ACCEPTANCE OF ERECTILE DYSFUNCTION DRUG AMONG GEN Y MEN

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Abstract

Erectile dysfunction (ED), defined as the difficulty to attain or maintain an erection firm enough to accomplish a satisfactory sexual intercourse.With the development of Medical Science ED Drug are developed to encounter such problems. The primary objective of this research paper focuses on acceptance of ED Drug by Generation Y.The primary data is collected through structured questionnaire specific for male respondents within the age group of 18 - 35 years with the sample size of 150. The reliability of data was verified using **KMO & Bartlett's and Test Reliability Statistics**. *A structured questionnaire is developed and validated. It is sent to the respondents via Google form and the responses are recorded, validated and analysed further for desired results. Research focused on Gen Y men (age group of 18 – 35).The data clearly show that 64.7 percent of the people feel that use of ED drugs would help them last longer in bed with their partner. Awareness about ED drug will provide the young men to be more proactive towards their sexual health.*

Key words: ED Drug, Psychology, Satisfaction, Performance Risk, Gen Y, Erectile Dysfunction.

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Introduction

Erectile Dysfunction, sometimes called "impotence," is the repeated inability to get or keep an erection of penis firm enough for sexual intercourse. The word "impotence" may also be used to describe other problems that interfere with sexual intercourse and reproduction, such as lack of sexual desire and problems with ejaculation or orgasm. Using the term erectile dysfunction makes it clear that those other problems are not involved.

Erectile Dysfunction, or ED, can be a total inability to achieve erection, an inconsistent ability to do so, or a tendency to sustain only brief erections. These variations make defining ED and estimating its incidence difficult. Estimates range from 15 million to 30 million people suffers from this problem, depending on the definition used. According to the National Ambulatory Medical Care Survey (NAMCS), for every 1,000 men in the United States, 7.7 physician office visits were made for ED in 1985. By 1999, that rate had nearly tripled to 22.3 (NAMCS report, 2017). NAMCS data on new drugs show an estimated 2.6 million mentions of Viagra at physician office visits in 1999, and one-third of those mentions occurred during visits for a diagnosis other than ED. The increase happened gradually, presumably as treatments such as vacuum devices and injectable drugs became more widely available and discussing erectile function became accepted. Perhaps the most publicized advance was the introduction of the oral drug "sildenafil citrate" (Viagra) in March 1998.

Erectile dysfunction (ED) is a highly prevalent medical disorder that is estimated to affect over 152 million men worldwide. In older men, ED usually has a certain cause, related to disease, injury, or side effects of drugs. Any disorder that causes injury to the nerves or impairs blood flow in the penis has the potential to result in ED. Incidence increases with age: About 5 percent of 40-year-old men and between 15 and 25 percent of 65-year-old men experience ED. But it is not an inevitable part of aging(NAMCS report, 2017).

By 2025, it is projected to afflict 322 million men worldwide. ED is associated with such significant medical conditions as coronary artery disease, hypertension, hyperlipidemia, depression, and with medications, particularly antihypertensive and antidepressant drugs. Treatment for ED, using ED Drug, is associated with

improvement in sexual, relational, and emotional areas in patients with ED. For example, "sildenafil citrate" (Viagra®) users reported significant improvements in erectile and sexual function that were associated with positive changes in emotional well-being and sexual partner relationships.

Despite the advent of an effective medication (ED Drug) for the treatment of erectile dysfunction, locally administered therapies remain as viable alternative treatments in India and other part of the world. The former is clearly more effective, but more invasive and as such has resulted in relatively high drop-out rates of 40–50%. Generation Y (born between 1982 and 2002) has caught the attention of researchers due to the sheer size of this consumer segment and also its significant spending power (Martinette Kruger, Melville Saayman, 2017). The level of health issues faced by this generation is predominantly due to erratic lifestyle and food habits. Increased stress levels also contribute to the deterioration of sexual health.India being a young country where sexual health is a taboo the area of the study further becomes challenging and there is an alarming need to discuss the topic in an open forum. Hence it becomes imperative to study the acceptance of ED Drug in the Indian society (Generation Y). Therefore, validated a questionnaire was developed and that encompasses related psychosocial factors specific to men with acceptance of ED Drug and recorded the response of 150 respondents accordingly.

