CHAPTER 21
Male Reproductive System

Maturation Stages in the Male

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>Stage 1.</td>
<td>Preadolescent, hair present is no different than that on abdomen. Testes, scrotum, and penis are the same size and shape as young child.</td>
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<td>Stage 2.</td>
<td>Pubic hair slightly pigmented, longer, straight hair, often still downy usually at base of penis, sometimes on scrotum; enlargement of scrotum and testes.</td>
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<td>Stage 3.</td>
<td>Pubic hair dark, definitely pigmented, curly pubic hair around base of penis; enlargement of penis, especially in length, further enlargement of testes, descent of scrotum.</td>
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<td>Stage 4.</td>
<td>Pubic hair definitely adult in type but not in extent, spread no further than inguinal fold. Continued enlargement of penis and sculpturing of glans, increased pigmentation of scrotum.</td>
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<td>Stage 5.</td>
<td>Hair spread to medial surface of thighs in adult distribution. Adult stage, scrotum ample, penis reaching nearly to bottom of scrotum.</td>
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It is essential to assess for sexual molestation in male children. Some signs of sexual molestation are trauma, depression, eating disorders, bruising, swelling, and inflammation in the genital and anal areas. Additionally, the male child may appear withdrawn. Often the male child will deny the experience.

Adolescents often express interest in the changes related to puberty. The desire to explore sexual relationships and sexual contact, from kissing and fondling to intercourse, may be intense. Thus, adolescents need counseling on relationship issues, birth control, protection against sexually transmitted diseases (STDs), and delaying sexual activity. An adolescent may be concerned about or confused by an attraction to individuals of the same sex. It is important to provide open communication so that the adolescent may express concerns.

The Older Adult

The older male client experiences the following changes to the external genitals. Pubic hair thins and grays, the prostate gland enlarges, the size of the penis and testes may diminish, the scrotum hangs lower, and the testes are softer to palpation. Sperm production decreases in middle age; however, the older male may remain able to contribute viable sperm and father children throughout his life span.

Sexual function and ability change as well. Testosterone production decreases, resulting in diminished libido. Sexual response is often slower and not as intense. The older male may be slower to achieve erection, yet may be able to maintain the erection longer. Ejaculation can be less forceful and last for a shorter time, and less semen may be ejaculated.

Even though older male adults can achieve sexual gratification and participate in a satisfying sexual relationship, a decrease in sexual drive may contribute to the client’s withdrawing from sexual experiences and relationships. The following factors are known to influence sexual drive.

- Chronic or acute diseases
- Certain medications
- Loss of spouse or significant other
- Loss of privacy
- Depression
- Fatigue
- Any stressful situation
- Use of alcohol or illicit drugs

PSYCHOSOCIAL CONSIDERATIONS

Fatigue, depression, and stress can decrease sexual desire in a client of any age. Grief over the loss of a relationship, whether because of separation, divorce, or death, can have long-term effects on a client’s willingness to seek new relationships. Feelings of betrayal—for example, when a partner becomes intimate with another person—can have the same effect.

Past or recent trauma, as from childhood abuse, physical assault, and sexual assault, whether or not penetration occurred, may have a significant impact on a client’s ability to enjoy a sexual relationship. This may be true even if the trauma is completely repressed.