DOI: 10.18203/2320-1770.ijrcog20150055

Research Article

Herbal aphrodisiac use among male adolescents and teenagers in a rural area of Blantyre district, Malawi

Fanuel Lampiao¹*, Stanford Miyango², Harry Simkoza²

¹Department of Basic Medical Sciences, Division of Physiology, College of Medicine, University of Malawi, P/Bag 360, Chichiri, Blantyre 3, Malawi

²Department of Pharmacy, College of Medicine, University of Malawi, P/Bag 360, Chichiri, Blantyre 3, Malawi

Received: 24 February 2015 Accepted: 19 April 2015

***Correspondence:** Dr. Fanuel Lampiao, E-mail: flampiao@medcol.mw

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: This study was carried out to investigate traditional herbal aphrodisiacs use among teenagers and adolescents in Blantyre rural, Malawi.

Methods: The study was carried out in villages under Traditional Authority Kuntaja in Blantyre rural, Malawi. A total of 212 teenagers and adolescents participated in this study. A structured questionnaire was administered to participants for data collection.

Results: The study found that 65% of the teenagers and adolescents who took part in this study were using traditional herbal aphrodisiacs. Most of them were introduced to aphrodisiacs use by their friends.

Conclusions: This study has shown that many adolescents and teenagers are using traditional herbal aphrodisiacs and that the prescription is not done by an experienced traditional healer. Therefore there is need to sensitize the youths on proper ways of using these herbal medicines.

Keywords: Herbal aphrodisiacs, Teenagers, Adolescents, Reproduction, Toxicity

INTRODUCTION

Despite the widespread use of herbal medicines globally and their reported benefits, they are not completely harmless. Reports about men dying after ingesting herbal aphrodisiacs are not uncommon. The Centre for Disease Control and Prevention reported that between 1993 to 1995, five previously health men died after ingesting herbal aphrodisiacs which were purchased from the market.¹ The report concluded that the herbal aphrodisiacs they ingested contained digoxin-like substances which could cause cardiac dysrhythmias.¹

Moreover, there is limited scientific evidence from studies done to evaluate the safety and effectiveness of herbal traditional medicines. Adverse reactions have been reported due to herbal medicines when used alone or concurrently with conventional or orthodox medicines.^{2,3}

Traditional Herbal Aphrodisiacs are medicinal plants that are used to arouse the sexual instinct, induce desire and increases pleasure and sexual performance.² Ethno botanical surveys have indicated a large number of plants as aphrodisiacs. Aphrodisiacs are categorized according to their mode of action into three groups: those that increase libido (i.e., sexual desire, arousal), those that increase sexual potency (i.e., effectiveness of erection) and those that increase sexual pleasure.³

Some well-known herbal aphrodisiacs are *Tribulus* terrestris, Withania somnifera, Eurycoma longifolia, Avena sativa, Ginko biloba, Mondia whitei, Psoralea coryifolia and, Rhinoceros horn.⁴ The aim of this study

was to assess the prevalence use of herbal aphrodisiac among adolescents and teenagers in the rural setting of Blantyre district, Malawi.

METHODS

The study was conducted in Blantyre rural in villages under traditional authority Kuntaja. The participants in this study were aged between 12 and 19 years.

Data collection

Data was collected using a structured questionnaire which included questions on various aspects of herbal aphrodisiacs use. The questionnaire contained questions regarding names of aphrodisiacs in use, their preparation methods, the dosages used, the length of time they have been using aphrodisiacs and the functions of aphrodisiacs in question.

Data analysis

Analysis of data was by descriptive statistics (mean \pm SD, frequencies, etc.) using statistical package SPSS (Version 10 for Windows) at 95% confidence level.

RESULTS

Demographics

A total of 212 participants were interviewed. The median age of the participants was 15 years. The participants attended education as follows: 42.7% of the total participants had attended primary school education, 55.5% had attended secondary school education and 1.8% did not attend school.