Literature Review

British Association of Urological Surgeons (BAUS) Limited, (2017) examined the diagnosed with erectile dysfunction. The aim of their study was to provide with detailed information about how the condition may be treated with drugs to enhance your erections. For this purpose they have consulted specialist surgeons, so it represents best practice in UK urology. As per their study, the commonly used PDE-5 (*phosphodiesterase* type 5) inhibitors are ildenafil (generic or Viagra™), tadalafil (Cialis™), vardenafil (Levitra™) and avanafil (Spedra™). They increase blood flow into the penis by blocking the naturally occurring enzyme which turns off an erection. One should only obtain PDE-5 inhibitors by prescription. Side-effects occur in approximately 1 in 9 patients (11%) but only 3% stop treatment because of them. One should not use PDE-5 inhibitors of he is taking nitrate medications for angina or heart

disease. K. Hatzimouratidis Chair et.al (2015) denotes guidelines are to present the current evidence for the diagnosis and treatment of patients suffering from erectile dysfunction (ED) and premature ejaculation (PE). The study states that pharmacological therapies have completely changed the diagnostic and therapeutic approach to ED and the Guidelines Office of the European Association of Urology (EAU) has appointed an Expert Panel to update previously published EAU guidelines for ED or impotence. In the study, for both conditions (ED and PE) a systemic literature search was performed by the panel members.

Koichi Nagao, et.al (2008) discussed currently prescribed drugs and approaches to overall erectile dysfunction (ED) therapy. They conducted a study by circulating a structured questionnaire and response were recorded from 308 respondents who were ED patients. Of the 308 patients surveyed, 23% became aware of having ED more than 3 years ago. In the early stages, the patients frequently experienced 'anxiety and a sense of loss' and 'irritation and powerlessness'. The ED drugs taken were sildenafil and vardenafil in 65 and 31% of the patients, respectively. Although their efficacy was generally high, approximately 80% of the patients (younger patients in particular) experienced some problems with these medications. As negative assessments, the difficulty in finding a good time to take the drug and the strange sensation of the drug forcing the patient to have an erection were pointed out.

Rupesh Raina, et.al (2003) discussed the long-term effect and safety of sildenafil citrate for the treatment of erectile dysfunction after radical prostatectomy (RP). They conducted a study by circulating a structured questionnaire and response were recorded from 91 respondents who received oral sildenafil citrate after RP. Those who had responded positively to the drug were surveyed again 3 years later (n = 48). Sildenafil citrate was prescribed at a dose of 50 mg and increased to 100 mg if needed. Data were collected from a self-administered questionnaire using the abridged five-item version of the International Index of Erectile Function questionnaire, referred to as the Sexual Health Inventory of Men, and the Erectile Dysfunction Inventory of Treatment Satisfaction. The patients were stratified according to the type of nerve-sparing (NS) RP procedure they underwent: bilateral NS, unilateral NS, and non-NS. The results of this study indicate that the vast majority of patients with erectile dysfunction after RP who initially respond to sildenafil continue to do so at 3 years and are satisfied and compliant with the treatment regimen.H Padma-Nathan, (2007) discussed the efficacy and safety

of a topical alprostadil cream, Alprox-TD®, for the treatment of erectile dysfunction. Two randomized, multicentre, parallel group, double-blind, placebo-controlled studies were conducted by them in accordance with Good Clinical Practice and International Conference on Harmonization guidelines, and in accordance with the ethical principles of the Declaration of Helsinki. In all, 12 and eight research clinics throughout the US participated in Studies 1 and 2, respectively where study 1 represents treatment of mild-to-moderate ED and study 2 represents treatment of severe ED. In their studies they observed that, the primary efficacy end point (change in EF domain score relative to baseline) was significantly increased in the highest dose treatment group, and dose-related trends in efficacy for all treatment groups.

