A NARRATIVE REVIEW OF PSYCHOSOCIAL EFFECTS OF ERECTILE DYSFUNCTION AMONG COMMERCIAL DRIVERS

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Abstract

This narrative study reviewed some psychosocial effects of erectile dysfunction (ED) among commercial drivers. Erectile dysfunction as a global public health problem has been explained as not being able to have or sustain an erection such that can bring satisfactory sexual intercourse. Erectile dysfunction is a prevalent circumstance with renowned psychosocial effects, yet its impact on occupational groups with distinctive stressors is underexplored. The author recommends among many other things that commercial drivers should be health educated not to be depressed or stigmatized, this should be carried out to the various driver associations, commercial drivers should be sensitized on the ways to receiving proper treatment. This sensitization will allow members to be armed with information that will drastically reduce the incidence of ED thereby reducing the psychosocial effects that follow it. Health educators should further their enlightenment campaign through mass media, community sensitization in various motor parks on the need for lifestyle changes, balanced diets among others.

Keywords: Psychosocial effect, Erectile dysfunction, commercial drivers, NURTW, RTEAN, NARTO)

Introduction

Erectile dysfunction (ED) is referred to as the inability to achieve or maintain a firm enough erection for satisfactory sexual performance. Idung *et al* (2012) in Muhammed *et al*. (2023) described erectile dysfunction (ED) as the persistent inability to attain or maintain an erection adequate for satisfactory sexual intercourse for over three months. Ariba *et al* (2007) in Oyelade, *et al* (2016) opined that erectile dysfunction (ED) is currently one of the most common sexual dysfunctions worldwide but it is usually underestimated because it is perceived as not a life threatening condition. West and Washington (2023) claimed that some signs of ED include ability to get an erectile only sometimes, despite a desire to have sex; Inability to get an erection at any time and ability to get an erection, but being unable to sustain it throughout sex. Idung *et al* (2012) in Muhammed *et al*. (2023) described erectile dysfunction (ED) as the persistent inability to attain and/or maintain an erection adequate for satisfactory sexual intercourse for over three months. The reason for this is that sometimes ED may be as a result of positive or negative feeling or happenings which play a major role in getting and maintaining erection.

Dewitte *et al* (2021) postulated that there are several reviewed papers and clinical guidelines available on ED (Salonia, *et al* (2020); American Urological Association, AUA,2021); Shamloul and Ghanem (2013); burnett *et al* (2018). However, majority of these papers approach the assessment and treatment of ED from a purely medical perspective and pay only little attention to describing the psychosocial aspects of ED. Dewitte *et al* (2021). Although erectile dysfunction (ED) involves an interaction between physiological and psychological pathways, the psychosocial aspects of ED have received considerably less attention so far.(Dewitte *et al*, 2021) Some of the psychosocial effects include emotional distress, relationship issues, loss of confidence, social withdrawal and workplace impact. Emotional

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distress can include feelings of anxiety, depression, low self-esteem, stigmatization and performance anxiety all these can further exacerbate the erectile dysfunction condition. Adesola *et al* (2019) asserted that long-distance driving, often long hours and stressful conditions, can contribute to both physical and psychological stressors that may exacerbate ED (Amoadu *et al*, 2024). Sometimes it may not be long distance as such, as it is in the case of inter-towns taxis and bus' drivers; it may be the long hours spent within those short distances covered. These psychosocial effects can lead to feeling of inadequacy, anxiety and depression, potentially affecting their relationships with partners and impacting their job performance.(Amoadu *et al*, 2024),

In a qualitative study carried out by Chambers et al (2017) opined that men with ED consistently reported lost masculinity and this was linked to depression, embarrassment, decreased self-worth and fear of being stigmatized. Globally, an estimate 5% of adults suffers from depression. Approximately 280 million people in the world suffer from depression ((Institute of Health Metric and Evaluation, IHME, 2023) Depression can significantly impact ED. West and Washington (2023) advanced that research has shown a connection between the two conditions. If a person has depression, he has a risk of developing erectile dysfunction (ED). Depression can lead to decreased libido, erectile dysfunction and decreased sexual satisfaction. (IHME, 2023). Olaitan (2023) asserted that depression affects neurotransmitter like serotonin, dopamine and norepinephrine which regulate sexual function. The author further opined that depression also increases inflammation and cardiovascular risk, potentially impairing blood flow to the penis and that can lead to lower energy, motivation, and increased negative thoughts and low self-confidence, which can contribute to performance anxiety and ultimately cause erectile dysfunction. Low self-esteem, self-consciousness about sexual performance and other negative thoughts could contribute to depression in people with ED. West and Washington (2023). It can be deduced from the above assertion that when there is depression, it can lead to negative self-image especially among sufferer's colleagues and body image issues can contribute to erectile dysfunction. Some men discussed that their lack of sexual function caused them to feel less like a man and this was linked to depression and a fear that their wife would leave them.

