

Seeking care behavior of men with sexual dysfunction in Jordan: patients' perspective

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ABSTRACT

BACKGROUND: Sexual health problems are common among different health conditions such as cancer, diabetes mellitus and heart diseases. Little has been published on why and what factors behind hesitance to seek help and hiding the problem.

METHODS: The study explored the extent to which men suffering from sexual dysfunction are willing to discuss their sexual concerns and care needs with nurses. A qualitative exploratory approach was used to explore men's perspectives on nurses' role in providing men's sexual healthcare in Jordan. Data were collected through semi-structural interviews from 16 men with sexual health problems secondary to chronic health conditions.

RESULTS: Four themes were derived from the data; men's perceptions about sexual healthcare, ability of men to seek help from nurses, barriers to seeking help, and desired sources for help. Men reported that they would not seek help from nurses; they preferred using other sources, including internet, friends and other men with similar experiences.

CONCLUSIONS and discussion: closed social and family structure limited men's willingness to seek help for their sexual problems in Jordan leaving them untreated, which might then threaten their general health and wellbeing.

RELEVANCE TO CLINICAL PRACTICE: Nursing is a profession that deals with human as a whole and the sexual health care was not part of nurses' daily care for men. Therefore, this study added a view to nurses and health care professionals to consider sexual health care as part of their sexual health care for men. This might be through developing a multidisciplinary service for men.

KEY WORDS: Sexual healthcare, Men's health, Nurses, Jordan.

INTRODUCTION

The size of sexual problems and dysfunction is unknown in Jordan. These problems are common among different health conditions such as cancer, diabetes mellitus and heart diseases (1-3). This topic is sensitive and yet important for the quality of life of patients and their families (4-6). Unlike women, a recent study in Jordan by Akhu-Zaheya and Masadeh (7) showed that only 11% of men with sexual dysfunction sought and received information about their problems. However, no further details were published on why and what factors behind men's hesitance to seek help and hiding the problem. Therefore, this study explored the extent to which men suffering from sexual dysfunction are willing to discuss their sexual concerns and care needs with nurses.

LITERATURE REVIEW

A comprehensive systematic search strategy was conducted using a wide range of databases; OVID MEDLINE, BRITISH NURSING INDEX, PSYCHINFO, and CINAHL. Two of the retrieved studies showed that although the prevalence of sexual dysfunction increases among adults, less than 20% of men seek consultation (8, 9). There was approximately 39% of men talked to their partner about their problems, and only 9% were assessed by doctors for their sexual health (10). More studies reported, even less percentages, that this lack of communication between men and nurses or other health professionals was related to embarrassment and social values (11).

Similarly, a study in China approached 2693 men and found that men preferred to search the internet for medical treatment of their sexual dysfunction rather than seeking care from nurses (12). In Iran, there was 26% of newly married men suffered sexual dysfunction with only one-third (32%) sought treatment due to embarrassment, feeling uncomfortable with doctor, and feeling that health professional can do nothing to help (13).

Interestingly, the literature from different countries, such the UK, USA, and China, reported comparable findings on how men managed sexual dysfunction. While men in Asia considered talking about sexual problems as "loosing face", men in western countries sought medical advice from specialists. Furthermore, men suffering from prostate or testicular cancer still delay consulting a medical specialist considering this as attacking their masculinity (14-16).

In Jordan, men usually abstain from seeking help for sexual problems considering it a taboo. Additionally, a research report suggested that only 11% of men with cardiac problems suffering from sexual dysfunction sought information about sexual health issues (7). Men also preferred doctors as a source of information due to gender issue as the majority of nurses were females (66%). Further, men were indecisive to seek help, as they believed this might disturb the relationship with their partners. The study of Akhu-Zaheya and Masadeh (7) emphasized the need for further examination of the topic to explore whether reasons like culture or sex of the carer influence men choice to talk about sexual problems. Based on literature, other factors that have an impact on men's choice to seek care for these problems include age, lack of knowledge, occupation, religion, and the ability to find the necessary vocabulary to appropriately express their emotions and discuss issues of sexual dysfunction (12, 16-18). Adding to that, lack of trust in the ability and qualification of nurses to understand men's beliefs, values, and reactions to health services was yet another important factor that hinder seeking consultation for sexual issues (19, 20).