Chintan K. Patel, Nelson Bennett, (2015) discussed advances in the treatment of erectile dysfunction. Here he mentions newer pharmacological treatments are focused on targeting alternative pathways in the erectile process, both centrally and peripherally.

- *Dopaminergic agents.:* Dopamine operates in the brain as a neurotransmitter and in the periphery, it functions like a local messenger
- *Melanocortin receptor agonists:* They are linked to the induction of penile erection and the regulation of sexual behaviour
- *Soluble guanylate cyclase stimulators and activators.*
- *Rho-kinase inhibitors:* Phosphorylation of myosin light chain kinase regulates the contraction of smooth muscle in the corpora and dephosphorylation is mediated by smooth muscle myosin phosphatase enzyme.
- **Topical therapy:**It consists of prostaglandin E1 (alprostadil) combined with SEPA (soft enhancer of percutaneous absorption).
- **Low-intensity shockwave therapy**
- **Stem cell transplant**
- **Gene therapy**: Genetic material is injected into the penis in this process.

Michael Perelman, et.al (2017) analysed better understand the psychological and behavioural aspects of ED and compare the attitudes of ED patients in different countries. A Cross-National Survey is carried out on Male Health Issues surveyed men aged 20–75 years in six countries by circulating a structured and carefully administered questionnaire and analysing the response collected. The variables were attitudes, behaviour, doctor-related issues, and comorbidities. They concluded that attitudes of men with ED overlap significantly when compared between countries, but interesting differences were seen.

VH Health Care, (2013) separates other problems that interfere with sexual intercourse and reproduction, such as lack of sexual desire and problems with ejaculation or orgasm from erectile dysfunction which is the repeated inability to get or keep an erection firm enough for sexual intercourse. The study from National Ambulatory Medical Care Survey statics highlights that, according to the National Ambulatory Medical Care Survey (NAMCS), for every 1,000 men in the United States, 7.7 physician office visits were made for ED in 1985. By 1999, that rate had nearly tripled to 22.3. The increase happened gradually, presumably as treatments such as vacuum devices and injectable drugs became more widely available and discussing erectile function became accepted. As per the study Urologists, who specialize in problems of the urinary tract, have traditionally treated ED; however, urologists accounted for only 25 percent of Viagra mentions in 1999.

Research Methodology

Statement of the Problem

Erectile dysfunction has become a common phenomenon in the modern world as the food habits, lifestyle and many other factors have significantly worsened the condition. Introduction of ED drugs have made a great therapy to solve a particular problem. This study basically focuses on studying the effect of significant variables the acceptance of ED drugs among generation Y and its implication towards its application.

Scope of the Study

It comprises of studying the effect of significant variables on acceptance of ED Drug by Generation Y. In this study the variables chosen are expectations, reasons of usageand perceived risks associated with ED Drug. This study is done to comprehend the ways Generation Y can be made aware ofimportance ED Drug for the treatment of erectile dysfunction.The study was conducted in Bangalore, India.

Objectives of the Study

- To understand the perception of Gen Y about ED drugs.
- To analyse the acceptance of ED drugs in Generation Y (Age group of 18-35 years).
- To understand the various factor dimensions influencing the buying behaviour of ED drugs by Generation Y.

The study was conducted to find out the attitude of the men towards the acceptance of ED drugs in the age group between18-35 and to know their perception, perceived risk, expectations and their reason to use ED drugs. This topic is less discussed in India and this study helps to gain more insight towards the topic.