Depression and Erectile Dysfunction

Nguyen et al (2017) claimed that psychosocial factors such as depression, anxiety and stress also contribute to both the onset and severity of ED. Checking the interplay between depression and erectile dysfunction, one would ask if depression can cause erectile dysfunction? According to West et al (2023) which postulated that 49 studies were reviewed to determine the relationship between depression and erectile dysfunction. It found out that a person with depression was 39% more likely to have ED than a person without depression. Furthermore, West et al (2023) previously mentioning 2018 review that people with ED are 192% more likely to have depression. This means that the link between depression and ED likely goes both ways. For example, a person with depression may have ED for the reason mentioned above. Similarly, a person with ED may also be more likely to experience depression, in essence, depression and ED are intertwined.

Cognitive Behavioural Theory

Cognitive Behaviour Theory (CBT) can be a valuable tool for addressing the psychological aspects of this relationship by helping individuals manage anxiety, challenge negative thoughts and improve their overall sexual wellbeing and sexual confidence. CBT also help to develop confidence and overcome fears such as performance anxiety and fears of failure in order to manage anxiety and improve sexual function. It helps individual identify and challenge negative thought patterns and beliefs that contribute to ED, such as performance

anxiety and fear of failure. CBT also aims to improve coping mechanisms, reduce stress and enhance sexual confidence.

How CBT helps with ED.

Focus on the process: CBT encourages individual to focus on the experience of sex rather than the outcome, reducing performance anxiety. Another benefit of this CBT is that, it frames negative thoughts: CBT helps individuals challenge and replace negative thought with more positive and realistic ones.

Improve communication: CBT can help individuals improve communication with their partners, which can be beneficial for sexual intimacy and satisfaction.

Cognitive behavioural therapy (CBT) is perhaps one of the most useful forms of therapy for addressing ED, especially related to performance anxiety, low self-esteem

In order to get out of depressive stage, some have resolved to take anti-depressant drugs. Some of these medications have side effects like certain anti-depressant and blood pressure drugs may contribute to ED. Addressing depression through treatment, such as therapy or medication, may help alleviate ED symptoms (Olaitan, 2024). A harmful cycle often develops:

Erectile Dysfunction →Embarrassment or shame → avoidance of intimacy →relationship problems →worsen depression/stigmatization.

Performance anxiety: can significantly impact sexual function manifesting itself as fear or worry about sexual performance. This anxiety can lead to further worries creating a cycle where worries about performance hinder sexual intercourse. This anxiety can manifest physically, emotionally or psychologically, affecting a person's ability to enjoy or engage in sexual activity. Rowland (2019) postulated that common symptoms of performance anxiety are erectile dysfunction, premature ejaculation, loss of libido, difficulty reaching orgasm. Open communications, seeking professional help, practicing self-relaxation among other are the suggested ways to overcome this performance anxiety.

Fear of failure: - fear of failure is indeed a psychological factor that can significantly impact an individual behaviour, motivation and overall well-being.

Stigmatization

Stigmatization refers to the social perception of individuals with certain diseases as being unworthy of social investment due to factors such as their behaviour or noncompliance with medical treatment. (Stenius, 2007). The concept of Stigmatization, initially introduced by Goffman (2009) characterized it as a social mark that brings about contempt and discrimination. Stigmatization refers to the negative perception or discrimination someone faces due to a condition, identity or behaviour. Stigmatization refers to an act of discriminating or marginalizing patients diagnosed with ED When a person feels stigmatized- whether due to sexual performance, mental health issues, body image or cultural expectation -it can cause: Stigmatization is simply the treatment of someone or something unfairly by socially disapproving of them. It involves applying negative labels or stereotypes on people. People are being stigmatized based on psychosocial characteristics like Emotional distress, Relationship issues, Loss of confidence, Social withdrawn, Workplace impact, socio-economic status, culture, gender, race or health conditions. While some have decided due to the associated stigmatization and embarrassment to keep mute about the sexual problem, the stigmatization seems to be like one of the foremost problem which is affecting the help seeking behavior of men especially men who are actually battling with ED problem. To further buttress this point, Oyelade et al (2016) concluded that the associated stigma makes men who have ED to suffer in silence. From the above assertions, it can be well ascertained that awareness of help seeking behavior which precedes treatment seeking behaviour and the

ability of the attending patients to discuss with physician about their sexual health remains quite poor in our environment.