Masculinity usually impedes men from seeking help for their sexual problems where men demonstrate unhealthy behaviour attempting to hide weakness and preserve their masculinity (21). In a country like Jordan, evidence from research indicates that health problems of these men and seeking help could be perceived by the family, peers and Jordanian society as a sign of men's weakness which may show a serious effect of masculinity on men's physical and mental well-being (22, 23). With lack of evidence on whether men in Jordan are willing to seek help from health care professionals for their sexual health problems, this study explored how and from whom men would seek help for sexual problems.

METHODOLOGY

This study adopted a qualitative approach using face-to-face interviews. Purposive sample of male participants were recruited from patients who attended outpatient clinics treating conditions that could lead to sexual dysfunction in two hospitals (University teaching hospital and governmental hospital) in Jordan. Conditions

treated in these clinics included genito-urinary; sexual health; and reproductive clinics. The sample was comprised of sixteen male participants from those men who visited these clinics within that

There were no restrictions to include with respect to men's demographic characteristics such as age, religion or level of education. Sample size was determined by both data saturation and the availability of subjects who agreed to take part in the study. Most interviews lasted for 90 to 120 minutes. Semi-structured guide was followed based on systematic literature review and was flexible and allowed participants to speak freely as appropriate.

Data collection was undertaken from July 2012 to September 2012. Ethical approval was obtained from the Research Ethical Committee at Al-Hussein University of Jordan and from Institute Research Board in each of the individual institutions. Attendance was presumed to be consent and participants, prior to commencing the interview, were reminded that their participation was completely voluntary and were given time to ask questions to gain clarification of any unclear issues and they have the right to withdraw any time during the interview without giving any reason.

Although confidentiality was assured at all stages of the study, participants refused recording the interviews. For that we relied on taking quotes and notes by the interviewers where interviews were conducted by the primary researcher and a research assistant. All interviews were reconstructed after the interview where a thorough checking between transcripts of the two note takers was undertaken.

Furthermore, 50% of participants were re-contacted to verify transcribed notes and for follow-up clarification for missed or meaningless words or sentences. Revised contacts were comeback with positive and helpful comments. Final transcripts were translated from Arabic to English. All transcripts were checked for any missing or meaningless words or sentences, achieved through re-reading interview transcripts. Therefore, each quote was cited by name and hospital (Name_Hospital); Name: name of patient and this name was not the real name; Hospital (GH: Governmental and TH: teaching hospital).

Data were analyzed following a thematic framework (24). All transcripts were checked for any vague, missing or meaningless words or sentences. This was achieved through familiarisation with the data, by reading data in the documents, re-reading the interview transcripts and then filtering out any incomplete data. The data were entered into the Nvivo software for organising data and help to generate themes. Concepts and responses were initially coded by the researcher as free nodes in Nvivo, followed by pattern coding, assigning codes to describe a phenomenon to develop more sophisticated patterns, known as tree nodes or themes. Memos were used to integrate data from field notes recorded during the interview, including facial expressions or comments on the progress of the interview.

Pseudonyms (non-identifiable names) were used for the quotes to protect patients' identity, organise and follow data. Data were checked independently by the academic experts in the college, to review emerging themes, clarify analytical frameworks and verify data patterns to minimise bias from single researcher analysis.

RESULTS

The sixteen interviewees were recruited from two hospitals with age ranged from 36 to 65 years with average age of 49.69 years. There were 15 men married and one widowed with 15 having family members ranged from two to eleven. Ten were educated with different degrees and qualifications; diploma (3), baccalaureate (5), and master (2), with 6 were non-educated having only elementary education.

The vast majority of men in the study agreed on three main statements "discussing sexual issues is essential to patient's health outcomes" (15/16), "Sexual issue is too private issue to discuss with nurses" (15/16) and "Whenever patients ask nurses a sexually related question, they advise them to discuss the matter with their physician" (14/16). The statement which was not approved by all men was "Nurses feel confident in their ability to address patients' sexual concerns" followed by "Nurses make time to discuss sexual concerns with my patients" was agreed by only one man.

