

# Gender Bias Hypoactive Sexual Desire

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The aim of this study is to investigate whether the social categorization process based on the patient's gender (within this study only subdivided into cis-men and cis-women) affects the clinical evaluation, treatment of hypoactive sexual desire and...

<b>Ethical review</b>	Not available
<b>Status</b>	Recruiting
<b>Health condition type</b>	Sexual dysfunctions, disturbances and gender identity disorders
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON57477

### Source

Onderzoeksportaal

### Brief title

Gender Bias in Pathologizing, Treating and Explaining Hypoactive Sexual Desire

### Condition

- Sexual dysfunctions, disturbances and gender identity disorders

### Synonym

hypoactive sexual desire

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Jeroen Bosch Ziekenhuis

**Source(s) of monetary or material Support:** Jeroen Bosch Ziekenhuis

### Intervention

- Other intervention

## Explanation

N.a.

## Outcome measures

### Primary outcome

<ul><li>degree of pathology&nbsp;</li><li>referring for sexological care or not</li><li>expected effectiveness of sexological care&nbsp;</li><li>explanatory model: to what extent are the complaints related to a:<ul><li>biological predisposition&nbsp;</li><li>somatic cause&nbsp;</li><li>psychological cause&nbsp;</li><li>relational cause or context factors&nbsp;</li></ul></li></ul></p>

### Secondary outcome

<p>not applicable</p>

## Study description

### Background summary

Low sexual desire is the most common sexual complaint in women across the life cycle (Brotto, 2017). Across a variety of countries, it has been shown that at least a third of women experience low sexual desire for several months over the past year (Brotto, 2017; De Graaf & Wijzen, 2018). In men, low sexual desire has received less attention despite an estimated prevalence of 1-20% (Brotto, 2010; De Graaf & Wijzen, 2018) going up to 37% in ageing men (Beutel et al., 2008). While hypoactive sexual desire in men is often presented with the primary complaint of erectile dysfunction, prevalences of hypoactive sexual desire are presumably underestimated.

Despite evidence that men and women can become equally aroused in the same way and just as easily as demonstrated by a laboratory study (Laan & Everaerd, 1995), it has been suggested that, in general, men experience sexual desire more frequently and more intensely than women (Baumeister et al., 2001). However, this reflects common wisdom and whether or not gender differences are observed is influenced by measurement and report biases (Dawson & Chivers, 2014; Van Anders et al, 2022). Moreover, these supposed differences are largely driven by differences in sexual stimulation and the impact of gender stereotyping considering women's sexual desire as being weak and difficult to achieve and men's sexual desire as strong and spontaneous (Attwood et al., 2015; Graham et al., 2017). Men and women conform to these gender stereotypes, both in sexual practice and in

reported needs.

It has been shown that gender bias, one of the most common expressions of stereotyping, influences the clinical evaluation, estimated amenability to treatment and chosen treatment regarding diverse clinical conditions (e.g., Prunas et al., 2018; Norman, 2014). This topic has remained underexposed regarding sexual complaints. This is remarkable given that sexual dysfunctions are highly prevalent, affecting about 15-43% of women and 11-31% of men and given the evident gender stereotypes regarding sexual functioning (Rosen, 2000; Graaf, de & Wijsen, 2018). The effect of sexual stereotyping on pathologizing, explaining and treating low hypoactive sexual desire, has not been investigated yet. Accounting for a potential gender bias in health care professionals assessing these sexual complaints, as a result of social categorization and stereotyping, men or women might be more at risk for adverse consequences of underestimating and not treating complaints of low sexual desire. To identify these risks in order to act on them if necessary, the present research will explore the role of stereotyping on pathologizing, explaining and treating hypoactive sexual desire as well as the expected effectiveness of sexological treatment once the patient is referred to a sexologist.

## **Study objective**

The aim of this study is to investigate whether the social categorization process based on the patient's gender (within this study only subdivided into cis-men and cis-women) affects the clinical evaluation, treatment of hyposexual sexual desire and estimated amenability to sexological care. More specifically, the main question is whether medical professionals' judgement of hypoactive sexual desire being stereotypical for women is affected by the gender of the patient. In addition, the gender of the medical professional judging the patient will be taken into consideration.

## **Study design**

Because explicit bias is less prevalent than implicit bias, which occurs unconscious and is not self-reported (Boyson, 2009), the impact of gender bias will be examined using a vignette study.

One main vignette will be composed based on a real case, heterosexual patient with complaints regarding hypoactive sexual desire. The vignettes will be judged by diverse sexological caregivers. Two versions will be constructed which only vary on a female name (and male name for the partner) or a male name (and female name for the partner). Each participant will judge one vignette based on randomization. After reading the case vignette, participants will be asked to fill in a survey with questions about the degree of pathologizing, treatment chosen and explanation model.

This is a cross-sectional, observational study.

## **Intervention**

Not applicable

### **Study burden and risks**

The study does not involve real patients. Medical professionals are the participants. Participation will take only one-time 15 minutes. Participants receive no compensation.

## **Contacts**

### **Scientific**

Jeroen Bosch Ziekenhuis  
S van Leersum  
Henri Dunantstraat 1  
's-Hertogenbosch 5223 GZ  
Netherlands  
0735533117

### **Public**

Jeroen Bosch Ziekenhuis  
S van Leersum  
Henri Dunantstraat 1  
's-Hertogenbosch 5223 GZ  
Netherlands  
0735533117

## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)  
Elderly (65 years and older)

### **Inclusion criteria**

- Working in healthcare
- Being in professional contact with patients

- Sufficient command of the Dutch language

## Exclusion criteria

- Not working in healthcare
- Not having professional contact with patients
- Insufficient command of the Dutch language

## Study design

### Design

Study phase:	N/A
Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Other

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	31-03-2025
Enrollment:	200
Duration:	18 months (per patient)
Type:	Actual

### Medical products/devices used

Product type:	N.a.
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### IPD sharing statement

**Plan to share IPD:** Undecided

### Plan description

N.a.

## Ethics review

Not available

Date: 19-02-2025

Application type: First submission

Review commission: Validatie nWMO registratie door CCMO

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
Research portal	NL-009396