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ARE MALES WILLING TO DISCUSS THEIR SEXUAL HEALTH: A FEASIBILITY STUDY FROM BALOCHISTAN, PAKISTAN

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ABSTRACT

Background: Male sexual health is an essential aspect of overall well-being, encompassing physical, emotional, and psychological dimensions. In conservative and underdeveloped regions, societal stigma and cultural taboos often prevent open discussions, leading many men to suffer in silence.
Objective: To assess the willingness of married males to discuss their sexual health concerns.
Methodology: A cross-sectional study was conducted at Teaching Hospital Turbat from June to August 2022, involving 108 married males aged 18–40 years. Data were collected using a structured questionnaire and analyzed with SPSS Version 23. Binary logistic regression was applied to identify associations between sociodemographic variables and willingness to share sexual history, with significance set at $p < 0.05$.
Results: Among 108 participants, 79 (73.1%) were willing to share their sexual history. Rural residents (49.4%) were significantly more willing than urban residents (24.1%; $p = 0.01$). Participants with less education (70.9%) were more likely to provide a sexual history compared to those with higher education (48.3%; $p = 0.03$). Higher-income individuals were less forthcoming ($p = 0.02$). No significant associations were observed for smoking or employment status.
Conclusion: Societal stigma rather than intrinsic reluctance deters men from discussing sexual health. Creating supportive, confidential, and culturally sensitive environments can significantly enhance openness. Public health campaigns, male-focused clinics, and telemedicine options are vital in normalizing sexual health discussions and reducing stigma.

Key Words: Male Sexual Health, Social Stigma, Sociodemographic Factors, Confidentiality.

INTRODUCTION

Male sexual health encompasses a range of physical, emotional, and psychological aspects related to men's sexual well-being. It includes the ability to enjoy a fulfilling and healthy sex life, address reproductive health concerns, and manage issues such as erectile dysfunction, premature ejaculation, and sexual frequency. Male sexual health is not just a private matter; it is a vital component of overall health that impacts self-esteem, relationships, and quality of life.[1] Research has consistently shown

that problems such as erectile dysfunction and premature ejaculation can affect both the emotional and relational aspects of a man's life, leading to a reduction in overall life satisfaction and well-being.[2] Issues like erectile dysfunction, premature ejaculation, and sexual frequency often carry heavy emotional and psychological burdens, but they are rarely discussed openly. This lack of dialogue perpetuates ignorance, embarrassment, and shame, leading many men to suffer silently.[3] The stigma surrounding these topics often prevents men from seeking help, exacerbating the emotional and psychological impact.[4]

In Pakistan, particularly in the underdeveloped province of Balochistan, the problem is compounded by a lack of awareness, education, and access to healthcare resources. Studies show that in many rural and underdeveloped areas, the lack of healthcare infrastructure and education about sexual health leads to significant challenges in addressing sexual health concerns.[5] Additionally, societal pressures in these regions often force men to suppress their vulnerabilities due to fear of judgment and ridicule.[6] The fear of being perceived as "less of a man" prevents many from discussing their sexual health concerns, even with medical professionals. This perception of masculinity, closely tied to sexual performance and virility, is particularly pronounced in patriarchal societies. Cultural expectations and the taboo nature of discussing sexual health contribute to this reluctance.[7]

Religious and cultural factors also play a significant role in perpetuating the stigma around male sexual health. In conservative societies, sex education is either nonexistent or heavily censored, leaving individuals with limited knowledge about their own bodies and reproductive health. This lack of education contributes to the perpetuation of myths and misconceptions about sexual health issues, further discouraging men from seeking help. Moreover, the fear of being judged by family, friends, or community members often compels men to endure their struggles in isolation.[8]

A key question in understanding men's approach to sexual health is whether their reluctance to discuss these issues stems from genuine discomfort or whether it is primarily a product of societal stigma. Research and anecdotal evidence increasingly suggest that the stigma surrounding sexual health discussions is more significant than the actual reluctance of men to address these concerns. In fact, when provided with a supportive and non-judgmental environment, many men are willing and even eager to discuss their sexual health issues.[9] Our current study aimed to see whether males are willing to discuss their sexual health when provided with a safe, confidential environment.

METHODOLOGY

This cross-sectional study was conducted over three months, from June to August 2022, at the Teaching Hospital Turbat. One hundred eight married males aged between 18 and 40 were contacted for the study using convenient purposive sampling. Ethical approval was obtained from the Institutional Ethical Committee of Mekran Medical College before initiating the study. Participants were assured of confidentiality, and written informed consent was obtained. Data were collected using a structured questionnaire that included age group, residence (urban/rural), education level, income, employment status, and smoking status. Participants were asked whether they were willing to provide details about their sexual history, including sexual frequency, perceptions regarding sexual activity, and questions related to erectile dysfunction and premature ejaculation. SPSS Version 23 was used for the analysis of data. Binary logistic regression was applied only to variables with two categories to calculate odds ratios (OR) and 95% confidence intervals (CI), and significance was set at $p < 0.05$.

