Addis Ababa University, College of Health Science, School of Medicine, Department of Psychiatry

Prevalence and Associated Factors of Sexual Dysfunction in Patients with Depressive Disorders Receiving Outpatient Care in Hospitals in Addis Ababa, Ethiopia

Principal Investigator: Azeb Solomon (MD, Third Year Psychiatry Resident)

March, 2024 (G.C.)

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Advisors:

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Thesis Submitted To the Department Of Psychiatry, In Partial Fulfilment of the Requirements for Postgraduate Specialty Certificate in Psychiatry

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Acronyms

AAU - Addis Ababa University

CSFQ - Change in sexual functioning Questionnaires

DSM - Diagnostic and Statistical Manual of Mental Disorder

HPA - Hypothalamic Pituitary Adrenal

MDD - Major Depressive Disorder

OPD - Outpatient Department

PDD - Persistent Depressive Disorder

TASH - Tikur Anbessa Specialized Hospital

ZMH – Zewditu Memorial Hospital

SD - Sexual Dysfunction

SPSS - Statistical Package for Social Science

Y12HMC - Yekatit 12 Hospital Medical College

Abstract

Background: Depression is a prevalent mental health illness that significantly affects sexual function in both men and women. The purpose of this study was to investigate how common sexual dysfunction is in people with depressive illnesses and factors that are contributing to it.

Methods: A cross sectional study with a sample size of 385 was carried out using consecutive sampling. The information was gathered using a structured questionnaire. Socio demographic questioners, CSFQ and clinical information extraction tool was employed in combination to determine sexual dysfunction prevalence and associated factors. SPSS version 26 was used to enter, clean and run statistical analysis.

Results: majority were female (58.7%), aged 18-30 (40%), and married (46.5%). Occupational diversity included 34% in private work and 27.8% employed. Educational attainment was high (91.9% attended school, 47% completed high school). Among the depressive disorders, most participants were diagnosed with major depressive disorder (86%) and took medications, with fluoxetine (61.1%) and amitriptyline (25.1%) common. Sexual dysfunction prevalence was higher in males (88.7%) than females (81.4%), with pleasure, desire, orgasmic and arousal disorder prevalent in males and pleasure and arousal disorders in females. Factors like age, sex, occupation, living arrangement, marital disharmony/relational problem and comorbid medical conditions showed significant associations.

Conclusion: The study finds that a significant proportion of individuals with depressive illnesses have sexual problems, with notable gender differences and associated factors such as age, sex, occupation, living arrangement, marital disharmony/relational problem and comorbid medical conditions. For a more successful and inclusive approach, integrating open and non-judgmental discussions about sexual health into routine psychiatric evaluations, tailoring interventions based on socio-demographic factors and recognizing the bidirectional link between depression and sexual dysfunction, while considering cultural influences is recommended.

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1Introduction

1.1 Statement of the problem

A prevalent mental illness that impacts millions of individuals globally is depression. It is marked by enduring feelings of sadness and disinterest in previously enjoyable activities, accompanied by associated changes that significantly impair the person's capacity to operate (such as somatic and cognitive alterations) (*Diagnostic and Statistical Manual of Mental Disorders : Fifth Edition Text Revision DSM-5-TR™*, n.d.). Depression can affect sexual health, leading to sexual dysfunction in both males and females (Baldwin, n.d.). The term Sexual dysfunction means any decrease in libido or desire, a lowered arousal (such as erection problem or reduced genital lubrication), a lowered level of sexual activity, or an undesirable lag in or failure to experience a state of satisfaction (*Diagnostic and Statistical Manual of Mental Disorders : Fifth Edition Text Revision DSM-5-TR™*, n.d.).

Depression and sexual dysfunction are prevalent conditions that can seriously lower a person's standard of life. Studies have shown that patients with depressive disorders more likely experience sexual dysfunction than individuals without depression (Baldwin, n.d.). In a research done in Switzerland, patients with depression had a prevalence of sexual dysfunction that was around twice that of controls (50% vs. 24%) (Angst, 1998). Similar findings were made in the 2003 ELIXIR study, which revealed that 65% of untreated depressed patients experienced sexual dysfunction (Bonierbale et al., 2003).

Further, over 50% of MDD patients receiving medication have been found to have sexual dysfunction (Kennedy & Rizvi, 2009). The most frequent sexual issue reported by untreated patients with depressive disorder is reduced libido (around 40% of men and 50% of women), with fewer complaints of erection or ejaculation problems (22% of men) or orgasm (15% of women) from the same population (Kennedy & Rizvi, 2009).

The underlying mechanisms for sexual dysfunction in depression are complex and multifactorial, involving both biological and psychological factor (Chokka & Hankey, 2018). There are several factors that contribute to sexual dysfunction in individuals having depressive illnesses. These involves the severity of depression symptoms, medication use, comorbid medical conditions such as diabetes and cardiovascular disease, and relationship problems (Clayton et al., 2014).

When the patients were questioned by the doctor, it was noticed that twice as many patients reported having sexual problems as those who reported them on their own (Bonierbale et al., 2003). This inadequacy of spontaneous patient self-reporting of sexual issues highlights the significance of having a healthcare provider ask and recognize it (Bonierbale et al., 2003). Sexual dysfunction has a major impact on patients who suffer from depressive illnesses. It may result in low self-esteem, anxiety, guilt and interpersonal issues (Sewalem et al., 2022). In order to enhance treatment outcomes and quality of life it's crucial to determine the prevalence of sexual dysfunction in people who have depressive disorders as well as the factors that contributes to it. Health care professionals must be conscious of how depression may affect a person's sexual function and provide appropriate support and resource to help patients deal with this issues effectively.

Even though sexual dysfunction has a high prevalence in patients with depressive disorders globally, little attention is given to its diagnosis and treatment. As far as the author is aware, no research on the prevalence of sexual dysfunction in Ethiopians patients suffering from depression has been published. In order to act and intervene, it's necessary to have data such as the prevalence and contributing variables in patients who have depressive disorder, which is what this study aims to investigate.

1.2 Literature review

Human sexuality is an important aspect of functionality and is viewed as a predictor of standard of life by many patients. Affective disorders are widespread throughout the world and have long been linked to problems with sexual function. Depression is known to cause loss of interest, low self-esteem, decreased energy, and a lack of ability to enjoy life. The symptoms in this group may be detrimental to sexual relationships (Barata, 2017).

Since both of these conditions can cause or intensify the other, there appears to be a two way connection between sexual problems and depressive illnesses. Conversely, treating one issue can also help the other. For instance, erection problems may appear after the development of depressive disorder in males, or men with erection difficulties may have secondary depressive conditions linked to a decrease in sexual function (Shabsigh et al., 2001).

