest sexual problem in women (33.3%). Problems with orgasm in women were strongly associated with psycho-social problems, mainly marital difficulties.

Depression and anxiety were also significantly related to orgasmic dysfunction.

Problems with arousal in women (25%) revealed a similar pattern of association as that of orgasmic dysfunction. The main link was with marital conflicts. Depression and anxiety were also strongly related to arousal problems.

Inhibited enjoyment, once again had a strong association with marital conflicts in women (16.7%). Depression also significantly associated with it.

Vaginal dryness (16.7%) was associated mainly with advancing age and physical factors like hypertension and diabetes.

Dyspareunia (8.3%) was found to be associated with advancing age and in presence of depression in women.

## DISCUSSION:

The present study is a small clinic based study to look at the associations of sexual problems with varieties of physical, social and psychological factors.

The different associations revealed for male and female sexual problems were very interesting. Physical factors were found to be most consistent in association with male sexual problems and psychosocial factors with female problems.

Earlier studies showed that prostate cancer and benign prostatic hyperplasia were strongly associated with erectile problems in men<sup>13, 14</sup>. In some other studies, erectile problems have been associated with hypertension (mainly those on antihypertensive drugs)<sup>15</sup>. This study also shows that hypertension have a strong association with male erectile functioning.

Psychological problems in men have a specific role in premature ejaculation and inhibited enjoyment<sup>16</sup>. The present study also revealed that premature ejaculation was associated with anxiety and inhibited enjoyment with depression.

In previous studies<sup>15, 16</sup>, sexual problems in women were strongly linked with marital difficulties, but not apparently related to male sexual problems. The present study highlighted a strong association between female sexual problems and psychosocial problems mainly marital difficulties. This study, however, found an association between marital difficulties and sexual problems in men and the finding corroborates with an earlier work<sup>17</sup>.

The present study revealed that age was strongly linked with sexual problems in men mainly with erectile dysfunction. This may reflect its strong association with

age-related physical symptoms like hypertension, diabetes etc. Some sexual problems in female (vaginal dryness, dyspareunia) were found to be associated with age, but the patterns were not as strong as those found in their counterparts.

Alcohol abuse was found to be linked with some male sexual problems in the present study. Further work may clarify the cause and effect relation of this factor with different sexual problems.

The evidence from this study seems to suggest that there are strong physical, social and psychological association exist with sexual problems. Male sexual problems are associated mainly with age and physical problems, whereas female sexual problems are mostly linked with psychosocial problems. These factors are important in planning effective treatment to people with sexual problems. Furthermore, the study raises the possibility that effective physical and psychological approaches may have a broad impact on health in the general population.

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