DEVELOPMENT AND VALIDATION OF AN ARABIC MALE GENITAL SCALE ACROSS SECTIONAL STUDY OF EGYPTIAN MEN

Thesis

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Abstract

Aim of work: to develop and validate an Arabic male genital self image scale and study the influnce on male sexual function in a section of egyptian men.

Material and Methods: anon probability sample of 225 Egyptian men attending the outpatient clinic at Kasr El Aini University Hospitals School of Medicine, Cairo University.

Tools: male genial self image scale was translated and validated for Arabic language.

Results:

The test has good reliability as the pearson product-moment coefficient(r) was 0.922, no significant differences were found between the two visits in the total ArIMG, the range of Cronbach`s alpha value of the ArIMGI was0.882, indicating that ArIMGI has good internal consistency reliability.

Ninety five % of participants of Pilot study reported that the ArIMGI was clearly understood and assessed their sexual function,a significant positive correlation was found between the international index of erectile function total score and the ArIMGI total score, R=0.595, And a Significant posetive correlation was found between ArIMGI and only the erectile function domain of the IIEF.

Conclusion: The male genital self image scale is a reliable and valid measure and future research should examine its psychometric properties in diverse samples to better understand its possible uses as well as the relationship between genital self-image and sexual function.

Key Words: Male sexual function, Male sexual dysfunction, Male genital self image scale, International index of erectile function (IIEF).

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List of Abbreviations

MGSIS	Male Genital Self Image Scale.
FGSIS	Female Genital Image Scale.
WHO	World Health Organization.
DSM-IV	Diagnosis and Statical Manual of Mental disorders-Fourth Edition
AFUD	American Foundation of Urologic Disease
PE	Premature Ejaculation
IELT	Intravaginal Ejaculatory Latency Time
ED	Erectile Dysfunction
SSRIs	Selective Serotnin Reuptake Inhibitors
AUA	American Urological Association
TCAs	Tricyclic Anti Depressants
ESSTIs	Ejaculoselective Serotonin Transport Inhibitors
HSDD	Hypoactive Sexual Desire Disorders
DSM-IV-TR	Diagnostic and Statical Manual,Fourth edition, Text Revisio
NHI	National Institutes of Health
BPH	Benign Prostatic Hyperplasia
MAOIs	Monoamine Oxidase Inhibitors
IIEF	International Index of Erectile Function
PSA	Prostatic –Specific Antigen
PDEi5	Phospho diestrase inhibitor Type5
SFS	Sexual Function Scale
SS	Sexuality Scale
CSFQ	Changes in Sexual Functioning Questionnaire
DISF	Derogatis Interveiw for Sexual Functioning
GRISS	Golombok Rust Inventory of Sexual Satisfaction
ASEX	Arizona Sexual Experiences Scale
SDS	Sexual Dysfuction Scale
SSES-E	Sexual Self Efficacy Scale-Erectile Functioning

SHIM	**Sexual Health Inventory for Men**
BESAQ	**The Body Exposure during Sexual Activities questionnaire**
BES	**Body Esteem Scale**
DMAS	**Drive for Muscularity Attitudes Questionnaire**
M-BISC	**Male Body Image Self conssious**
SAI	**Sex Anxiety invetory**
SES	**Sexual Esteem Scale**
GSIS	**Genital Self Image Scale**

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INTRODUCTION

Scientific research has repeatedly demonstrated the nuanced nature of men's sexualities. Men's sexual experiences may be influenced by factors including their age, partner's age, relationship status/dynamics, affection within their relationship ,performance anxiety, hormonal status, partner's sexual function, health status, medication/ drug use, alcohol use, fatigue, mood, and situational factors (e.g., condom availability) **(Reece et al., 2010 and Bancroft et al., 2003).**

Some research suggests that how men feel about their genitals-sometimes called "genital image," "genital self image," or "genital perceptions"-may also be related to men's sexual behavior and experiences **(Winter, 1998 and Morrison et al., 2006).** Penis size, in particular, has been described as relevant to men's self-confidence, body image, and masculinity. While a number of studies have involved objective assessment of men's genital size (e.g., measurements of the length and circumference of flaccid, stretched, and/or erect penises).