Prevalence of SD in depression

Patients with depressive disorders frequently experience sexual dysfunction. In the general population, 10%-52% of men and 25%-63% of women experience SD (K. Williams & Reynolds, 2006). In patients with depressive disorders several studies have found a high prevalence of sexual dysfunction. Kennedy and his colleagues studied 134 consecutive out patients with MDD. They found that 23% of males and 38% of females recognized a reduced sexual drive, 20% reported using sexually explicit material, 23% and 28% reported a decrease in sex fantasies on the time of the depressive episode (Kennedy et al., 1999). A meta-analysis conducted in Australia which aimed to determine if depression predicts sexual dysfunction and vice versa included 12 studies with a total of 14456 participants, and the findings support a two-way relationship between depressive illnesses and sexual issues. In this study, those who experienced sexual dysfunction were 130% to 210% more likely to have depressive conditions, while those who experienced depression were 50% to 70% more likely to have sexual problems (Atlantis & Sullivan, 2012).

In a research conducted in India, it was shown that 57.1% of those aged 29 to 38 and 62.5% of those aged 49 to 65 had co-occurring sexual dysfunction and depression (Ghosh et al., 2022). Another study in India also reported a high prevalence of sexual dysfunction among patients with MDD, with 77.78% of males and 74.55% of females reporting sexual dysfunction (Maru et al., 2019). Similarly, Thakurta and his colleagues found a prevalence rate of sexual dysfunction of 33.33% in males and 42% in women patients with major depressive disorder (Thakurta et al., 2012).

In Africa descriptive cross-sectional study that was done to determine the prevalence and characteristics of sexual dysfunction in Moroccan patients with first depressive episode revealed that 77.6% of the patients had sexual problems. There were 58 patients in the study, and 34 of them were women (El Yazidi et al., 2019).

Mechanism of SD in depression

The underlying mechanisms proposed for sexual dysfunction in depression is based on the bio psychosocial model, which suggests that sexual dysfunction is a result of the interaction between biological, psychological, and social factors (Rosen, 2000).

One of the primary biological factors contributing to sexual dysfunction in depression is the dysregulation of the hypothalamic pituitary adrenal (HPA) axis (Giltay et al., 2012). The HPA axis is responsible for regulating stress response, and chronic stress can cause dysregulation of this axis, leading to decreased levels of sex hormones such as testosterone and estrogen, which can result in sexual dysfunction (Giltay et al., 2012). Furthermore, depression is associated with alterations in neurotransmitter levels such as serotonin, dopamine, and norepinephrine, which can also impact sexual function and play a crucial role in the regulation of libido, arousal, and orgasm(Kennedy & Rizvi, 2009).

Psychological factors such as excessive worry, negative body image, and low self-esteem can also contribute to sexual dysfunction in depression (Andersen & Cyranowski, n.d.). Negative thoughts and emotions associated with depression can result in reduced libido and arousal (Andersen & Cyranowski, n.d.).

Social factors, including relationship problems and stress, can also contribute to sexual dysfunction in patients with depressive disorders. For example, relationship problems may lead to decreased sexual desire, while stress can negatively impact sexual function (Rosen, 2000).

Additionally, antidepressant medications commonly used to treat depression can have sexual side effects such as lower sexual desire, delayed orgasm, and erection issue (Montejo, n.d.). Between 37.1 and 61.5 percent of depressed individuals who are prescribed either a selective serotonin reuptake inhibitor or a serotonin-norepinephrine reuptake inhibitor experience treatment-emergent sexual dysfunction (V. Williams et al., 2010).

Associated factors of SD

Researches has also revealed a number of contributing factors for sexual dysfunction in individuals suffering from depression. Factors such as age, gender, duration of illness, severity of depression, and antidepressant use, substance use, chronic medical conditions were associated with sexual dysfunction (Chokka & Hankey, 2018).

In individuals with depressive illnesses, age and gender are significant risk factors for sexual dysfunction, according to a study by Clayton. The study found that older age was associated with a higher risk of sexual dysfunction among patients with major depressive disorder and women are more likely to experience sexual dysfunction than men (Clayton et al., 2014).

The severity of depression is also an important risk factor; patients with severe depression were more likely to experience sexual dysfunction than those with mild or moderate depression, as found by Baldwin (Baldwin, n.d.). Additionally, treatment with antidepressants is a common risk factor; up to 70% of patients treated with antidepressants experience sexual dysfunction (Montejo, n.d.). Finally, patients with depressive disorders who have comorbid medical conditions are at higher risk for sexual dysfunction (Atlantis & Sullivan, 2012).

Overall, these studies highlight the high prevalence of sexual dysfunction in patients with depressive disorders, as well as the significant impact that these disorders can have on sexual functioning.

1.3 significance of the study

Depression and sexual dysfunction are commonly co-occurring conditions, yet little is known about how common SD is and what factors are contributing to it in individuals with depressive disorders and similar researches haven't been done in Ethiopia so this research would be useful in understanding the variables contributing to sexual dysfunction and effects of depression on sexual functioning. It would also aid in identifying and managing cases and improve treatment outcomes of these patients. Additionally, this study can help reduce the discomfort associated with depression and sexual dysfunction by encouraging more open communication between patients and healthcare providers about these sensitive topics.

2 Research question

-What is the prevalence of sexual dysfunction in patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia?

- What are the associated factors contributing to sexual dysfunction in patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia?

3 Objective of the study

3.1 General objective

- To evaluate the prevalence and associated factors of sexual dysfunction in patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia.

3.2 Specific objectives

1. To evaluate the prevalence of sexual dysfunction in patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia.

2. To assess Socio-demographic characters that are associated with sexual dysfunction in patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia.

3. To investigate clinical characters that are associated with sexual dysfunction in patients receiving outpatient care in hospitals in Addis Ababa, Ethiopia.

4 Methods

4.1 Study design

A facility based cross-sectional study design was used to collect data from August – November 2023.

4.2 Study setting

The research was carried out in three hospitals in Addis Ababa, Ethiopia. The first one is Tikur Anbessa specialized hospital (TASH), this hospital is a teaching hospital with 200 physicians, 379 nurses and 950 staff (*Background of Tikur Anbessa Hospital | College of Health Sciences*, n.d.). The psychiatry outpatient department has 7 rooms and the rooms are private. 20 to 30 patients are served each day, for a total of 350 to 450 patients per month. Clinical psychologists, seniors, and residents all offer both pharmaceutical and psychotherapy treatment techniques.

The second hospital is Zewditu Memorial Hospital (ZMH). It was nationalized Around 1976 ("Zewditu Hospital," 2022). At Zewditu Memorial Hospital, the psychiatry outpatient department has 4 rooms and the rooms are secure. An average of 400 patients are seen every month. About 80 to 90 of the patients who visit the OPD in this amount have depressive disorders. Treatment in this facility include medicine and therapy.

