Aboriginal and Torres Strait Islander Male Health Module
for
Aboriginal Health Workers

Unit 9. Male-specific health issues
For the purposes of this guide, the term Aboriginal Health Worker (AHW) is used to describe Aboriginal and Torres Strait Islander allied health professionals that provide clinical and primary health care for individuals, families, and community groups. It is recognised that there are different registration requirements for the AHW workforce in different States and jurisdictions.

Acknowledgement

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Note

This unit does not include information about sexually transmitted infections, which is available in detail in the National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy.¹

This unit may not be suitable for use by female students or health professionals.

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THE MALE REPRODUCTIVE SYSTEM

The male reproductive system is designed to make, store and transfer sperm to the female body. Each organ plays a role so that sperm, which are made and stored in the testes (testicles), develop normally and can be transferred to the female during sexual intercourse.

Figure 1: The male reproductive system

Parts of the male reproductive system:

The testes (testis, singular) are a pair of oval-shaped glands (each 15-35 ml in volume) that are suspended in the scrotum. The testes are the main male reproductive organ and are very important for the normal functioning of the male reproductive system. The testis is made up of two parts, with each part having a different but important role:

- Production of testosterone — between the seminiferous tubules lie another cell type, Leydig cells, that produce the male sex hormone, testosterone. Testosterone, together with follicle stimulating hormone (FSH), acts on the seminiferous tubules to “drive” sperm production.

Figure 2: Cross-section of the testes

Source: Andrology Australia
Production of sperm — sperm are made in a number of small, tightly packed, fine tubes called seminiferous tubules. These tubules are less than half a millimeter thick and have a total length of 150 metres. After puberty, millions of sperm are produced every day in the wall of these tubules; they are released into a fine hole in the tubule’s middle and then make their way out into the epididymis (see Fig. 2).

Before birth, the developing testes move down from the abdomen into the scrotum. Successful descent of the testes is important for fertility as a cooler temperature in the scrotum is needed for sperm production and normal testicular function. In humans, this location seems important because it keeps the testis about 2 degrees Celsius below normal body temperature.

The epididymis is a highly coiled tube (duct) that lies at the back of the testes and connects the seminiferous tubules in the testis to another single tube called the vas deferens. The epididymis is about 5 metres long if stretched out. All sperm must pass through the epididymis when they leave the testis. When released from the testis, the sperm spend two to 10 days passing through the epididymis. During this journey, the sperm mature and gain the ability to move (swim or become motile).

The vas deferens is the tube that connects the epididymis to the urinary tract (urethra) at the back of the bladder, via the ejaculatory duct. The main function of the vas deferens and ejaculatory duct is to transport the mature sperm and seminal fluid to the urethra.

The ejaculatory duct is a tube that is formed by the joining of the vas deferens and the duct of the seminal vesicle. The ejaculatory duct empties the mature sperm and seminal fluid into the urethra.

The urethra is a tube that runs from the bladder to the end of the penis. It carries urine from the bladder to the outside of the body. In males, it also carries semen out of the body.

The urethra is made up of two parts. The prostatic urethra is the part of the urethra that runs from the bladder through the prostate. The penile urethra is the part of the urethra that runs through the penis.

A ring of muscle called the internal sphincter is located at the base of the bladder and when closed, it stops urine and semen leaving the body through the urethra at the same time. At orgasm, this muscle ring closes tightly to stop sperm passing “backwards” into the bladder.

The prostate is a small, but important organ (or gland) found only in the male reproductive system. Its main role is to make fluid that protects and feeds sperm. The prostate makes about a third of the fluid ejaculated from the penis when orgasm happens.

In young males, the prostate is about the size of a walnut (20g) and gets bigger with age. It sits underneath the bladder and surrounds the top part of the urethra, the tube which urine passes through on its way from the bladder to the penis. The growth of the prostate relies on testosterone (male sex hormone). If the prostate grows too large, it can slow or stop the flow of urine. As the prostate is located near the rectum (back passage), growth of the prostate can be checked by a rectal examination where a doctor places a gloved finger into the rectum.

The seminal vesicles are two small glands that lie directly above the prostate gland, attached to the vas deferens near the base of the bladder. These glands are very active and make a fluid that makes up about half of the fluid volume of the semen. The fluid produced by the seminal vesicles is rich in fructose (a sugar) that may be important as an energy source for sperm.
The Cowper’s glands are pea-sized glands that sit near the prostate gland in the male reproductive system. The glands produce a fluid that is released before ejaculation that neutralises any urine that may be left in the urethra. The fluid also acts as a lubricant.

The scrotum is a loose pouch of skin that hangs outside the body from the lower abdominal region behind the penis. The scrotum holds the testes in place.

The penis is the male organ used for urination and sexual intercourse.

The brain’s role
The brain has an important role in controlling reproductive function.

The hypothalamus is a small organ that sits at the base of the brain (see Fig. 3) and secretes the hormone gonadotropin releasing hormone (GnRH). GnRH is important in controlling the secretion of other hormones from the pituitary gland.

The pituitary gland is a small gland (about the size of a grape) that also sits at the bottom of the brain (Fig. 3). It releases a number of messenger hormones that act as the “keys” to activate different organs in the body including the testes. Under the influence of the hypothalamus, the pituitary gland releases luteinising hormone (LH) and FSH, which are the two important messengers for the function of the testes. The production of the male sex hormone testosterone by the testis is controlled by the pituitary gland.

