Sociodemographic and Etiological Factors in Men with Sexual Failure in Wedding Night

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ABSTRACT

Background and objectives : Honeymoon sexual dysfunctions mean the inability of men to do first sexual intercourse with their virgin wives. Immediate causes include performance anxiety or fear of failure, lack of adequate stimulation, and relationship conflict. To study the sociodemographic and etiological factors concerning men sexual failure in wedding night.

Methods : The study was undertaken between the period of December 2004 and December 2007 at Azadi general hospital, which included 60 male patients presented to the psychiatric out-patient clinic with the chief complaint of sexual failure in wedding night and in whom organic causes had been excluded.

Results: The commonest age of patients were between 25-29 years (55%) , most of whom were educated below secondary school(57%), unskilled worker(58%) and from rural area (73%). 50% of them were presented more than one month. The commonest fear was fear of failure (67%) and the commonest sexual dysfunction was erectile failure (90%). 72% of patients contributed their problem to witchcraft, evil eye and jinn possession, while 7% of them contributed their problem to psychological causes. 22% of patients had previous history of consultation with non psychiatric physician for their problem, while 67%of them had previous history of contact with healers.73% of patients , their marriage were traditionally arranged and most of couples (75%) had rarely contact during engagement. 88% of patients had spent their wedding night at their primary family home,13% of them had foreplay before intercourse and only 3% had previous past sexual experience.

Conclusions : Men sexual dysfunction caused by the interaction of multiple factors, mainly psychological, social, cultural and educational level.

INTRODUCTION:

The mechanism responsible for successful sexual life is a very complicated and delicate one. It is affected by various environmental, social, psychological and somatic factors, as well as by the higher centers of the central and autonomic nervous system [1]. A couple involved in an unconsummated marriage have never had coitus and are typically uninformed and inhibited about sexuality. Their feelings of guilt, shame, or inadequacy are increased by their problem, and they experience conflict between their need to seek help and their need to conceal their difficulty [2]. The causes of unconsummated marriage are varied; lack of sexual education, sexual prohibition, overly stressed by parents or society, problem of an Oedipal nature, immaturity in both partners, overdependence on primary families and problems in sexual identification. Religious orthodoxy, with sever control sexual and social development, and the equation of sexuality with sin or uncleanliness have also been cited as a dominant cause [2,3]. In Arab society sex is a taboo subject and a source of anxiety especially between parents and their children , where the family attitude to ward sex is considered sinful and dirty [4]. Most men

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with erectile dysfunction attributed their problem to a physical disorder even when they have been given a psychogenic explanation [5]. Generally psychosocial determinants of sexual dysfunction including erectile dysfunction, traditionally are divided into immediate and remote causes [6]. Immediate causes include performance anxiety or fear of failure, lack of adequate stimulation and relationship conflicts[6]. As first described by Masters and Johnson [4] performance anxiety includes the adoption of a spectator role in which the individual's attention is focused predominantly on sexual performance and away from erotic stimulation. The aim of this research is to study the sociodemographic and etiological factors concerning men's sexual failure in wedding night.

MATERIALS AND METHODS:

The study was undertaken between the period of December 2004 and December 2007 at Azadi general hospital. 60 male patients with age ranged between 20 and 39 years were studied and evaluated. These patients were complaining of inability to do first sexual intercourse with their wives, which by other words means failure to deflorate or penetrate an intact hymen of their wives as a result of erectile dysfunction. Patients were excluded if they had penile anatomical defects, spinal cord injury, any major psychiatric disorder, poorly controlled diabetes, history of alcohol or substance abuse or a major renal or hepatic abnormality. Patients not experiencing morning erections were also excluded. After excluding organic causes, the diagnosis of sexual dysfunction was based on Diagnostic and Statistical Manual fourth, Text revised (DSM-IVTR) criteria [7]. Data collected included, age, education level, occupation, residence, detailed sexual, medical, psychiatric history, the various psychological, social and their sexual activity. An equal number of a control group of normal matched for age, educational attainment, occupation and residence who had recent marriage with normal consummation were compared with patient group with respect to special circumstances surrounding their marriage and past. sexual experience. The clinical result were studied and analyzed statistically, using Chi-square.

