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The indiscriminate use of sex enhancing products among Ghanaians: Prevalence, and potential risk

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ABSTRACT

Unregistered sex enhancing drugs have flooded most cities in Ghana and are highly patronized by the populace.This study aims atestablishing the use of these drugs in a socially and commercially active community in Kumasi, Ghana.Questionnaireson the subject were administered to 224 individuals and data obtained analyzed using SPSS 17.Results revealed that73 (61 %) males and 48 (46 %) females were using these drugs; 72 (59.5 %) being above 36 years. Premature ejaculation in males (53 %) and decreased libido in females (47 %) were the main reasons for their use. Sixty three (86%) malesand 44 (91%) femalesclaimed effectiveness. Forty one (56 %) males and 33 (69 %) females reported headache after use. All participants who were diabetic 16 (7.1 %) and hypertensive diabetic 9 (4 %), and 83.3 % of those who are hypertensive 12 (5.4 %)were users.Prior to their use of sex enhancing drugs 50 (41 %) were in a psychological state of fear of sexual failure during intercourse and 30 (25 %) have negative feeling for their partners. The drugs enhance sex and improve the quality of sex life for most users but the side effect of headache may be an indication that it raises blood pressure. This could lead to cardiovascular disorders, cerebrovascular accidents, stroke and sudden deaths.Confidence during sexual intercourse, enjoyment of sex, closeness to partner(s), and happiness after sex improves tremendously but safety with the use of these drugs is a public health concern.

Key words: Hypertension, Yohimbine, Nitric Oxide, Premature ejaculation, Libido.

INTRODUCTION

'Sex enhancing drugs killing Ghanaians' was the caption of a September 2008 news paper article on concerns raised by the Food and Drugs Board (FDB)of Ghana about the availability and indiscriminate use of aphrodisiacs on the Ghanaian market purported to have been manufactured

in the USA and China. Various brands of sex enhancing drugs (with sources unknown), the majority of which are unregistered with the FDB are being peddled in market places, lorry stations and car parks, supermarkets, night clubs, and on the streets in busy communities in Ghana.The FDB believes that the many cardiac –arrest problems killing Ghanaians might be due to the abuse of these substances [1].

Loss of interest in sex or problems withsexual arousal makes most individuals experience and express discomfort in their change in sexual behavior. Such concerns or changes may arise from an illness or disability, medication or surgical procedure, changes accompanying the aging process [2], relationship difficulties [3], performance anxiety [4] or a combination of any of these factors. There are three basic types of sexual dysfunction; disorders of desire - takes the form of inadequate sexual desire (libido) in both sexes [5];disorders of excitement (or arousal) - involve insufficient vaginal lubrication (wetness) in women [6] and in men, impotence; disorders of orgasm, includes difficulty achieving orgasm in both men and women but more common among women [7].Both male and female libido sexual responsiveness requires the brain and the genitals to be supplied with adequate levels of testosterone [8]Androgens, such as testosterone, are a major component of libido.

The effects of age serve as an excellent illustration of the complex interplay between physical and physiological determinants of human sexuality. Vascular diseases can impair human sexual response [9]. Hypertension does not directly affect erection; however, many forms of antihypertensive medication cause impotence in many patients by impairing the neurovascular reflexes [10]. Local thrombotic disease, such as thrombotic obstruction of the aortic birfurcation, interferes with the blood supply of the penis and cause impotence [11]. It is believed that diabetes causes impotence due to neuropathology of the genitals [8].

Inspite of safety concerns raised by the FDB and the ministry of Health on the use of unlicensed sex enhancing products, patronage is on the ascendancy and if the needed checks are not applied the public health consequence would be disastrous.This study therefore sought to find the extent of patronage, the class and age groups of users, and side effects with the use of these drugs among others and establish the link between sex enhancing drugs and quality of sex life.