Men were also approached for their perceptions on another set of questions asking about issues in the Jordanian culture that may influence seeking care for sexual problems, particularly gender issue. The majority of men agreed on four main statements: "men in Jordan find it difficult to talk to female nurses about sexual health problems" (14/16); "it is more appropriate for a male nurse to discuss sexual health issues with male patients" (14/16); "assessing the sexual health needs of men is an integral part of nursing role" (10/16); and "I would not talk to a nurse of the opposite sex about my sexual health needs" (12/16). Four main themes were derived from

the qualitative part:

- Men's perceptions about sexual health care in Jordan
- Ability of men to seek help from nurses
- Barriers to seeking help
- Desired sources for help

Men's perceptions about sexual health care in Jordan

While all men in this study reported having issues with their sexual health, they considered it not only physical but also a social and cultural concern regardless of the age:

"It is a bad feeling when you are not being able to complete sex with your wife...I am still young and should be fit...what the society will say about me [I am broken!?"]" Ahmad_TH

Although sexual dysfunction is very important, they were doubtful and did not discuss it with nurses considering it a taboo. In addition, sexual health might not be a priority for nurses when caring for those patients as nurses usually provide care when patients seek help:

"It depends on patient needs... It is not a priority...They [nurses] never initiate a discussion unless we ask". Sameer_GH

A suggestion that the way the service was organized in health care settings might influence or possibly encourage men to talk about sexual health problems. All participants agreed that organising care in a highly confidential way may affect men with sexual dysfunction regarding seeking help for sexual health problems:

"Absolutely [surprised] it will have a positive effect and encourage men to talk and seek help". Malik_TH

Ability of men to seek help from nurses

Men were not able to talk but some of them had to talk to their doctor as they believed this would improve the relationship with their wives and avoid any social pressure in terms of being asked by relatives about having children:

"Yes. At the beginning, I was not comfortable talking to anyone about sex...I think seeking treatment could assist in creating better relationship with my wife..., at least you will not be asked by anyone about having children". Asaad_TH

Paradoxically, this was not consistent among all men as others were not sure they could talk to anyone; they would search for treatments without sharing their concerns with the others. However, others preferred to talk to men suffering from similar problems where they would get an idea about remedies to their conditions, such as herbs or any alternative treatments:

"Yes, I can discuss this issue with my close friends who share the same problem. Such discussions always lead to experience-related suggestions such as use of herbs". Samer_H

Other men said that there was no point of hiding sexual problems particularly when they had a health condition known to influence their sexual life, like cancer. Men in this study believed they might hide these problems but at some point, they should talk and seek help:

“Yes, let us say that most of people know the effects of cancer and its drugs. So, there is nothing to hide now. I am disclosed to everybody around me that I am not sexually active as I have cancer and under treatment by radiotherapy or chemotherapy”. Sameer_H

Some men became sexually disable, but were hesitant to discuss this issue with anyone. They also believed that hiding the problem will only create further harm. Therefore, they felt that seeking help from a trustable person could lead to the avoidance of complications:

“At the beginning of my problem, I was hesitant. I found it difficult to speak to any person about it. But because of the damaging effect on my health, I'm ready to discuss it with a person who can assist me”. Ahmad_TH

Men felt they had to talk about their sexual concerns. They believed that having a family is very essential for their wellbeing. However, having sexual problems is a challenge against forming a family and having children. Some stated that they would do anything to sort these problems:

“Yes. It is a major concern particularly if you don't have children. If I don't have children I have no concern to ask for help even from nurses or doctors”. Raed_TH

Barriers to seeking help

Although nurses were a source of help to men, 15 of the interviewees reported having concerns when seeking help, especially from nurses and doctors. They included factors like age, gender and other social issues, which would make declaring having sexual problems a challenge:

“If this issue was 15 years ago, then asking nurses would do something. However, it is not a big concern to me now as I'm not young anymore. I have no time visit doctors for something they cannot do anything about”. Nabeeh_H

Men felt that their life was meaningless without children and they needed sex in order to be able to satisfy their wives:

