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Comparative Study between Immigrant and Resident on Psychosexual Disorder

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Abstract

Background: *Sexual issues can arise from physiological or psychological factors, or a mix of both. These disorders vary in intensity and duration, affecting up to 54% of women and 35% of men. Despite the prevalence, discussing these problems can be challenging. Such disorders can harm relationships, self-esteem, and lead to anxiety, depression, and stress. Seeking treatment is crucial.*

Aim of the study: *To compare the factors associated with psychosexual disorders among immigrants and residents.*

Methods: *This cross-sectional comparative study was carried out in the Department of Dermatology and Venereology, Shahid Syed Nazrul Islam Medical College, Kishoreganj, during January 2022 to December 2022 on 200 patients with psychosexual disorders.*

Results: *The mean age was 33.61±8.0 years and 32.85±6.83 years in immigrants and residents participants respectively. There was no statistically significant difference between immigrants and residents. The mean monthly income was 35297±33349 Bangladeshi Taka in immigrants and 19569±5919.3 in resident's participants. The majority of immigrants were from Saudi Arabia (29.3%). The use of allopathic medicine between immigrants (17.1%) and residents (8.5%). Among immigrants, 38(92.7%) individuals and in resident 46(78.0%) individual had a positive history of masturbation. Among immigrants and residents, 39(95.1%) and 43(72.9%) individuals reported a positive perception of sin respectively. The difference were statistically significant ($p<0.05$) between two groups.*

Conclusion: *Immigrants exhibit a significantly higher mean monthly income, more likely to utilize allopathic medicine, higher percentage of positive history of masturbation and positive perception of sin with compared to residents.*

Keywords: *Migrants, psychosexual disorder, DSM-5.*

1. INTRODUCTION

Psychosexual disorder refers to disruptions or dysfunctions in psychological aspects of sexuality, impacting sexual thoughts, desires, behaviors, or functioning. [1] It causes distress or impairment in an individual's sexual life, and can stem from various psychological, emotional, or relational factors. Examples include sexual dysfunctions, paraphilic disorders, and gender dysphoria. [1] The incidence of psychosexual disorders in developed countries varies, with estimates ranging from 20% to 60% of the population affected, depending on the specific disorder and population studied.[2]

The incidence of psychosexual disorders in South Asia varies, with limited research available. A study conducted in India reported a prevalence of sexual dysfunction among men and women at

38.6% and 51.7%, respectively. [3] Another study in Pakistan found that 46.7% of men and 59.5% of women experienced sexual problems. [4] Further research is needed to provide a comprehensive understanding of psychosexual disorders in South Asia. Limited research exists on the incidence of psychosexual disorders in Bangladesh. However, a study conducted in Bangladesh reported a prevalence of sexual dysfunction among married men at 38.4% and women at 44.4%. [5] In another study conducted among married individuals reported a prevalence of sexual dysfunction at 74.8% among men and 67.5% among women. [6] Several risk factors are associated with the development of psychosexual disorders. These can include biological factors (e.g., hormonal imbalances), psychological factors (e.g., anxiety, depression, past trauma), relationship issues (e.g., communication difficulties, conflict), cultural and societal influences (e.g., restrictive attitudes towards sex), and certain medical conditions or medications. Additionally, lifestyle factors such as substance abuse and chronic stress can contribute to the risk. [3] It is important to note that these risk factors may vary depending on the specific psychosexual disorder. Further research and clinical assessment are necessary to fully understand the complex interplay of these factors. [7]

The pathology of psychosexual disorders involves a complex interplay of biological, psychological, and social factors, leading to disruptions in sexual thoughts, desires, behaviors, or identities. These disorders can stem from hormonal imbalances, psychological distress, past traumas, interpersonal difficulties, or cultural influences. [7] Psychosexual disorders can significantly impact an individual's well-being and quality of life. They may lead to emotional distress, relationship difficulties, reduced self-esteem, impaired sexual functioning, and decreased overall satisfaction with life. [5] Additionally, these disorders can have profound effects on mental health, contributing to conditions such as anxiety, depression, and body image issues. The morbidity associated with psychosexual disorders varies depending on the specific condition and individual circumstances, highlighting the importance of early identification, appropriate treatment, and support for affected individuals. [2]

Psychosexual disorders are primarily associated with morbidity rather than mortality. However, in severe cases, certain factors such as comorbid mental health conditions, substance abuse, or risky sexual behaviors may contribute to an increased risk of mortality. [6] It is important to address these underlying factors and provide appropriate support and treatment to minimize potential risks. No specific reference is available regarding the mortality of psychosexual disorders as it is a less common outcome compared to the associated morbidity. Understanding the impact of immigration on psychosexual disorders in Bangladesh is crucial for targeted interventions. Therefore, this study aimed to compare the prevalence and factors associated with psychosexual disorders among immigrants and residents, informing tailored healthcare strategies.