The third one is Yekatit 12 Hospital Medical College (Y12HMC), which is a part of the Addis Ababa City Administration Health Bureau. It provides medical care to residents of Addis Ababa as well as cases referred from various regional states. It contains 265 beds, 6 sections and 9 departments (Mengistu et al., 2018). 300 - 400 patients are usually seen each month in the outpatient psychiatry clinic. Seniors and general practitioners offer medication and psychotherapy.

The three hospitals mentioned above give outpatient mental health care and the college of health sciences' department of psychiatry delivers these services in the two hospitals.

4.3 Source and study Population

The source population includes individuals receiving care at Tikur Anbessa Specialized Hospital, Zewditu Memorial Hospital and Yekatit 12 Hospital Medical College psychiatry OPD.

The study population includes patients diagnosed with depressive disorders (disruptive mood dysregulation disorder, MDD, PDD, premenstrual dysphoric disorder, depressive disorder due to another medical condition, substance/ medication induced depressive disorder, other specified depressive disorder or unspecified depressive disorder) and receive their follow ups in the psychiatry OPD at the above mentioned three hospitals.

4.3.1 Inclusion Criteria

- Patients getting outpatient care who have been diagnosed with depressive disorders and were sexually active.

-Patients aged 18 years and above.

- Patients who are willing to take part in the research and consent.

4.3.2 Exclusion criteria

-Individuals who were unable to complete the study questionnaire due to communication barriers.

- Patients who are acutely disturbed or distressed.

4.3.3 Sampling strategy

Consecutive patients with depressive disorders who came for follow up at outpatient clinics during the time of data collection were included.

4.4 Variable

4.4.1 Dependent variables

- Sexual dysfunctions

4.4.2 Independent variables

- Sociodemographic characteristics

- Depressive disorders

- Other clinical characteristics

4.5 Measures

Sexual dysfunction was measured by using Changes in Sexual Functioning Questionnaires (CSFQ-14). This 14 item structured questionnaire compares a person's sexual functioning to how it was in the past before a particular incident, such as being ill or taking medication. The questionnaire is ready to be given to patients who engaged in sexual activity. There are two different versions: CSFQ-M-C for men and CSFQ-F-C for women. The scale has test-retest reliability and concurrent validity is determined (Grover & Shouan, 2020).

The instrument has demonstrated to have good internal consistency with Cronbach's alpha of 0.89 and 0.90 in males and females respectively. The instrument is used to assess the three stages of the sexual response cycle: These stages are arousal (items 7–9), orgasm (items 11–13), and desire (items 2–6). Items 10 and 14 don't relate

to any one stage of the cycle of sexual response. The respondent rates the items on a 5-point Likert scale of intensity (1 = nothing to 5 = very lot) or frequency (1 = never to 5 = every day/always), with the exception of items 10 and 14, for which 1 = every day/always and 5 = never. If participants have higher scores, it indicates greater sexual functioning. Nonetheless, total scores < 47 for men and ≤ 41 for women indicate widespread sexual dysfunction. The CSFQ-14 score ranges from 14 to 70. The tool is used to assess sexual dysfunction for patients during baseline and six month after they are being treated (Keller et al., 2006).

An extraction tool for sociodemographic and clinical variables was also used to collect data. The socio-demographic extraction sheet includes age, sex, marital status, education, religion, living arrangement and occupation. Additionally, clinical data extraction sheet includes the patient's psychiatric diagnosis, marital disharmony/relational problem, work related, financial, or social distress, history of sexual trauma, comorbid medical conditions, time of sexual problem and the form of treatment they received for the sexual problem and depression.

The questionnaire has been translated into Amharic and was administered to collect data.

4.6 Sample size

The sample size was calculated using single population formula

n = Z^2 x p x (1-p) / d^2

Z is the standard normal deviate (set at 1.96 for a 95% confidence interval)

p is the estimated prevalence of sexual dysfunction among patients with depressive disorders

d - Desired level of precision is at 0.05

(1.96)2*0.5*(1-0.5) / (0.05)2

With the assumptions of 50% prevalence, sample size was 385.

4.7 Data collection procedure

When patients come for their follow-up, their medical record was reviewed using their ID number to identify those who meet the inclusion criteria for the study.

The participants were provided with information on the purpose, risks, benefits and confidentiality of the study, and their right to end the interview if they are not comfortable then informed consent was gained.

Male data collector for male participants and female data collector for female participants was assigned.

The assigned data collector took the participants one at a time to one of the rooms in the outpatient department to keep their privacy since it is culturally sensitive topic and patients was screened for sexual dysfunction using structured questionnaires.

There were 6 data collectors, two (one female and one male) for each hospital. They spent a day receiving training on data gathering techniques, instruments, and ethical issue management.

The principal investigator conducted routine monitoring to guarantee that all required data was appropriately gathered.

Every day during the data gathering process, completed questionnaires were checked for accuracy and consistency.

Confidentiality was preserved and anonymous gathering of data was done.

4.8 Data analysis

The Statistical Package for the Social Sciences (SPSS) version 26 was used to code the data extraction sheets and perform data entry, cleaning, and analysis.

To describe sexual dysfunction, frequency distribution was employed. The factors that are strongly associated with sexual dysfunction were evaluated using multivariable logistic regression analysis.

5 Ethical considerations

Ethical clearance was gained from the Ethical Review Committee of Addis Ababa Public Health Research and Emergency Management Directorate. The participants' written and verbal consent was gained prior to data taking.

The Department of Psychiatry at Addis Ababa University's College of Health Sciences granted ethical approval.

Furthermore, approval was acquired from every hospital where the information was collected.

Each participant was given information about its purpose and importance.

In order to maintain patient privacy, no patient identities was used in the research, and study confidentiality was upheld at all times.

The investigator and data collectors adhered to the hospital's policies and procedures as well as the "code of ethics" during the data gathering process.

6 Result

6.1 The individuals' sociodemographic data

Outpatients seen at TASH, ZMH, and Yekatit 12 hospital were included in the study. A 99.9% response rate was achieved with an overall sample size of 385. 226 (58.7%) and 159 (41.3%) of the total study participants were female and male, respectively. The participant’s age started with 18 years with the largest proportion 154 (40%) being between 18 and 30. About 179 (46.5%) of the participants were married and 165 (42.9%) lives with their spouse. Concerning occupation, 131 (34%) have private work and 107 (27.8%) were employed at the time of the study. Regarding educational status, 354 (91.9%) attended formal education, 181 (47%) attended high school followed by college and beyond 131 (34%). (Please see table 1)

Table-1: The individuals' sociodemographic data

	N	Percent (%)
Age groups		
18 to 30	154	40
31 to 40	107	27.8
41 to 50	73	19
51 to 60	39	10.1
Above 60	12	3.1
Sex		
Female	226	58.7
Male	159	41.3
Level of formal education		
Elementary	42	10.9
High school	181	47
College and beyond	131	34
No formal education	31	8.1
Occupation		
Employed	107	27.8
Private work	131	34
Unemployed	100	26
Housewife	47	12.2
Marital status		
Single	206	53.5
Married	179	46.5