Research Design and Sampling

The nature of the study used is exploratory study; the data was collected by primary **and** secondary sources. Primary data has been collected using a structured questionnaire, which covered various dimensions of the research questions. In our study the sampling population is specific to male respondents and respondents between the age group of 18 -35 years are selected. Google formwas floated to the 300 respondents and 150 responded to the questionnaire. The sample was collected using convenient sampling method. The secondary data has been collected from books, internet, literature and other relevant documents such as magazines, journals, and web resources and websites are other sources.

Data Analysis and Software:

- Collection of Primary data was done through questionnaire.
- IBM- SPSS 20 software has been used for analysis.
- Relevant statistical tool has been used to analyse the data like, Reliability Statistics, KMO test, Descriptive Statistics, Correlations and Regression test.

Reliability test

Table No. 1:KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.641
Bartlett's Test of Sphericity	Approx. Chi-Square	516.862
	DF	171
	Sig.	.000

From the table No. 1 itis concluded that, KMO = 0.641 which indicates that the sample is adequate and further analysis can be done.

From the table No. 2, itis seen that Cranach's alpha from the table is 0.706, which indicates a high level of internal consistency for our scale with this specific sample. Five point Likert scale was used in developing the dimensional measurement.

Table No.2 : Reliability Statistics

Cronbach's Alpha	No. of Items
.706	19

Descriptive Statistics

- The mean value of "long lasting in the bed" is 3.80 which state that more respondents are worried about duration they can last in bed with their partner. They want to have a long time in bed and avoid premature ejaculation during sexual intercourse. The 52.7 percent of the respondents would use ED drugs as they help them delay the ejaculation.

- The mean value of a 'better sex life' is 3.63 which indicate that the respondents desire greater sex life and are willing to consume ED drugs to achieve the same. It will help in maintaining an erection and create a desire for better sex life.

- The mean value of "Desire for great sex experience" is 3.61 which statethat more respondents are willing to use ED drug to enhance their sex experience. This indicates that people want great sexual experience and they won't mind taking supplement and medicine for the same.

- The mean value of "more pleasurable experience" is 3.58 which indicate that respondents desire more pleasurable experience and they are more adventurous in trying new thing to full the need of a better experience. They are willing to accept ED dugs to get a more pleasurable experience.

- The mean value of using ED drugs due to "Performance anxiety" is 3.59 which clearly state that the respondents are very conscious about their performance in the bed. They are very conscious about the satisfaction level of their partner.

- The mean value of the likelihood of facing vision problem by use of ED drugs is 2.85. This clearly indicates that people think there is very less chance of them facing vision related problem by the use of Ed drugs

- The mean value of using ED drugs to get over anger and retaliation is 3.01 and it could be inferred that people use ED drugs for pleasure and not to get over frustration.

Hypotheses for Anova

H0: There is no significant difference across various parameters (expectation, reason, Risk, acceptance) of acceptance of ED drugs on age groups.

H1: There is significant difference across various parameters (expectation, reason, Risk, acceptance) of acceptance of ED drugs on age groups.

Table No.3: ANOVA shows the Expectation, Reason, Risk, Acceptance and age

		Sum of Squares	Df	Mean Square	F	Sig.
Expectation	Between Groups	124.959	3	41.653	3.161	.027
	Within Groups	1923.875	146	13.177		
	Total	2048.833	149			
Reason	Between Groups	22.682	3	7.561	.867	.460
	Within Groups	1246.543	143	8.717		
	Total	1269.224	146			
Risk	Between Groups	110.420	3	36.807	2.811	.042
	Within Groups	1846.518	141	13.096		
	Total	1956.938	144			
Acceptance	Between Groups	35.399	3	11.800	1.137	.336
	Within Groups	1504.748	145	10.378		
	Total	1540.148	148			

From the above Anova table the P-Value of expectation = 0.027, risk= 0.042, which is less than 0.05 leading to rejection null hypothesis and acceptance of alternate hypothesis. Thus there is a significant difference across the age groups. Whereas reason and acceptance has no significant difference across age groups.