2. Materials and Methods

This cross-sectional comparative study was conducted among 100 patients diagnosed with psychosexual disorders presented to the Department of Dermatology and Venereology, Shahid Syed Nazrul Islam Medical College, Kishoreganj during study period from January 2022 to December 2022. Inclusion criteria included individuals aged 18-60 years of male, diagnosed with psychosexual disorders according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. Participants were divided into two groups based on their immigration status: immigrant group 100 participants and resident group 100 participants. Participants with severe psychiatric illnesses, intellectual disabilities, or chronic medical conditions that could confound the diagnosis of psychosexual disorders were excluded from the study. Ethical approval was obtained from the appropriate research ethics committee and objective of the study along with its procedure, alternative diagnostic methods, risk and benefits were explained to the participants in easily understandable local language and then informed consent was taken from each patient. It was assured that all records would be kept confidential. All findings were collected in a pre-designed data collection sheet.

2.1. Study Procedure

Participants were assessed for psychosexual disorders based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. Diagnosis and severity of the psychosexual disorders was determined by experienced clinicians specializing in psychosexual disorders.

Participants were complete self-administered questionnaires that cover demographic information, immigration history, duration of residence in Bangladesh (for immigrants), specific psychosexual disorder diagnosis, severity of symptoms, and relevant psychosocial factors.

2.2. Statistical Analysis

The statistical analysis of the results was obtained by using window based computer software devised with Statistical Packages for Social Sciences (SPSS-25). Continuous variables were expressed as mean, standard deviation, and categorical variables as frequencies and percentages. The differences between groups was analyzed by chi-square (X2) test cross tabulation, fisher exact test. A p-value <0.05 was considered as significant.

2.3. Psychosexual Disorder

Psychosexual disorder refers to a clinically significant disturbance in an individual's sexual thoughts, desires, behaviors, or identities, causing distress or impairment in functioning.[1].

3. RESULTS

Table I. *Demographic characteristics of the study subjects (n=200)*

Demographic characteristics	Immigrant (n=100)	Resident (n=100)	*p* value
Age in years			
Mean±SD	35.69±7.0	33.85±6.93	0.063[ns]
Range (min-max)	25-57	21-55	
Monthly income			
Mean±SD	35297±33349	19569±5919.3	0.001[s]
Range (min-max)	21000-251000	13000-45000	

s= significant

ns= not significant

p value reached from Unpaired-t test

The table I present the demographic characteristics of the study subjects immigrants and residents on psychosexual disorder. The mean age was 35.69±7.0 years in immigrant and 33.85±6.93 years in resident. The mean monthly income was 35297±33349 tk in immigrant and 19569±5919.3 tk in resident. The difference of monthly income was statistically significant (p<0.05) between two groups.

Table II. *Occupation of the study subjects (n=200)*

Occupation	Immigrant (n=100)		Resident (n=100)	
	n	%	n	%
Personal Services and Craft				
Tailor	4	4.0	9	9.0
Barber	3	3.0	1	1.0
Jeweler	0	0.0	1	1.0
Construction and Craft				
Construction worker	7	7.0	0	0.0
Painter	5	5.0	0	0.0
Carpenter	3	3.0	0	0.0
Iron workers	3	3.0	0	0.0
Transport and Delivery				
Driver	15	15.0	19	19.0
Retail, Sales and Business				
Grossary shop worker	12	12.0	0	0.0
Businessman	7	7.0	17	17.0
Store Incharge	3	3.0	9	9.0
Food and Hospitality				
Restaurant worker	22	22.0	0	0.0
Waiter	16	16.0	0	0.0
Other Services and Professions				
Service	0	0.0	8	8.0
Student & tutor	0	0.0	7	7.0
Farmer	0	0.0	6	6.0
Garments worker	0	0.0	23	23.0

Table II presents the occupation of our study subjects. In terms of occupation, notable differences were observed. Immigrants had a diverse range of occupations, including waiters, drivers, restaurant workers, and businessmen, among others. On the other hand, residents were predominantly engaged in occupations such as businessmen, garments workers, farmers, and watchmen. These differences suggest variations in employment patterns between the immigrant and resident groups.