Religion		
Muslim	78	20.3
Orthodox	196	50.9
Protestant	95	24.7
Other	16	4.2
Living arrangement		
Lives alone	74	19.2
Lives with spouse	165	42.9
Lives with family/relatives	146	37.9

6.2 The individuals' clinical data

Out of the 385 patients, 360 (93.5%) have a major depressive disorder diagnosis, and 25 (6.5%) have a persistent depressive disorder diagnosis. Furthermore 94(24.4%) have marital disharmony/relational problem and 314(81.6%) have work related, financial, or social distress. From the participants 42(10.9%) reported history of sexual trauma. Concerning medication 357(93.2%) are taking medications, 234(61.1%) are taking fluoxetine in different doses and 96(25.1%) are taking amitriptyline. Regarding other comorbid conditions, 54(14%) have comorbid psychiatric disorder and 72(18.7%) of the participants have comorbid medical condition. (Please see table 2)

Table-2: History of mental health

		N	Percent (%)
Types of depressive disorder	MDD	360	93.5
	PDD	25	6.5
Psychiatry comorbid disorder		54	14
Physical comorbid conditions		72	18.7

Marital disharmony/relational problem	94	24.4
Work related, financial, or social distress	314	81.6
History of sexual trauma	42	10.9
Participants taking medication	359	93.7

6.3 SD prevalence in individuals with depressive disorders

The total number of participants with sexual dysfunction was 325 (84.4%); this percentage was 88.7% for male participants and 81.4% for female participants. Most common types of sexual dysfunction were pleasure dysfunction 159(100%), desire dysfunction 159(100%), arousal dysfunction 159(100%) and orgasmic dysfunction 159(100%) for male participants. In females pleasure dysfunction 226(100%) and arousal dysfunction 226(100%) were prevalent types of sexual dysfunction.

107(27.8%) participants reported having sexual difficulties before onset of the depressive disorder, while 119(30.9%) reported having sexual difficulties before initiation of medication and 159(41.3%) after initiation of medication. In addition 101(26.3%) of the participants reported improved sexual functioning after treatment. Furthermore 181(47%) of participants were asked by treating physician about their sexual problems and about 38(9.9%) actively report their sexual complaints. (Please see table 3)

Table-3: Sexual dysfunctions

	Components	Sex	N	Percent (%)
Prevalence of sexual dysfunction	Prevalence	Male	141	88.7
		Female	184	81.4
	Pleasure	Male	159	100
		Female	226	100
	Desire/Frequency	Male	159	100
		Female	212	93.8

	Desire/Interest	Male	158	99.4
		Female	213	94.2
	Arousal/Erection/ Excitement	Male	159	100
		Female	226	100
	Orgasm/Ejaculation/ Completion	Male	159	100
		Female	213	94.2
Individuals with sexual difficulties before the onset of the depressive disorder			107	27.8
Individuals with sexual difficulties before initiation of medication			119	30.9
Individuals with sexual difficulties after initiation of medication			159	41.3
Improved sexual functioning after treatment			101	26.3
Asked by treating physician about their sexual problems			181	47
Actively report their sexual complaints			38	9.9

6.4 Associated factors of sexual dysfunction

After conducting multivariable logistic regression six variables were found to have P value < 0.05, age (P = 0.046), sex (P = 0.001), occupation (P = 0.01), living arrangement (P = 0.03), marital disharmony/relational problem (P = 0.02), and comorbid medical condition (P = 0.04). These findings suggest that age, sex, occupation, living arrangement, marital disharmony/relational problem and comorbid medical conditions have significant association with sexual dysfunction in participants with depressive disorders who reported sexual problems.

In examining the independent variables associated with sexual dysfunction, for participants in 31 to 40 age group (aOR = 0.39; 95% CI: 0.15, 0.98) the odds of sexual disorder are 0.39 times the odds for participants in the reference group (18 to 30). The odds ratio was higher for male participants (aOR = 3.91; 95% CI: 1.71, 8.94)

compared to the reference sex (female), suggesting a 3.91 times likelihood of experiencing sexual dysfunction. Individuals with private work demonstrated lesser odds (aOR = 0.23; 95% CI: 0.07, 0.68), indicating lower likelihood of sexual dysfunction compared to the reference group (unemployed). Additionally, participants who lives with Family/relatives, in comparison to participants who lives alone (reference group), exhibited decreased odds ratio (aOR = 0.22; 95% CI: 0.06, 0.85), suggesting a 0.22 times less likelihood of experiencing sexual dysfunction. Participants who has marital disharmony/relational problem have a higher odds ratio (aOR = 3.49; 95% CI: 1.28, 9.54), this finding suggests that those participants are 3.49 times likely experience sexual dysfunction than those lacking such issues. Regarding comorbid medical condition (aOR = 3.22; 95% CI: 1.08, 9.60), the odds of experiencing sexual dysfunction for individuals with comorbid medical condition are 3.22 times the odds for those without comorbid medical condition. (Please see table 4)

Table-4: Multivariable analysis

Independent variable		Sexual dysfunction	
		Adjusted OR (95% CI)	P
Age groups	18 - 30	1	
	31 - 40	0.39(0.15,0.98)	0.046
	41 - 50	0.43(0.13,1.41)	0.16
	51 - 60	3.74(0.41,33.89)	0.24
	Above 60	0.75(0.06,8.87)	0.82
Sex	Female	1	
	Male	3.91(1.71,8.94)	0.001
Level of formal education	No formal education	1	
	College and beyond	1.24(0.24,6.53)	0.80
	Elementary	1.51(0.24,9.50)	0.66

	High school	0.92(0.19,4.50)	0.92
Occupation	Unemployed	1	
	Employed	0.48(0.15,1.54)	0.22
	Housewife	0.78(0.16,3.82)	0.76
	Private work	0.23(0.07,0.68)	0.01
Marital status	Married	1	
	Single	3.02(0.94,9.71)	0.06
Religion	Muslim	1	
	Orthodox	0.72(0.27,1.89)	0.50
	Other	0.26(0.06,1.14)	0.07
	Protestant	0.72(0.24,2.19)	0.56
Living arrangement	Lives Alone	1	
	Lives with Family/relatives	0.22(0.06,0.85)	0.03
	Lives with spouse	1.36(0.26,7.14)	0.72
Types of depressive disorder	MDD	1	
	PDD	1.10(0.22,5.59)	0.91
Taking medication	Yes	1	
	No	4.65(0.57,38.09)	0.15
Marital disharmony/relational problem		3.49(1.28,9.54)	0.02
Work related, financial, or social distress		1.11(0.42,2.95)	0.83
History of sexual trauma		6.66(0.79,56.08)	0.08
Psychiatric comorbidity		1.03(0.29,3.62)	0.96
Comorbid medical condition		3.22(1.08,9.60)	0.04

7 Discussion

When it comes to depressive illnesses, sexual disorder is a complicated and multidimensional problem that has a big influence on people's general well-being. This study explores how common sexual disorder is in patients who suffer from depressive illnesses and contributing factors to it in three hospitals in Addis Ababa. By doing so, it advances our understanding of the interaction that exists between sociodemographic and clinical characteristics, depressive disorders and sexual dysfunctions. The total percent of SD was discovered as 84.4%, with variations between male (88.7%) and female (81.4%) participants. The most common component of sexual dysfunction encompassed pleasure, desire dysfunction, arousal dysfunction, and orgasmic dysfunction.

