Factors influencing the Use of Aphrodisiacs among Men in Ashaiman Municipality in the Greater Accra Region Of Ghana

by

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PRESENTATION OUTLINE

- INTRODUCTION
- PROBLEM STATEMENT
- OBJECTIVES AND SIGNIFICANCE OF STUDY
- METHODOLOGY
- RESULTS
- DISCUSSIONS
- CONCLUSIONS
- RECOMMENDATIONS
- REFERENCES
Sexual function is an essential component of life.

Sexual dysfunction occurs in 10-52% of women and 25-63% of men globally (Porst, 2004).

Approximately 31% of men suffer from a sexual dysfunction in their life time (Ramlachan and Campbell, 2014).

66% of Ghanaian men suffer some form of sexual dysfunction (Amidu et al., 2010).
Aphrodisiacs are excessively and recreationally used (Harte BC, 2011).

Ghanaian men use aphrodisiacs and are not keen on the type once it enhances their sexual function (Atindanbila et al., 2014).

Studies in Ghana
- 61% of male are using these products (Danquah et al., 2011)
- 63.9% consume alcoholic beverages mixed with aphrodisiacs (Tabil, 2015).

Food and Drugs Board (FDB) has indicated persons abusing various brands of aphrodisiacs are at risk of dying from toxic chemicals.
OBJECTIVES OF STUDY

- **Main Objective**
  - To assess factors influencing the use of aphrodisiacs among men in the Ashaiman Municipality.

- **Specific Objectives**
  - To determine the prevalence of aphrodisiac use in the Ashaiman Municipality.
  - To identify perceptions on reasons for use of aphrodisiacs.
  - To identify help-seeking behaviours for sexual problems.
  - To assess knowledge of effects from use of aphrodisiacs.
**METHODOLOGY**

- **Study Site and Population**
  - Ashaiman Municipality
  - Sexually active men ≥ 18 years

- **Study Design**
  - Cross-Sectional Study Design
  - Survey Instruments – Structured questionnaire
  - Pre-testing – New-Town

- **Sampling Procedure**
  - Random selection of Tsinaiagber, Amui Jor and Blakpatsonaa
  - Participants were purposively selected from each sub-municipal.
  - Preferred sample size 351, adjusted to 370
  - Data was analysed using Stata version 14
RESULTS

Socio-Demographic Characteristics

- **Mean age:** 29.3 years (SD ± 7.9) Range (18-70)
- **Marital Status:** 50.9% single, 34.1% married, 11.1% co-habiting, 4% divorced
- **Religion:** 69% Christians, 21.6% Moslems, 9.4% other religions
- **Education:** 14.5% No education, 85.5% at least primary education
- **Employment:** 16% unemployed, 84% employed

![Reported perceptions on reasons for use of aphrodisiacs](image)
RESULTS

Aphrodisiac Use

Yes

Prevalence
52.6% ever used
Out of which 57.8% currently using
Age at first use
18-25, 26-35, 36-44
(69%), (28%), (4%)

No (47.4%)

Type Used
Orthodox (60.5%)
Herbal (39.5%)  

Source of acquisition
Drug Peddlers (52.4%)
Pharmacy (27.6%)
Drinking bars (20%)

Sexual Characteristics

Sexual Problem (Yes; 28.7%, No; 71.3%)
42.6% early ejaculation
31.7% erectile difficulties
25.7% decreased libido

Help sought for problem
56.4% discussed with a friend
32.7% took non-prescribed drug
10.9% informed health personnel

No of Sex Partners
1 – 72%
≥ 2 – 28%
### Results (Factors affecting aphrodisiac use)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N (%)</th>
<th>P-value</th>
<th>OR (95% CI)</th>
<th>P-value</th>
<th>AOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=352</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (Ref)</td>
<td>179 (50.85)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Co-habiting</td>
<td>39 (11.08)</td>
<td>&lt;0.001*</td>
<td>6.8(2.72,17.05)</td>
<td>0.031*</td>
<td>3.4 (1.11,10.59)</td>
</tr>
<tr>
<td>Married</td>
<td>120 (34.09)</td>
<td>0.237</td>
<td>1.3 (0.83, 2.10)</td>
<td>0.025*</td>
<td>2.0 (1.09,3.57)</td>
</tr>
<tr>
<td>Divorced</td>
<td>14 (3.98)</td>
<td>0.064</td>
<td>3.1(0.94,10.23)</td>
<td>0.020*</td>
<td>5.2 (1.29,21.01)</td>
</tr>
<tr>
<td><strong>Educational level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Education (Ref)</td>
<td>52 (14.49)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Primary/JHS</td>
<td>71 (20.17)</td>
<td>0.065</td>
<td>2.0 (0.96,4.21)</td>
<td>0.282</td>
<td>0.6 (0.23,1.52)</td>
</tr>
<tr>
<td>SHS</td>
<td>126 (35.80)</td>
<td>0.982</td>
<td>1.0 (0.52,1.90)</td>
<td>0.069</td>
<td>0.5 (0.21,1.06)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>104 (29.55)</td>
<td>0.498</td>
<td>0.8 (0.41,1.55)</td>
<td>0.013*</td>
<td>0.3 (0.14, 0.79)</td>
</tr>
<tr>
<td><strong>Number of sexual partners</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (Ref)</td>
<td>253 (71.88)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>≥ 2</td>
<td>99 (28.13)</td>
<td>&lt;0.001*</td>
<td>2.4 (1.47,3.90)</td>
<td>0.006*</td>
<td>2.4(1.28,4.34)</td>
</tr>
</tbody>
</table>

