

Characteristics Associated with Sexual Dysfunctions Among Perimenopausal Women

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Abstract:

Background & Objectives

Menopause is a normal physiological phenomenon in the midlife of women. However, beyond that it causes many bio-psychological changes which results in reduction of quality of life. Sexual dissatisfaction leads among these changes.

Methodology

A descriptive cross-sectional study was done on 108 females above 36 years of age, who visited the gynecological clinic at Colombo South Teaching hospital. A self-administered questionnaire was used for data collection.

Results

Age of the study participants ranged from 38 to 83 years (Mean = 38.26 years; SD=13.58 years). Majority of the study participants had not observed any changes regarding their sexual desires (n=58:64.4%). Only 37.5% (n=12) had observed severe changes. Only 29.4 % (n=10) of the participants had observed severe changes in sexual satisfaction. 19.4 % (n=14) of the responded participants had experienced vaginal dryness during sexual activity. 13.8 % (n=10) of them had experienced severe sexual dryness during sexual activity. 24.5%(n=26) of the participants had experienced urinary incontinence during sexual activity. 46.15% of them had experienced severe incontinence. Majority of the participants who had observed changes in the sexual desire and satisfaction (N=24; 63.1%) had only received primary or secondary education.

Conclusion

Larger number of the study participants had experienced changes in their sexual desire during their perimenopausal age and the late menopausal age. Major changes of sexual desires are observed among middle aged women and age, social status and psychological factors affect these changes. Sexual satisfaction and activities commonly associate with the educational level of the study participants. The religion and ethnicity are not associated with sexual problems.

Key words: Menopause, Perimenopause, Sexual Dysfunctions, Sexuality, Urinary Incontinence

I. INTRODUCTION

Sexual functions of women's life have received increased attention in terms of pharmaceuticals, medical attention and public health in recent decades. It is regarded as an integral part

of a woman's life. Studies and researches are being conducted to access the sexual functions and their quality of life. In a study of Women's Health Across the Nation in America (SWAN) has revealed that more than 75% women in their middle age think sex is moderately to extremely important to their functioning of life.[1]

Menopause is a normal physiological phenomenon in the midlife of women. However, beyond that it causes many biopsychological changes which results reduction of quality of life. Sexual dissatisfaction leads among these changes [2][3].

Sexuality is an important aspect of all life. However it is affected by various factors like biological, physical, hormonal, emotional and social factors [4]. Moreover current relations with a partner, male sexual dysfunctions and poly pharmacy at this age also affects to sexual behavior [5].

Sexual dysfunction increases with age due to reduction of estrogen contents which is physiological during menopausal transition. Thus, both aging and natural menopause have negative effect on many aspects of sexuality like libido, arousal, desire, orgasm and sexual activity. If the physical activity of women remain high it will positively affect the sexual functions [6]. Oestrogen is paramount important for awareness and receptivity of sexual functions. Also, the depletion of it results in vaginal dryness and deep dyspareunia. Moreover urogynecological issues like pelvic muscle weakness, prolapse and urinary incontinence have negative impact in sexuality and quality of life [7][8].

However, women are reluctant to come out with their problems and often suffer silently and the health care providers give even lessor attention to the issue.[9]

There are treatment modalities such as cognitive behavior therapy [10][11].and both local and systemic medication and at certain situations surgery that can improve the outcomes [12][13] [14].

II. METHODOLOGY

A descriptive cross-sectional study was conducted among females above 36 years of age, who visited the gynecological clinic of Colombo South Teaching hospital. Consecutive 108 consented participants were included to the study. Self-administered questionnaire confidentially handed over to all the

study participants, to collect the data. All were continuing study variables and all data were analyzed by SPSS version 24.0

III. RESULTS

Age of the study participants ranged from 38 to 83 years. (Mean= 38.26 years: SD=13.58 years) Majority of the study participants had received only primary education (n=42:38.9) and 7.5% of the participants (n=8) had received tertiary education. Majority of the study participants had not observed any changes regarding their sexual desires. (n=58:64.4%). Only 37.5% (n=12) had observed severe changes. Response provided for questions regarding sexual activity and satisfaction were approximately equal to these results. Only 29.4%(n=10) of the participants had observed severe changes in sexual satisfaction. 19.4%(n=14) of the responded participants had experienced vaginal dryness during sexual activity. 13.8%(n=10) of them had experienced severe sexual dryness during sexual activity. 24.5% (n=26) of the participants who responded to questions experienced urinary incontinence during sexual activity. 15% 46.15% (n=12) of them had experienced severe incontinence.