“Yes, it is a physiological need. Sex is like food; men and women need it. So, it is a concern for all people, Allah [GOD] created people with this need, which we need to fulfil”. Said_H

One participant was not concerned about sex, and was mainly concerned about having a cure to the terminal disease, which may explain ignoring sexual dysfunction:

“Hmmm my major concern is to get my cancer treated. I am not concerned about sex now, it is the cancer, it is death coming”. Sameer_H

Some reported they would talk to nurses, who are close to their age and from the same gender. They added further that religion supported seeking professional and specialized assistance to solve these problems:

“Gender is the most important but sometimes would like to talk to person with same age... The religion is not a reason because I think my religion tells me to go for treatment and ask for help”. Ameen_TH

Men were hesitant to discuss sexual issues with female nurses or doctors, or even nurses, who knew them personally. They also stated that doctors would not listen to them or give any attention when men talk about their sexual problems:

"Not with all persons. I can discuss my sexual health problems to male doctor outside the country to ensure that he will not communicate my secrets with persons I know". Samih_H

Some men believed that female nurses might not accept to talk to male patients about sexual issues:

"Oh Yes. Even If I want to talk to a doctor, I have to go to male one...How can I talk to a female nurse about this problem? It is taboo in my culture, and what I can say if she tells my relatives about my problem?" Nabeeh_GH

Men also believed that males are more likely to keep their talk confidential. They said that if they started talking to male nurses in such a place, they would stop talking if any female nurse came closer to us:

"I would prefer to discuss my dysfunction with men, who can keep this secret more than a woman. I feel if I talk to a woman about this problem, she may spread the word among friends or family members, who may know me". Said_GH

Men believed that women in Jordan were more comfortable discussing their sexual dysfunction than men, especially as they visit gynaecologists and discuss things related to their family and sexual relationship. This might make talking about sexual issues to nurses better accepted among women than men in Jordan. However, women may still feel embarrassed when talking about sex even to female nurses, perhaps due to cultural beliefs:

"Sexual dysfunction embarrasses men more than women; this is not acceptable in Jordan... the society is accepting treating women, but not men". Ali_GH

Additionally, men mentioned culture and society as factors they believed important when discussing their sexual issues:

"If nurses apply what is in the book...they are supposed to ask. However, they do not ask! It is the culture...It is the nature of our society". Ameen_TH

The majority of men believed that their culture is the main issue, and not religion:

"Culture is the main barrier here. In our culture, full manhood is to have a man with no sexual health problems; otherwise, everybody will look at him as if he is missing something from his manhood". Ahmad_TH

Besides manhood, personality was another barrier when deciding to talk about sexual problems. As some believed, they would not be respected by friends and might feel weak as they lose value of their social status when discussing sexual problems with nurses:

"Sexual problems are secrets and confidential information, and cannot be discussed with anyone. The individual sometimes has a position in the society and enjoy a strong personality. But when having sexual problems, it is completely different as he will become a different person; basically, weaker and might lose his respect among other people in the society". Ahmad_TH

Men with sexual dysfunction would open discussion with individuals with similar health problems:

"In front of my close friends, who share the same problems, I can say it. It is easier for me to talk about my problems in front of those who have similar experiences". Samer_GH

The social structure and relationship with the other families were a concern for men when talking about sexual health problems:

"We are in Jordan like one family. So, if you seek help for sexual problems, then the news may spread to others who know you, like neighbours and peers at work". Raed_TH

One man compared Jordan with the situation in the USA. This man lived for temporarily in the USA, and then went back to Jordan. He said that he used to discuss these issues and seek care from doctors or nurses in the USA. However, this is not possible in Jordan:

"I have been to the USA and I used to seek health care in the US, there was no problem with that. In Jordan, there are some barriers, culture is different, here you cannot ask as you have many people you know and they will keep looking to you as a man with missing thing". Said_H

