Sexual and Reproductive Health in Nigerian Men

WELLSPRINGS HOSPITAL HEALTH EDUCATION | September 25, 2016

Health Talk

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INTRODUCTION

Male reproductive health (RH) has crept under the radar for decades because it is easily overshadowed by reproductive health in women who bear the greater brunt of poor health outcomes in our environment, but it is increasingly becoming as essential topic in medical care. For men in Nigeria, the story is as appalling as that of the women. RH in men is a crucial feature of our healthy development and the state of our general health. An additional importance is the fact that the man is pivotal in the structure of our society (the bread winner). Men’s RH has been on the decline for ages and the attributed factors are all around us; nutritional, socioeconomic (Change!), lifestyle and environmental.

The concept of RH brings together health issues that are peculiar to us, which spans our life cycle. It is often a reflection of a healthy childhood, very important in adolescence (with a high rate of risky sexual behavior) and which in turn determines health in later life. At each stage of life, individual reproductive health needs may differ, but when there are poor outcomes, the effects extend to future wellbeing. While there are various ramifications to RH in men, we will focus on the ones related directly to the reproductive system. These are Malignancies of the reproductive tract (Prostate & Testis), Male Sexual dysfunction (Erectile dysfunction), Fertility & Reproductive tract infection and Family planning. Sadly our health care system is unprepared to deliver on the special needs of men. So we should encourage ourselves to seek appropriate awareness, imbibe in avenues for prevention, then early diagnosis and treatment.

MALE REPRODUCTIVE SYSTEM

Most of the male reproductive system is located outside of the body. These external structures include the penis, scrotum, and testicles. Sperm are the male reproductive cells. Sperm is ejaculated through the end of the penis. The penis is the male organ used in sexual intercourse. It has three parts: the root, which attaches to the wall of the abdomen; the body, or shaft; and the glans, which is the
cone-shaped part at the end of the penis. Most men have two testes. The testes are responsible for making testosterone, the primary male sex hormone, and for generating sperm. The scrotum is a bag of skin that hangs behind and below the penis. It contains the testes. The scrotum acts as a "climate control system" for the testes. For normal sperm development, the testes must be at a temperature slightly cooler than body temperature (Tight pants, hot baths).

THE WORLD WE LIVE IN!

It is increasingly becoming a dangerous world for the male folks. Studies in dogs illustrate this impending crisis clearly, with a rapidly declining fertility, which has equally been noticed in men. With industrialization, economic development and urbanization, drastic changes have occurred in the lifestyle and surroundings of humans that have resulted in the extensive release of potentially hazardous chemicals into the environment at an alarming rate, and their exposure to both humans and wildlife has become inevitable. These chemicals that have been released into the environment maybe a leading causative factor in the high incidence of various pathologies.

MALE SEXUAL DYSFUNCTION

This means difficulty in engaging in sexual intercourse. It includes reduced drive (libido), inability to achieve and maintain erection (erectile dysfunction), premature or inability to ejaculate, inability to achieve orgasm. The causes often include a combination of physical and psychological factors. Often a vicious cycle sets in when physical disability from chronic medical condition like diabetes and hypertension lead to anxiety, depression and stress, which are potent inhibitors of male sexual response. Also the fear of performance (performance anxiety) can impair sexual response. Erectile dysfunction naturally occupies most of the chapters.

RISK FACTORS FOR ERECTILE DYSFUNCTION

| 1. Advance age.                          |
| 2. Cardiovascular disease.              |
| 3. Cigarette smoking.                   |
| 4. Diabetes Mellitus.                   |
| 5. Pelvic surgery.                      |
| 6. Hormone disorders.                   |
| 7. Raised cholesterol.                  |
| 8. Hypertension.                        |
| 9. Medications - Antidepressants, Antihistamines, Anti-HT. |
| 10. Psychological – Anxiety, Depression, Guilt. |
| 11. Neurological – Alzheimer’s, Parkinson’s, |
Erectile dysfunction (ED) is the most common sexual problem in men. The incidence increases with age and affects up to one third of men throughout their lives. It significantly affects intimate relationships, quality of life, and self-esteem. A detailed history and physical examination are sufficient to make a diagnosis of ED in most cases. It is important to limit the initial investigation to conditions that are more commonly linked to ED. On top of the list are; a blood sugar (Diabetes), Thyroid function test and testosterone levels.

First-line therapy for ED consists of lifestyle changes, modifying drug therapy that may cause ED, and pharmacotherapy with phosphodiesterase type 5 inhibitors (Viagra). Obesity, sedentary lifestyle, and smoking increase the risk of ED. Drugs like Viagra are very effective in ED even when associated with diabetes mellitus, spinal cord injury, and antidepressants.

In more severe cases and when drugs fail, drugs can be injected into the penis (Intraurethral and intracavernosal alprostadil) or a device implanted into the penis (vacuum pump, penile prostheses). In men with hypogonadism, Testosterone supplementation improves ED and libido, but requires strict medical monitoring. The clinical psychologist is also useful, in improving relationships.