RESULTS:

The age of the studied population ranged from 20-39 years, with mean of 28.55±4.5 years. Table1 shows the sociodemographic of patients. The commonest age group of affected was between 25-29 years (55%), the majority of the patients(67%) did not go beyond secondary school achievement, 58% were unskilled workers and 73% were from rural area.

Table (1): Sociodemographic of patients

Variables	No.	%
Age		
20-24	9	15
25-29	33	55
30-34	13	22
35-39	5	8
Education		
Illiterate	6	10
Primary and interm diate school	34	57
Secondary school	18	30
University	2	3
Occupation		
Unskilled worker	35	58
Teacher	2	3
Unemployed	13	22
Student	4	7
Police	6	10
Residence		
Rural	44	73
Urban	16	27

Table 2 shows the duration of sexual failure.

Table(2): Duration of Sexual failure of the patients.

Duration	No.	%
< one week	3	5
One week-Two weeks	10	17
Three weeks-Four weeks	17	28
>Month	30	50
Total	60	100

50% of the patients were more than one month, while 5% of patients were less than one week. Table 3 shows cognitive psychopathology (negative thoughts) and sexual psychopathology. Sexual dysfunctions were erectile failure (90%) and premature ejaculation (10%). The negative thoughts of the patients were fear of failure (67%) and situational anxiety performance (30%) ,while 3% of patients deny any fear. Only 17% of the patients had attributed their sexual failure to psychological causes while the majority of the patients had other explanations for their problem; (42%) had attributed to witchcraft, evil eye(18%) and jinn possession(12%).

Table (3): Cognitive (negative thoughts) and Sexual Psychopathology.

Variables	Number of patients	
	No.	%
Negative thoughts		
Fear of failure	40	67
Situational anxiety performance	18	30
Deny of any fear	2	3
Sexual dysfunctions		
Premature ejaculation	6	10
Erectile Failure	54	90

In (Table 4), 67% of the patients visited the Traditional (Faith) healers and only 5% of the patients had been referred to the psychiatrist .

Table(4): Patients Misconception about the cause of their problem

Variables	No.	%
Magic /Witchcraft	25	42
Evil Eye	11	18
Psychological causes	10	17
Jinn possession	7	12
Physical causes	4	7
Don't know the cause	3	5
Total	60	100

In Table 5, 22% of patients had previous history of contact with non psychiatric physicians.

Table(5): Traditional Treatment

Methods of treatment	Number of patients	
	No.	%
Read in water (Quranic verses written on a paper that is soaked in water for drinking).	17	28
Writing prayers and amulet .	13	22
Pressed his foot on patient's back.	4	7
Exorcism (of jinn and other negative supernatural spirits).	3	5
Referral to psychiatrist.	3	5
Total	40	67

Table 6 and Table 7 show social circumstances of surrounding marriage for patients and control group. The majority of marriages were traditionally arranged 73% which was higher than the control group (33%) with significance difference (0.01), the couples used to meet rarely during engagement period (75%) versus (27%) of control group with highly significance difference. The majority of patients (88%) had their first wedding night at the primary family home of the bride groom and the rest (12%) had their first wedding night at separate homes as opposed to the control group (58%, 42%) respectively which reached a statistical significance. Patients had less history of foreplay before intercourse (13%) than the control group (63%) with significance difference. Only 3% of patients had history of sexual experience versus 5% of the control group with no significance difference.

Table (6): Medical Treatment

Medical treatment	Patients (13=22%)	
	No.	%
Sildenafl oral jelly and tablets	9	15
Multivitamins injection and tablets	8	13
Yohimbine (sexovan, super5 ..)	2	3
Testosterone tablets and injection (proferon, sustanon)	1	2
Lidocaine local spray and jelly	1	2

Table(7): Social Circumstances of Surrounding Marriage for patients and control groups.