Table no. 4 shows the Expectation, Reason, Risk, Acceptance and current employment status.

H0: There is no significant difference across various parameters (expectation, reason, Risk, acceptance) of acceptance of ED drugs on Employment Status.

H1: There is significant difference across various parameters (expectation, reason, Risk, acceptance) of acceptance of ED drugs on Employment Status.

Table No.4: ANOVA shows the Expectation, Reason, Risk, Acceptance and current employment status.

		Sum of Squares	Df	Mean Square	F	Sig.
Expectation	Between Groups	95.715	4	23.929	1.776	.137
	Within Groups	1953.118	145	13.470		
	Total	2048.833	149			
Reason	Between Groups	99.253	4	24.813	3.012	.020
	Within Groups	1169.972	142	8.239		
	Total	1269.224	146			
Risk	Between Groups	144.721	4	36.180	2.795	.029
	Within Groups	1812.217	140	12.944		
	Total	1956.938	144			
Acceptance	Between Groups	8.909	4	2.227	.209	.933
	Within Groups	1531.238	144	10.634		
	Total	1540.148	148			

From the above Anova table the P-Value of Reason = 0.02, risk= 0.029, which is less than 0.05 leading to rejection null hypothesis and acceptance of alternate hypothesis. Thus there is a significant difference across the age groups. Whereas expectation and acceptance has no significant difference across Employment Status.

Table No. 5: Correlations

		Expectation	Reason	Risk	Acceptance
Expectation	Pearson Correlation	1			
Reason	Pearson Correlation	$.195^*$	1		
Risk	Pearson Correlation	.096	$.280^{**}$	1	
Acceptance	Pearson Correlation	$.204^*$	$.174^*$	$.204^*$	1

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

From the above correlation table it is inferred that there is a significant correlation at 0.01 and 0.05 level of significance acceptance and since correlation values are between 0.10 to 0.54, the dimensions of study are less correlated. Risk and expectation has no significant correlation at all.

Hypothesis for regression analysis

H0: There is no significant impact of expectation, risk and reason from using ED drugs across acceptance of ED drugs

H1: There is significant impact of expectation, risk and reason from using ED drugs across acceptance of ED drugs

Table No.6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.321^a	.103	.083	3.03572

Table No 7: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	145.079	3	48.360	5.248	.002^b
	Residual	1262.538	137	9.216		
	Total	1407.617	140			

From ANOVA table no. 7,it can be examined that, there is no impact of the independent variables on the dependent variables (Acceptance) against the alternate hypothesis. i.e. the factors like Risk, Expectation, Reason.

P-value from the ANOVA table is 0.002 which is lower than 5% and this leads us to fail to accept the null hypothesis which means that there exists a significant impact of the acceptance and risk, expectation, reason

Table No. 8: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.881	1.784		5.539	.000
	Expectation	.190	.071	.222	2.690	.008
	Reason	.091	.093	.083	.974	.332
	Risk	.146	.074	.165	1.963	.052

From the table no. 8 it can infer the following: -

It is inferred that people have great expectation from the ED drugs; if the expectation is met they will use ED drugs. The expectation for better sex life, more pleasurable experience, premature ejaculation, long lasting in bed. These factors influence the acceptance of ED drugs.

The adjusted R^2 value is 0.103. This means that the regression analysis can explain 10.3% of the data. The P-value 0.002 is lower than significance value and thus declines the null hypothesis and accept alternate hypothesis. The expectation is an important factor in acceptance of ED drugs. The R^2 value is 10.3 percent which indicates respondent have not given accurate information or some variable have not been covered in the study.

Findings

- The findings result that 52.7 percent of the respondent feel there won't be premature ejaculation. While 24.7 of respondents are neutral there won't be premature ejaculation and 22.7 percent of the respondents feel that there would be premature ejaculation. People perceive ED drugs to help them to last longer in bed hence there is a higher percent of people believing there won't be premature ejaculation.