Figure 3: The brain’s role in reproductive function

Male hormones
Hormones are chemical messengers that are made by glands in the body. Hormones are delivered through the blood stream and act on other organs in the body. The hormones controlling male reproductive function include:

- **Gonadotropin-releasing hormone (GnRH)** is secreted by the hypothalamus that sits at the base of the brain. GnRH controls the secretion of other hormones from the pituitary gland, which is another small gland at the base of the brain. The hypothalamus also has other functions that are not related to reproductive function.
Luteinising hormone (LH) is secreted by the pituitary gland in response to a GnRH signal. LH acts on the Leydig cells in the testes. Once stimulated with LH, the Leydig cells in the testes produce testosterone.

Follicle stimulating hormone (FSH) is also secreted by the pituitary gland in the brain. Together with testosterone, FSH stimulates Sertoli cells (located in the seminiferous tubules of the testes) that surround and support the developing sperm.

Testosterone is probably the most familiar “male hormone” produced by LH-stimulated Leydig cells in the testis. Testosterone, together with FSH, is needed for normal sperm production. Testosterone is responsible for the general growth that happens in young boys at puberty, including development of the genitals, beard and body hair growth, growth of the prostate gland, male behaviour and bone and muscle growth. Testosterone also stimulates cells in the testis to make sperm.

A man’s fertility and sexual characteristics depend on the normal functioning of the male reproductive system. There are a number of individual organs in the male body that act together to make up the male reproductive system. Some of the male sexual organs are visible, such as the penis and the scrotum, whereas some are hidden within the body. The brain also has an important role in controlling reproductive function.

**MALE INITIATION**

All cultures have recognised key milestones within the human life-span including: birth, transition to adulthood, marriage, and death. According to Orucu (Orucu, 2006), Aboriginal and Torres Strait Islander people mark these events with initiations and ceremony. For traditional Aboriginal and Torres Strait Islanders, and those of many other cultures, birth and death are not necessarily the beginning and the end of life. Traditional people believe that birth involves a pre-existing spirit child entering the womb of the mother; at death, the spirit leaves the body, but is not itself destroyed. All individuals are a part of an unending universal spiritual system in which not only do spirits have human form but can live on in the form of plants, animals and the elements (water, wind, earth and fire). From birth, boys begin a transition into manhood by a series of rites and ceremonies of passage which starts at the onset of puberty (indicated by the presence of body hair, or ritual task performed etc) and continues in stages over the period of his lifetime progressing through the ranks of knowledge and spirituality (Berndt, 1970).
PROSTATE PROBLEMS
Prostate disease is a term used to describe several common prostate problems including those discussed below.

Prostatitis
Prostatitis is a general term that refers to any inflammation or swelling of the prostate gland. It may or may not be associated with an infection within the prostate gland.

It has been estimated that about one in every six males may experience prostatitis some time during their lives. Prostatitis can occur at any age in the male population, but occurs more commonly in the under 50 age group.

Prostatitis is not a life-threatening condition but it can be a very painful disorder.

Prostate enlargement or benign prostatic hyperplasia (BPH)
BPH is the prostate disease experienced by most males, and is a non-cancerous enlargement of the prostate. A common problem that increases with age, this condition affects nearly all males as they grow older.

BPH can have a large effect on quality of life, due to lower urinary tract symptoms (LUTS) such as:
- difficulty starting or stopping urination;
- getting up a few times each night to urinate;
- a weak stream or the need to pass urine straight away with little warning.

LUTS are not usually a sign of prostate cancer unless the cancer is well advanced.

BPH causes symptoms because as the prostate enlarges, it may cause narrowing of the urethra or interfere with the base of the bladder. BPH is not a life threatening condition, but if left untreated for a prolonged period of time, it may cause problems with the function of the bladder, and less commonly, the kidneys.

Surgical treatments and medicines are available to ease symptoms if they become too much of a problem.

Prostate cancer
Prostate cancer is a condition where cells within the prostate grow and divide abnormally and a tumour grows in the prostate. It is not known what causes prostate cancer, but there are different treatments including “watchful waiting” (carefully observing to see if it develops into an aggressive tumour), surgery and radiation or chemotherapy.

Although it is less common in Aboriginal or Torres Strait Islanders, prostate cancer is the most commonly diagnosed cancer in Australian males (Australian Institute of Health and Welfare (AIHW), 2012, 2014). Prostate cancer becomes more common as males get older, particularly after the age of 50. It is a cancer that may be present for some time before causing any symptoms that a man would notice.

Problems of the prostate are more common in the older male. In some cases, prostate problems can make urinating difficult.
**PROBLEMS OF THE TESTIS**

Problems of the testis can occur at any age, but are more common in younger males. Some common testicular problems include the following.

**Testicular cancer**

Testicular cancer is a cancer of the sperm-producing cells and is the most common cancer in younger males from puberty until approximately 50 years of age. After 50 years of age, testicular cancer is very rare. Testicular cancer is usually discovered because the man feels a lump or heaviness of the testis. Often this is discovered during self-examination while showering. Any change in the testes is worth getting checked.

In most cases of testicular cancer the causes are unknown. Testicular cancer risk is higher in males when there has been any problem with the testes coming down into the scrotum (undescended testes). It is also slightly more common in males with a fertility problem and also more common in the opposite testis if the man has already had a previous testicular cancer.

**Undescended testes**

Undescended testes or cryptorchidism is a condition where one or both testes fail to come down into the scrotum. During pregnancy the testes of the unborn male baby grow in the baby’s abdomen. For most boys the testes move down into the scrotum before birth, but for approximately one in every 100 boys the testes fail to come all the way down and in some cases may remain in the abdomen.