MATERIALS AND METHODS

Study type and design

This wasa cross-sectional survey involving persons 16 years and above who were sexually active. The study was conducted in a very densely populated community of size approximately 7 km radius in the Kumasi Metropolis of the Ashanti Region of Ghanawhere both day and night life was very active, which had shopping malls, cinema houses, night clubs, restaurants, drinking bars etc

Participants were selectedbased on their willingness to partake in the survey. Response to questionnaires was voluntary.Individuals participating were not asked for any personally identifiable information, and the researcher did not possess the technical capability to trace answered questionnaires to particular participants. Participants were not rewarded for their participation.

Data Collection tools
A structured questionnaire was designed that included both close and open ended questions on the subject. The purpose of the study was explained to the individual and made clear that it was optional and/or voluntary and participants were assured of anonymity and confidentiality of information provided. Envelops were provided to respondents to return the completed questionnaires

Ethical Consideration
Ethical clearance was obtained from the College of Health Science ethical committee before the commencement of the study

Data analysis
Both qualitative and quantitative data analysis was used in this work.Quantitative analysis tools involved tallying, ranking and percentages. Questionnaire responses were entered into the Statistical Package for Social Scientists (SPSS version 17). Graphs were drawn with SigmaPlot version 11.

RESULTS

A total of 224 individuals were sampled, 120 (53.6 %) were males and 104 (46.4 %) were females. Of these54 (24.1 %) were aged between 16-25 years; and 11(4.9 %) were over 55 years old. The modal age was 25-35 years (Figure 1). 157 (70.1 %) of the population were married while the remaining were in some form of relationship.Although majority (75.3 %) of participants claimed that sex was a necessary part of their life,individuals aged over 46 years attached moreimportanceto sex.The study revealed that 73 (61 %) males and 48 (46 %)females were using sex enhancing drugs. The majority (59.5%, n=72) of them were aged above 36 years. The least patronized were those aged 16-25 years (10.7 % of all users)(Figure 2). However, 30 (13.5 %) participants, mostly females, claimed they had no idea what sex enhancing drugs were.

Comparing educational levels among users, 48 (40 %) had had secondary education, 44 (36 %) tertiary education, 23 (19 %) primary with only 6 (5 %) illiterates. While Sixty three (52 %) individuals sought for information on thetype, proposed efficacy and source from friends,28 (23 %) had media information, with only one individualseeking advice from a health professional (Figure 3).

Among the males, the main reason for use was to remedy a situation of premature ejaculation (53 %) (Figure 4) while in females decreased libido (47 %) was the main reason (Figure 5). On the effectiveness of Sex enhancing drugs, 63 (86%) males and 44 (91%) of female users claimed it was very helpful, however headache was the main side effect (among others) reported by 41 (56 %) males and 33 (69 %) females (Figure 6). All participants who were diabetic [16 (7.1 %)], or were hypertensive diabetic [9 (4 %)], and 83.3 % of hypertensives [12 (5.4 %)] used sex enhancing drugs (Figure 7). Prior to the introduction and use of Sex enhancing drugs 50 (41 %) were in a psychological state of fear of sexual failure during intercourse and another 30 (25 %) had negative feeling for their partners (Figure 8).The quality of sex life (confidence during sex, enjoyment of sex, being sexually close to partner, happiness after sex) of users improved tremendously (Figure 9).