From the participants 27.8% reported experiencing sexual problems before the onset of depressive disorders, while 30.9% experienced sexual problems before initiation of medication and 26.3% reported improvement in the sexual functioning after treatment. From socio-demographic factors and clinical characteristics, age, sex, occupation, living arrangement, marital disharmony/relational problem and comorbid medical condition have significant association with sexual dysfunction.

The overall percentage of sexual dysfunction (84.4%) and the higher percent of sexual dysfunction in male participants aligns with other researches and also highlights the importance of considering cultural and contextual factors that may influence these outcomes. This outcome can be due to cultural norm in Ethiopia which prohibits women from discussing about sex and sharing their sexual experience. It also agrees with the findings of Maru et al. (2019), highlighting a complex understanding that goes beyond simple generalizations (Maru et al., 2019).

The observed percentage of sexual dysfunction in individuals with depressive illnesses is consistent with other research done by Kennedy and his colleagues indicating a significant association of depression and sexual dysfunction. Depression itself can lead to alterations in neurotransmitter systems, hormonal imbalances, and negative effects on self-esteem, all of which contribute to sexual dysfunction (Kennedy & Rizvi, 2009). Fully understanding the connection between depressive disorders and sexual dysfunction adds a layer of complexity to our findings and the observed consistency with other studies reinforces strong link in depression and sexual dysfunction.

A substantial number of participants stated having sexual difficulties prior to the onset of depressive disorders or before the initiation of medication, indicating that sexual dysfunction may be both a precursor and a consequence of depressive disorders. This emphasizes the reciprocal association in depressive illness and sexual dysfunction and the finding aligns with a research done in Australia (Atlantis & Sullivan, 2012).

The relatively low percentage of participants actively reporting their sexual complaints to treating physicians raises important questions about communication barriers within the clinical setting. Stigma, discomfort, or lack of awareness may contribute to underreporting, emphasizing the need for healthcare providers to initiate open and non-judgmental discussions about sexual health. Integration of routine sexual health assessments into psychiatric evaluations and educational initiatives for both healthcare providers and patients may help address this under recognition of sexual issues. This finding aligns with research done in 2003 (Bonierbale et al., 2003)

In both male and female participants in our study, sexual dysfunction was found to be significantly linked with a number of sociodemographic and clinical characteristics, including age, sex, occupation, living situation, marital disharmony/relationship issues, and comorbid medical conditions. This is consistent with existing literature suggesting that psychosocial factors can contribute to sexual dysfunction (McCabe et al., 2016). Stress that comes with marital problems and physical and psychological effects of comorbid medical conditions may negatively impact sexual function (Atlantis & Sullivan, 2012; Masiran et al., 2014).

This findings clarifies the elevated incidence of sexual problems in individuals with depressive disorders. The results also highlight how crucial it is to take sexual health into account in the comprehensive management of depressive disorders.

8 limitations of the study

The main limitation is the cross-sectional design, which makes it impossible to demonstrate causative links between the independent factors and the outcomes that were found. Although the CSFQ-14 screening tool is useful for detecting sexual dysfunction, it does not provide information about how long or persistent these dysfunctions are, which limits depth of our understanding. Individuals could be influenced to answer in a way that is considered socially acceptable, which could result in an underreporting or alteration of actual experiences.

9 Conclusion and recommendation

The study examines sexual dysfunction among individuals with depressive disorders. Overall prevalence of sexual dysfunction underscores the significant impact of depressive disorders on individual's sexual well-being. The observed variations between male and female participants, with higher prevalence among males, accentuate the need for approaches that consider gender specific factors. The prevalence aligns with existing research, emphasizing the importance of acknowledging cultural and contextual influences.

This study emphasizes the reciprocal association in sexual dysfunction and depressive illnesses, highlighting the multidimensional nature of the issue. Furthermore the research's identification of significant factors associated with sexual dysfunction, including socio-demographic variables and clinical characteristics, informs tailored interventions and the relatively low percentage of participants reporting sexual complaints emphasizes the need for healthcare providers to actively inquire about sexual health.

In conclusion, our findings elucidate the complex relationship between sociodemographic factors, depressive disorders, and sexual dysfunctions. Thus, it is crucial to incorporate an evaluation of sexual function and open and non-judgmental discussions about sexual health in the evaluation of patients with depressive conditions. It is also recommended to address associated factors in the management of patients with depressive illnesses.

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Annex

1 Participant's Information Sheet

This information sheet is prepared to explain the research project you are asked to join. It explains the aim of the study, your role in the study, benefits and risks of being involved in this study, compensations and confidentiality of the information you give us.

Purpose: The purpose of this study is to determine the prevalence and associated factors of sexual dysfunction among patients with depressive disorders receiving outpatient care in hospitals in Addis Ababa, Ethiopia

Procedure: After you receive regular evaluation and care, one of our data collectors will give you a brief introduction and ask you the questions in the study with your permission.

Risks: There is no risk that you will face by participating in this research and there will be no consequence up on refusal to take part in the study regarding your management in the hospital. You have all the right to withhold information, refuse or drop out of the study any time you want to do so without any need to explain to anyone.

Benefits: This study will contribute to identify the current prevalence of sexual dysfunction in patients with depressive disorders and factors contributing to it. The study will help patients with sexual problems be diagnosed early and treated.

Incentives: There is no incentive or payment for taking part in this research.

Confidentiality: The information collected in this research project will be kept confidential. Your personal identifiers and personal information will not be disclosed to a third party other than the research team.

Persons to contact: This research project is reviewed and approved by the ethical committee of Addis Ababa University, School of Medicine, Department of Psychiatry. If you want to have more information you can contact the committee through the address below. For any questions, you can contact the members of the research team.