Males who had undescended testes as an infant are more likely to develop testicular cancer in their early adult years. Regular self-examination of the testes is highly recommended for males who have this medical history.

Infertility problems are also more common after problems of undescended testes, especially if the problem was not discovered until adolescence or adulthood.

**Lumps in the scrotum**

Most lumps found in the testes are not cancer. Fluid filled cysts (hydrocele and epididymal cysts) are very common especially as males get older. Varicose veins (varicocele) are also common.

**Hydrocele**

A hydrocele is a swelling in the scrotum caused by a build-up of fluid around the testes. This is the most common cause of swelling around the testes in older males, although it can happen at any age and sometimes follows injury or inflammation. Hydroceles are usually painless but gradually increase in size and can become very large.

In younger males hydroceles may very rarely be a warning of an underlying testis cancer and it is wise to check the testis with an ultrasound scan. In older males, hydroceles are a non-dangerous condition and the usual reason for treatment is because the size of the swelling becomes embarrassing or because of an aching or dragging discomfort.

**Varicocele**

A varicocele is a swelling of the veins (varicose veins) above the testis. It affects about three in every twenty males and is usually on the left side. These veins first appear at puberty and can sometimes cause bothersome discomfort.
Varicoceles may affect fertility but this is not always the case. The need to treat varicoceles and the benefits gained from treatment are unclear and still under review in the medical community worldwide.

**Epididymal cyst**
Epididymal cysts are very common and happen at all ages. They are fluid filled cysts arising from the outflow duct of the testis (the epididymis). They are most often felt as a pea-sized swelling at the top part of the testis but they can become larger. An experienced doctor can often diagnose an epididymal cyst from careful examination as they are separate from the testis, but if there is any doubt then the best test is an ultrasound scan.

Epididymal cysts are not dangerous and there is no risk of cancer or any other problem. They may cause bother with size or discomfort.

**Epididymitis**
Epididymitis is the painful inflammation or swelling of the epididymis, which is the outflow duct of the testis. Because the epididymis runs from above the testis, behind the testis to the bottom part of the testis, pain and discomfort from epididymitis is felt in the testis generally. It can be very difficult to tell if the pain and swelling is coming from the epididymis or the testis or both.

Epididymitis develops following a viral or bacterial infection. In younger males this is most often sexually transmitted infection such as Chlamydia or gonorrhoea. In older males this is most often with bacteria that cause urinary infection such as E Coli. Other causes of epididymitis include testicular injury or vasectomy due to an inflammatory reaction resulting from the body’s immune cells interacting with sperm.

**Orchitis and mumps**
Orchitis is the inflammation of the testes. The most common cause of orchitis is mumps virus but it can be cause by other viruses and much more rarely by bacteria.

The main problem is damage to sperm production particularly if the infection happens after the onset of puberty when the sperm producing cells are starting to grow. This can lead to male infertility. Immunisation against mumps in young children is therefore recommended.

**Torsion of the testis**
Torsion of the testis occurs when the testis twists in the scrotum. This cuts off the blood supply to the testis causing the testis to swell up and unless the condition is treated quickly the testis dies.

Testicular torsion is most common in teenagers or young adults. In some males the testis is not so well attached and torsion is more likely. For this reason, if torsion occurs then the other testis has to be fixed by surgery to prevent the same thing happening on the other side. Torsion can be triggered by physical and sexual activity. It may happen at night, and sudden severe testis pain at night in a young man should be urgently checked in the nearest hospital and not left to the following morning. Delays in diagnosis are often due to the young man being embarrassed about the problem but those first few hours are vital if the testis is to be saved.

**Small testis**
Most young males don’t know whether their testis size is “normal”. Small testicles are often a sign of problems with fertility or hormone levels. A normal testicle is 15–35mm. An abnormal testicle is less than 15mm.
It is important for young males to know what testicular size is normal and to see a doctor for a full health check if they think their testes are on the small side. A testicular examination is a quick and simple process and can be easily done at home. A fact-sheet describing a testicular self-examination can be found on the Andrology Australia website.²

Because the testes are outside the main body cavity they are more vulnerable to injury, but also it is easier for a man to discover lumps or bumps.

**PROBLEMS OF THE PENIS**

**The foreskin**

At birth, the foreskin and the glans penis are joined. As boys start growing, an increase in hormones contributes to the foreskin and glans separating and the foreskin is then able to be pulled back. This happens in most boys at around three years of age.

The foreskin of an uncircumcised child should not be forcibly pulled back as this can cause bleeding and injury. By forcefully retracting the foreskin, scarring can happen which can then cause problems with the foreskin retracting, which is called phimosis.

All uncircumcised adult males should have a genital examination by their doctor and have their foreskin retracted to check for signs of penis cancer.

**Penis lumps**

There are different types of lumps and bumps that can appear on the penis, many of them are harmless. Males who are concerned about any lumps on their penis should see a doctor to rule out sexually transmitted infections and penis cancer, although that is rare. Some common lumps include:

- **Cysts** — Sometimes the sebaceous glands on the penis and scrotum can become enlarged and blocked, turning into cysts.

- **Ulcers** — These appear as craters in the skin and often have a clear liquid or pus in the crater (red wound or a sore). A single ulcer is often quite serious and may be caused by syphilis, tropical diseases and penile cancer. Multiple ulcers are more common and are less serious, but should still be checked by a doctor straight away. Herpes is the most common cause of multiple penile ulcers.

