

ORIGINAL RESEARCH

General Erectile Functioning among Young, Heterosexual Men Who Do and Do Not Report Condom-Associated Erection Problems (CAEP)

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ABSTRACT

Introduction. Condom-associated erection problems (CAEP) are an underestimated factor related to inconsistent or incomplete male condom use. The underlying mechanisms of CAEP are not understood, and whether men who report these difficulties are also likely to experience erectile problems in situations when condoms are not used has not been studied.

Aim. The aim of the study was to investigate, in a sample of condom-using young, heterosexual men (aged 18–24 years), whether men who report CAEP are more likely to (i) have erection problems when not using condoms and (ii) meet criteria for erectile dysfunction.

Methods. A total of 479 men recruited online completed the International Index of Erectile Function (IIEF-5) and answered questions about erection problems experienced when using and not using condoms during the last 90 days. Demographic, sexual experience, and health status variables were investigated as correlates.

Main Outcome Measures. Self-reported frequency of erection loss during condom application or during penile–vaginal intercourse (PVI) in the past 90 days and IIEF-5 scores.

Results. Of the men, 38.4% were classified in the no CAEP group, 13.8% as having CAEP during condom application, 15.7% as having CAEP during PVI, and 32.2% as having CAEP during both condom application and PVI. Men reporting any form of CAEP were significantly more likely than men reporting no CAEP to also report erection difficulties during sexual activity when not using condoms. Men who reported CAEP during PVI only or during both application and PVI scored significantly lower on the IIEF-5 than men without CAEP.

Conclusion. The findings suggest that men who report CAEP are also more likely to experience more generalized erection difficulties. Clinicians should assess whether men using condoms experience CAEP and where appropriate, refer for psychosexual therapy or provide condom skills education. **Sanders SA, Hill BJ, Janssen E, Graham CA, Crosby RA, Milhausen RR, and Yarber WL. General erectile functioning among young, heterosexual men who do and do not report condom-associated erection problems (CAEP). J Sex Med 2015;12:1897–1904.**

Key Words. Condom-Associated Erection Problems; Condoms for Penile–Vaginal Intercourse; Sexual Arousal; Condoms

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Introduction

The estimated prevalence of erectile dysfunction (ED) varies across studies, depending in part on the definition and criteria used [1–3]. One of the most consistent predictors for erectile problems is age. Although the prevalence of ED is considerably higher among older men [4], erectile problems are reported by young men as well. One epidemiologic study estimated that approximately 2% of men younger than age 40–50 years complained of frequent erection problems (EPs) [2]. A more recent survey across five European countries reported that 5% of men aged between 18 and 29 years of age had experienced ED in the past 6 months [5]. The proportion of young men who experience occasional erectile difficulties, however, is much higher, ranging from 16% in a sample of U.S. men under 40 years [6] to 30% in a Swiss sample of men aged 18–25 years [7].

The more common experience of occasional erectile problems suggests that situational factors may play an important etiologic role. Use of male condoms may be one example of a situation that predisposes some men to experience erection difficulties. In a study of Brazilian medical students (mean age: 21.2 years), 13.3% were diagnosed as having ED, using the simplified International Index of Erectile Function (IIEF-5) [8]. Young men in this study who used condoms were twice as likely to report erectile problems. In a sample of young male sexually transmitted infection (STI) clinic attendees [9], 37.1% of the men reported condom-associated erection problems (CAEP) on at least one occasion. Several studies, involving both homosexual and heterosexual men, have now documented that CAEP may be common [10]. Although the mechanisms underlying CAEP are still not well understood, in a recent psychophysiologic study of sexual arousal patterns, men with CAEP needed more time and/or more intense stimulation to become aroused than men without CAEP [11]. It is noteworthy, however, that the erectile responses were lower in the CAEP group only in the first minute of exposure to sexual stimuli, with no significant differences thereafter.

Condom-associated erectile difficulties may be an underestimated factor related to imperfect use, in that men who report CAEP are more likely to report a range of other condom use errors and problems, including condom slippage [12], incomplete condom use (late application and early removal) [9,13], and inconsistent condom use [14,15]. In one recent prospective study involving

1,875 men, perceptions of erection “quality” (including ratings of rigidity, penile length, and circumference, as well as difficulty maintaining erections) were associated with greater likelihood of incomplete condom use [13]. Men may be more likely to experience CAEP if they lack confidence to use condoms correctly, if they experience problems with the way condoms fit or feel, and if they have sex with multiple partners [9].

Aims

One question that has, as yet, not been investigated is whether men who report CAEP are more likely to experience erectile difficulties in sexual situations where condoms are not used. Accordingly, the aim of this study was to investigate, in a sample of condom-using young, heterosexual men (aged 18–24), whether those who report CAEP (either during condom application, during penile–vaginal intercourse [PVI], or in both situations) are more likely to: (i) have EPs when not using condoms; and (ii) score differently on the IIEF. Our aim was not to estimate prevalence of erectile difficulties but to identify correlates of CAEP in a nonclinical sample of young, condom-using men.

Methods

Participants

Participants were young, heterosexual men recruited through university listservs (e.g., university student groups and department listings) and electronic flyers disseminated on Facebook. Permission was obtained from listserv managers and Facebook advertising guidelines were followed. We oversampled men with CAEP by targeted flyers that asked: “Do condoms interfere with your erections?” and “Do condoms interfere with your arousal?” Eligibility criteria included having access to the Internet, being between 18 and 24 years old, self-identifying as heterosexual, having used a condom for PVI within the past 90 days, and the ability to read English. Additionally, men were excluded if they had been in a sexually exclusive (monogamous) relationship for 1 month or longer, as condom use has been found to drop off within the first month of relationships [16]. Men reporting CAEP were oversampled. We asked respondents a specific question at the end of the survey about whether they had taken the questionnaire seriously and whether their information should be used; only 1.2% responded that they did not take the survey seriously and we excluded their data.

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