

# Comparing the Prevalence and Correlates of Sexual Health Disturbances Among Heterosexual and Nonheterosexual Men: An Overview of Studies

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## ABSTRACT

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**Introduction.** Although sexuality is a central feature that distinguishes nonheterosexual men from heterosexual men, little is known about how sexual orientation influences male sexual function and sexual problems. This presents a challenge for adequate healthcare for gay and bisexual men.

**Aim.** The aim of this article is to provide an overview of the literature on the prevalence and correlates of sexual health disturbances among heterosexual and nonheterosexual men.

**Methods.** PubMed and PsycINFO databases were searched for relevant studies published in English. Reference sections of selected papers were checked for additional studies of interest.

**Main Outcome Measures.** Main outcomes were comparative findings of the prevalence and correlates of sexual health disturbances in heterosexual and nonheterosexual men.

**Results.** In total, we found nine studies of interest, five of which used a comparative design. Evidence regarding sexual orientation as a risk factor for male sexual difficulties is mixed, with more recent studies reporting nonsignificant associations. Heterogeneity of sampling strategies and indicators used to assess sexual orientation and sexual function in the studies, as well as the use of relatively small subsamples of nonheterosexual participants, preclude any conclusions about a comparative prevalence of male sexual disturbances. Several studies suggested that rapid ejaculation might be more prevalent among heterosexual than nonheterosexual men. However, a single study that controlled for frequency and patterns of male sexual activity failed to corroborate this finding. Two studies reported similar correlates of sexual dysfunction and sexual problems between heterosexual and nonheterosexual men (e.g., age and depression/anxiety symptoms), but also some sexual orientation-specific correlates (e.g., body image). Finally, significant but weak associations between minority stressors and sexual health disturbances among nonheterosexual men were reported in two studies.

**Conclusions.** There is a lack of comparative assessment of the relationship between sexual orientation and male sexual difficulties. Based on an analysis of the existing studies' limitations, we conclude with recommendations for future studies. Štulhofer A, Šević S, and Doyle DM. Comparing the prevalence and correlates of sexual health disturbances among heterosexual and nonheterosexual men: An overview of studies. *Sex Med Rev* 2014;2:102–111.

**Key Words.** Men; Sexual Orientation; Sexual Dysfunction; Sexual Disturbance; Sexual Difficulty; Sexual Problem; Minority Stress

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## Introduction

It has taken considerable time for researchers to investigate in earnest unique health outcomes among sexual minority individuals, including nonheterosexual men [1,2]. Considering the effects of stigma and discrimination, as well as the disproportionate burden of HIV/AIDS among gay and bisexual men [3–5], it is somewhat surprising that sexual health difficulties and associated distress have received much less attention in these populations compared with sexual health problems in heterosexual men [6]. In a recent review highlighting the relative paucity of research on lesbian, gay, bisexual, and transgender (LGBT) health [7], sexual health outcomes were noted as particularly deserving of future investigation. In fact, although sexuality is one of the key features that distinguishes nonheterosexual men from heterosexual men, little is known about how sexual orientation influences male sexual dysfunction (SDY) and, more generally, sexual health disturbances or difficulties (SHD). (In the remainder of the article, the terms *sexual health disturbances* and *sexual health difficulties* are used interchangeably.)

In the wake of the AIDS crisis, which disproportionately affected nonheterosexual men, researchers became interested in exploring sexual health risk behaviors and consequent illnesses among men who have sex with men (MSM) [1]. Although this interest led to important insights into the prevalence and correlates of sexually transmitted infections (STIs) among nonheterosexual men, it may have also inadvertently resulted in researchers overlooking the importance of SHD among these populations. Male SHD have been shown to be associated with diverse impairments in well-being, including decreased romantic relationship satisfaction [8,9] and poorer quality of life [10–12]. Clearly, sexual health is an important aspect of men's lives, worthy of research in both heterosexual *and* nonheterosexual populations. Furthermore, the lack of attention to differential sexual health outcomes based upon sexual orientation limits knowledge and resources, thereby contributing to barriers to adequate healthcare for nonheterosexual men.

The frequency of reporting SHD among gay men and MSM ranges from 42.5% [13] to 75% and above [14–17]. Taking into account that HIV-positive men and those who experienced childhood sexual abuse (both of whom are over-represented among nonheterosexual men [18,19]) consistently report a higher prevalence of SHD

[14,15,20–22], the figures are comparable to estimates for heterosexual men [10,23,24]. Also, similarly to heterosexual men [25], desire and erection-related difficulties have been found to be the predominant forms of sexual problems among nonheterosexual men [14,20,21].

To date, *comparative* research on differences in sexual health outcomes between nonheterosexual (i.e., homosexual and bisexual) and heterosexual men remains sparse. Despite the fact that the findings presented above point to similarities between nonheterosexual and heterosexual men, it is imperative to review comparative studies in order to accurately gauge similarities and differences in SHD and SDY. In addition to differences in prevalence, it is possible that different factors may be associated with sexual health problems among nonheterosexual compared with heterosexual men. For example, the stress of a stigmatized identity may contribute to an additional burden on the sexual health of gay and bisexual men [26], perhaps creating disparities. Furthermore, because the major correlates of SHD (e.g., age, mental health problems) have been identified among heterosexual samples [6], it is presently unclear whether they are equally applicable to nonheterosexual men. The purpose of the current review was to systematically examine comparative studies measuring both the prevalence and correlates of SHD among nonheterosexual and heterosexual men.

## Aims

To further insight into similarities and differences in sexual health outcomes and their predictors/correlates among heterosexual and nonheterosexual men, this article aims to provide an overview of studies that have assessed the associations between sexual orientation and male sexual function. Based on this analysis and the observed limitations of currently available studies, we offer a number of conceptual and methodological recommendations for future research.

## Methods

Using combinations of search terms and phrases related to sexual health (sexual health, sexual dysfunction, sexual problem, sexual difficulty, sexual disorder, and sexual disturbance) and sexual orientation (same-sex, gay, nonheterosexual men, and homosexual men), a search of PubMed and PsycINFO databases was carried out in March 2014. Boolean logic was used to link the sexual health-related and sexual orientation terms. No

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