Ethics committee office: +251115 538734

Advisors:

- Dr. Engida Girma

➢ Dr. Nardos Seifu

Investigator: Dr Azeb Solomon: +251913908316

Amharic version

የጥናት ተሳታፊዎች መረጃ ቅፅ

ይህ ቅፅ እንዲሳተፉ የተጠየቁበት ጥናት ምንነት ለመግለጽ የተዘጋጀ ነው ። ቅጹ የጥናቱን ዓላማ፤ በጥናቱ ውስጥ የእርስዎን ድርሻ፤ በጥናቱ የመሳተፍ ጥቅምና ጉዳትን፤ የሚሰጡን መረጃ ምስጢራዊነትን እና የሚያገኙአቸውን ካሳዎች የሚገልጽ ነው።

የጥናቱ ዓላማ፡- የዚህ ምርምር ዓላማ የግንኙነት ችግር ስርጭት እና ተያያዥ ምክንያቶች ለድብርት ህመም በሚታከሙ ሰዎች ላይ ምን እንደሆኑ ማጥናት ነው::

የጥናቱ ሂደት፡- ምርመራና ሕክምና ካገኙ በኋላ ከመረጃ ሰብሳቢዎቻችን አንዱ ፍቃደኝነትዎን ጠይቆ አንዳንድ ጥያቄዎችን ያቀርብሎታል።

የጥናቱ ጉዳት፡- በቃለመጠይቁ መሳተፍ የሚያስከትልቦ ጉዳት የለም። በዚህ ጥናት ለመሳተፍ ፈቃደኛ ባለመሆንዎም የሚደርስብዎት ችግር የለም። በጥናቱ ለመሳተፍ ካልፈለጉ በማንኛውም ሰአት ምክንያት መስጠት ሳይጠበቅብዎት በነጻነት ተሳትፎውን ማቋረጥ ይችላሉ።

የጥናቱ ጥቅም፡- ጥናቱ ችግር ያጋጠማቸው ታካሚዎች በግዜ ታውቆላቸው እንዲታከሙ ይረዳል።

ማካካሻ፡- በጥናቱ ላይ በመሳተፍዎ የሚያገኙት ማካካሻ ወይም ክፍያ የለም።

የመረጃ ምስጢራዊነት፡- የሚሰጡት መረጃ በምስጢር ይጠበቃል። የእርስዎ ማንነት እና የግል መርጃዎ ከጥናት ቡድኑ ውጪ ለማንም እንዳይተላለፍ ይደረጋል።

ተጨማሪ መረጃ፡- ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የህክምና ትምህርት ቤት የአእምሮ ህክምና ትምህርት ክፍል የስነምግባር ኮሚቴ ታይቶ የጸደቀ ነው። ተጨማሪ መረጃ ከፈለጉ ኮሚቴውን፣ የጥናቱ አማካሪዎችን እንዲሁም አጥኚውን በሚከተሉት አድራሻዎች ማግኘት ይችላሉ።

የስነምግባር ኮሚቴ፡ +251 115 538734

የጥናቱ አማካሪዎች፡ ዶ/ር እንግዳ ግርማ

፡ ዶ/ር ናርዶስ ሰይፍ

አጥኚ፡ ዶ/ር አዜብ ሰለሞን +251 913908316

2 Informed consent

Prevalence and Associated Factors of Sexual Dysfunction among Patients with Depressive Disorders Receiving Outpatient Care in Hospitals in, Addis Ababa, Ethiopia

Dear participant Mr. / Miss/ Mrs. , This study is going to be researching the prevalence and associated factors of sexual dysfunction in patients with depressive disorders receiving outpatient care and it will be conducted by me, Dr. Azeb Solomon. I am doing my final year residency at Tikur Anbessa Specialized Hospital, department of psychiatry. The study is being conducted for the thesis on the subject and purpose previously specified. I would really appreciate your participation and I am asking you to complete a survey. The participation is completely voluntary and you are participating in this study only because you want to participate. If you choose to participate, please show your agreement and complete the survey according to the directions provided.

Tick here if consent gained ……..

Date ……..

Thank you for your time and participation in the matter. Dr. Azeb Solomon

Amharic Version

የተሳታፊዎች ፈቃደኝነት መግለጫ ቅፅ

የተከበሩ ተሳታፊ አቶ/ወ/ሮ/ወ/ሪት……, ይህ ጥናት የሚያጠናው የግንኙነት ችግር ስርጭትን እና ተያያዥ ምክንያቶችን ለድብርት ህመም በሚታከሙ ሰዎች ላይ ነው ።። ይህ ጥናት በእኔ በዶ/ር አዜብ ሰለሞን ይካሄዳል። በጥቁር አንበሳ የመጨረሻ አመት የአዕምሮ ህክምና ተማሪ ነኝ። ይህ ጥናት የሚካሄደው ከላይ በተጠቀሰው ርዕስ እና ዓላማ ላይ ነው። ስለተሳትፎዎት እያመሰገንኩ ይህንን የዳሰሳ ጥናት እንዲያጠናቅቁ በትህትና እጠይቃለሁ። ተሳትፎዎት ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ይሆናል። ለመሳተፍ ከመረጡ እባክዎን ስምምነትዎን ያሳዩ እና በቀረቡት መመሪያዎች መሰረት ጥናቱን ይሙሉ።

ስምምነት ከተገኘ እዚህ ምልክት ያድርጉ..... .....

ቀን…… .. ስለጊዜዎ እና ተሳትፎዎ እናመሰግናለን ።።

3 Sociodemographic Data extraction sheet

Are you sexually active?	☐Yes ☐No
Card number:	☐New ☐Follow up
Date of presentation to the clinic:	
Age ☐18 - 30 ☐30 - 40 ☐50 – 60 ☐Above 60	
Sex: ☐Male ☐Female	
Formal education: ☐Yes ☐No	
If yes ☐Elementary ☐High school ☐College and beyond	
Occupation: ☐Employed ☐Unemployed ☐Housewife ☐ Private work ☐Other	
Marital status: ☐Single ☐Married ☐Widowed ☐Divorced/ Separated	
Religion ☐Muslim ☐Catholic ☐ Orthodox Protestant ☐Other	

Living arrangement ☐Lives Alone ☐Lives with spouse ☐ Lives with Family/relatives ☐ Other

Amharic version

ፆታዊ ግኙኝነት ያደርጋሉ?	☐አዎ ☐አይ
የካርድ ቁጥር፡	☐አዲስ ☐ ተመላላሽ
ክሊኒኩ የቀረበበት ቀን፡-	
ዕድሜ ☐18 - 30 ☐30 - 40 ☐50 – 60 ☐ከ60 በላይ	
ፆታ፡ ☐ወንድ ☐ሴት	
መደበኛ ትምህርት; ☐አዎ ☐አይ	
መልስዎት አዎ ከሆነ, ☐አንደኛ ደረጃ ☐ሁለተኛ ደረጃ ትምህርት ቤት ☐ኮሌጅ እና ከዚያ በላይ	
ስራ፡ ☐ ተቀጣሪ ☐ስራ የሌለው ☐የቤት እመቤት ☐ የግል ስራ ☐ሌላ	
የጋብቻ ሁኔታ: ☐ያላገባ/ች ☐ያገባ/ች ☐ባል/ሚስት የሞተባት/ችበት ☐የተፋታ/ች	
ሃይማኖት ☐ሙስሊም ☐ካቶሊክ ☐አርቶዶክስ ☐ፕሮቴስታንት ☐ሌላ	
የኑሮ ሁኔታ ☐ብቻ ☐ከትዳር ጓደኛ ጋር ☐ ከቤተሰብ/ዘመድ ጋር ☐ ሌላ	