Variables	Unconsummated Marriage (patients)		Consummated Marriage (control)		P-value
	No.	%	No.	%	
Type of Marriages					
Arranged marriage	44	73	20	33	0.01*
Love marriage	16	27	40	67	0.01*
Meeting during engagement					
Rarely	45	75	16	27	0.001**
Sometimes	10	17	24	40	0.01*
Frequently	5	8	20	33	0.001**
Place of first wedding night					
Separate home	7	12	25	42	0.001**
Primary family home	53	88	35	58	0.01*
Foreplay before intercourse					
Present	8	13	38	63	0.001**
Absent	52	87	22	37	0.01*
Past Sexual experience					
Yes	2	3	3	5	Ns
No	58	97	57	95	Ns
Total	60	100%	60		

*significance difference, **highly significance difference Ns, no significance difference

The commonest age group of patients with sexual dysfunction (55%) was between 25-29 and this is similar to the study of El-Meligy etal [6], Fahmy etal [8] and Rafat etal [9], (57%) of patients were below secondary school and 58% of them were unskilled workers and this finding is similar to the results of Rafat etal [9], (73%) of patients were from rural area versus (27%) from urban with significance difference. The bride grooms in Iraq rural areas are under psychological stress because among rural people the inability to consummate marriage is perceived as an unforgivable scandal for all the family and the groom is treated with resentment, reproach and anger. The commonest sexual dysfunction in our study was erectile dysfunction (90%), and 97% of patients were under fear of failure and situational anxiety performance. In Iraq's society, as in other Arab's society, marriage ceremony requires some confirmation that defloration has occurred during the first wedding night or even during the first hour to prove the masculinity of the

groom before his bride and other family members. During a formal wedding ceremony as the groom is expected to enter the bride chamber and accomplish coitus and defloration while relatives of both sides are waiting behind the door for the proof a blood stained handkerchief is so important and in this situation the groom is under psychological stress to avoid bringing disgrace upon himself and his family by failing consummate the marriage [9]. The brides phobia and misinformation adds to such unfavorable circumstance. Fear of failure can damage a relationship and has a profound effect on the overall wellbeing for the couple [10]. All the patients with sexual dysfunction were psychogenic and this is similar to the study of El-Badani T.H. [11]. Erectile dysfunction is strongly related to pressure of performance [12] that may result in inhibitory sympathetic nervous system activity and anticipating anxiety can make the condition self-perpetuating [13]. Most men with sexual dysfunction had related their problem to superstitious belief and this is similar to other study [9]. The majority of marriages were traditionally arranged (73%) versus (20%) of the control group and this is higher than the finding of Rafat et al [9]. Meeting during engagement period was rare(75%) with significance difference from the control group (27%). The explanation for both these conditions: The patients in our sample were mostly from rural area (73%) and with low education level (67%). Love marriage according to their culture and tradition is unacceptable and prohibited and men depend on their parent for their marriage. Also meeting during engagement is not allowed, by some conservative, religious families and families from rural area, 88% of patients had their first wedding night at the primary family home of the groom and the rest (12%) had their first wedding night at separate homes as opposed to the control group (58%), (42%) respectively, which reached a statistical significance. And this is similar to other study [9]. Patients had less history of foreplay before intercourse (13%) than the control group (63%) which was statistically significant. The patients with sexual dysfunction were seem to be poor sexually educated. Past sexual experience is rare in both patients (2%) and control group (3%). In our culture premarital and extramarital sexual experience is extremely prohibited and unacceptable and this experience is considered scandalous and an insult to the family honor and can lead to murder specially of women. Also in our Islamic religion extramarital sex is prohibited for both men and women (The woman and the man guilty of illegal sexual intercourse, flog each of them with a hundred stripes. Let not pity withhold you in their case, in a punishment prescribed by Allâh, if you believe in Allâh and the Last Day. And let a party of the believers witness their punishment) [14].

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