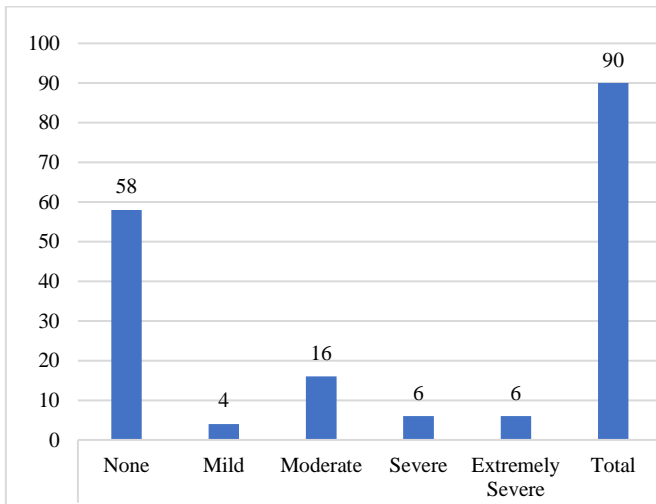


Figure 1: Distribution of changes in sexual desire

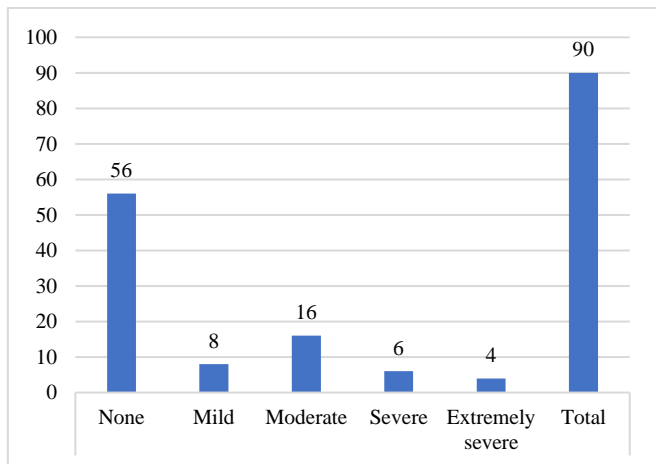


Figure 2: Distribution of changes in sexual activity and satisfaction

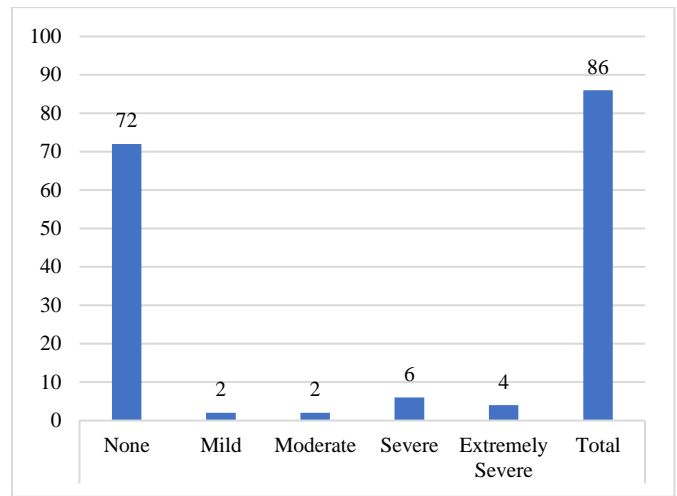


Figure 3: distribution of experiencing dryness of vagina and difficulty with sexual intercourse

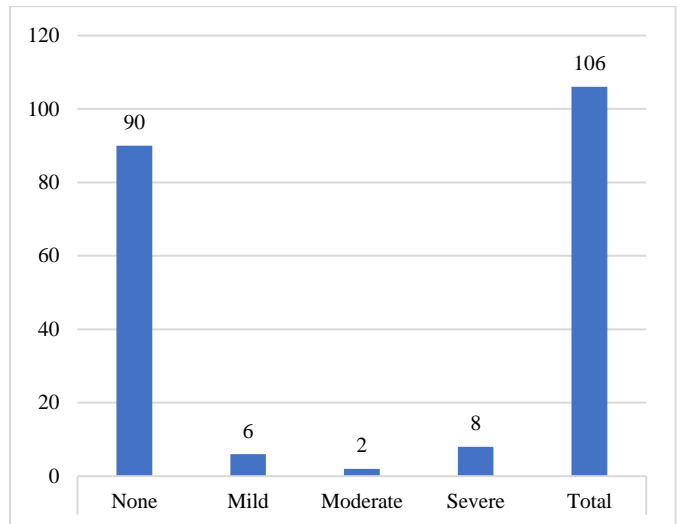


Figure 4: Distribution of experiencing dryness of vagina, sensation of dryness or burning in the vagina