4 Clinical information extraction sheet

Psychiatric diagnosis (types of depressive disorder):
Do you have marital disharmony/relational problem: ☐Yes ☐ No
Do you have work related, financial, or social distress: ☐Yes ☐No
Do you have history of sexual trauma: ☐Yes ☐No
Psychiatric comorbidity (psychotic disorders, bipolar disorder, anxiety disorder, personality disorder, Substance Use Disorder (specify) . . . etc):
Known chronic medical condition (CVDs, Diabetes Mellitus, Other endocrine conditions, Neurologic conditions, Respiratory conditions, GI conditions, Cancer, HIV, Chronic Pain Conditions, urological conditions, gynecological conditions, Kidney Conditions, Liver . . . etc):
Are you taking medication: ☐Yes ☐No
If yes to question number 7, specify (including dose, if it is a psychopharmacologic agent):
Did you have interest/desire, arousal, orgasm or sexual pain problem before the initiation of medication? ☐Yes ☐No
Did you have interest/desire, arousal, orgasm or sexual pain problem before the onset of the depressive disorder? ☐Yes ☐No
Did your treating physician asked you about sexual problems? ☐Yes ☐No
Did you actively report sexual complaints? ☐Yes ☐No
Did you get a solution for the reported sexual problems? ☐Yes ☐No
If yes to question number 13, what was the solution proposed?

Amharic version

የአእምሮ/ የድባቴ ህመም አይነት፡-
በትዳር ውስጥ አለመግባባት/ተደጋጋሚ ጠብ አለብዎ ☐አዎ ☐ የለም
ከስራ፣ ከገንዘብ ወይም ከማህበራዊ ችግር ጋር የተያያዘ ጭንቀት አለብዎ? ☐አዎ ☐ የለም
ፃታዊ ጥቃት ደርሶቦት ያውቃል፡ ☐አዎ ☐ የለም
ተጓዳኝ የአእምሮ ህመም ካለ ይግለፁ
የታወቀ ቋሚ አካላዊ ህመም ካለ ይግለፁ
መድኃኒት እየወሰዱ ነው: ☐አዎ ☐ የለም
ለጥያቄ ቁጥር 7 አዎ ከሆነ፣ አይነቱን ይግለጹ (የአእምሮ ህመም መድኃኒት ከሆነ መጠኑን ይግለፁ)
መድሃኒት ከመጀመሮት በፊት የግንኙነት ፍላጎት/መሻት ማጣት ወይም መቀነስ፣ በግንኙነት ሂደት የደስታ ስሜት ማጣት ወይም መቀነስ፣ ግንኙነትዎ ርካታ የሌለው መሆንወይም በግንኙነት ወቅት ከፍተኛ ህመም መሰማት ነበርዎ? ☐አዎ ☐ የለም
የድብርት ህመም ከመጀመሩ በፊት የግንኙነት ፍላጎት/መሻት ማጣት ወይም መቀነስ፣ በግንኙነት ሂደት የደስታ ስሜት ማጣት ወይም መቀነስ፣ ፣ ግንኙነትዎ ርካታ የሌለው መሆን፣ ወይም በግንኙነት ወቅት ከፍተኛ ህመም መሰማት ነበርዎ? ☐አዎ ☐ የለም
የሚያክምዎት ሐኪም ስለ ግንኙነት ችግሮች ጠይቆዎታል? ☐አዎ ☐ የለም
የግንኙነት ችግርዎን ሐኪምዎ ሳይጠይቆ በራስዎ ተናግረው ያውቃሉ? ☐አዎ ☐ የለም
ለተናገሩት የግንኙነት ችግር መፍትሄ አግኝተዋል? ☐አዎ ☐ የለም
ለጥያቄ ቁጥር 13 አዎ ከሆነ፣ መፍትሔው ምን ነበር?

5 Changes in Sexual Functioning Questionnaire

NOTE. This is a questionnaire about sexual activity and sexual function. By sexual activity, we mean sexual Intercourse, masturbation, sexual fantasies and other activity.

CHANGES IN SEXUAL FUNCTIONING QUESTIONNAIRE (CSFQ-M-C)

1, Compared with the most enjoyable it has ever been, how enjoyable or pleasurable is your sexual life right now? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure 3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 2, How frequently do you engage in sexual activity (sexual intercourse, masturbation, etc.,) now? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day **3**. How often do you desire to engage in sexual activity? 1-Never	6. How much pleasure or enjoyment do you get from thinking about and fantasizing about sex? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure 3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 7. How often do you have an erection related or unrelated to sexual activity ? 1-Never 2-Rarely (once a month or less 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 8. Do you get an erection easily? 1-Never	11. How often do you have an ejaculation? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 12. Are you able to ejaculate when you want to? 1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often (much more than half the time) 5-Always 13. How much pleasure or enjoyment do you get from your orgasms? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure

2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 4. How frequently do you engage in sexual thoughts (thinking about sex, sexual fantasies) now? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 5. Do you enjoy books, movies, music or artwork with sexual content? 1-Never 2-rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day	2-Rarely (much less than half the time) 3-Sometimeg (about half the time) 4-Often (much more than half the time) 5-Always 9. Are you able to maintain an erection? 1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often (much more than half the time) 5-Always 10. How often do you experience painful, prolonged erections? 5-Never 4-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 2-Often (more than twice a week) 1-Every day	3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 14. How often do you have painful orgasm? 5-Never 4-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 2-Often (more than twice a week) 1-Every day

CHANGES IN SEXUAL FUNCTIONING QUESTIONNAIRE (CSFQ-F-C)

1. Compared with the most enjoyable it has ever been, how enjoyable or pleasurable is your sexual life right now? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure 3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 2, How frequently do you engage in sexual activity (sexual intercourse, masturbation, etc.,) now? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 3. How often do you desire to engage in sexual activity? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 4. How frequently do you engage in	6. How much pleasure or enjoyment do you get from thinking about and fantasizing about sex? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure 3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 7. How often do you become sexually aroused? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 8. Are you easily aroused? 1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often(much more than half the time) 5-Always 9. Do you have adequate vaginal lubrication during sexual activity?	11. How often do you experience an orgasm? 1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often (much more than half the time) 5-Always 12. Are you able to have an orgasm when you want to? 1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often (much more than half the time) 5-Always 13. How much pleasure or enjoyment do you get from your orgasms? 1-No enjoyment or pleasure 2-Little enjoyment or pleasure 3-Some enjoyment or pleasure 4-Much enjoyment or pleasure 5-Great enjoyment or pleasure 14. How often do you have painful

sexual thoughts (thinking about sex, sexual fantasies) now? 1-Never 2-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day 5. Do you enjoy books, movies, music or artwork with sexual content? 1-Never 2-rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 4-Often (more than twice a week) 5-Every day	1-Never 2-Rarely (much less than half the time) 3-Sometimes (about half the time) 4-Often (much more than half the time) 5-Always 10. How often do you become aroused and then lose interest? 5-Never 4-Rarely (much less than half the time) 3-Sometimes (about half the time) 2-Often (much more than half the time) 1-Always	orgasm? 5-Never 4-Rarely (once a month or less) 3-Sometimes (more than once a month, up to twice a week) 2-Often (more than twice a week) 1-Every day