Genital self-image beyond size concerns are poorly understood in a larger context of sexualities. An exception is a 15-item measure developed (the Male Genital Image Scale [MGIS]) to assess genital perceptions more comprehensively (e.g., perceptions of the length and circumference of their flaccid and erect penis, the size of their testicles, the way their testicles "hang," the appearance

of the scrotum, the texture and appearance of their pubic hair) **(Winter, 1988).**

MGIS have been associated with flaccid and erect penile circumference (perhaps not surprising given that 4 of the 15 items relate to perceptions of the length and circumference of their flaccid and erect penis) and with men's perceptions of their sexual competence.

While conceptually innovative, scale items were largely adapted from a previous body image scale (rather than through elicitation processes, such as interviewing or surveying men) and there is limited support for the reliability or validity of the scale, which is derived primarily on pilot data from 30 men and three expert judges. A modified version of the MGIS has been subsequently used to identify a relationship with penis size and sexual esteem**.**

A limitation of the MGIS is the large proportion of men who endorse "neutral" responses to the MGIS items, ranging from 12.7% to 46.8% in one study[8]. This may reflect men's actual indifference toward aspects of their genitals or it may reflect participant avoidance of responding to a sensitive topic **(D evellis, 2003)**. Additionally, the scope of the MGIS is limited in that it conceptualizes male genital self-image as a construct primarily defined by appearance, potentially missing other domains (e.g., function) that may influence global genital self-image.

ssssIn spite of evidence that men have concerns about their genitals, and that their concerns are sometimes related to their sexual function and sexual health behaviors, the lack of a widely accepted or utilized scale to measure how men feel about their genitals has limited our understanding of these relationships. In contrast, how women feel about their genitals has, in recent years, received greater attention, and women's scores on the Female Genital Self-Image Scale (FGSIS) have been consistently found to be associated with factors related to women's sexual health and behavior including vibrator use, cunnilingus, scores on the Female Sexual Function Index, pubic hair removal, self-examination, and gynecological exam behavior **(Herbenick, 2011 and De Maria, 2012).**

AIM OF THE WORK

The purpose of this study is to establish a reliable and valid measure of genital self -image, The Male Genital Self Image Scale (MGSIS) ,and to assess the relationship between scores on the (MGSIS) and men`s sexual function in a sample of sexually active Egyptian men.

MALE SEXUALITY

The human sexual response cycle is a four-stage model of physiological responses to sexual stimulation, **(John Archer et al., 2002).** Sex and Gender which, in order of their occurrence, are the excitement phase, plateau phase, orgasmic phase, and resolution phase. The cycle was first proposed by William H. Masters and Virginia E. Johnson in their 1966 book Human Sexual Response. **(John Archer et al., 2002 and Master & Johnson Human, 1981)** Since then, other human sexual response models have been formulated.

-Desire Phase:

This phase consists of fantasies about sexual activity and the desire to have sexual activity. **(Laan et al., 2008).**

-Excitement phase:

The excitement phase (also known as the arousal phase or initial excitement phase) is the first stage of the human sexual response cycle. It occurs as the result of physical or mental erotic stimuli, such as kissing, petting, or viewing erotic images, that leads to sexual arousal. During the excitement stage, the body prepares for sexual intercourse, initially leading to the plateau phase **(Masters & Johnson, 1981).**

There is wide sociocultural variation on the length and type of foreplay and erotica and stimulation methods used; some prefer a

combination of physical and emotional and mental stimuli, others may only want certain stimuli or erotica or devices at certain times or in a certain order, and some may minimize or not use some elements completely. Physical and emotional interaction and stimulation of the erogenous zones through foreplay and initial arousal usually establishes at least some initial arousal. The human sexual response cycle is a four-stage model of physiological responses to sexual stimulation, which, in order of their occurrence, are the excitement phase, plateau phase, orgasmic phase, and resolution phase. The cycle was first proposed by William H. Masters and Virginia E. Johnson in their 1966 book Human Sexual Response. Since then, other human sexual response models have been formulated.

The excitement phase results in an increase in heart rate, breathing rate, and a rise in blood pressure and vasocongestion of the skin, commonly referred to as sex flush, will occur in approximately 50-75% of females and 25% of males. The sex flush tends to occur more often under warmer conditions and may not appear at all under cooler temperatures, during the sex flush, the coloration of the skin starts with the epigastrium (upper abdomen), spreads across the chest, then continues to the neck, face, forehead, back, and sometimes, shoulders and forearms. The sex flush typically disappears soon after orgasm occurs, but this may take up to two hours or so and, sometimes, intense sweating will occur simultaneously. The flush usually diminishes in reverse of the order in which it appeared **(Masters & Johnss, 1981).**