Findings

The number of adolescents and teenagers who use herbal aphrodisiacs were 137 which represent 65% of the total number of participants and the remaining 35% represent the number of participants who were not using herbal aphrodisiacs. About 66.1% of the participants who were using herbal aphrodisiacs responded that they were introduced to use of herbal aphrodisiacs by friends, 15.4% were introduced by their parents and 18.4% said were introduced to herbal aphrodisiacs use by traditional healers. The commonly used aphrodisiacs which were mentioned included *Mondia whitei, Capsium annuum, Kigelia africana, Steganotaenia araliacea.*

Most of the adolescents and teenagers who were using these herbal aphrodisiacs reported that they use these herbal aphrodisiacs for different purposes, 1.5% indicated that they use the herbs to increase sexual libido, 46.7% reported these herbs are used to increase their sexual potency, 14.6% use aphrodisiacs to increase their sexual pleasure and 37.2% said these herbal aphrodisiacs are used for enlargement of the penis. Most of these aphrodisiacs were reported to be taken raw and mainly once or twice a day and were prepared as solutions, and powder. Finally most of these herbal aphrodisiacs were being used for a duration ranging from one week to one month and some teenagers could use them so long as they are required.

DISCUSSION

The search for an effective aphrodisiac has been a perennial pursuit of most societies throughout history.5 Viagra (sildenafil) is one of the drugs that have in the past decades drawn public attention to aphrodisiacs. Various substances of animal and plant origin have been used in traditional medicine of different cultures.⁶ In this study we wanted to investigate the prevalence use of herbal aphrodisiacs among adolescents and teenagers in a rural setting of Blantyre District in Malawi. Our findings indicate that there is high prevalence use of herbal aphrodisiacs among adolescents and teenagers. This is interesting because some boys as young as 12 years indicated that they had used herbal aphrodisiacs before. This could be the case because one of the reasons given by the participants for using aphrodisiacs was to enlarge their reproductive parts, so they could have been using aphrodisiacs for that purpose or it could be that these boys were engaged in early sexual behaviors. As far as we are concerned, this was the first study to investigate the use of herbal aphrodisiacs among this age group in Malawi.

An important observation to note is that a large percentage of the adolescents and teenagers using herbal aphrodisiacs got the prescription from friends. This is rather worrisome because the practice of self-medication among the youth and the absence of real directives may amplify health hazards. Many herbal therapies show some potential benefits in improving men's sexual function.⁴ However, adequate studies on the specific benefits and health risks associated with their use are needed. We therefore recommend that young people especially in the rural areas should be sensitized about the dangers of using unprescribed herbal aphrodisiacs by experienced herbalists.

Funding: No funding sources Conflict of interest: None declared Ethical approval: The study was approved by the institutional ethics committee

REFERENCES

- 1. Centre for Disease Control and Prevention. Deaths associated with a purported aphrodisiac - New York City, February 1993-May 1995. Morbid Mortal Wkly Rep. 1995;44:853-5.
- Oreagba IA, Oshitoya KA, Amacree M. Herbal medicine use among urban resident in Lagos, Nigeria. BMC Complement Alternat Med. 2011;11:1-8.

- 3. Malviya N, Jain S, Gupta VB, Vyas S. Recent studies on aphrodisiacs herbs for the management of male sexual dysfunction: a review. Acta Poloniae Pharmaceutica: Drug Res. 2011;68:3-8.
- 4. Bella AJ, Shamloul R. Traditional plant aphrodisiacs and male sexual dysfunction. Phytother Res. 2014;28:831-5.
- Rosen RC, Ashton AK. Prosexual drugs: empirical status of the new aphrodisiac. Arch Sex Behav. 1993;22:521-43.
- 6. Sandroni P. Aphrodisiacs past and present: a historical review. Clin Auto Res. 2001;11:303-7.

DOI: 10.18203/2320-1770.ijrcog20150055 **Cite this article as:** Lampiao F, Miyango S, Simkoza H. Herbal aphrodisiac use among male adolescents and teenagers in a rural area of Blantyre district, Malawi. Int J Reprod Contracept Obstet Gynecol 2015;4:581-3.