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Prevalence and types of sexual dysfunctions among patients attending the psychiatric sex clinic at a tertiary care hospital in Bangladesh: A cross-sectional study

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Abstract
Background: Sexual dysfunctions are common yet often overlooked disorders that impact individuals' quality of life, relationships, and psychological well-being. These dysfunctions, influenced by biological, psychological, and sociocultural factors, have a global prevalence ranging from 30% to 60%. In Bangladesh, cultural taboos and stigma hinder awareness and treatment, with individuals often seeking care only when symptoms severely affect daily functioning. Sexual dysfunctions frequently coexist with psychiatric conditions and may be worsened by medications.
Aim of the study: This study aims to find the prevalence and types of sexual dysfunctions among patients attending a psychiatric sex clinic at a tertiary care hospital in Bangladesh.
Methods: This cross-sectional, descriptive study was conducted at Sylhet MAG Osmani Medical College Hospital (SOMCH) from September 2019 to August 2021. It aimed to assess the prevalence and types of sexual dysfunction among patients attending the Psychiatric Sex Clinic and Outpatient Department of Psychiatry. Ethical approval was obtained, and written informed consent was secured from participants. Eligible patients were newly diagnosed with sexual dysfunction, aged 18+, married, and reporting an active sexual life. Data were collected through semi-structured interviews, physical exams, and lab tests and analyzed using SPSS version 25. Quantitative and qualitative data were summarized accordingly.
Results: The study involved 74 patients, predominantly male (94.59%) and aged 25-35 years (62.17%). A majority had secondary education (79.46%) and were employed (82.43%), with most residing in urban areas (60.81%). 32.43% had a family history of psychiatric disorders, and 54.05% had chronic medical conditions. The most common sexual dysfunctions were premature ejaculation (43.24%) and erectile dysfunction (20.27%). The WHOQOL-BREF scores revealed significant quality of life impairments in physical, psychological, social, and environmental domains, particularly among those with multiple sexual disorders, such as erectile dysfunction, which severely impacted overall well-being.
Conclusion: This study reveals a high prevalence of sexual dysfunction, especially premature ejaculation and erectile dysfunction, among male patients at a psychiatric sex clinic in Bangladesh. Co-occurring disorders impair quality of life, highlighting the need for integrated, culturally sensitive approaches to care, awareness, and improved healthcare access.

Keywords: Prevalence, types of sexual dysfunction and psychiatric sex

Introduction

Sexual dysfunctions are a common yet often overlooked category of disorders that significantly affect the quality of life, interpersonal relationships, and psychological well-being of individuals across the globe. These disorders encompass a range of difficulties experienced during any phase of the sexual response cycle, including desire, arousal, orgasm, and resolution, and are often influenced by biological, psychological, and sociocultural factors [1, 2]. Globally, sexual dysfunctions are highly prevalent, with epidemiological studies reporting a range between 30% to 60% in both males and females, depending on the population studied and diagnostic criteria used [3, 4]. In South Asian countries such as Bangladesh, the burden of sexual dysfunction is likely underrepresented due to prevailing cultural taboos, limited awareness, and stigma surrounding sexual health [5]. Bangladesh,