- **Papules** — These are small lumps that are raised on the skin and most do not have a serious cause. One of the most common types of papules is called pearly penile papules and these appear as one or more rows of small, smooth lumps located in a circumference around the back of the glans penis (head of the penis). These look very similar to, and are often mistaken for genital warts, which are caused by human papilloma virus (HPV) and often happen in clusters and are very tiny. Causes of other papules include psoriasis, and sexually transmitted infections such as genital warts.

- **Genital warts** — these are caused by the human papilloma virus (HPV). Warts can often happen in clusters and can be very tiny.

- **Plaques** — Plaques are raised lumps that are bigger than 1cm in diameter.

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Balanitis

Balanitis is a very common inflammation of the glans penis (helmet of the penis) that can affect males at any age. This inflammation can affect circumcised males; however, it is more common in males who have not been circumcised.

Balanitis often happens when the foreskin is not pulled back, or is unable to be pulled back due to scarring, and the inside of the foreskin is not kept clean. Inflammation caused by a bacteria or fungus is common and can be caused if the sensitive skin under the foreskin collects sweat, dead skin and bacteria. Balanitis can also be caused by irritation from chemicals in soap, clothing, washing powder and the latex in condoms. Allergies to certain drugs, viruses such as HPV and obesity can also contribute to balanitis.

In adults, balanitis can be a sign of diabetes. After urinating, some urine may become trapped under the foreskin. The combination of a moist area and glucose in the urine can lead to bacteria growing and then infection.

Males with balanitis may experience the following complaints:

- inability to pull back the foreskin;
- itchiness;
- rash;
- sore or tender glans penis;
- redness or swelling; and
- discharge from the penis.

Balanitis Xerotica Obliterans

Balanitis xerotica obliterans (BXO) is different from balanitis (inflammation of the glans penis). BXO is a rare condition where scar tissue forms in the foreskin. A ring of white tissue develops at the tip of the foreskin, tightening the foreskin at the tip, and this may prevent the foreskin from retracting (phimosis). BXO may spread to the glans penis, but this is not common.

Any white scarring of the foreskin should be checked by a doctor, to distinguish BXO from early penis cancer. BXO is a progressive disease and it is usually treated by circumcision.

Phimosis

Phimosis is when the foreskin is too tight, or the tip of the foreskin narrows and is unable to be pulled back to expose the head of the penis. Phimosis is often seen in children or young adults (primary or congenital phimosis). The condition is at its highest incidence rate before puberty.

Phimosis can also happen because of injury or damage that causes the foreskin to tear (secondary or acquired phimosis). As the tear heals, scar tissue forms which reduces the elasticity of the foreskin. This scar tissue can then stop the foreskin from stretching open far enough to pull back. The scarring from BXO can also cause phimosis.

Phimosis can often follow infection or inflammation such as balanitis. Adult males with phimosis should be checked for balanitis, diabetes and cancer. Severe phimosis can cause pain when urinating, urinary retention, urinary tract infections and the skin on the penis can become infected. In older males with severe phimosis, the foreskin can look swollen.
**Paraphimosis**
Paraphimosis happens when the foreskin has been retracted behind the head of the penis and cannot go back to its original position. If the foreskin stays in this position, it can cause pain, swelling and can stop blood flow to the penis. This is a serious medical problem and must be treated immediately or the penis can sustain long-term or permanent damage.

Paraphimosis can happen at any age, and can be caused by injury to the head of the penis. It can also happen to infants if parents pull back their foreskin and do not pull it forward again afterwards.

**Priapism**
Priapism is an erection that lasts for more than three hours and is usually very painful. Blood becomes trapped in the penis and does not return to circulation; it is not necessarily because of, or related to, sexual stimulation. If priapism is not treated, it can lead to permanent damage to the erectile tissue and the inability to get an erection at all. Priapism can happen to males at any age.

The most common cause of priapism is drug treatments for erectile dysfunction, in particular, penile injection treatments. About a quarter of other cases of priapism are associated with medical conditions such as advanced cancer, leukaemia and sickle cell anaemia. Other possible causes include damage to the nervous system, injury to the penis, the use of some medicines and illegal drugs. Sometimes the cause of priapism is unknown.

Lumps, foreskin problems and inflammation of the penis are common problems among males. Males who are not circumcised can experience problems with their foreskin. Most inflammations and lumps are not too serious and can easily be treated; however, some penis problems can increase the risk of penis cancer. Any changes in the skin or foreskin of the penis should be checked by a doctor.

**Male Fertility Problems**
Despite popular opinion that infertility is usually due to female (gynaecological) problems, in about one third of infertile couples, there are problems relating to the male.

Male infertility is caused by problems that:

- affect sperm production (60%): this can be caused by some infections, drugs, cancer treatment, undescended testes, blood supply problems or chromosomal problems but there are still gaps in our knowledge — for most males producing too few functional sperm, the cause is unknown but a complex genetic basis is thought to be the possible cause; or
- that block sperm transport (30%): following infection, trauma or a congenital problem with sperm ducts.

Sexual problems (eg erection or ejaculation problems) are also quite common as are sperm antibodies that limit the sperm’s ability to swim or fertilise the egg. Infertility is rarely caused by deficiencies of brain hormones that drive sperm production.

In most infertile males, there are no other obvious signs of other health or sexual problems: intercourse, erections and ejaculation will usually happen without difficulty. The quantity and appearance of the ejaculated semen generally appears normal to the naked eye. However, some problems such as testosterone deficiency and testis cancer are more common in these males.
Along with their partners, all males in infertile relationships need a thorough medical assessment to look for reversible causes of infertility and should talk to a doctor about possible treatment options.

