EPIDEMIOLOGY

Male Sexual Quality Of Life Is Maintained Satisfactorily Throughout Life In The Amazon Rainforest

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ABSTRACT

Introduction: The Amazon Rainforest is a cradle of biodiversity, where different ethnic groups have specific sexual habits.

Aims: To define the average sexual quality of life of Amazonian men 18 to 69 years old, evaluate the influence of aging on their sexual function, and calculate the prevalence of premature ejaculation, delayed ejaculation, and hypoactive sexual desire disorder.

Methods: A cross-sectional quantitative probability sample study was performed with a demographically representative population (N = 385), with data collected privately at participants' houses, including men who had been sexually active for a minimum of 6 months. The Male Sexual Quotient (MSQ) was used to measure sexual satisfaction and function. Statistical analysis was performed with SPSS 21.0 using the Kruskal-Wallis test (P < .05), and a multiple linear regression analysis was performed to investigate which factors could predict participants' quality of sexual life.

Main Outcome Measures: MSQ scores.

Results: The response rate was 81.69%. The mean age was 36.00 ± 12.95 years, and most men had mixed ethnicity (63.11%), were self-employed (42.07%), had a monthly earned income of US\$0 to US\$460 (46.75%), and were single (36.10%). The mean MSQ score was 80.39 ± 12.14 (highly satisfied). None of the demographic characteristics showed a statistically significant influence on sexual satisfaction. The difference in quality of sexual life was statistically significant compared with age (P < .01). The domains of desire (P < .01), partner satisfaction (P = .04), and erection quality (P < .01, P = .03, P = .02) were statistically significant. Prevalences of sexual dysfunctions were 36.54% for premature ejaculation, 6.5% for delayed ejaculation, and 11.69% for hypoactive sexual desire disorder.

Conclusions: Independent of age, these men have an excellent quality of sexual life. Sexual domains such as desire, partner satisfaction, and erection quality are related to the correlation between sexual quality of life and aging. However, the prevalence of premature ejaculation seems to be slightly higher than in other parts of the world. Teixeira T, Nazima M, Hallak J. Male Sexual Quality Of Life Is Maintained Satisfactorily Throughout Life In The Amazon Rainforest. Sex Med 2018;X:XXX–XXX.

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INTRODUCTION

The Amazon region is a cradle of biodiversity for flora and fauna with the largest number of species on the planet in a spectacular rainforest. What is not so well known is that it is a land of diversity, where the current population is composed of a mixture of different ethnic groups, such as Europeans, mainly descendants of Portuguese colonizers, Africans, and a large number of indigenous populations (although the exact number is uncertain).

The multicultural society living in this unique environment results in specific habits, including sexual habits. These habits are

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probably different in the quality and prevalence of sexual functions and dysfunctions than those found in other industrialized urban centers in Brazil and elsewhere.

Our work focused on defining the average quality of sexual life of men living in a city in the Brazilian Amazonian region. We evaluated the influence of aging on the quality of sexual life of this population, highlighting which aspects of different sexual domains of male quality of life were most influential. We also calculated the prevalence of premature ejaculation (PE), delayed ejaculation (DE), and hypoactive sexual desire disorder (HSDD).

METHODS

This cross-sectional, quantitative, probability, sample study was performed in a demographically representative population of Amazonian men 18 to 69 years old who lived in Macapa, Amapa, Brazil. All data were collected confidentially.

Macapa is an unusual and very particular city of the Brazilian Amazon that preserves the multiplicity of indigenous and African cultures with urban habits. The Amazon River insulates it geographically so that there are no road connections to other Amazonian developed cities, and it is far from any industrialized metropolis. The State of Amapa has 96% of its territorial land covered by an intact rainforest and shares a border with French Guiana, a European overseas territory that still exerts a certain economic and social influence in local communities.

According to the 2010 Brazilian census, there were 111,560 men 18 to 69 years old who lived in Macapa. We used the Cochran theory to calculate a sample of 383 men, which was stratified into demographically representative groups of the population, in accordance with ages and education levels presented in this census. We included Portuguese-speaking men who had been sexually active for a minimum of 6 months and who had lived in the study area for the same period. The exclusion criterion was an inability to communicate in Portuguese. Participants were informed about the aims of the research and the ethical aspects involved. Questions about study design and a questionnaire were answered by a single researcher of the same sex at a private interview at the participants' homes. This research was conducted according to the ethical guidelines of the Declaration of Helsinki and was approved by the institutional review board. All participants provided written informed consent.

Classification of quality of sexual life and prevalence of sexual dysfunction were derived from responses to a sex-specific and Brazilian-designed validated questionnaire, the Male Sexual Quotient (MSQ).¹ This instrument was developed to measure sexual satisfaction and function in different aspects of male sexuality (desire, confidence, foreplay quality, partner satisfaction, quality of erection, ejaculation control, ability to achieve orgasm, and overall satisfaction with sexual intercourse). The MSQ was designed as a 10-item self-report questionnaire to be answered using a graded scale of 0 to 5 based on frequency and

level of satisfaction—similar to a Likert scale (0 = never to 5 = always). Therefore, higher scores indicated a better quality of sexual life. The scores for all 10 items were summed and multiplied by 2, resulting in a final quotient score that included a 100-point scale and was classified into categories.¹

Another important feature of this instrument is the possibility of identifying the presence of ejaculatory problems and HSDD. To estimate the prevalence of each of these sexual dysfunctions, we used the proportion of men with a response score no higher than 2 for each item: HSDD (question 1), "Is your desire strong enough to encourage you to initiate sexual intercourse?" PE (question 8), "Can you control ejaculation so that sexual activity lasts as long as you want?" DE (question 9), "Can you reach orgasm during sex?"

In accordance with the 2010 Brazilian census, approximately 30% of men living in this particular area were illiterate or had only a few years of formal education. Therefore, we used male interviewers to collect data from men who had difficulties reading written Portuguese. For the rest of the study sample, we maintained the self-report privacy of the MSQ.

Statistical analysis was performed to determine the central tendency measures and to verify the level of significance among the different age groups for quality of sexual life, with approximately 95% CIs. We used non-parametric tests such as the Mann-Whitney and Kruskal-Wallis tests, depending on the number of data analyzed. To verify the influence of age on the different aspects of the male sexual cycle that contribute to the quality of sexual life, the mean individual scores of each MSQ item were calculated for each age group and then compared using the Kruskal-Wallis test. Multiple linear regression analysis was performed to investigate which demographic data and estimated sexual dysfunctions could predict the quality of sexual life evaluated by the MSQ. The significance level was set at a P value less than .05.

All analysis was performed with SPSS 21.0 (IBM Corp, Armonk, NY, USA).

RESULTS

In February 2014, a group of 486 men 18 to 69 years old were invited to participate in the study at their homes by the interviewers. Of these men, 89 declined the invitation, for a response rate of 81.69%. 12 participants answered the questionnaires incompletely so the final sample analyzed consisted of 385 men, a number close to the sample calculated previously (n = 383).

The mean age of participants was 36.00 ± 12.95 years (95% CI = 34.70-37.30). The median age was 34.00 years. Figure 1 shows the distribution of the frequency of the study population stratified by age into demographically representative groups. For education level, almost 40% had 11 to 16 years of formal education, whereas 32.20% were illiterate or had up to 8 years of formal education. Most men in the sample had mixed ethnicity (63.11%), were self-employed (42.07%), were single (36.10%),

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