being a conservative society, often views discussions around sexuality as inappropriate, which not only impedes open communication but also delays diagnosis and treatment [6]. As a result, many individuals experiencing sexual dysfunctions tend to seek care only when symptoms significantly impair daily functioning or are associated with distressing psychological comorbidities like anxiety and depression [7]. Sexual dysfunctions are often multifactorial and frequently coexist with psychiatric illnesses such as depression, anxiety disorders, schizophrenia, and substance use disorders [8, 9]. Medications prescribed for these conditions, particularly selective serotonin reuptake inhibitors (SSRIs) and antipsychotics, are also known to contribute to or exacerbate sexual dysfunctions [10]. Therefore, psychiatric settings, especially sex clinics within psychiatric hospitals, serve as crucial platforms for identifying and managing sexual health issues in a multidisciplinary framework. Despite the clinical importance, studies on the prevalence and typology of sexual dysfunctions among patients attending psychiatric sex clinics in Bangladesh remain limited. Existing literature primarily focuses on general outpatient populations or is confined to case reports and small-scale investigations. As such, there is a pressing need for systematic research that investigates the spectrum of sexual dysfunctions in psychiatric patients, categorizes them by type, and identifies sociodemographic and clinical correlates. Understanding the pattern of sexual dysfunctions in this setting is essential not only for accurate diagnosis but also for developing effective, culturally sensitive intervention strategies. Moreover, such studies can contribute to reducing the stigma and improving the sexual health literacy of both clinicians and patients. This study aims to find the prevalence and types of sexual dysfunctions among patients attending a psychiatric sex clinic at a tertiary care hospital in Bangladesh, employing a cross-sectional study design.

Methodology & Materials

This cross-sectional, descriptive study was conducted at the Psychiatric Sex Clinic and the Outpatient Department of Psychiatry of Sylhet MAG Osmani Medical College Hospital (SOMCH), Sylhet, Bangladesh, from September 2019 to August 2021. The study aimed to assess the prevalence and types of sexual dysfunction among patients attending these departments. Ethical approval was obtained from the Sylhet MAG Osmani Medical College Ethical Review Committee. Written informed consent was obtained from each participant, and confidentiality was strictly maintained throughout the study.

Eligibility criteria: Patients were consecutively enrolled based on the following inclusion criteria: newly diagnosed sexual dysfunction according to DSM-5 criteria, age 18 years or above, currently married, and reporting an active sexual life with regular sexual intercourse. Patients were excluded if they had comorbid medical or neurological conditions, were on medications causing sexual dysfunction, had a substance-related or significant psychiatric disorder, had a history of relevant surgery, or were experiencing severe relationship distress or partner violence.

Operational definitions

Operational definitions were used for consistency. "Sexual dysfunction" refers to any current DSM-5 diagnosed disorder. "Active sexual life" was defined as engaging in regular intercourse, and sex was based on self-reported physical identity. Family history included first-degree relatives with psychiatric or significant medical illnesses. Smoking and drug addiction were clearly defined, and the duration of illness was calculated from diagnosis to the date of the interview.

Data collection and analysis

Data were collected using a pretested, semi-structured, interviewer-administered questionnaire in Bangla. The Bangla version of the WHOQOL-BREF was also administered. Each interview lasted approximately 20 minutes. Data collection involved face-to-face interviews, physical examination, relevant laboratory investigations, and consultation liaison when required to rule out comorbidities. All data were coded and entered into SPSS version 25 for analysis. Quantitative data were expressed as means and standard deviations, while qualitative variables were summarized using frequencies and percentages.

Results

The study sample consisted of 74 patients, predominantly male (94.59%), with the majority falling in the 25-35 age range (62.17%). Most participants had at least secondary education (79.46%) and were employed in service (54.05%) or business (28.38%) sectors, with a higher proportion residing in urban areas (60.81%) (Table 1). In terms of clinical history, 32.43% of patients had a family history of psychiatric disorders, and 54.05% had chronic medical illnesses. Regarding the duration of the sexual disorder, 51.35% of patients reported 1-3 years (Table 2). The most common sexual dysfunctions reported were premature ejaculation (43.24%) and erectile dysfunction (20.27%), with 28.38% of male patients reporting more than one sexual disorder. Female sexual dysfunction was reported by only 5.41% of the patients (Table 3). The WHOQOL-BREF scores indicated significant impairment in quality of life across the four domains (physical, psychological, social, and environmental) for patients with sexual dysfunctions. The worst scores were observed in patients with multiple male sexual disorders, particularly in domains related to physical, psychological, and social well-being. For example, patients with erectile dysfunction had a mean score of 55.8±14.4 in domain 1 (physical health) and 47.4±9.5 in domain 2 (psychological), showing a clear negative impact of sexual dysfunction on overall quality of life (Table 4).

