

## ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

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### Sexual Activity of Young Men is Not Related to Their Anthropometric Parameters

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#### ABSTRACT

**Introduction.** Many articles have been written about the deterioration of male sexual function, mainly in relation to metabolic diseases and aging. With younger men, unless they have a complaint, sexual issues are rarely discussed during medical consultations. No articles could be found about anthropometric parameters as factors potentially influencing sexual performance.

**Aim.** The aim of this study was to find the anthropometric parameters with the closest correlation with sexual activity.

**Main Outcome Measures.** Main outcome measures included self-reported weekly intercourses, age, body weight and height, body mass index (BMI), and waist circumference.

**Methods.** Data for 531 heterosexual men aged 20–54 years were collected in three andrological centers. Past and recent morbidity, medications, and some lifestyle elements were recorded; anthropometric parameters were measured; and andrological examination was performed. The average weekly number of intercourses was asked confidentially.

**Results.** The mean weekly coital frequency ( $\pm$ SD) was  $2.55 \pm 1.08$ . The highest self-reported weekly coital frequency was recorded for men between the ages of 25 and 29 ( $3.02 \pm 1.27$ ). Coital frequency was higher among men with a height of less than 175 cm ( $2.69 \pm 1.24$ ), weight of less than 78 kg ( $2.74 \pm 1.18$ ), normal BMI ( $2.74 \pm 1.16$ ), normal waist circumference ( $2.69 \pm 1.19$ ), and no metabolic disease ( $2.57 \pm 1.11$ ). Logistic regression described an inverse, statistically significant association between age and coital frequency, with the following odds ratios for coital frequency ( $OR_{cf}$ ):  $OR_{cf \geq 2} = 0.932$ ,  $P < 0.001$ ;  $OR_{cf \geq 2.5} = 0.935$ ,  $P < 0.001$ ;  $OR_{cf \geq 3} = 0.940$ ,  $P < 0.001$ ;  $OR_{cf \geq 3.5} = 0.965$ ,  $P = 0.041$ . Among men who reported a coital frequency of more than 3.5 times a week, waist circumference ( $OR_{cf \geq 3.5} = 0.986$ ,  $P = 0.066$ ) showed borderline association with lower sexual activity, while lesser height ( $OR_{cf \geq 3.5} = 0.951$ ,  $P = 0.005$ ) was associated with higher activity.

**Conclusion.** In this study's age range, none of the examined anthropometric parameters was perfectly correlated with sexual activity. Obesity and metabolic diseases can cause all types of sexual function to deteriorate in older age, whereas their effects may not yet be prominent at younger ages (below 45 years). Health promotion for all ages should focus on prevention of obesity so as to improve quality of life and sexual health. **Rurik I, Varga A, Fekete F, Ungvári T, and Sándor J. Sexual activity of young men is not related to their anthropometric parameters. J Sex Med 2014;11:2264–2271.**

**Key Words.** Anthropometry; Body Height; Body Weight; BMI; Coital Frequency; Hungarian; Primary Care; Sexual Activity; Young Men; Waist Circumference

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## Introduction

Is sex just fun? Jannini et al. asked this question in a review article and followed it with an explanation of how sexual activity improves health. In past centuries, on the basis of nonscientific, religious, or superstitious arguments, sexual activity was regarded as harmful to health. This opinion is now rejected, and intercourse is generally considered as healthy [1]. Sexually active life expectancy has been extended in both sexes and in all societies owing to increases in overall life expectancy.

There are many articles about the deterioration of sexual function among middle-aged and older men. The most frequent reasons are metabolic diseases and the process of aging itself. Obesity is considered as the main contributor among metabolic diseases and can be characterized by evaluation of anthropometric factors. Obesity in men has been associated with infertility in numerous studies; most obese men may be affected by decreased libido and erectile dysfunction [1–3]. Higher BMI is associated with greater impairment in sexual quality of life among men; however, sexual behavior differs less among women of different body mass indices [3,4]. Besides general health status, waist circumference has also been considered as a factor that affects sexual life [5]. There is scant information on people's beliefs about weight and sexuality and about sexuality of obese individuals [6–8].

There are even fewer data on how sexuality is influenced by social status and general health. Psychological conditions can also influence sexual behaviour in both genders; moreover, these factors are not easy to identify and quantify. At older ages, couples' sexual life, including sexual activity, is more influenced by the health status of both partners and their interpersonal relationship. Studies have mostly dealt with sexual dysfunctions experienced by middle-aged or older men, mainly erectile dysfunction, and there are fewer data on younger generations [6,9]. Despite important achievements in sexual medicine during previous decades, questions regarding sexual life are still mostly neglected during routine consultations in almost all medical specialties. There is no scientific definition of or consensus on average levels of sexual activity, which generally means the frequency of intercourse. In the literature available to date, only public (lay) surveys with very different questions and methods with noncomparative analysis of sexual activity of different male populations can be found [10–12].

## Aims

We tried to find instances of medical consultations where the reasons for consultation were closely related to sexuality and questions related to sexual activity could be properly addressed.

The objectives of this study are to determine whether age and anthropometric parameters, such as body height, weight, body mass index (BMI), and waist circumference, are correlated with self-reported weekly coital frequency among young men (below 45 years) and to find the anthropometric parameter most closely correlated with coital frequency.

## Patients and Methods

### Selection of Patients

Men participating in the study were recruited in three andrological centers during the study period from November 2010 to October 2013. Family planning was the main reason for consultation.

### Criteria for Inclusion and Exclusion

The only inclusion criterion was an active sexual life with a steady female partner, without any related complaints.

Besides admitted homosexuality or bisexuality, other exclusion criteria were impaired psychological health (evaluated during the consultation) and conditions affecting sexual desire or performance, including erectile dysfunction, which was diagnosed when International Index of Erectile Function-5 score was below 21 [13].

### Procedure of Evaluation

Medical history, recent morbidity, and medications were recorded, with special focus on the presence of metabolic diseases (hypertension and diabetes). This was followed by physical examination of the genital organs. Semen volume and sperm number, morphology, and motility were assessed during the routine andrological examination.

Body height, weight, and waist circumference were measured, and BMI was calculated.

Among the questions related to health and lifestyle (smoking, alcohol consumption, physical activity), the average weekly number of intercourses was asked confidentially.

### Categorization of Variables

Data on sexual activity were based on patients' self-reported coital frequency. Patients usually

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