- The majority 61.3 percent of the respondents have stated that the use of ED drugs will give them a better sex life, while the 26 percent of the respondent are neutral and the remaining 12.7 percent feel it would not lead to better sex life. The data clearly indicates ED drugs are perceived as performance enhancers during sex.

- The findings drawn from respondents show that 64.7 percent state that the use of ED drugs will help the last longer in bed. While, 22.7 percent of the respondents were neutral and 12.7 percent of the respondents feel that ED drugs would not help them last longer in bed. The data clearly show that people feel that the use of ED drugs would help them last longer in bed with their partner. This is one of the prime reasons for use of ED drugs as per the study.

- 36 percent of the respondent'sstates that use of ED drugs would help them get rid of impotent tag. While, 27.3 percent of the respondent are neutral and 26.7 percent of the respondent feel that it won't not help them get rid of impotent tag. The data are more closely related, so the respondent is not absolutely sure of the ED drug would help them get rid of impotent tag.

- The findings reveal that majority of the respondent i.e. 56 percent feel the use of ED drugs would give them more pleasurable. While, 26 percent of the respondents are neutral and 18 percent of the respondents feel that ED drugs won't give them more pleasurable experience. The data clearly show that vast majority of the respondents feel that use of ED drugs would give them a better sex life and ED drugs like Viagra is placed and positioned for giving more pleasurable experience.

- Majority of the respondents i.e. 49.3 percent responded that use of ED drugs would help them overcome shame and embarrassment, while, the 22.7 percent of the respondents are neutral and 28 percent of the respondents feel that it won't help them get over shame and embarrassment. Nearly half of the respondents uses ED drug to get over shame and embarrassment, this show that people are very conscious about the society and status. The respondents view erectile dysfunction as shameful and embarrassing.

- From the study it can analysed that the majority of the respondents i.e. 51.4 percent would use ED drugs to get over lack of sexual attraction. While, 20.6 percent of the respondents are neutral to use of ED drugs to overcome sexual attraction and 28 percent of the respondent won't use ED drugs to overcome lack of sexual attraction. This indicates that majority of the respondents would use ED drugs to create a more desired experience as the desire for greater sex fades with time and respondents are willing to use ED drugs to spice their lives.

- Most of the respondents i.e. 59.3 percent would use ED drugs to have a greater sex experience. While, the 24.7 percent of the respondent are neutral about the use of ED drugs for great sex experience and the 16 percent of the respondent would not use ED drugs to better their sex experience.

- 34.7 percent of the respondents are neutral about using ED drugs to get over anger and retaliation. While the 34 percent of the respondents would use ED drugs to get over anger and retaliation and the 31.3 percent of the respondents won't use ED drugs to get over anger and retaliation. This indicates that people have a mixed response for the use of ED drug to get over anger and retaliation. Hence this is not a key reason for people to use ED drugs.

- The findings from the study reveal that 41.3 percent respondents feel that they would get headaches as side effect by the use of ED drugs. While, 34 percent of the respondents were neutral about headache as side effect and 24.7 percent of the respondents feel that they won't face headache after the use of ED drugs. This study indcates that the respondents feel that there is a likelihood chance of getting headache.

- Majority of the respondents i.e. 40.7 percent feel that they would face body ache by the use of ED drugs. While, the 28 percent of the respondent were neutral about body ache as side effect of ED drugs and the other respondent feel that they won't face body ache as side effect. This shows that the respondents perceive body ache as side effect of ED drugs and they might be relating tiredness after sex as with the use of ED drugs.

- Most of the respondent's 37 percent feel that they would encounter digestive problem. While, 36 percent of the respondents are neutral about-facing digestive problems and 26.7 percent of the respondents feel that they would not face digestive problem by the use of ED drugs. From the data it can infer that respondents feel they will have digestive problem which is not true as the medicines are safe to consume and they are proper treatments.

