

# The use of E-sexual health as a way of lowering help-seeking barriers for sexual dysfunctions

Van der Heijde, C.M.<sup>1</sup>, Bunte I.<sup>1</sup>, Hilverda, F.<sup>2</sup>, & Vonk, P.<sup>1</sup>

1. Student Health Service, University of Amsterdam - Amsterdam, The Netherlands

c.m.vanderheijde@uva.nl

2. Department of Socio-Medical Sciences, Erasmus School of Health Policy and Management - Rotterdam, The Netherlands

## BACKGROUND

The prevalence of sexual dysfunctions is not negligible of which physiological or psychological causes may lay at the root. Experiencing a sexual problem is often accompanied by psychosocial effects, increasing the risk of comorbidities such as depression, greater levels of anxiety and lower self-esteem. Sexual problems vary in gradation, not always typifying as a dysfunction, but nevertheless may be potentially burdening. Less than half of the individuals who experience sexual problems seek professional help, partially because of stigma and ignorance. Therefore a solution is required. E-sexual health has potential to help individuals with sexual dysfunctions, but little is known about its' use.

## METHOD

We examined the predictors of E-sexual health usage using the Technology Acceptance Model (TAM, Figure 1). Perceived usefulness, perceived ease of use, attitude, and behavioral intention to use E-sexual health were explored as potential predictors in a cross-sectional survey (N = 593). 413 of them were female, 180 male, aged from 18 to 72 years (M = 24.5, sd = 7.8). Structural equation modeling (SEM) was used to test the model.

## RESULTS

The results showed that TAM can effectively predict whether patients adopt E-sexual health. The model demonstrated a good fit ( $\chi^2 = 1197.73$ ,  $df = 500$ ,  $\chi^2/df = 2.40$  TLI = .913, CFI = .927, IFI = .927, RMSEA = .048). Notwithstanding, it appeared that the current use and implementation of E-sexual health is much lower compared to several other E-health services.



Figure 1: standardized TAM model for E-sexual health

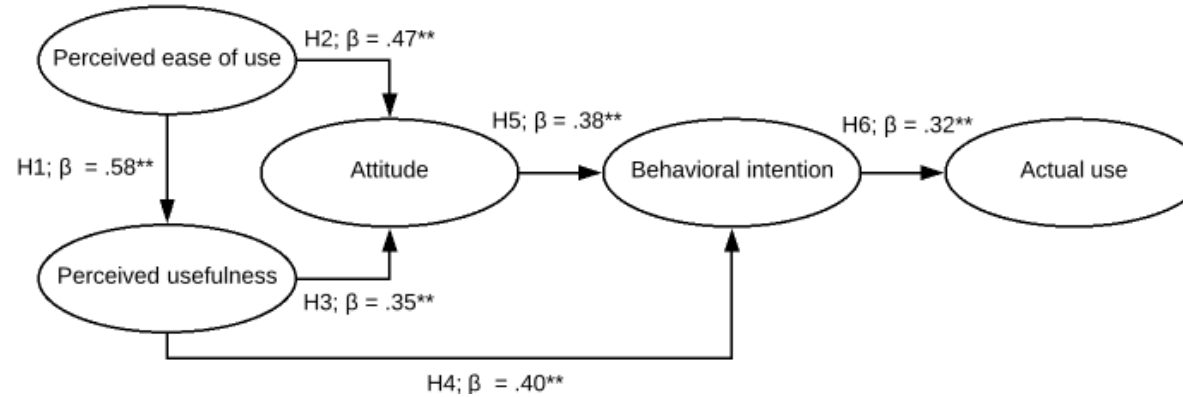


Table 1 Sexual dysfunctions (%)

	Experienced		Often experienced		Burdening	
	Men	Women	Men	Women	Men	Women
Little/no sexual desire	10.8	35.5	5.0	17.4	0.8	10.1
Sexual aversion	2.5	8.0	0	2.4	0	1.7
Sexual anxiety	3.3	11.1	1.7	5.2	1.7	4.2
Difficult sexual aroused	13.3	25.8	2.5	6.6	1.7	4.2
No orgasm	23.3	43.2	6.7	29.6	2.5	10.5
Premature orgasm (<1min)	34.2 (12.5)	3.5 (2.8)	14.2 (4,2)	1.3 (1.3)	6.7 (3.3)	0.3 (0.3)
Erectile disorder	20.0	-	2.5	-	2.5	-
Lubrication problems	-	32.1	-	9.4	-	5.6
Vaginism	-	8.4	-	3.4	-	2.4
Pelvic pain	7.5	25.8	2.5	9.7	0.8	9.1
One of above	58.3	66.2	25	49.5	14.2	32.8



## DISCUSSION/ CONCLUSION

It should be taken into account by healthcare providers that people are hesitant to disclose sexual problems. Further research is necessary to find out how to increase awareness of the relevance of treating sexual problems and how to increase knowledge about the possibilities of E-sexual health and its' usefulness.

## MAIN MESSAGES

1. E-sexual health has the potential to reach more patients with sexual dysfunctions
2. Increasing awareness for the relevance of treating sexual dysfunctions, and the potential of E-sexual health can lower the barriers for help-seeking behavior

## REFERENCE

1. Davis, F. D. (1989). Perceived Usefulness, Perceived Ease of Use, and User Acceptance of Information Technology. *Mis Quarterly*, 13(3), 319-340.
2. Hertlein, K. M., Nakamura, S., Arguello, P., & Langin, K. (2017). Sext-ual healing: application of the couple and family technology framework to cases of sexual dysfunction. *Sexual and Relationship Therapy*, 32(3-4), 345-353.