Coping with male infertility can be very difficult. Males can become stressed, frustrated and feel that it is unfair, particularly as in nearly half of cases, doctors can find no reason for poor sperm production.

**SEXUAL PROBLEMS**

Sexual difficulties can arise from physical disorders of the endocrine or reproductive system leading to distressing symptoms and a consequent loss of confidence or reduced mood that then worsens the situation. Alternatively, sexual difficulties may arise from a psychological/behavioural or social situation with normal physiology. In many settings both factors come into play and the solution should be a holistic one with attention to both the physical and psychosexual aspects.

All psychosexual difficulties can be “primary”, meaning that the problem has been there since the start of sexual experience, or “secondary”, when there was a period of normal functioning before the difficulty began.

The most common male sexual difficulties are premature ejaculation and erectile difficulties. Other problems include low libido, delayed ejaculation, anorgasmia and retrograde ejaculation. Of note, is that for diagnosis, all types of sexual problem focus only on performance, not pleasure. While many people have occasional problems, if they persist, treatment can help restore confidence and intimacy.

**Premature ejaculation**

Premature ejaculation happens when a man is unable to control the timing of ejaculation, and ejaculates before he and/or his partner feels ready for this to happen. Whilst it is common for young males to ejaculate rapidly, ejaculatory control is usually gained with the confidence that comes with experience.

Performance anxiety is the main cause of premature ejaculation. Performance anxiety can be part of:

- general anxiety;
- anxiety related to a specific situation, eg a new relationship; and
- a time of conflict in an established relationship, where there may be fear of rejection or failure.

There is no known physical cause for premature ejaculation.

**Erectile difficulties**

About one in five males over the age of 40 are unable to get and/or keep an erection sufficient for penetrative intercourse. The number of males affected increases with age, alongside an increase in chronic medical conditions.

Erectile difficulties can be the first presentation of serious medical conditions such as diabetes, heart disease, kidney disease and depression. Medicines that can cause erectile difficulties include antidepressants, antipsychotics and antihypertensives, and are usually dose-related. Alcohol, cigarettes, methadone and non-prescription medicines including antihistamines can also cause erectile problems.
Erectile difficulties can be the result of relationship difficulties, especially when there is no underlying medical cause. A gradual onset of erectile difficulties is more likely to have a medical cause, whereas a sudden onset is more likely to be associated with performance anxiety or relationship issues, unless brought about by injury or surgery.

**Lack of libido**

Lack of libido is the term used to describe a lack of interest in sexual activity. Sexual desire or libido is a complex condition produced by a combination of biological (a normal serum testosterone level is needed), personal and relationship factors.

Acute or chronic medical or psychiatric conditions, especially depression, as well as chronic alcohol or marijuana use and certain prescription drugs eg antidepressants and antihypertensives, can all lower feelings of sexual desire.

It is often difficult to separate how much the patient’s sexual interest is affected by biological and psychological factors, especially when there is chronic illness, chronic pain, fatigue or body image problems (eg following surgery for cancer). Personal factors such as stress or tiredness from work, too little or too much exercise, as well as feelings of dissatisfaction in the relationship are also potent causes of lack of interest in sex.

**Retrograde ejaculation**

During normal ejaculation, semen is propelled forward through the urethra and out the tip of the penis. In males with retrograde ejaculation, the muscle at the opening of the bladder, which usually stops semen from entering the bladder during orgasm, does not close normally. This allows semen to flow back into the bladder. Therefore little or no semen is discharged from the penis during ejaculation, and the first urination after sex looks cloudy as the semen mixes into the urine. This uncommon condition is harmless other than in causing infertility.

Retrograde ejaculation can happen after surgery to the prostate (eg transurethral resection of the prostate) or bladder neck. Diabetes, multiple sclerosis, spinal cord injury, and some medicines, in particular those that treat high blood pressure, can also cause it. Depending on the cause, retrograde ejaculation may be a temporary or permanent condition.

**Delayed ejaculation/anorgasmia**

Delayed ejaculation and anorgasmia are used to describe the inability to ejaculate at will, so that ejaculation takes much longer than desired, or does not happen at all. This might happen only with intercourse, or in all situations including self-stimulation (masturbation). “Orgasm” and “ejaculation” are often used interchangeably, but some males can experience orgasm even though they don’t ejaculate (the behavioural part).

Physical causes include spinal cord injury, major lymph node surgery, diabetes, multiple sclerosis and traumatic injury to the pelvic region, when there is disruption to the nerve supply. Delayed ejaculation is a well-documented side effect of selective serotonin reuptake inhibitor (SSRI) antidepressants. While delayed ejaculation can be caused by relationship difficulties, persistent anorgasmia, where there is no medical cause, is very uncommon.

Many males feel embarrassed to talk about a sexual problem, even with an intimate partner. Although some sexual health problems do not have serious medical consequences, they may affect a man’s quality of life by having a negative effect on relationships and feelings of well-being. Some sexual health problems may also be a symptom of another serious underlying medical condition, such as diabetes, and therefore it is important that such problems are fully checked by a doctor.

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13
SEXUAL ORIENTATION

Aboriginal and Torres Strait Islander Gay Men (men who have sex with other men) and Sister Girls (Transgender)

Some Aboriginal and Torres Strait Islander males have a sexual identity that does not fall into accepted gender roles within their communities. These gay, bisexual and transgender identities have social and relationship impacts on an Aboriginal and Torres Strait Islander man in several ways, such as social acceptance or shame, family relationships, and parenting roles.