Table 1: Sociodemographic Characteristics of Patients Attending the Psychiatric Sex Clinic (N=74)

Variables	Frequency (n)	Percentage (%)
Age range (in years)		
<25	3	4.05
25-30	26	35.14
31-35	20	27.03
36-40	12	16.22
41-45	7	9.46
46-50	3	4.05
>50	3	4.05
Sex		
Male	70	94.59
Female	4	5.41
Education		
No formal education	1	1.35
Primary	10	13.51
Secondary	15	20.27
Higher secondary	22	29.73
Graduate	22	29.73
Post Graduate	4	5.41
Occupation		
Farmer	3	4.05
Service	40	54.05
Business	21	28.38
Unemployed	5	6.76
Others	5	6.76
Living area		
Urban	45	60.81
Rural	29	39.19

Table 2: Clinical and Family History of Psychiatric and Medical Disorders among Patients

Variables	Frequency (n)	Percentage (%)
Family H/O psychiatric disorder		
Present	24	32.43
Absent	50	67.57
Family H/O chronic medical illness		
Present	40	54.05
Absent	34	45.95
Duration of disorder		
<1 year	15	20.27
1-3 years	38	51.35
3-5 years	12	16.22
>5 years	9	12.16

Table 3: Types and Frequency of Sexual Dysfunctions Identified among Patients

Sexual Disorder	Frequency (n)	Percentage (%)
Erectile Dysfunction	15	20.27
Premature Ejaculation	32	43.24
Delayed Ejaculation	2	2.70
More than one disorder of male	21	28.38
Female sexual disorder	4	5.41

Table 4: WHOQOL-BREF Domain Scores across Different Types of Sexual Dysfunctions

Sexual Disorder	DOM-1	DOM-2	DOM-3	DOM-4
	Mean ±SD			
ED	55.8±14.4	47.4±9.5	32.5±10.1	5.5±7.5
PE	58.8±9.9	48.1±11.7	34.1±11.7	5.1±9.1
DE	66.0±4.2	44.0±0.0	37.5±9.2	59.5±13.4
More than one disorder of male	52.6±13.5	44.1±13.2	32.3±8.8	4.6±8.9
Female sexual disorder	45.5±7.6	43.7±13.4	29.5±3.0	48.5±5.7

Discussion

This study investigated the prevalence and types of sexual dysfunctions among patients attending a psychiatric sex clinic at a tertiary care hospital in Bangladesh. The findings showed that premature ejaculation (43.24%) and erectile dysfunction (20.27%) were the most commonly reported disorders among male participants. In contrast, sexual dysfunctions in females were less prevalent, with only