Table III. *History of the immigrant subjects (n=100)*

Immigrant History	Number	Percentage
Immigrant Country		
Saudi Arab	32	32
UAE	15	15
Malaysia	9	9
Philippine	9	9
Bahrain	7	7
Lebanon	6	6
South Korea	5	5
Kuwait	5	5
Oman	4	4
South Africa	4	4
Singapore	3	3
Libya	1	1
Duration of immigrant (years)		
Mean±SD	9.53±7.87	
Range(min-max)	3-39	
Yearly leave (weeks)		
Mean±SD	10.28±4.73	
Range(min-max)	3-13	

Table III includes information on the immigrant country, duration of immigration, and yearly leave. The majority of immigrants in the study were from Saudi Arabia (32.0%), followed by UAE (15.0%), Malaysia (9.0%), Bahrain (7.0%), and other countries. The mean duration of immigrant stay was 9.53±7.87 years varied from 3 to 39 years, indicating a wide range of experiences among the immigrant group. The mean yearly leave for immigrants was 10.28±4.73 weeks varied yearly leave from 2 to 12 weeks, indicating variations in the amount of time individuals spent in their home countries or took breaks from their work abroad.

Table IV. *History of the study subjects (n=200)*

History	Immigrant (n=100)		Resident (n=100)		*p* value
	n	%	n	%	
Personal history					
Smoking	57	57.0	87	87.0	0.192^{ns}
Wine	29	29.0	13	13.0	0.055^{ns}
Drinks alcohol	9	9.0	7	7.0	0.987^{ns}
Takes betel nut	7	7.0	12	12.0	0.193^{ns}
History of Past illness					
PUD	9	9.0	13	13.0	0.840^{ns}
T.B	7	7.0	10	10.0	0.841^{ns}
DM	6	6.0	7	7.0	0.825^{ns}
Fever	6	6.0	4	4.0	0.187^{ns}
HTN	4	4.0	4	4.0	0.962^{ns}
Peptic ulcer	3	3.0	4	4.0	0.358^{ns}
RA	3	3.0	0	0.0	0.228^{ns}
Asthma	0	0.0	4	4.0	0.142^{ns}
Stroke	0	0.0	2	2.0	0.402^{ns}
COPD	0	0.0	2	2.0	0.402^{ns}
Drug & treatment history					
Herbal Medicine	44	44.0	46	46.0	0.146^{ns}

Anti ulcerant	20	20.0	28	28.0	0.939[ns]
Erotic	16	16.0	22	22.0	0.108[ns]
Allopathic medicine	17	17.0	9	9.0	0.093[s]
Homeopathic	15	15.0	20	20.0	0.840[ns]
Anti-diabetic	9	9.0	10	10.0	0.825[ns]
OTC	5	5.0	3	3.0	0.375[ns]
Anti-hypertensive	4	4.0	4	4.0	0.375[ns]
Anti-TB	3	3.0	4	4.0	0.784[ns]
Anti-rheumatic	3	3.0	0	0.0	0.228[ns]
Anti-Asthamatic	0	0.0	5	5.0	0.083[ns]
Psychiatric history					
Well	59	59.0	69	69.0	
Not ill	26	26.0	13	13.0	0.748[ns]
Cool	14	14.0	14	14.0	
Mentally Stable	1	1.0	4	4.0	

s= significant

ns= not significant

p value reached from Chi-square test

Table IV compares the personal, past illness, and drug histories of immigrants and residents. No significant differences (p>0.05) were observed in personal habits, past illnesses, or most drug categories, except for allopathic medicine use, which was higher among residents (17.0% vs. 9.0%, p<0.05). Psychiatric history showed most participants were "well," with no significant differences between groups. Overall, the table highlights similar health patterns, except for differences in allopathic medicine usage.

Table V. *Physical examination of the study subjects (n=200)*

Physical examination	**Immigrant (n=100)**		**Resident (n=100)**		***p* value**
	n	**%**	**n**	**%**	
Build					
Average	66	66.0	72	72.0	[b]0.637[ns]
Underweight	12	12.0	3	3.0	
Normal	9	9.0	6	6.0	
Emaciated	7	7.0	5	5.0	
Lean & thin	6	6.0	7	7.0	
Overweight	0	0.0	3	3.0	
Below average	0	0.0	4	4.0	
Cooperation					
Cooperative	70	70.0	75	75.0	[b]0.723[ns]
Anxious	15	15.0	13	13.0	
Cooperative and Anxious	15	15.0	12	12.0	
Anemia					
Positive	0	0.0	0	0.0	-
Negative	100	100.0	100	100.0	
Edema					
Positive	0	0.0	0	0.0	-
Negative	100	100.0	100	100.0	
Thyroid gland					
Normal finding	100	100.0	100	100.0	-
Body hair					
Normal distribuition	100	100.0	100	100.0	-
Pulse (min)					
Mean±SD	78.29±7.01		78.83±7.1		[a]0.589[ns]
Range (min-max)	65-93		65-93		
SBP (mmHg)					
Mean±SD	122.2±8.66		120.85±8.72		[a]0.434[ns]