Desired sources of help

When asked about the first person to decide that a patient has sexual dysfunction, only one said that nurses can do [Asaad_TH], while the others said that doctors are the first to decide. The justification for choosing doctors in this case was related to their higher level of knowledge [Malik_TH]. Eighteen of them cited the doctor as their desired source of help indicating that doctors are more qualified to help in this situation and they know better about their conditions than nurses although they have not discussed their sexual concerns at all. They were also dissatisfied with their experience with some nurses for not answering their questions about sexual health and referring them to doctors. They were also not aware of any other sources of helpful information such as primary health care centers or that may help them to solve the problem. The rest of men all agreed that the doctor usually tells patients about any health problem and we all ask doctors first. But nurses can help and may tell patients about what nature of the problem but not the diagnosis as they may not know its details:

"I think the doctor... every time I go to the clinic I talk about my health problem to doctors...nurses do not do anything unless the doctor tells them to do". Ameen_TH

When men in the study were asked whether nurses communicate men's sexual issues with other professionals especially doctors they all agreed that it is a private issue, which cannot be discussed with all people. A person may become embarrassed and defensive if a nurse discusses this topic:

"Nurses may forward patient complaints to doctors or may help in assessment... Nurses usually refer you to doctors when asking. So, I think you will go directly to the doctor in this case". Ali_GH

It was clear from men's talk that doctors do not discuss things with nurses, and nurses just do what doctors tell them to do. As reported by man in this study, nurses believed that their role was to assess patients, and refer them to doctors. So, in most cases nurses refer men directly to doctors, a practice that is culturally acceptable and coincides with the institutional policies:

"In Jordan, the doctor does not discuss anything with nurses, so nurses just do what doctors tell them to do. I do not see any role for nurses in sexual dysfunction even in any other problems...doctors do not trust them...how can trust them". Ameen_TH

Sexual dysfunction is rarely assessed by doctors and nurses. Nurses do not talk to men about sexual issues even they know that they can have such conditions, which may be secondary to particular treatment regimens:

"I believe no one among the medical staff asks a patient about sexual health, even if they know that drugs can affect his sexual health badly. In Jordan, most of the medical staff does not provide health teaching to their patients including those who have being treated with drugs with side effects on sex". Samer_TH

DISCUSSION

This study examined the extent to which men with sexual dysfunction communicated their care needs with nurses in Jordan. The study uncovered some unique and untraditional issues that contributed to the broader evidence base for sexual health care and sexual issues. Discussing sexual concerns with nurses or even with doctors appeared a social and cultural issue for men in Jordan and how their surrounding community looked at them after having and disclosing their sexual health problems. Men in the study also believed that men's sexual health appeared not a priority for Jordanian nurses in their practice.

Is sex important for men?

Men in this study highly valued their relationships with their wives and wanted to maintain this relationship. They believed that doctors and nurses might help them when encountering a sexual health concern. Nevertheless, they avoided talking to them and tried to solve their sexual health problems using alternative medicine and confidential treatments before seeking care indicating men's keenness to solve the problem themselves. This is similar to what was found in a study in China where men were keen but embarrassed to seek help from health care professionals and went for internet solutions to have any support and improve their sexual function (12). Furthermore, in Jordan expressed their interest to have information about managing sexual problems (7). They also found that men, who were interested in receiving information, believed that talking about sexual problems in their culture might threaten their masculinity, and thus tend to hide their problems.

Cultural impact on seeking sexual health

Based on findings in this study, men were usually aware of different barriers to seek sexual consultation, including gender of the consultant, age differences, culture and social norms, and religious beliefs. Although these factors were also common worldwide (24, 25), Jordanian men's views on these issues were different. This was clear from a man in this study, who said that it was easier for men to discuss sexual issues with nurses or doctors in the USA, but not in Jordan.

Men in Jordan, and worldwide, usually prefer talking to other men, and they believe that seeking help in sexual issues from female nurses may affect their status as men in the society (25, 26). However, they can talk to female nurses when they need to do so (27). Conversely, men in Jordan believed that they were restricted by their culture to explain their sexual health problems even to male nurses and hold the belief that talking about these issues especially to women is taboo. Therefore, they demanded male nurses, which could make them more comfortable when talking about this sensitive issue. Jordanian men in this study suggested developing male service to suit culture in Jordan, and encourage men to seek help for their sexual problems (7).