Amharic version

CSFQ 14 ለወንድ

1, እስካሁን ኖሮት ከሚያውቅ በጣም የሚያስደስት ግንኙነት ጋር ሲነጻጸር፣ አሁን ያሎት የግንኙነት ህይወት ምን ያህል አስደሳች ነው? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3 - የተወሰነ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 2, አሁን ምን ያህል ጊዜ ግንኙነት (ግንኙነት፣ ማስተርቤሽን፣ ወዘተ) ያደርጋሉ? 1- በጭራሽ 2 አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 3. ግንኙነት ለማድረግ ምን ያህል ጊዜ ይፈልጋሉ? 1- በጭራሽ 2 አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 4. አሁን ምን ያህል በተደጋጋሚ ወደ ግንኙነት	6. ስለ ግንኙነት በማሰብ እና በማለም ምን ያህል እርካታ ወይም ደስታ ያገኛሉ? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3 - አንዳንድ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 7. ከግንኙነት ሂደት ጋር የተገናኘ ወይም ያልተገናኘ የብልት መቆም ምን ያህል ጊዜ አሎት? 1- በጭራሽ 2 - አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 8. በቀላሉ ብልቶት ይቆማል? 1- በጭራሽ 2 - አልፎ-አልፎ (ከግማሽ ጊዜ ያነሰ) 3 - አንዳንድ ጊዜ (ግማሽ ሰዓት ያህል) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 9.የብልት መቆምን ማቆየት ይችላሉ?	11. ምን ያህል ጊዜ የወንድ የዘር ፈሳሽ ያፈሳሉ? 1- በጭራሽ 2 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 12. በሚፈልጉበት ጊዜ የዘር ፈሳሽ ማፍሰስ ይችላሉ? 1- በጭራሽ 2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 13. በግንኙነትዎ እርካታ ሲኖር ምን ያህል ደስታ ያገኛሉ? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3- የተወሰነ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 14. በግንኙነትዎ እርካታ ሲኖር ምን ያህል ጊዜ ህመም መሰማት አሎት?

ሀሳቦች (ስለ ግንኙነት ማሰብ, የግንኙነት ቅዠቶች) ውስጥ ይገባሉ? 1- በጭራሽ 2 - አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 5. የግንኙነት ይዘት ባላቸው መጻሕፍት፣ ፊልሞች፣ ሙዚቃ ወይም የጥበብ ሥራ ይዝናናሉ? 1- በጭራሽ 2 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ	1- በጭራሽ 2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 10. በየስንት ጊዜ የሚያም ፣ ለረዥም ጊዜ የሚቆይ የብልት መቆም ያጋጥሞታል? 5- በጭራሽ 4 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 2 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 1 - በየቀኑ	5- በጭራሽ 4 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 2 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 1 - በየቀኑ

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1, እስካሁን ኖሮት ከሚያውቅ በጣም የሚያስደስት ግንኙነት ጋር ሲነጻጸር፣ አሁን ያሎት የግንኙነት ህይወት ምን ያህል አስደሳች ነው? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3 - የተወሰነ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 2, አሁን ምን ያህል ጊዜ ግንኙነት (ግንኙነት፣ ማስተርቤሽን፣ ወዘተ) ያደርጋሉ? 1- በጭራሽ 2 አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 3. ግንኙነት ለማድረግ ምን ያህል ጊዜ ይፈልጋሉ? 1- በጭራሽ 2 አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 4. አሁን ምን ያህል በተደጋጋሚ ወደ ግንኙነት ሀሳቦች (ስለ ግንኙነት ማሰብ, የግንኙነት ቅዠቶች) ውስጥ ይገባሉ?	6. ስለ ግንኙነት በማሰብ እና በማለም ምን ያህል እርካታ ወይም ደስታ ያገኛሉ? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3 - አንዳንድ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 7. የግንኙነት ስሜቶት የሚቀሰቀሰው በምን ያህል ጊዜ ነው? 1- በጭራሽ 2 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 8. በቀላሉ ለግንኙነት ይነሳሳሉ? 1- በጭራሽ 2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 9.በግንኙነት ሂደት ወቅት በቂ የሆነ የሴት ብልት ፈሳሽ አሎት? 1- በጭራሽ	11. ምን ያህል ጊዜ ግንኙነትዎ እርካታ ያለው ይሆናል? 1- በጭራሽ 2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 12.በግንኙነትዎ እርካታ ሲፈልጉ ይኖርዎታል? 1- በጭራሽ 2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 13. በግንኙነትዎ እርካታ ሲኖር ምን ያህል ደስታ ያገኛሉ? 1 - ደስታ ወይም እርካታ የለም 2 - ትንሽ ደስታ ወይም እርካታ 3- የተወሰነ ደስታ ወይም እርካታ 4 - ብዙ ደስታ ወይም እርካታ 5 - ታላቅ ደስታ ወይም እርካታ 14. በግንኙነትዎ እርካታ ሲኖር ምን ያህል ጊዜ ህመም መሰማት አሎት? 5- በጭራሽ 4 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ)

1- በጭራሽ 2 - አልፎ-አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ 5. የግንኙነት ይዘት ባላቸው መጻሕፍት፣ ፊልሞች፣ ሙዚቃ ወይም የጥበብ ሥራ ይዝናናሉ? 1- በጭራሽ 2 - አልፎ አልፎ (በወር አንድ ጊዜ ወይም ከዚያ ያነሰ) 3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 4 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 5 - በየቀኑ	2 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 4- ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 5-ሁልጊዜ 10. ምን ያህል ጊዜ ለግንኙነት ከተነሳሱ በኃላ ፍላጎት ያጣሉ? 5- በጭራሽ 4 - አልፎ አልፎ (ከግማሽ ጊዜ ያነሰ) 3- አንዳንድ ጊዜ (ግማሽ ሰዓቱን) 2 - ብዙ ጊዜ (ከግማሽ ጊዜ በላይ) 1- ሁልጊዜ	3- አንዳንድ ጊዜ (በወር ከአንድ ጊዜ በላይ በሳምንት እስከ ሁለት ጊዜ) 2 - ብዙ ጊዜ (በሳምንት ከሁለት ጊዜ በላይ) 1 - በየቀኑ