Male development of sexuality in adolescence is often a confusing and difficult time for the person and their family members. It is important to note that there may be movement between these sexual identities over the life-span as the individual’s identity confusion is explored. Also, AHWs should be mindful that while an Aboriginal and Torres Strait Islander man presents and identifies as heterosexual, some do have sex with other males and as a result there may be health and emotional issues attached to this. Gay Aboriginal males have reported reluctance to attend community controlled health services due to a number of identified issues such as lack of confidentiality (many AHWs are also family members), discrimination, and lack of access to health screening services.

It is a crucial part of the male AHW’s role to engage with males of all sexual orientations from within the Aboriginal and Torres Strait Islander community. Shame and rejection are common issues that impact on their social and emotional well-being. This combination of circumstances may suggest that some Aboriginal and Torres Strait Islander males who have sex with other males, may be more likely to engage in sexual and drug taking behaviours that put them at risk of sexually transmitted infections including HIV/AIDS and other blood borne viruses (Faulkner & Cranston, 1998; Lawrence, et al., 2006; Smith, et al., 1999).

SEXUALLY-TRANSMITTED INFECTIONS

Aboriginal and Torres Strait Islander males experience higher rates of sexually transmitted infections (STIs), such as gonorrhoea and syphilis, than other Australian males (Australian Government Department of Health and Ageing, 2014). Notifications for syphilis and gonorrhoea are especially high in rural areas. Of Aboriginal and Torres Strait Islanders newly diagnosed with HIV, 77% were men, with a median age at diagnosis of 33 years (The Kirby Institute, 2013). Although the rates of HIV infection among Aboriginal and Torres Strait Islander males are similar to that of non-Indigenous males, the mode of transmission is different, with higher rates of transmission through injecting drug use (The Kirby Institute, 2013).

The rates of sexually transmitted infections among Aboriginal and Torres Strait Islander males emphasise the importance of the AHW promoting safe sex and early detection of infection or any male reproductive problems.

More detailed information on sexually transmitted infections can be found in the Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014 – 2017(Australian Government Department of Health and Ageing, 2014).
An awareness of sexual health issues, different sub-groups of Aboriginal and Torres Strait Islander males and support services that are appropriate and accessible to Aboriginal and Torres Strait Islander males is necessary for AHWs to adequately respond to their health needs (NSW Department of Health, 1999).

Although AHW need to be multi-skilled in clinical and educational matters, they cannot be expected to be all things to all people. This is one reason why it is important to form partnerships with others in the field. The GP and specialist working relationship, for example, was thought by some to be especially important as the GP could establish relationships of trust within their communities and visiting specialists could support them in matters of sexual prevention and treatment.

The practical application of working relationships in Aboriginal and Torres Strait Islander health care is the male AHW who acts as a mediator, facilitator, interpreter, advocate and support person for both the health professionals and their Aboriginal and Torres Strait Islander patients.

**Talking about sensitive issues**

Sex is a very sensitive area of male health especially as issues of erectile dysfunction, sexually transmitted infections and infertility impact directly on the individual’s self-esteem and feeling of “shame”. In particular, maintaining client confidentiality is a serious issue for the community member when addressing all these problems. AHWs are often family members (skin or kin) of the patient and in rural and remote areas they may be the only assistance available to them.

Male AHWs need to be comfortable to talk to their male patients about sensitive health issues. Strategies for engaging males can include:

- stating facts clearly during consultations;
- using terms that are easily understood;
- listening to and responding to the man’s needs to facilitate an empathetic style of communication based on respect and trust;
- aiming to deal with health issues quickly and comprehensively;
- being proactive and sensitive in managing patients sexual concerns; and
- assuring the man that his health problems are treated with confidentiality and that it is not uncommon for the doctor to see and treat sexual health problems.

**Promoting safe sex**

“Safe sex” means not allowing a partner’s body fluids (blood, semen, vaginal fluids) into the person’s body, and vice versa. It can also mean covering up or avoiding contact with parts of the body that might be infectious (eg herpes sores or warts). With some forms of sex, it’s possible to avoid any transfer of body fluids, eg massage and mutual masturbation (“hand jobs”). Oral sex carries a lower risk of transmitting most (not all) of the sexually transmitted infections (STIs). With oral sex, the risk of infection can be reduced by following these guidelines:

- using condoms or latex dams (small latex sheet for oral sex performed on a female);
- not getting semen or blood in the mouth;
- avoiding oral sex in the case of mouth ulcers or bleeding gums;
anyone with an outbreak of cold sores not giving a partner oral sex (cold sores are caused by the herpes virus).

Sexually transmitted infections (STIs) are infectious conditions transmitted through sexual activity — vaginal, oral or anal. Some of the STIs can be easily treated but unfortunately there is no cure for many of them, and these incurable STIs tend to be the most common and longest lasting. Some, for example HIV and hepatitis B, can have serious health consequences. A person can have any of the STIs without any symptoms. They may therefore be unaware that they have an infection and may be passing it on each time they have sex.

Condoms should be used for vaginal or anal intercourse. They have the added benefit of helping prevent unwanted pregnancy. Textured, coloured and flavoured condoms are available. Some condoms are non-allergenic, for those who have skin reactions or find latex uncomfortable.

EXPLAINING TESTS AND TREATMENTS FOR PROBLEMS OF THE MALE REPRODUCTIVE SYSTEM

If patients have a clear understanding of problems of the male reproductive system and how they are treated, they are more likely to get early and effective treatment. This is a sensitive subject and, because of this, the AHW may be in a better position to discuss these matters than the doctor. Having some knowledge of the different tests and treatments will help the AHW to give an accurate explanation.