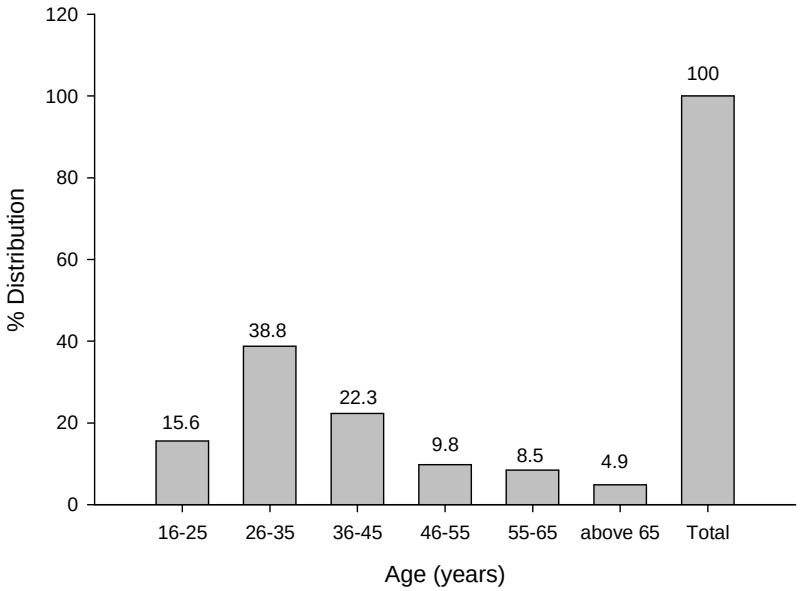

Figure 1: Age ranges of participants sampled. N=224

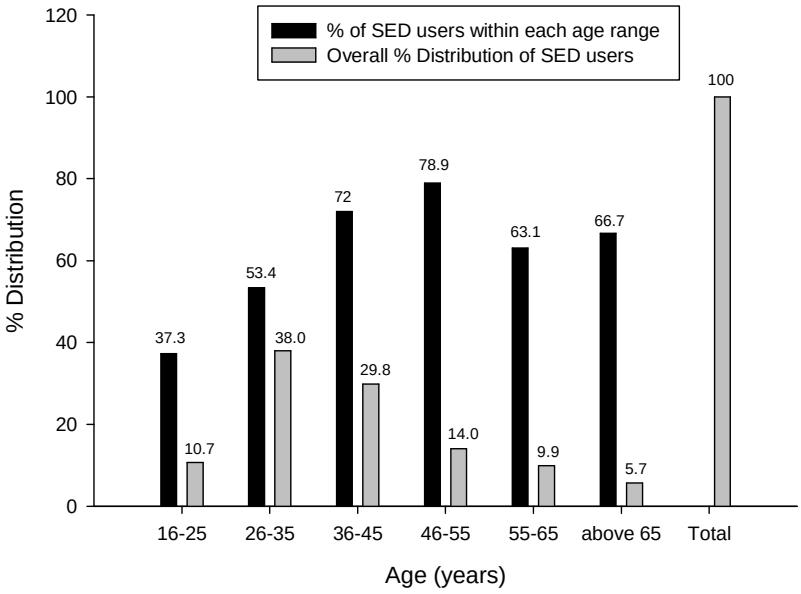

Figure 2: The number of sex enhancing drug users and the percentage distribution within and between age groups. N=121

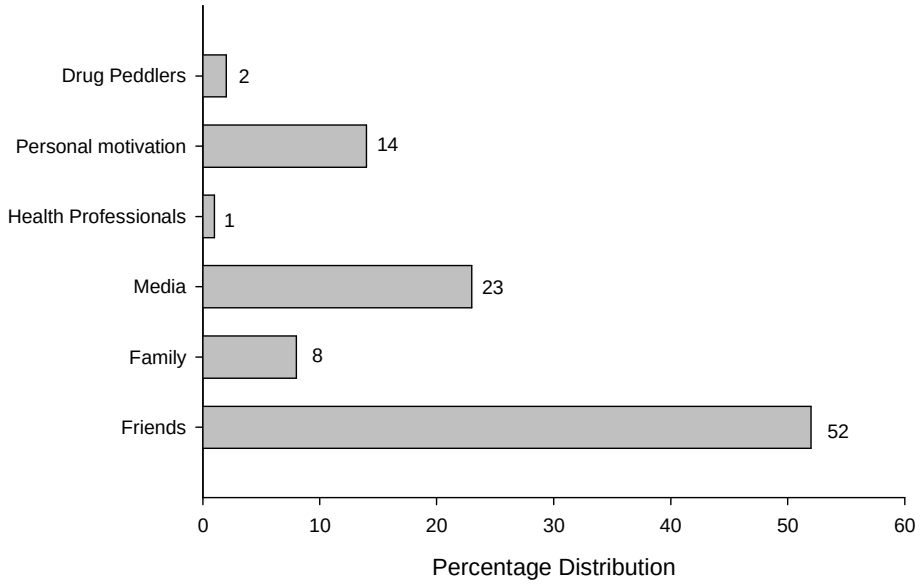

Figure 3: Sources of information on acquisition and use of sex enhancing drugs. N=121