- Study reveals that 42.7 percent of respondents feel that they would encounter dizziness by the use of ED drugs. While the 32 percent of the respondents are neutral about-facing dizziness and the 25.3 percent of the respondents feel that they would not feel dizziness after the use of ED drugs. This shows that people think that ED drugs would completely exhaust them; hence they would feel dizzy after sex and would need to take rest.

- From the study it can be analysed that most of the respondents i.e. 38.7 feel that they won't face vision problem. While, 31.3 percent of the respondent are neutral about ED drugs effecting vision problems and 30 percent of the respondents feel that they will encounter vision problem by the use of ED drugs. From the result it can clearly inferred that people don't perceive vision problem as the major treat from the use of ED drugs.

- The majority of the respondent 60.7 percent would use ED drugs due to performance anxiety. While, the 21.3 of the respondents are neutral about using ED drugs due to performance anxiety and the 18 percent of the respondents would not use ED drugs due to ED drugs. From the data it can be inferred that people are willing to use ED drugs due to performance anxiety and they are very conscious about their performance in bed with their partner.

- 44 percent of respondents would use ED drugs due to general stress. While, the 32 percent of the respondents are neutral about using ED drugs for general stress and the 24 percent of the respondent would not use ED drugs due to general stress. From the study it can be said that stress reduces the performance in bed and people are willing to use ED drugs to have same or better experience.

- Findings reveal that 43 percent of respondents are willing to use ED drugs when they are depressed. While, 28.7 percent of the respondent are neutral and 28 percent of the respondent are not going to use ED drugs to during depression. From the study it can be inferred that most of the respondents are willing to use ED drugs to get over depression of poor sex life as they want a better sex life.

- Most of the respondents i.e. 44 percent would use ED drugs due to loss of interest in sexual intercourse. While, 27.3 of the respondent are neutral the use of ED drugs due to loss of interest in sexual intercourse and 28.7 percent of the respondents are not going to use ED drugs due to loss of interest in sexual intercourse. From the study it can be inferred that most of the respondents are willing to use ED drugs to continuously keep themselves interest in sexual intercourse as people lose the interest over time.

- 50 percent of respondents feel they would use ED drugs due to aging. While, 28 percent of the respondents are neutral about using ED drugs due to aging and 22 percent of the respondents are not going to use ED drugs to aging. From the study it could be inferredthat the half of the respondents are willing to use ED drugs due to aging as the persons sexual capacity reduces by age, hence the respondents want to maintain their capacity.

- From the study it can be analysed that there are 23.3 percent of the respondent in 18-22 age group, 38 percent of the respondents are in 23-27 age group, 26.7 percent of the respondent in 28-32 age group and 12 percent of the respondent are in 33-35 age 0group. From the study it can be inferred that majority of the respondent are college going student or just started working, this is because the target group selected is Gen Y that is early1980's to 2000.

- From the study it is known that 31.3 percent of the respondents earn Rs 1-10,000 in a month, 10 percent of the respondent earn Rs10,001-20,000 per month, 22 percent of the respondent earn Rs 20,001- 30,000 per month, 20 percent of the respondent earn Rs 30,0001-40,000 and 16.7 percent of the respondents earn Rs 40,001 and above. From the datait can beinferredthat majority of the respondents are young and college going student they have lower income.

- From the study it is revealed that 4.7 percent of the respondents are employed, 44.7 percent of the respondents are students, 22.7 percent of the respondents are professionals, 14.7 percent of the respondents are self-employed and 13.3 percent of the respondents are salary class. The study shows that majority of the respondents are students and this due to the target age group of 18-35 year, this also shows that people are pursuing higher education in the age group of 18-35.

- 1.3 percent of the respondent had done no schooling, 12 percent of the respondents completed high schools, 38.7 percent of the respondent are graduates and 74 percent of the respondent are Post graduates. The number of graduate and post graduate is high due to sample selected as they were college going students who are pursing higher education.