Prostate problems

If a man has problems with urination, then a description of symptoms, a physical examination by the doctor, blood tests and sometimes biopsies and ultrasounds are used to find out the type of prostate disease (ie BPH, prostate cancer or prostatitis).

The doctor may need a detailed personal and family medical history (including any medicines being taken) and may ask the man to keep a record of how much he drinks and when and how much he urinates. The doctor may also discuss how much the symptoms affect quality of life and well-being.

As part of a physical examination, a doctor may do the following tests.

- **Digital rectal examination (DRE)** helps to assess the size, shape and feel of the prostate. The doctor places a gloved finger in the back passage (rectum), and presses on the abdomen to feel for any problems with the prostate gland.
- **Blood tests** may be done to look for evidence of infection in the blood or urinary tract, check that the kidneys are working normally or measure the level of prostate-specific antigen (PSA) which can give an indication of prostate cancer.
- **A transrectal ultrasound guided (TRUS) biopsy** of the prostate gland may be done. If the doctor thinks that prostate cancer is present from the results of these tests, a biopsy may be carried out, using an ultrasound probe placed in the rectum to obtain an image of the prostate. If there is evidence of prostate cancer, other tests may be done to check if the cancer has spread to other parts of the body. A bone scan will look at whether the cancer has spread to the bones and a computed tomography (CT) scan can be used to investigate any spread to other parts of the body.

The AHW needs to explain test procedures to the man but test results should be referred back to the doctor.
Population-wide prostate cancer screening is not currently recommended in Australia. It is imperative that males are properly informed about prostate cancer testing BEFORE being tested, in a way that matches their education level, personal circumstances and language skills. It is not appropriate to order a PSA test as part of a suite of blood tests, unless the patient has been properly informed.\(^3\)

**Problems of the testes**

AHWs can advise young males that regular self-examinations of the testes to check for lumps or swellings are recommended, particularly for males born with undescended testis. They can explain the process, which involves feeling the testes for any lumps or swellings, one at a time, using fingers and thumb. It is a simple process that should only take a few minutes and may be easier after a warm bath or shower, when the skin of the scrotum is relaxed. If the man finds any lump, he should see the doctor straight away.

The following table summarises tests and treatments for different problems of the testes.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tests and treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testicular cancer</td>
<td>Removal of the testis that contains the cancer followed by scans to check that the cancer has not spread. There may be a need for additional treatment with chemotherapy (anticancer medicines) or radiotherapy.</td>
</tr>
<tr>
<td>Lumps in the scrotum</td>
<td>All testis lumps should be checked by a doctor to ensure that they are not cancer. The best and most accurate check up is with a testis ultrasound scan.</td>
</tr>
<tr>
<td>Undescended testes</td>
<td>If the testes do not descend naturally into the scrotum by 6–12 months, an operation to bring the testes down is done (ideally before the age of two years).</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>If the hydrocele causes bother with discomfort or size then a minor operation will correct it. Although it is possible to use local anaesthetic and to drain the fluid with a syringe, this does not work very well as the fluid nearly always comes back again.</td>
</tr>
<tr>
<td>Varicocele</td>
<td>A small incision is made in the groin and the vein is tied. An alternative treatment is to plug the source vein (embolisation). This is done in the x-ray department through a small needle puncture into a vein in the groin. A very small tube is then threaded into the source vein and is blocked with an expanding plug or special glue!</td>
</tr>
<tr>
<td>Epididymal cyst</td>
<td>These usually do not need to be treated, but if they do: A small operation to remove the cyst or cysts is done through an incision in the scrotum. The operation may cause scar tissue and block the outflow duct from the testis. Cysts can be drained with a syringe under local anaesthetic but they can return and there is a risk of introducing infection each time the cysts are needled. Antibiotic medicines are normally given to clear the infection and may need to be taken for up to six weeks.</td>
</tr>
<tr>
<td>Orchitis and mumps</td>
<td>Rest and pain suppressing medicines. Antibiotics are often given but probably make little difference. Antiviral treatment has been reported to help in some cases.</td>
</tr>
<tr>
<td>Torsion of the testes</td>
<td>This is a medical emergency and immediate surgery is needed to not only relieve the pain, but also to “save” the testis. Without a blood supply, the testis will die and after 6–8 hours there is less and less chance of being able to save the testis. During surgery the other testis may be fixed in position as well to stop it twisting.</td>
</tr>
</tbody>
</table>