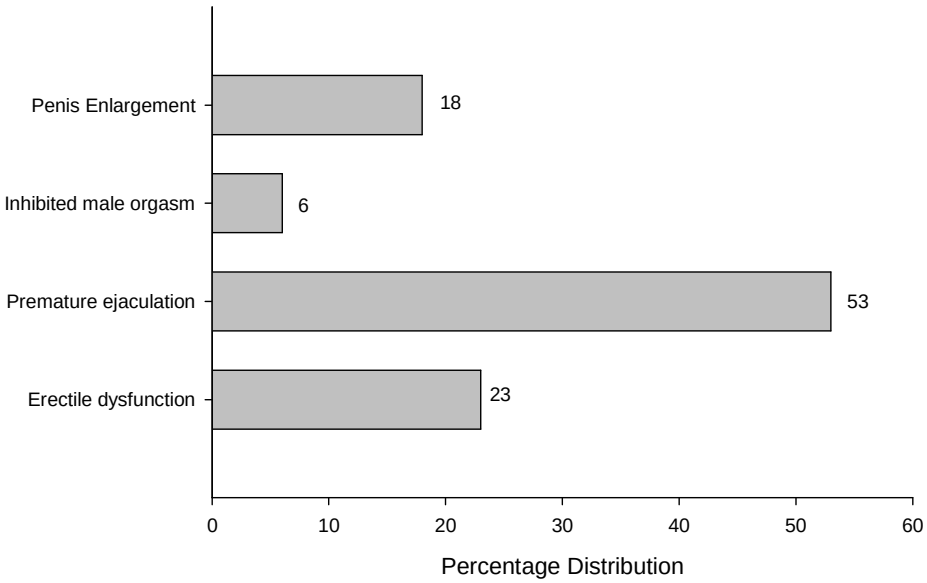

Figure 4: Reasons given by the males for using sex enhancing drugs N =73

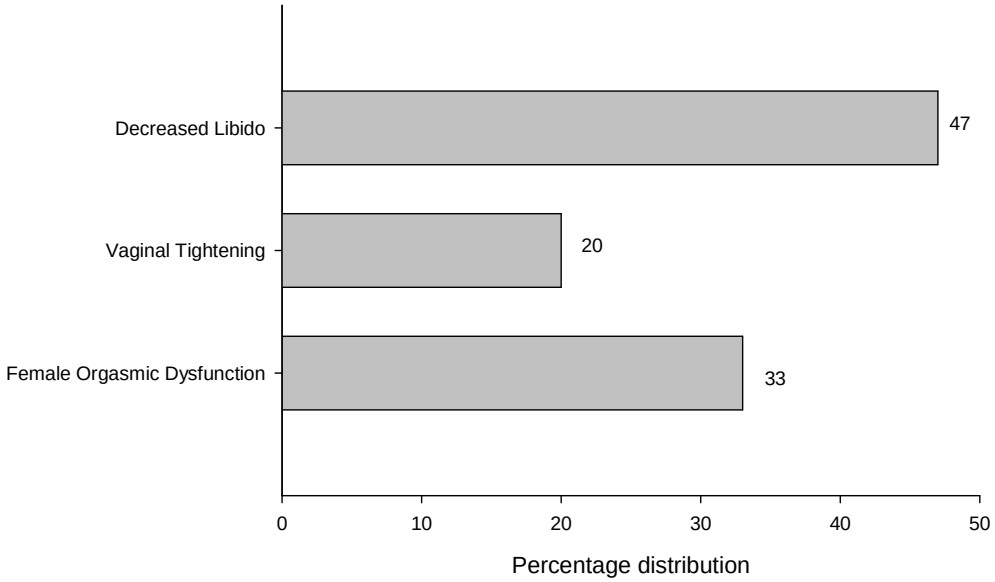

Figure 5: Reasons given by the females for using sex enhancing drugs N=48

