

ABSTRACT

Introduction: Knowledge, attitudes and perceptions on sexual dysfunctions is an entity that is less discussed in society and remains a hidden problem.

Lack of knowledge on male and female sexual dysfunction leads to silent suffering in both males and females which lead to psychological problems, reproductive issues and relationship problems. Poor knowledge on this matter leads to limited health-seeking behaviour and patients are less aware of the problem and limited services available for sexual problems.

Objective: To describe knowledge, attitudes, and perceptions on male and female sexual dysfunction among clinic attendees at the central STD clinic, Colombo.

Method: The study was a descriptive cross-sectional study, and an interviewer-administered questionnaire was used to assess knowledge, attitudes, and perceptions on male and female sexual dysfunction among clinic attendees at the central STD clinic, Colombo (n=404). Patients who were identified with sexual dysfunctions were interviewed with an in-depth interview.

Knowledge regarding male and female sexual dysfunction was assessed based on a questionnaire developed from the "Diagnostic and statistical manual of mental disorders (DSM-5)-American Psychiatric Association". While male and female attitudes on sexual dysfunction were assessed through a validated questionnaire on "Sexual Dysfunctional Beliefs Questionnaire". Perceptions on male sexual dysfunctions were assessed by male questionnaire based on IIEF (International Index of Erectile Function) while the female questionnaire was based on "Female Sexual Function Index Scoring". Data were analyzed using SPSS version 23.

Results: There was a 99.1% response rate among the participants. They were in the age range of 18 to 68 years. There was a male predominance (66.5%) in the study. Most

were from the districts of Colombo and Gampaha. Close to half of the sample was married or living together (48.1%). More females were in the married and living together population (72.4%). Among males, 46.2% were single while females, it was 13.4%. Literacy level was high in the sample with close to 80% of the females and 85.7% males having education up to O/L and above. Males had better knowledge than females on male sexual dysfunction. Almost all knew that Erectile disorder was a male sexual dysfunction. Knowledge on male hypoactive sexual disorder and male early ejaculatory disorder was satisfactory. Knowledge on male delayed ejaculation was lowest among males. Females knew more than 80% regarding the statements on the erectile disorder, premature ejaculatory disorder, and desire disorder. However, knowledge was lowest on male delayed ejaculatory disorder. Male knowledge was satisfactory regarding female sexual dysfunctions agreeing that sexual interest disorder, genito pelvic pain disorder and penetrative disorder as problems. Among males, knowledge was lowest on female orgasm disorders. Female's knowledge regarding female sexual dysfunction was satisfactory regarding female sexual interest disorder, genito pelvic pain disorder and penetrative disorder as problems. Among females, knowledge was lowest on female orgasm disorders.

Higher education level was associated with higher knowledge and married females had better knowledge compared to unmarried females. Older participants had better knowledge due to life experience, but younger participants had better attitudes.

Attitudes among males and females regarding sexual dysfunctions were assessed. Almost all the male participants considered erection and the ability to penetrate as the most important aspects of male sexuality. Most of them considered genito pelvic pain disorders and penetrative disorders were most important aspects of female sexual problems as both cause significant pain and relationship distress among females. Attitudes of females regarding female sexual dysfunction revealed that most of them

considering reduced desire with relation to advanced age and menopause and unclear attitudes on female orgasm.

Knowledge on risk factors for sexual dysfunction was satisfactory regarding excessive alcohol consumption, substance abuse, smoking, neurological conditions, and psychiatric illnesses contributing as risk factors. The knowledge was poor among both males and females regarding diabetes mellitus and cardiovascular diseases acting as risk factors.

11 male patients were identified from the study to have erectile dysfunction. The prevalence was 4.13% and 13 female patients were identified from the study to have female sexual dysfunction with prevalence of 9.7%. The in-depth interviews revealed that males having severe distress over erectile dysfunction and premature ejaculation and less bothered over delayed ejaculation. Males had internal stigma related to sexual dysfunction and poor health seeking behavior was noted. Female in-depth interviews revealed that females are more distressed over the pain related sexual disorders like vulvo-vaginal pain disorders and penetrative disorders while less bothered over desire disorders and orgasmic disorders.

Conclusion: The overall knowledge and attitudes regarding male sexual dysfunction and female sexual dysfunction are average among STD clinic attendees. Knowledge on male delayed ejaculation, the female orgasmic disorder was not adequate. Male attitudes on female sexual dysfunctions were poor. Knowledge on risk factors leading to sexual dysfunction was satisfactory. Overall knowledge on sexual dysfunctions was similar to studies done in other countries but overall health-seeking behaviour is not adequate compared to other countries.

Keywords: Male sexual dysfunction, Female sexual dysfunction, Desire disorder, Orgasmic disorder, Vulvovaginal pain disorder.