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Problems of the penis

The following table summarises tests and treatments for different problems of the penis.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tests and treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cysts</td>
<td>These do not usually need any treatment. Sometimes they can become painful and infected if they continue to grow.</td>
</tr>
<tr>
<td>Ulcers</td>
<td>Should be checked by a doctor immediately</td>
</tr>
<tr>
<td>Pearly penile papules</td>
<td>These are not infectious and do not need to be treated.</td>
</tr>
<tr>
<td>Genital warts</td>
<td>Genital warts are spread through skin-to-skin contact, so it is important to use condoms if either partner is infected. Treated by freezing with liquid nitrogen — this does not get rid of the virus and warts may reappear on the skin or occur in the eye of the penis.</td>
</tr>
<tr>
<td>Plaques</td>
<td>Some are infectious and can develop into more serious conditions such as penile cancer.</td>
</tr>
<tr>
<td>Balanitis</td>
<td>Washing the penis and under the foreskin with soap and warm water is recommended. If caused by allergy, a change of brands (eg washing powder) may help. If there is an infection, antibiotics or antifungal medicine may be prescribed. In severe cases, circumcision may be recommended. If balanitis keeps happening, it may be necessary to test for diabetes.</td>
</tr>
<tr>
<td>Phimosis</td>
<td>Steroid creams applied once or twice daily for a couple of weeks is usually successful, especially if the foreskin is gently stretched when the cream is applied. If the steroid creams do not work, circumcision may be recommended.</td>
</tr>
<tr>
<td>Paraphimosis</td>
<td>Ice can be applied to reduce the swelling and then the foreskin can be moved forward to the usual position. Other methods used to reduce swelling include injecting medicine that lessens swelling, or inserting a needle and releasing some blood. If the foreskin does not return to its normal position, a surgeon may have to cut the foreskin to release it, or circumcision may be necessary.</td>
</tr>
<tr>
<td>Priapism</td>
<td>Treatment should be sought immediately to avoid damage to erectile tissue. A decongestant medicine may be prescribed to help the erection go down or the doctor may use a needle and syringe to release the extra blood trapped in the penis. If this does not work, surgery may be needed to try and avoid permanent damage to the penis.</td>
</tr>
</tbody>
</table>

Male fertility problems

Like all problems of the reproductive system, fertility problems are a sensitive subject. AHWs can advise males who have questions or concerns about their fertility about prevention and testing.

- Cigarette smoking, alcohol, sexually transmitted infections, heat stress from tight fitting underwear and harmful chemicals (eg pesticides, heavy metals) can be harmful to the production of sperm and should be avoided by couples who are trying to get pregnant.
- Semen testing can check whether there is a problem with the number or quality of sperm being produced. For testing, the man needs to ejaculate into a container and the semen needs to be tested within two hours. It is also important that the man does not have sexual intercourse or masturbate for two to five days before the test, as frequent ejaculations could lower the sperm count. Because an individual’s semen quality can vary considerably between samples, at least two semen analyses at least six weeks apart are needed to properly check fertility.
For more specialised advice, the AHW should encourage males to talk to a doctor or fertility specialist.

**Sexual problems**
The following table summarises tests and treatments for different sexual problems.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tests and treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature ejaculation</td>
<td>Can be treated using medicine (SSRI antidepressants), which only works for as long as the man continues to take the medicine, and sex therapy where the man learns to control the process.</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>A full physical and medical examination is taken. Medicines such as Viagra®, Cialis® or Levitra® are generally safe and effective in treating about two out of three males. When there is nerve damage, penile injections or implants may be needed. Many doctors also offer counselling, or referral to a specially-trained sex therapist. If a medicine is causing erectile dysfunction, talking to a doctor about trying a different medicine may help.</td>
</tr>
<tr>
<td>Lack of libido</td>
<td>Whilst antidepressants can be helpful if the person is depressed, they can also lower sexual interest. If low libido is caused by confirmed androgen deficiency, testosterone replacement may be needed.</td>
</tr>
<tr>
<td>Retrograde ejaculation</td>
<td>Most males who have retrograde ejaculation do not need treatment. The important message is that it is not a sign of serious illness. It is difficult for males with retrograde ejaculation to conceive naturally. For males wishing to have a family, treatment is needed to correct the condition, or sperm may need to be collected in other ways for use in assisted reproduction procedures. A fertility specialist can take sperm from the urine, or can also take sperm directly from the testes in a small operation (biopsy).</td>
</tr>
<tr>
<td>Delayed ejaculation/anorgasmia</td>
<td>A change of antidepressant medicine may be required for males who are concerned about this side effect. Vibrator stimulation and electrical stimulation of the penis can be used to promote reflex ejaculation in males who can’t ejaculate, but want to father a baby.</td>
</tr>
</tbody>
</table>

**SEXUAL HEALTH PROGRAMS**
Sexual health programs, even when tackled in isolation from the other concerns, need to be informed by an awareness of the underlying problems as these increase the difficulty of delivering sexual health programs to many Aboriginal and Torres Strait Islander communities.

As Smith et al (Smith, et al., 1999) state, there are cultural boundaries that define what may be spoken about, when and with whom regarding sexual matters. Traditional law, though specific to particular regional Aboriginal and Torres Strait Islander groups, has some commonalities with respect to relationships between members of a group, with people outside the group and the nature of those relationships. These laws inform how and in what contexts sex can be talked about and though more closely followed prior to settlement and forced assimilation, they are still relevant in many of our communities today. Those boundaries change in relation to age, class, sex, region and so on. The kind of explicit talk necessitated by the HIV epidemic and other sexual health concerns might overstep the personal and cultural boundaries of particular Aboriginal and Torres Strait Islander communities therefore it is essential to understand the protocols of the local community in which matters of male sexual health are being addressed and where possible accommodate them.

The Andrology Australia “What Every Man Needs to Know” campaign was officially launched in June 2004 and aimed to raise the awareness of male reproductive health issues in the
community, to encourage males to think about their health, and to see a doctor about any health concerns.\textsuperscript{4}

Generally, males have a low knowledge and fairly apathetic view of health issues and tend to ignore their own health. Health promotion programs need to educate males that to ensure a happy and healthy life, they need to know more about their body, how it works, and what can go wrong.

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Andrology Australia: A range of fact sheets and useful information on male reproductive health is available at no charge from Andrology Australia, either to download directly or to order from the website: http://www.andrologyaustralia.org or telephone 1300 303 878.