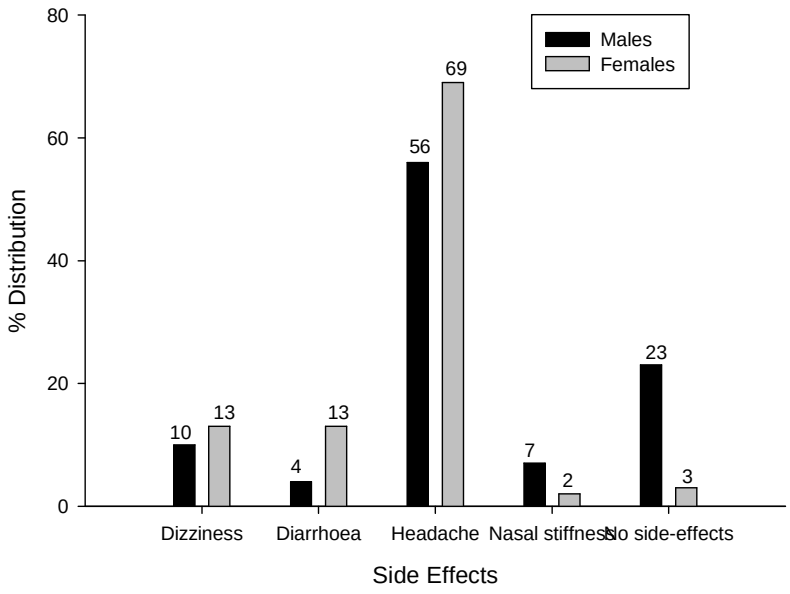

Figure 6: Side effects of sex enhancing drug in both men and women. N=121

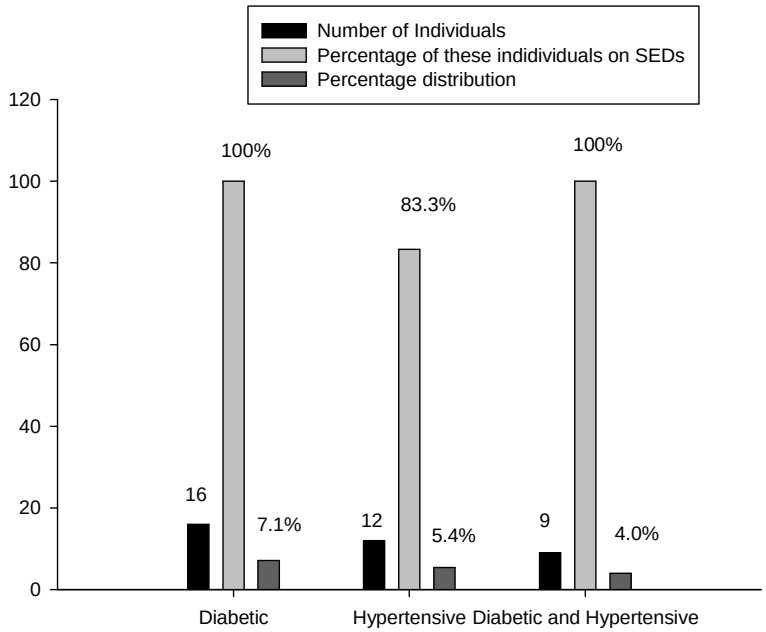

Figure 7: Use of sex enhancing drug by participants who had hypertension or diabetes. N=37

