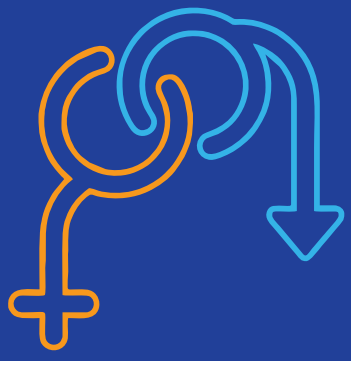
SEXUAL DYSFUNCTION: URGENT NEED FOR RESOLUTION

Policy Brief



Why Sexual Dysfunction Matters ?

One of the major determinants of a happy and satisfying life (quality of life) is an optimal level of sexual health (sexual well-being). Sexual well-being is a state of physical, emotional, mental and social well-being in relation to sexuality (sexual feelings, relationships and beliefs, self-esteem and identity) that expresses mostly through sexual life. Compromised sexual life is a form of sexual dysfunction which is a persistent problems that impairs sexual activity affecting individual's ability to experience pleasure or satisfaction, manifesting as loss of desire, arousal difficulties, orgasmic challenges, painful intercourse, reduced pleasure and difficulty achieving satisfaction[1].

The condition is influenced by a complex interplay of psychological, physical, hormonal, and emotional factors, including stress, chronic diseases, medication side effects, hormonal imbalances, and past traumatic experiences[2]. It is frequently underreported due to socio-cultural restrictions, social stigma, lack of awareness, and the unwillingness of both patients and service providers. Additionally, the unavailability of specific healthcare services significantly contributes to this issue. Therefore, this is a serious and broader public health concern.

Globally, approximately half of the population experiences at least one form of sexual dysfunction (43% of male and 49% of female) with the prevalence being higher in Asia[3]. The prevalence of erectile dysfunction was 27%-69% in Malaysia, 51%-73% in Singapore, and 64% in Hong Kong[4]. Similarly, the prevalence of female sexual dysfunction was 56% in Singapore[5].

What about Nepal ?

A nationally representative prevalence survey on sexual dysfunction was conducted in 2024, covering all provinces and ecological belts involving 3,382 married individuals aged 30 years and above from 34 clusters across both rural and urban settings. The key findings highlight:

- Two out of three (68%) married individuals aged 30 and above experience sexual dysfunction, with male having a higher prevalence (72%) compared to female (67%).
- Among people with sexual dysfunctions :
  - Nine in ten male and female have compromised sexual desire.
  - Three in four male and female have difficulty in reaching orgasm.
  - Three in four male and three in five female reported compromised sexual satisfaction.
- Madhesh Province (73%) followed by Karnali Province (71%) reported a higher prevalence of sexual dysfunction for both sexes.
- Early marriage (below 18 years) is associated with higher prevalence (68%) compared to marriage at 25 or older (61%).

Approximately 2 in 3 married adults (30+) in Nepal experience sexual dysfunction.

- Prevalence is lower (65%) in individuals consuming a healthy diet rich in fruits and vegetables compared to those with lower intake (68%).
- Prevalence is higher among ex-smokers (80%) than never-smokers (68%).
- Both underweight* (BMI < 18.5) and obese individuals (BMI ≥ 30) have increased dysfunction rates (77% and 71%).
- Prevalence has also been found to be higher (85%) among individuals with co-morbidity i.e. Diabetes Mellitus, Hypertension, Cardiovascular Disease and other conditions compared to no morbidity (67%).

** underweight includes persons with morbidity too.*

1 Ronald W. Lewis, et al. (2010). Definitions/Epidemiology/Risk Factors for Sexual Dysfunction
2 Lori Brotto, et al. (2016). Psychological and Interindividual Dimensions of Sexual Function and Dysfunction
3 Edward Laumann, (2005). Help-seeking behavior for sexual problems: the global study of sexual attitudes and behaviors
4 Christopher CK Ho, et al. (2011). Male sexual dysfunction in Asia
5 Farah Safdar, et al. (2019). Prevalence of Female Sexual Dysfunction in Allied Health Workers: A Cross-Sectional Pilot Study in a Tertiary Hospital in Singapore

Further,

- Exploring with individuals having sexual dysfunction reveals that busy schedule, stress, separation from spouse, conflict between partners, family disputes, work-life imbalance, infections (penile, vaginal, pelvic), partner's compromised health conditions are the major contributors to sexual dysfunction.
- Service providers disclosed that a very few individuals communicate about their sexual dysfunctions possibly due to a lack of privacy and confidentiality at service outlets. They also emphasized that many individuals with sexual dysfunction seek treatment from traditional healers and take unapproved medicines sold by unauthorized and unqualified dealers before visiting them.
- The service provider explained that over 90% of sexual dysfunction cases are psychogenic (including stress, anxiety, depression and post-traumatic stress disorder) creating a vicious cycle.

Policy Actions

Integrate sexual health care services such as sexuality education and counselling, treatment of sexual dysfunction, psychosexual therapy and prevention of sexual violence **into existing Sexual and Reproductive Health and Rights (SRHR) Policies and Programs.**

Establish dedicated multi-specialty sexual health clinics and counselling centers in hospitals and health care centers ensuring accessibility to service seekers.

Incorporate Comprehensive Sexuality Education (CSE) into school and university curricula to empower young adults about their sexuality and enable them to be accountable for preventing sexual and gender-based violence including ending child marriage and intimate partner violence.

Include sexual health components in pre-service and in-service training and education curricula and build the capacity of health service providers, educators and health promoters.

Integrate the issues of prevention and control of sexual dysfunction and promotion of good and responsible sexual well-being activities **into existing community engagement programs** such as mothers group, consumers group and health promotion initiatives led by community people to increase community participation for **reducing stigma, discrimination and social taboos surrounding sexual health issues** and promote access to sexual health care services.

Integrate sexual health into the Non-communicable Disease (NCD) prevention and control program, as sexual dysfunction shares many of the same risk factors as NCDs. Additionally, NCDs, particularly diabetes, cardiovascular diseases, cancer, chronic lung disease and mental health disorders, are key causes of sexual dysfunction.

Engage with media to promote positive public opinion, reduce stigma, and improve access to sexual health services through culturally accepted, evidence-based information.

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