Although Islam encourages persons to overt their health problems to health professionals from similar gender, there are still some men, who hide it completely. Those men usually have cultural concerns about losing their manhood [taboo] (28). This was clear in the reviewed studies where men from other Asian and Muslim countries considered discussing these issues as "loosing face" and invading their masculinity and men used to ask their trustful friends for information on how to manage sexual health problems (14, 15, 21). Men considered sexual health information as important; however, this study, and another study in Jordan also found that men were restricted by culture to discuss this issue explicitly even with male nurses (7).

Driving-restricting forces to talk

Although men were hesitating when discussing sexual problems, they were also aware that hiding the problem would be more harmful. Like findings in other studies, this awareness forced some of these men to talk to anyone they would trust as they believed that life would be meaningless especially when they are young and do not have children (13).

Another reason why men would talk about their sexual problems was the belief that other people would know anyway about their sexual health problems through the primary health problem. For example, the nature of cancer and its treatment may be known to the public to affect sexual health, which makes men believe that their sexual problems may be known others anyway (14).

Men reported that one reason for not disclosing their sexual problems was related to being known to some nurses, who might be a relative or a neighbour where nurses in Jordan culture might possibly meet those men frequently. Within this, men believed that talking to nurses who are young or newly graduated would be embarrassing in Jordan and even if they had to talk, they would talk to those nurses from similar age groups (7, 26) .

Another personal belief in this study was that sexual dysfunction was a result of ageing. Therefore, it was worthless to talk about it. A Turkish study reported that men believed that age was the main reason for their erectile dysfunction which made them to believe that there is nothing to do with it (29). However, other previous studies found that behavioural and psychosocial interventions would help men (30).

Why not nurses...?

Similar to findings in this study, a study in the review found that nearly half of men never asked for help from any health professionals because of the culture (31). However, even when seeking help, they go for doctors believing that doctors were more knowledgeable (13). This was accompanied by nurses' routine referring men to doctors for help which was also reported by other reviewed studies where young men preferred to receive help only from doctors (12, 26).

When men were asked about whether doctors asked about sexual issues, they all said that doctors never ask about these issues; a finding also reported by another study showed that doctors expected that men were supposed to initiate the discussion (8, 10). This was also found in other countries around the world, where less than 25% of men sought help for their sexual health problems (9, 12, 32, 33), with only 5% sought the help.

Ultimately, with the devotion of men to talk knowing that nurses are not trustful and do not have the necessary information for men, it is clear that such strategy was important to both convincing men with nurses' knowledge and trustfulness and preparing nurses for this job. This strategy would involve telephone helpline or printed materials to be distributed through health care centres. These strategies may be effective especially when are men keen receive help without visiting clinics or being identified (31).

CONCLUSION

It was clear from the study that discussing sexual issues was forbidden by culture and society, within this were gender and age of the nurse. Therefore, men used to seek help through internet or from friends or those who were complaining sexual problems. Men in the study appeared keen to seek help from nurses if they were sure their talk will be kept confidential.

IMPLICATIONS AND RECOMMENDATIONS

It is important to introduce a nursing service for this group of patients toward wholeness of nursing care and evidence based practice in Jordan. We suggest offering this service through brochures, telephone helpline, nursing education, and patient's education. The study also added to the body of knowledge that men in Jordan were convinced that their own religion and beliefs support them to go and seek care for their sexual health problems preferably from male nurses. Conversely, however, they would never ask help even from male nurses rather they ask doctors or go for friends and alternative therapy. In other cultures, men also prefer to talk to male nurses but the difference was that men these cultures would talk to female nurses if they need to do so and if they were sure that nurses would appreciate their beliefs and values.

LIMITATIONS OF THE STUDY

The researchers struggled to find men to talk about the subject which was the main limitation in this study. Interviews were conducted with the assistance of doctors who invited men to participate in the study, and then referred them to the researcher. Data saturation was achieved although the sample was small and it took long time and huge effort to find participants. This may be the fact that men have same cultural background and social structure as well as similar experience.

ETHICAL APPROVAL

This study was approved by the Ethics committee of Al-Hussein Bin Talal University and by Review Board in of the attended institutions.

CONFLICT OF INTERESTS

The authors declare the presence of no competing interests.

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