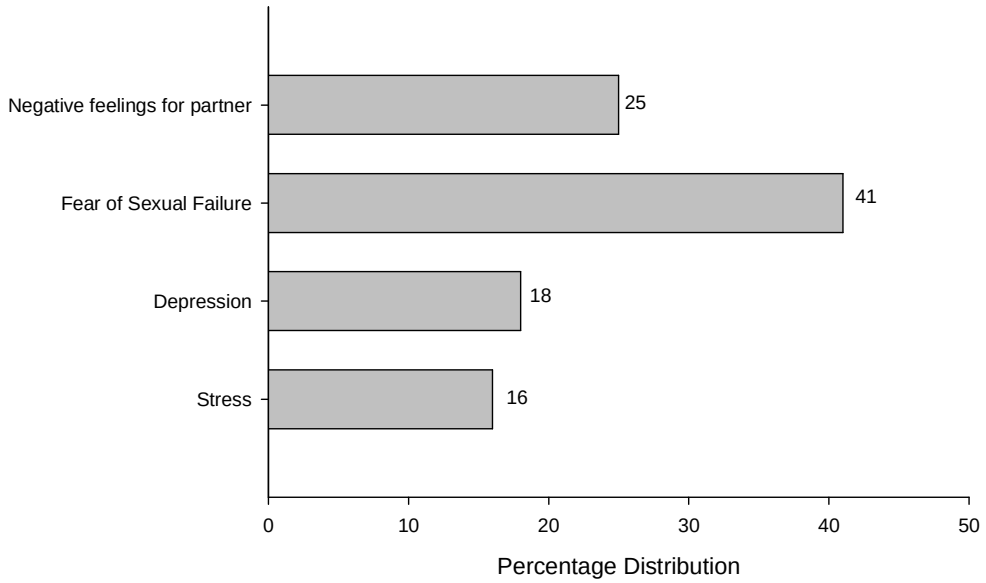

Figure 8: The psychological state of the individuals prior to the use of sex enhancing drugs. N=121

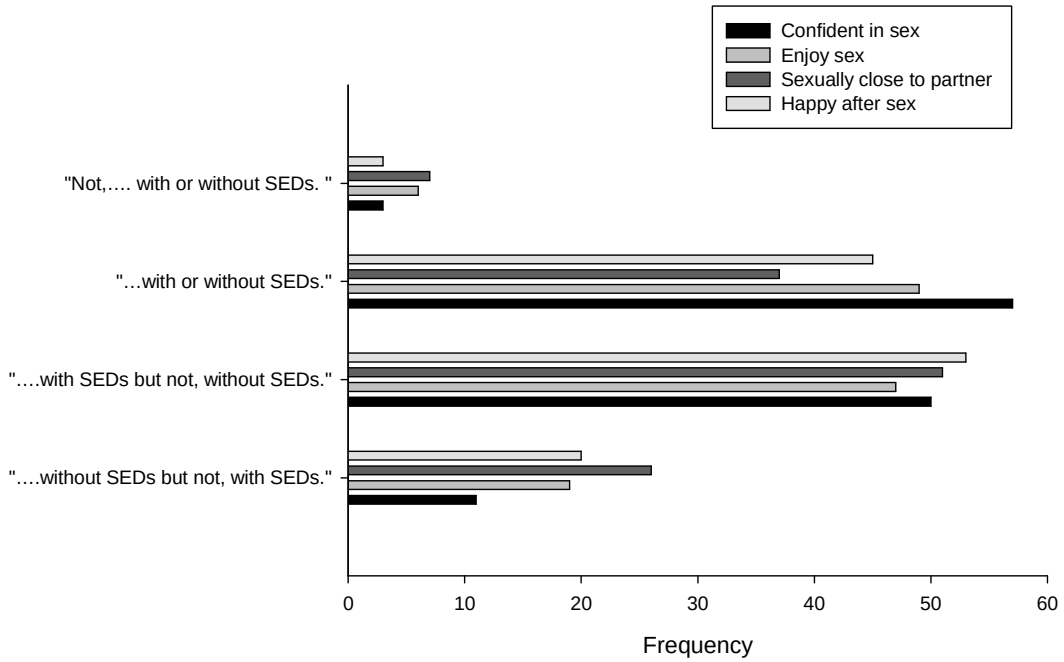

Figure 9: The effect of using Sex enhancing drugs on the quality of sex life. N=121

DISCUSSION

Sexual dysfunction; the persistent impairment of a couple's normal or usual pattern of sexual interest and/or response is an inevitable consequence of aging [12]. Sexual activity decreases with advancing age and the use of sex enhancing drugs is more prevalent in the middle and late life than the younger generation [13]. This could be attributed to many factors such as stress and increasing pressure of responsibilities among others [14].