5.41% of female participants reporting issues. These results align with previous studies that have highlighted premature ejaculation and erectile dysfunction as the most common male sexual dysfunctions [1, 11]. A total of four female participants (5.4%) were included in the study, of which three were diagnosed with Female Sexual Interest/Arousal Disorder and one with Female Orgasmic Disorder. Female Orgasmic Disorder is relatively common, affecting about 10% to 15% of women, while sexual pain disorders are also reported in 10% to 15% of females and less than 5% of males [12]. In comparison, a study by Kendurkar *et al.* (2008) in India found that premature ejaculation (37.4%), erectile dysfunction (29.3%), and female sexual dysfunctions like HSDD (2.2%) and orgasmic dysfunction (1.1%) were prevalent [13]. Additionally, a Bangladesh-based study by Rony, Alam, and Khan (2017) found similar rates of premature ejaculation (26.5%), erectile dysfunction (23.5%), and female sexual dysfunctions such as Female Sexual Interest/Arousal Disorder (44.4%) and Female Orgasmic Disorder (22.2%) [14]. another study in Bangladesh by Salam *et al.* (2017) reported a 69% prevalence of premature ejaculation and 23.9% for erectile dysfunction, reinforcing the current study's findings [15]. The predominance of male participants (94.59%) can be attributed to the societal context of Bangladesh, where sociocultural norms and stigma often discourage women from seeking help for sexual concerns [16]. Similar gender disparities in healthcare-seeking behavior have been observed in other South Asian countries [17]. A study in India reported a 15.7% prevalence of erectile dysfunction, 8.76% for premature ejaculation, and 26.75% for males suffering from more than one sexual dysfunction. The prevalence of female sexual dysfunctions, including arousal dysfunction (6.65%), HSDD (8.87%), anorgasmia (5.67%), and dyspareunia (2.34%), also differed from the current study's findings [18]. The most affected age group in this study was between 25-35 years, a period of reproductive age that is often influenced by relationship and occupational stress, both of which can contribute to sexual dysfunction [19]. Among the participants, 35.1% were between 25-30 years old, 27.0% were aged 31-35, and 16.2% were aged 36-40. 87% of participants were aged between 25-45 years, with 62% falling within the 25-35 age range. This suggests a higher prevalence of sexual dysfunction in individuals of marriageable age, which corresponds with the average age of marriage in Bangladesh. These findings align with previous studies, where the mean age of respondents was 35.12 (±8.22) years, with 75% of participants aged between 20-40 years [14]. An Indian study also reported a similar age distribution, with 78% of participants aged between 20-39 years [13] Additionally, 28.38% of participants reported experiencing more than one type of sexual dysfunction, emphasizing the frequent coexistence of sexual disorders and their shared etiological factors, such as psychological distress, relationship dissatisfaction, and underlying anxiety or depression [20,21]. Furthermore, 32.43% of patients had a family history of psychiatric illness, and 54.05% had a history of chronic medical conditions, underscoring the interconnectedness of psychiatric, somatic, and sexual health [22]. The WHOQOL-BREF domain scores demonstrated that sexual dysfunction had a significant negative impact on quality of life, particularly among individuals with multiple disorders. Physical, psychological, and social relationship domains were notably impaired, echoing previous research that has highlighted the strong correlation between sexual dysfunction and poor psychological well-being and social functioning [23]. The most severe quality of life impairment was observed among those with multiple male sexual disorders, indicating the compounded effect of these conditions on overall well-being.

Limitations of the study

While the study employed rigorous inclusion and exclusion criteria and standardized diagnostic tools, some limitations must be acknowledged. The sample size was modest, and the clinic-based design may not represent the general population. Additionally, the limited number of female participants hindered gender-based comparative analysis.

Conclusion and Recommendations

This study highlights that sexual dysfunction, particularly premature ejaculation and erectile dysfunction, is prevalent among male patients attending a psychiatric sex clinic in Bangladesh, with a notable portion experiencing multiple co-occurring disorders. These conditions significantly impair quality of life, especially in physical, psychological, and social domains, as shown by WHOQOL-BREF scores. The findings emphasize the complex interaction between psychiatric, medical, and sexual health, underlining the need for integrated, multidisciplinary approaches to assessment and care. Culturally sensitive public health strategies and increased awareness are essential to reduce stigma and improve healthcare access, particularly for women and underserved populations.