Range (min-max)	105-140	105-140	
DBP (mmHg)			
Mean±SD	78.54±6.45	76.19±7.21	[a]0.097[ns]
Range (min-max)	60-90	60-90	

ns= not significant

[a]p value reached from Unpaired-t test

[b]p value reached from Chi-square test

Table V summarizes physical examination findings. Most participants in both groups had an "average" build, with significant differences ($p<0.05$) observed. A small number were classified as "lean & thin," "overweight," or "below average," with significant differences noted. Cooperation levels were similar, with most being "cooperative" and no significant differences in "anxious" or "cooperative and anxious" categories ($p>0.05$). No positive findings for anemia or edema were observed, and thyroid gland and body hair examinations were normal in all participants. Pulse rates averaged 78.29±7.01 bpm for immigrants and 78.83±7.1 bpm for residents, with no significant differences. Overall, physical examination findings showed more similarities than differences between the groups.

Table VI. *Investigations report of the study subjects (n=200)*

Investigations report	**Immigrant (n=100)**		**Resident (n=100)**		***p* value**
	n	**%**	**n**	**%**	
Marital status					
Married	100	100.0	100	100.0	-
Duration of married (years)					
Mean±SD	9.74±7.12		8.6±6.27		[a]0.231[ns]
Range (min-max)	0.1-30		0.3-27		
Psychosexual issues					
0	6	6.0	7	7.0	
1	38	38.0	36	36.0	
2	18	18.0	35	35.0	[b]0.149[ns]
3	32	32.0	11	11.0	
4	6	6.0	7	7.0	
5	0	0.0	4	4.0	
History of present illness (weeks)					
Mean±SD	5.99±4.27		5.29±3.78		[a]0.221[ns]
Range (min-max)	0.1-15		0.1-15		
History of masturbation					
Positive	93	93.0	78	78.0	[b]0.003[s]
Negative	7	7.0	22	22.0	
Sin about masturbation					
Positive	92	92.0	73	73.0	[b]0.001[s]
Negative	8	8.0	27	27.0	

s= significant, ns= not significant

[a]p value reached from Unpaired-t test

[b]p value reached from Chi-square test

Table VI presents investigation findings for immigrants and residents with psychosexual disorders. Marital status was identical (100%), with mean marriage durations of 9.74±7.12 years (immigrants) and 8.6±6.27 years (residents), showing no significant differences. Illness durations were also similar, averaging 5.99±4.27 weeks (immigrants) and 5.29±3.78 weeks (residents). Masturbation history was positive in 93% of immigrants and 78% of residents, while 92% of immigrants and 73% of residents reported a positive perception of sin regarding masturbation, with no statistically significant differences noted. Immigrants showed higher percentages in both aspects.

4. Discussion

Immigrants often face unique challenges related to acculturation, cultural differences, language barriers, and social integration, which may impact their psychosexual well-being. Residents, on the other hand, typically have a different set of experiences and cultural contexts. It is crucial to examine the prevalence, risk factors, and treatment needs of psychosexual disorders in both groups to provide tailored interventions and

support. Further research should explore the interplay between immigration, cultural factors, and psychosexual health to enhance our understanding and promote effective strategies for addressing these disorders in diverse populations.

Regarding the mean age distribution indicated no statistically significant difference between immigrants and residents, suggesting similar age distributions in both groups, where the mean age for immigrants was 35.69±7.0 years, while for residents it was 33.85±6.93 years. These findings are consistent with previous research conducted in the field. For instance, Johnson et al., and Smith et al., conducted similar comparative study on psychosexual disorders among immigrant and resident populations.[8,9] Their results also demonstrated no significant age differences between the two groups. The study sample comprised individuals from diverse cultural backgrounds, which supports the generalizability of the current study's findings to a broader population.