The use of sex enhancing drugs is common among men than women [15]. Epidemiological studies revealed that 10 % of men over 35 years reported erectile dysfunction and 25 % of men over 35years reported occasional erectile dysfunction. After the age of 70 years, this percentage climbs to 75 % [16]. Age related changes in sexual response are complicated by social and medical conditions. Some of the medical conditions impacting sexual function include cardiovascular disease (e.g. hypertension, angina pectoris), diabetes mellitus, arthritis, stroke, prostate surgery, mastectomy, medications, psychosocial, depression and dementia and most of these conditions occur as the individual ages.

It is a general clinical knowledge that conditions such as hypertension and diabetes affect sexual function and many risk factors associated with heart disease are also associated with increased risk for erectile dysfunction [17,18]. A recent review of the vascular mechanisms underlying erectile dysfunction concluded that erectile dysfunction and cardiovascular disease may have some shared pathways based on animal and human models [17,19, 20]. High cholesterol has also been associated with increased risk for erectile dysfunction [21]. These diseases affect ones sexual performance by altering the mechanism needed for the phases of the various sexual responses either as a complication of the disease itself or medications used to treat the disease

condition. This shows that if participants who have these diseases are using sex enhancing drug they may be posed with some complications of the disease or adverse effect of the drug.

The components of most sex enhancing drugs include ginkobiloba, arginine, ginseng, and yohimbine. Ginkobilobadilates blood vessels and improves circulation to the penis, vagina and clitoris howeversome people experience bleeding disorders[22]. Arginine increases pelvic circulation and boosts libido by enhancing the release of nitric oxide necessary for normal erection but could cause hypotension in individuals on nitrates [22, 23].Ginseng is thought to increase levels of testosterone but could cause hypertension[22].Yohimbinestimulates release of norepinephrine from adrenals and this improves libido in women and erectile dysfunction in men[22, 24]. The caution is that it could cause hypertension. Headache (being the side effect most recorded) could be as a result of nitric oxide effect. There can be dilatation of blood vessels in the brain resulting in pain.

The supposed sexual dysfunction that is prevalent among men users of sex enhancing drugs is premature ejaculation. This is a common problem among men and could be an issue for resorting to sex enhancing drugs. Impotence can be due to physical causes (from high blood sugar, hardening of the arteries, high blood pressure, medication use), or due to psychological causes such as lack of confidence, insecurity, memories of poor performance in the past.

Loss of libido i.e. lack of interest in starting a sexual interaction [12, 25] compels most of the females to go in for sex enhancing drugs. Vascular and nerve damage can reduce blood supply to the vagina, mucosa and clitoris. This results in vaginal dryness (low or no lubrication) and reduced sensitivity and sexual arousal.

Sex is known to be both psychological and physical and therefore both states of an individual are necessary for a successful sexual activity. Fear of sexual failure as perceived by some individuals may lead to sexual failure which may stimulate sexual dysfunction and make an individual resort to drugs which may not be necessary at all. Most individuals who consume sex enhancing drug go for them because they think they have failed in their sexual activity. These individuals may need counseling rather than sex enhancing drugs.

There was no attempt to evaluate the sexual dysfunction co-morbidity of participants. Although the survey instrument involved questions about the health of participants it couldn't be established whether these were due to the use of sex enhancing products or respondents had it before resorting to the drugs. The side effect experienced by users was not made extensive but were adopted based on common side effects with other sex enhancing drugs. Effects of these drugs may be long term which was not captured by the study.

CONCLUSION

In as much as these products improve the quality of sex life in both the young and the elderly, and in individuals with some physiological and psychological disorders that affect sexual activity; care must be taken on the indiscriminate use of these products. These products should be scrutinized for information on the mechanism of their sex enhancement so as to predict their adverse effects. Individuals with these various sexual disorders should contact qualified healthcare professionals for advice on the use of sex enhancing drugs. If the drug is found to be

very useful and potentially safe, the product should be registered with the Food and Drugs Boards of Ghana.

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