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References

1. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors. JAMA. 1999 Feb 10;281(6):537-544.
2. Martins FE, Cassim F, Yatsina O, Adlam J. Female sexual dysfunction. In: Female Genitourinary and Pelvic Floor Reconstruction. Cham: Springer International Publishing; 2023. p. 959-993.
3. Kingsberg SA, Rezaee RL. Hypoactive sexual desire in women. Menopause. 2013 Dec 1;20(12):1284-1300.
4. Kingsberg SA, Rezaee RL. Hypoactive sexual desire in women. Menopause. 2013 Dec 1;20(12):1284-1300.
5. Ross JL, Laston SL, Nahar K, Muna L, Nahar P, Pelto PJ. Women's health priorities: cultural perspectives on illness in rural Bangladesh. Health. 1998 Jan;2(1):91-110.
6. Camellia S, Rommes E, Jansen W. Beyond the talking imperative: The value of silence on sexuality in youth-parent relations in Bangladesh. Global Public Health. 2021 May 4;16(5):775-787.
7. Rony AR, Alam MF, Khan MZ. Sexual dysfunctions among patients in a psychiatric hospital. Bangladesh Journal of Psychiatry. 2017;31(2):43-47.
8. Kayhan F, Küçük A, Satan Y, İlgün E, Arslan Ş, İlik F. Sexual dysfunction, mood, anxiety, and personality disorders in female patients with fibromyalgia.

Neuropsychiatric Disease and Treatment. 2016 Feb 16;12:349-355.
9. Atlantis E, Sullivan T. Bidirectional association between depression and sexual dysfunction: a systematic review and meta-analysis. The Journal of Sexual Medicine. 2012 Jun;9(6):1497-1507.
10. Montejo AL, Montejo L, Navarro-Cremades F. Sexual side-effects of antidepressant and antipsychotic drugs. Current Opinion in Psychiatry. 2015 Nov 1;28(6):418-423.
11. Weizman ZZ. The impact of mental illness on sexual dysfunction. Advances in Psychosomatic Medicine. 2008 Apr 24;29:89-106.
12. Rosen RC. Prevalence and risk factors of sexual dysfunction in men and women. Current Psychiatry Reports. 2000 Jun;2(3):189-195.
13. Kendurkar A, Kaur B, Agarwal AK, Singh H, Agarwal V. Profile of adult patients attending a marriage and sex clinic in India. International Journal of Social Psychiatry. 2008 Nov;54(6):486-493.
14. Rony AR, Alam MF, Khan MZ. Sexual dysfunctions among patients in a psychiatric hospital. Bangladesh Journal of Psychiatry. 2017;31(2):43-47.
15. Salam MA, Qusar MS, Saklain MA, Pathan MS, Islam MM, Ali M. Psychiatric co-morbidity among the male patients with sexual dysfunction in a tertiary hospital of Bangladesh. Dinajpur Medical College Journal. 2017;10(2):278-283.
16. Rahman MM, Rahman MS, Uddin AN, Ferdousi SS, Nahar N, Parveen SS. Barriers to access reproductive health care services by urban women. Journal of Armed Forces Medical College, Bangladesh. 2017;13(2):7-10.
17. Biswas UN. Adolescent reproductive health in South Asia: issues and challenges. Gender Equality. 2021 Jan 29:32-41.
18. Rao TS, Darshan MS, Tandon A. An epidemiological study of sexual disorders in South Indian rural population. Indian Journal of Psychiatry. 2015 Apr 1;57(2):150-157.
19. Mulcahy JJ, Shabsigh R. Epidemiology of erectile dysfunction. In: Male Sexual Function: A Guide to Clinical Management. 2006. p. 47-59.
20. Waldinger MD. Psychiatric disorders and sexual dysfunction. Handbook of Clinical Neurology. 2015 Jan 1;130:469-489.
21. Guven S, Sari F, Inci A, Cetinkaya R. Sexual dysfunction is associated with depression and anxiety in patients with predialytic chronic kidney disease. The Eurasian Journal of Medicine. 2018 Jun 1;50(2):75-80.
22. Barsky JL, Friedman MA, Rosen RC. Sexual dysfunction and chronic illness: the role of flexibility in coping. Journal of Sex & Marital Therapy. 2006 Jun 1;32(3):235-253.
23. Nazarpour S, Simbar M, Ramezani Tehrani F, Alavi Majd H. Relationship between sexual function and quality of life in post-menopausal women. Journal of Mazandaran University of Medical Sciences. 2016 Dec 10;26(143):90-98.

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