Suggestion
- During the study it was found that many of our samples were unaware about erectile dysfunction. There needs to be more awareness created about the about ED and its treatments among the youth.

- Nearly half of the respondents would use ED drug to get over shame and embarrassment, this show that people are very conscious about the society and

status.The respondents view Erectile dysfunction as shameful and embarrassing, the people should be educated about the cause for erectile dysfunction and this should be treated like any other illness. The topic should be discussed more openly and viewed as taboo.

- The majority of the respondent's feel the use of ED drugs would help them get rid of impotent tag but the truth is ED drugs alone might not help in getting rid of impotent tag as there are several other medical complications which leads to impotency, hence the people should consult a doctor for best advice.

- The majority of respondent feel that the use of ED drugs will give them a better sex life but the truth is sexual intercourse is not only dependent erection but the situation, stress level, anxiety, health condition, relationship condition etc. Hence only the use ED drugs alone won't give a better sex life as it requires holistic approach.

- The respondents fear the side-effect of facing several health issues like headache, body ache, digestive problem and dizziness from the use of ED drugs. This is not true and people must be educated about uses of ED drugs and people should take them only as per doctor prescription in fixed quantities.

- Taking ED drugs to get a better sexual intercourse during stress and depression will not be helpful as you are not enjoying the experience of love making but it is like a formality, as you might feel irritation and a sense of powerlessness regarding the inability to satisfy my partner.

- The people have expectation from ED drugs and at the same time they are not willing to use ED drugs due to the perceived risk involved. This gap should be bridged and it can be done by right education about ED drugs.

Limitations of the Study
- Difficulties in obtaining data from the respondents as they were very conscious and hesitant to share personal information.
- The in-depth study could not be done due to shortage of time and sensitivity of the topic.

- The study was limited to the geographical area of Bangalore.
- The data collected is based on the inputs given by the respondent and it could be biased.
- The questionnaire method of collecting data might not be the best form of data collection due to the sensitivity of the study.

Implication
1. Societal
The study helps us understand what the Indian youth thinks about the use and acceptance of ED drugs. The study will help to create awareness among the people and give them a better understanding, which will broaden the perspective of the Indian society. The people have to be educated about ED drugs and it should be a part of the education curriculum of 9 or 10th student in biology due to its necessity.

2. Managerial
The study will help companies to understand the perception, expectations and risk of the Indian prospective customers. The companies can know the potential market in India; they could also develop new products as per the needs of the prospective customer. The study will also help companies to position themselves better in the minds of the consumer.

Conclusion
The study focuses on acceptance of erectile dysfunction (ED) drugs among Gen Y. In the study,data was collected from 150 respondents and they were in the age group between 18-35 years.A structured questionnaire was prepared to collect the data. The questionnaire covered variables like risk, expectation and reason for acceptance of ED drugs. Convenience sampling method was used to collect information and the questionnaire was floated over google forms. In the primary data collection process,it was found that many of the respondents were unaware about the erectile dysfunction and some respondents were not willing to fill the questionnaire due to the intimacy of the topic. This led to getting lower number of response, while compared to people approached. In the study people perceived great risk in using ED drugs but at the same time have a great expectation from ED drugs; this could be due to fear and lack of knowledge. In the study it was also found out that people use ED drugs primarily to get rid of shame and impotency tag of the society in India. Erectile dysfunction should be treated like any other normal disease and not have a closed mind approach towards it.

The study shows that over half of the respondents would use ED drugs to have a better sex life and get a more pleasurable experience during intercourse. The reason key for accepting ED drugs varied from respondent to respondent, which shows that people have different needs and wants from ED drugs. The companies can understand the needs of respondent and tap on the opportunity to fulfil the needs. The R^2 value is 10.3 percent which indicates respondent have not given accurate information or some variable have not been covered in the study. There can be more research done on the same topic with different variable in the study and increase the sample collected to get better results.

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