RESULTS

Among the total of 108 married males, 79 participants (73.1%) consented to share their sexual history, while 29 participants (26.9%) declined. Among the 108 participants, 57.4% were urban residents, and 65.7% had secondary or higher education. Most participants (53.7%) belonged to the middle-income group, and 63% were non-smokers. Of the 79 participants who provided their sexual history, 49.4% were rural residents, compared to only 24.1% of those who declined. Urban residents were significantly less likely to share their sexual history ($p = 0.01$). Participants with higher education were significantly less likely to provide sexual history compared to those with less education ($p = 0.03$). Individuals in the high-income group were also significantly less willing to provide their sexual

history (p = 0.02). No significant association was observed between willingness to provide sexual history and smoking status or employment status.

Variable	Frequency (n) Percentage (%)
Age Group	
18–25 years	32 (29.6%)
26–40 years	76 (70.4%)
Residence	
Urban	62 (57.4%)
Rural	46 (42.6%)
Education Level	
Secondary School or Higher	71 (65.7%)
Primary or Less	37 (34.3%)
Income Level	
Low	31 (28.7%)
Middle	58 (53.7%)
High	19 (17.6%)
Employment Status	
Full-time	68 (63%)
Self-employed	22 (20.4%)
Unemployed	18 (16.7%)
Smoking Status	
Smoker	40 (37%)
Non-smoker	68 (63%)

Table I: Sociodemographic Characteristics of Participants (N = 108).

Variable	Willing (n, %)	Not Willing (n, %)	Odds Ratio (OR) 95% CI	p-value
Residence				
Urban	40 (50.6%)	22 (75.9%)	0.3 (0.1–0.8)	0.01*
Rural	39 (49.4%)	7 (24.1%)		
Income Level				
High	10 (12.7%)	9 (31.0%)		0.02*
Middle	46 (58.2%)	12 (41.4%)		
Low	23 (29.1%)	8 (27.6%)		
Education Level				
Secondary School or Higher	56 (70.9%)	15 (51.7%)	2.4 (1.0–5.8)	0.05*
Primary School or Lower	23 (29.1%)	14 (48.3%)		
Smoking Status				
Smoker	28 (35.4%)	12 (41.4%)	0.8 (0.3–2.0)	0.63
Non-smoker	51 (64.6%)	17 (58.6%)		

Table II: Association of Sociodemographic Variables with Willingness to Provide Sexual History.

DISCUSSION

Our current study aimed to see the willingness of married males in Balochistan to discuss their sexual health, an area often stigmatized in conservative societies. Notably, 79 out of 109 participants (72.5%) consented to provide their sexual history, indicating that a substantial majority were willing to engage when approached appropriately. This challenges the widespread notion that men are inherently unwilling to discuss intimate matters, suggesting instead that the right environment can foster openness.

Our study concluded that urban residents, participants with higher education, and individuals in higher income groups were significantly less likely to provide their sexual history. This reluctance may stem from heightened concerns about privacy, fear of stigma, and societal pressures, particularly in environments where discussions about sexual health remain taboo.[10] In contrast, rural residents and those with lower income and education levels were more forthcoming, possibly due to stronger community trust and fewer perceived risks of social judgment.

The high percentage of men willing to share their sexual history emphasizes the importance of culturally sensitive communication. It underscores that men are not intrinsically hesitant but require an environment where confidentiality and empathy are prioritized. Healthcare professionals play a vital role in building such trust. Offering private, male-focused clinics, anonymous consultation options, and culturally tailored interventions could further encourage openness, particularly among urban and higher socioeconomic groups where reluctance was more pronounced.[11-13]

Educational and awareness campaigns are critical to breaking societal taboos. Public health initiatives that normalize sexual health discussions through media, workshops, and community outreach can help reshape perceptions and reduce stigma. Telemedicine and online platforms also provide discreet alternatives for those hesitant to seek in-person care. However, efforts must be made to ensure these tools are accessible to rural populations and to bridge the care gap.[14-15]

Our study has some limitations. First, the cross-sectional design limits the ability to infer causation. Second, the sample was limited to married males aged 18–40, which may not generalize to other populations, such as unmarried individuals or women. Third, potential social desirability bias may have influenced participants' responses, particularly regarding willingness to provide sexual history. Future studies should consider longitudinal designs and diverse populations to validate these findings further.

CONCLUSION

The reluctance of men to discuss sexual health issues is often exaggerated and heavily influenced by societal stigma. When given the right environment that prioritizes confidentiality, empathy, and respect, men are more than willing to address their concerns and seek help.

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