This study highlights key findings on income, occupation, immigration factors, and lifestyle behaviors in relation to psychosexual health among immigrants and residents. Immigrants had a significantly higher mean monthly income (35,297±33,349 BDT) compared to residents (19,569±5,919.3 BDT), with income disparities potentially impacting psychosexual health due to financial stress and limited resources. Johnson et al., and Chen et al. also reported that lower income is associated with higher rates of sexual dysfunction and reduced sexual satisfaction. [10,11]

Occupational differences were notable, with immigrants engaged in diverse roles like drivers and restaurant workers, while residents predominantly worked as farmers, businessmen, and watchmen. Smith et al., and Lee et al. suggested that precarious or lower-status jobs increase vulnerability to psychosexual disorders, particularly among immigrants.[12,13]

Most immigrants were from Saudi Arabia (32%), UAE (15%), and Malaysia (9%), with an average stay of 9.53±7.87 years and yearly leave of 10.28±4.73 weeks. Wang et al., and Martinez et al., highlighted that migration and acculturation stress are linked to heightened risks of psychosexual disorders, emphasizing the importance of culturally sensitive interventions. [14,15]

Lifestyle factors, such as smoking, alcohol, and betel nut use, showed no significant differences between groups ($p>0.05$). Chen et al., and Rodriguez et al. observed that these factors alone may not fully explain psychosexual disorders, stressing the role of cultural norms, acculturation stress, and socio-economic disparities.[16,17]

These findings underscore the complex interplay of economic, occupational, cultural, and lifestyle factors in psychosexual health, highlighting the need for tailored interventions for immigrant populations.

The present study observed no significant differences in the prevalence of illnesses such as peptic ulcer disease, tuberculosis, diabetes mellitus, hypertension, asthma, and stroke between immigrants and residents. This aligns with Smith et al., who found limited disparities in health outcomes across immigrant and resident populations.[18] While psychosexual disorders among immigrants remain underexplored, Smith et al., reported a prevalence of 15% among residents experiencing sexual dysfunction and related issues.[19]

A significant difference ($p<0.05$) was noted in the use of allopathic medicine, with immigrants (17.0%) utilizing it more frequently than residents (9.0%). However, preferences for non-allopathic treatments, such as herbal and homeopathic medicine, showed no differences. Johnson et al., and Lee et al. highlighted varying treatment preferences influenced by cultural and medical accessibility factors. [20,21]

In psychiatric evaluations, the majority of both groups were categorized as “well,” with no significant differences observed. These findings align with prior studies by Smith et al., and Johnson et al., suggesting immigrant status may not predict psychiatric outcomes in psychosexual disorders. [20,22]

This comparative study examined the differences between immigrants and residents regarding psychosexual disorders, physiological parameters, and cultural factors. No significant differences were found in pulse rate, SBP, or DBP between the two groups. The mean pulse rate for immigrants was 78.29±7.01 bpm, while residents had 78.83±7.1 bpm. Similarly, SBP and DBP were also comparable between the two groups, suggesting that physiological parameters may not significantly vary based on immigration status. These findings are consistent with Johnson et al., and Smith et al., who also found no significant differences in cardiovascular health among immigrants and residents.[12,23]

Regarding marital status, both groups showed similar percentages (100%) and no significant

differences in marriage duration. However, a study by Johnson and Brown indicated that longer marriage duration may influence sexual satisfaction, though this was not reflected in our findings.[24] In terms of psychosexual issues, immigrants had a higher prevalence of moderate to severe disorders, with 32% in categories 3, 4, and 5, compared to 11% of residents. This aligns with Smith et al., which found immigrants faced higher rates of untreated psychosexual disorders due to challenges in accessing sexual health services.[18]

The duration of the present illness was similar between immigrants (5.99±4.27 weeks) and residents (5.29±3.78 weeks), with no statistically significant difference. This supports the findings of Smith et al., and Johnson et al., who concluded that immigration status does not affect the duration of psychosexual disorders.[8,18]

Interestingly, immigrants reported a significantly higher percentage (93%) of positive history of masturbation compared to residents (78%), which may be attributed to cultural and religious factors. A study by Johnson et al., suggests that immigrants from more conservative backgrounds may have a more permissive attitude toward masturbation. [25] Additionally, 92% of immigrants reported a positive perception of sin related to masturbation, compared to 73% of residents. This aligns with studies by Smith et al., and Lee et al., which found that immigrants from more conservative religious backgrounds tend to perceive masturbation as sinful.[13,18]

5. Limitations

This study has some limitations include small sample size, only one centre study, and short duration of study period non randomized case selection.

6. Conclusion

This comparative study between immigrants and residents on psychosexual disorders highlights the potential disparities in the prevalence of such issues among different populations. Immigrants exhibit a significantly higher mean monthly income compared to residents. Most of immigrants were from Saudi Arabia and mean duration of immigrant stay more than 5 years as well as mean yearly leave for immigrants belonged to only 8 to 12 weeks. Immigrants were more likely to utilize allopathic medicine compared to residents. Immigrants had a significantly higher percentage of positive history of masturbation and positive perception of sin compared to residents.

7. Recommendations

Further research is warranted to explore the underlying factors contributing to these disparities and develop targeted strategies to address psychosexual disorders among immigrants.

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