The low level of patronage in seeking for help from confirmed and authentic health facilities was due to assumed stigmatization and fear that men with this predicament are having in seeking help from authentic and proven was simply because not the associated stigma. Abu et al (2019) in a study carried out in Abuja concluded that only about a quarter 26.5% of the 378 subjects recruited for the study had their sexual challenges discussed with the doctor. More so, if in a place apparently advanced like Abuja could have a score that is this distressing, one would wonder what it will be like in the rural or remote areas! Societal expectations regarding cultural beliefs and traditional gender roles about masculinity contribute to the creation and prolongation of stigma. The impact of stigmatization extends, beyond the individual, affecting relationships and community. Stigmatization can manifest in various forms ranging from societal misconceptions and stereotypes to personal feelings of shame and inadequacy, male-related stigmatization encompasses societal attitudes, cultural beliefs and even personal perceptions that contribute to a sense of isolation and shame among affected individuals.

According to World Health Organization, (WHO, 2014) health comprises of six components: including physical, mental, social, emotional, spiritual and environmental. Individual experiencing ED confronts unique psycho-social challenges, wherein their ability to navigate societal stigma and cope with stressors directly imparts their psychosocial status. The impact of stigmatization is not confined to external societal pressures; patients facing erectile dysfunction may internalize these negative perceptions, leading to heightened level of stress, anxiety and depression. One may ask if stigmatization can contribute to erectile dysfunction. The answer is Yes, male stigmatization can be a consequence of erectile dysfunction (ED). The societal expectation of male virility and sexual performance can lead to feelings of inadequacy, shame, and a diminished sense of masculinity in men with ED. This can result in avoidance of treatment, relationship problems, and negative impacts on mental health. The stigma associated with ED can make men reluctant to seek help, leading to delayed diagnosis and treatment, which can further aggravate the problems. Some men took notice that once their colleagues are aware of their problem, any day there is a disagreement or a fight ensues, the like hood of this predicament may be used to hunt and hurt them is high. Furthermore, Neudakh (2024) postulated that many men choose to conceal or remain silent about their struggles with ED, are primarily due to the social stigma that surrounds this issue. The stigmatization seems to be like one of the foremost problem which is affecting the help seeking behavior of men especially the commercial drivers.

Conclusion of the study

Some psychosocial effects have been discussed, looking at the way(s) each one of effects affects the commercial drivers. A very strong relation has been found in between depression and erectile dysfunction as an intertwined phenomenon. Likewise the fear of stigmatization has made many men especially the commercial drivers not to surmount courage in seeking for appropriate help. It can still be deduced that the level of awareness for these respondents is still not adequate enough so as not to allow any of the psychosocial effects to be the weighing down matter.

Recommendations for the study

It is optimistic that there will be solutions in the aforementioned problems, if the following recommendations can be critically looked into:-

1. The commercial drivers should be health educated to allow depression as a result of ED, since it has solution.
2. The commercial drivers should be health educated not to give room to be stigmatized.

3. The commercial drivers should be health educated to embrace positive healthful lifestyle like balanced diets, rest, desisting from smoking and alcoholism.

2. There is need for public health education and enlightenment for the various Associations (NURTW, RTEAN, NARTO) which is to be conducted by public health educators.

3. Governments (Federal, State and local) and advocacy groups should address the problems of depression and stigmatization associated with erectile dysfunction through various mass media, community campaigns, and motor parks meetings.

4. Health educators should intensify health education campaign emphasizing lifestyle changes which may also reduce these effects. These changes include: courage to speak out to a health professional, stopping smoking, eating a nutritious diet, exercising regularly, maintaining a moderate weight, giving appropriate medication by the appropriate health personnel.

5. Encouraging open communication and practicing self-relaxation are ways to overcome psychosocial effects especially performance anxiety.

5. Consultation to a healthcare professional for personalized guidance.

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