* Denotes statistically significant effect at a 95% Confidence Interval
### RESULTS (Factors affecting aphrodisiac use)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N (%)</th>
<th>P-value</th>
<th>OR (95% CI)</th>
<th>P - value</th>
<th>AOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual problem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No (Ref)</td>
<td>251 (71.31)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>101 (28.69)</td>
<td>&lt;0.001*</td>
<td>15.2(7.5,30.64)</td>
<td>&lt;0.001*</td>
<td>14.4(6.58,31.37)</td>
</tr>
<tr>
<td><strong>Chronic health problem</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No (Ref)</td>
<td>290 (82.39)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>62 (17.61)</td>
<td>0.02*</td>
<td>2.0 (1.11, 3.5)</td>
<td>0.364</td>
<td>0.7(0.31,1.53)</td>
</tr>
<tr>
<td><strong>Frequency of adverts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never (Ref)</td>
<td>15 (4.26)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Everyday</td>
<td>242 (68.75)</td>
<td>0.006*</td>
<td>8.5(1.87,38.40)</td>
<td>0.011*</td>
<td>9.3(1.68,51.51)</td>
</tr>
<tr>
<td>Weekly</td>
<td>42 (11.93)</td>
<td>0.009*</td>
<td>8.7(1.73,43.32)</td>
<td>0.024*</td>
<td>8.4(1.32,53.62)</td>
</tr>
<tr>
<td>Occasionally</td>
<td>53 (15.06)</td>
<td>0.059</td>
<td>4.6(0.94,22.52)</td>
<td>0.057</td>
<td>5.8(0.94,36.06)</td>
</tr>
<tr>
<td><strong>Knowledge of side effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (Ref)</td>
<td>79 (22.44)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>273 (77.56)</td>
<td>&lt;0.001*</td>
<td>0.2(0.08,0.29)</td>
<td>&lt;0.001*</td>
<td>0.2(0.07,0.33)</td>
</tr>
</tbody>
</table>

* Denotes statistically significant effect at a 95% Confidence Interval
Majority (69%) first used aphrodisiac between 18 to 25 years.

Prolonged sexual intercourse was the main reported perception for use of aphrodisiac. - An average Ghanaian perceived intravaginal ejaculatory latency of 7 to 25 minutes to be normal (Amidu et al., 2015).

28.7% of the respondents had sexual dysfunction however, 52.6% had ever used aphrodisiacs.

39.5% were consuming various types of herbal aphrodisiacs with alcohol base. - Sexual dysfunction is common in subjects with alcohol dependence (Arackal and Benegal, 2007).
CONCLUSION

- Prevalence of aphrodisiac use – 52.6%

- Prolonged sexual intercourse was the main perception for use.

- Only 11% of persons with sexual problems informed health personnel.

- Education, marital status, number of sexual partner, presence of sexual dysfunction, frequency of hearing adverts and knowledge of side effects were statistically associated with usage.
RECOMMENDATIONS

- Extensive education on sexuality and health implications from abuse of aphrodisiacs by Ministry of Health (MoH) and FDA.
  - Mass media, Lorry parks, Market places, Schools, Churches

- Regulation of advertisements by FDA in collaboration with media.

- Policy by FDA permitting sale of aphrodisiacs by certified health personnel.

- Development of programme by MoH within health system for management of sexual dysfunctions.

- Further Studies.
ACKNOWLEDGEMENTS

- All faculty members (ECOPH) especially my supervisor, Dr. Stephen Manortey
- Ashiaman Municipal Health Directorate
- Field assistants


THANK YOU!