BENIGN PROSTATIC HYPERTROPHY, PROSTATIC & TESTICULAR CANCER

Benign prostatic hyperplasia (BPH) is a common condition affecting older men. Symptoms may include symptoms include urinary hesitancy and frequency, weak urinary stream, incontinence, and recurrent urinary tract infections. Acute urinary retention with severe pain can occur which requires urgent bladder catheterization. A rectal examination and urinalysis are necessary. Men with bloody urine should be evaluated for bladder cancer. For men with mild symptoms, waiting with yearly re-evaluation is the standard care. Drugs like Alpha blockers improve symptoms quickly. Although 5-alpha reductase inhibitors (Finesteride – Proscar) have a slower onset of action, they may decrease prostate size and alter the disease course. Finesteride reduces the risk of cancer of the prostate by 25%. Herbal remedies abound such as rye grass pollen extract, and pygeum which can relieve symptoms. Definitive
Treatment is surgical. Transurethral resection of the prostate provides permanent relief. There are newer laser-based surgical techniques. Lifestyle and diet may increase intake of substances that exert oxidative stress and damage to DNA.

The risk for prostate cancer stands on four legs; age (peak incidence 60 - 70 years), Race (Black), Family history (Father or brother and more the number of relatives, the greater the risk) and geography (Asia have reduced rates of prostate cancer. Screening is recommended for men between 50 and 70 years and it is safer to discuss this issue with your doctor. Screening is achieved by a blood test, Prostate Specific antigen (PSA) and rectal examination. Screening should be coordinated by a properly trained health care provider because a good number of people that show positive blood test don’t have the condition. More over three out of four cases of prostate cancer are of the slow-growing kind that is relatively harmless and treatment can cause serious problems, such as impotence (inability to get or keep an erection) and incontinence (loss of urine). The key is to avoid unnecessary treatment.

Treatment depends on the stage. One option is watchful waiting. Your doctor tracks the cancer at regular office visits. This may be a good option for older men and men with slow-growing cancer. Surgery, radiation, and medicines are treatment options. They can cure prostate cancer if it is caught early. However, these treatments can cause serious problems, such as impotence and incontinence.

Testicular cancer is not common, but among men 20 – 35 years, it commonest malignancy. They readily respond to drugs and radiotherapy.

FERTILITY & REPRODUCTIVE TRACT INFECTION

Infertility is the inability of a COUPLE to achieve after a year of unprotected regular intercourse. Subfertility may be a more appropriate term because of the numerous options as of scientific improvements. When a cause is identified, the male has a problem in 50%. Abnormal sperm function is the underlying problem in almost all the cases. Sexual dysfunction is less an issue. Sperm maybe totally absent (Azoo-spermia), low, poor movement or numerous abnormal forms. Infection is leading cause. Can affect the testis and impair sperm production or it can damage the channels that convey sperm to the penis. Social habits like excessive alcohol consumption and smoking have damaging effects on sperm production and its function. In our environment, the male is perceived to be infertile, which can create a huge barrier to seeking treatment. The problem with this is that men are generally more difficult to treat and it often takes up to three months to see appreciable improvements. Paradoxically, it is very straightforward to investigate us using a Seminal
In relation to infections linked to fertility, Gonococcal and Chlamydia infections are prominent examples. While Gonococcal infection presents commonly with a painful micturition (Urethritis) and milky discharge from the penis (pus), Chlamydia infection is notoriously silent in men, with minimal complaints. Promiscuity is an important risk factor, so fidelity is a potent protective factor. Early diagnosis and treatment is essential, which in most cases is syndromic (based on a set of complaints). The partner should also be involved in the treatment.

Mumps orchitis in adulthood can have detrimental effects on sperm production by damaging cells that develop into them. Mumps is a contagious viral disease, spread from human reservoir by direct contact and airborne droplets and often results in painful swelling of the parotid gland around the neck. About 40% show a degree of testicular atrophy. Staphylococcus aureus is implicated in urethritis and ascend to cause orchitis, but it not as notorious as popularly claimed.

FAMILY PLANNING

A couple should have the right to determine the number and spacing of children. They should also have appropriate information regarding the means to achieve their desired family size. Economic downturn has brought this topic back into national discuss. Most of the burden is borne by women because a lot of the contraceptive methods are only applicable to them. In Natural family planning methods like The Billings Method, the man plays a central, because a period of abstinence is necessary for its effectiveness. It is unfortunate that it is not promoted as it should because of its favorable advantages. The Billings Method is very effective when the couple is properly trained and used effectively. There are no side effects and the period of absence encourages better companionship. It can be used for sex selection which is a prominent factor in marital relationships in Nigeria. Men play a very important role is the decision making regarding family planning and the approach to pursue. Male compliance is absolutely essential.

Unfortunately, in most platforms, vasectomy is the main method applicable to men. It is a permanent method which involves a minor surgery and difficult to reverse. It is not popular in our environment. Even the women folks detest it because of the presumed link to impaired performance. Although it is safe, bleeding and infection are short-term complications of vasectomy; long-term complications include sperm granuloma and post-vasectomy pain syndrome.

CONCLUSION

Reproductive health is a thoroughly essential aspect of our livelihood, with impact extending to our spouses and other family members. In our setting it is often too little too late because of delay, which is compounded by the paucity of health care services. Healthcare decisions need to timely and appropriate in other to avoid unnecessary consequences that reduce wellbeing and escalate cost.