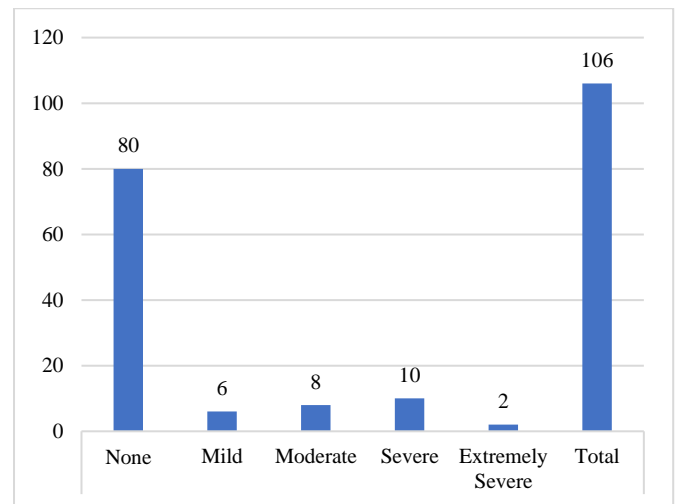


Figure 5: Distribution of experiencing urinary incontinence

Table I: Characteristics associated with perimenopausal symptoms and sexual activities among participants

	Change in Sexual Desire		Change in Sexual Satisfaction	
	X ²	p	X ²	p
Sweating	34.2	0.05	36.1	<0.01
Sleeping Problems	44.8	<0.01	64.8	<0.01
Mood Disorders	28.3	0.03	39.2	<0.01
Aggressiveness	10.94	0.53	15.1	0.23
Decrease Performance	28.6	<0.01	24.8	0.02
Forgetfulness	17.7	0.33	22.46	0.13

Majority of the participants who had observed changes in the sexual desire and satisfaction (N=24; 63.1%) had only received primary or secondary education. 87.5% (N=14) of the females who had—experienced vaginal dryness had only received primary or secondary education. 81.8% (N=18) of the participants who had experienced urinary incontinence had only received primary or secondary education.

Larger number of the study participants had experienced changes in their sexual desire during their perimenopausal age and the late menopausal age. This was observed regarding sexual dissatisfaction as well.

Vaginal dryness during sexual activity was experienced by 16.3% (N=14) of the participants and 42.8% (N=6) of them were in their perimenopausal age group. 24.5% (N=26) of the participants had experienced bladder incontinence and majority (N=14, 53.8%) of them were in their late menopausal age.

Although a significant association can be observed between sexual desire and low income (X²=22.5: p=0.03), this association is not demonstrated with sexual satisfaction (X²=15.4:p=0.21). 12.3% of study participants were consuming Hormone replacement therapy and majority (N=11) of them were experiencing a higher sexual satisfaction. A significant difference in sexual desire or satisfaction was not detected with ethnic and religious variances (p<0.05).

There were no associations detected among different ethnicities (p=0.21) and religions (p=0.36) with regard to sexual desire and satisfaction. Sexual desire and sexual satisfaction in postmenopausal women show significant association with the income level of those women (X²=65.7:p=0.05). A significant association was observed between sexual desire and satisfaction with menopausal symptoms such as sweating and heart rate discomfort (p<0.01). Having sleeping problems and experiencing mood disorders correlate significantly with changes in sexual desire and satisfaction (p=0.03). On the other hand, there was no significant association of sexual desire or sexual satisfaction among those who experienced aggressive behavior during the pre-menopausal period (p=0.12). There was no change in sexual desire, sexual activity and satisfaction among individuals who were less physically active (p=0.31). There was no difference in sexual desire and satisfaction among women who were experiencing forgetfulness (p=0.3)(Table 1).

The majority of women who did not experience changes in sexual desire and sexual satisfaction during menopause were having positive attitudes towards sex (z=4.9:p<0.01). The majority of them had access to knowledge of sex and menopause, directly from an official health care worker (n=26:54%). There was a significant difference in sexual desire and satisfaction among those who trusted the media (z=3.2:p<0.01) or friends (z=1.98: p=0.05) when it came to knowledge of sex and menopause.

IV. DISCUSSION

Study findings demonstrate an association between changes of sexual activity and the educational level of the females. A questionable nature regarding association of sexual experiences of study participants with a low educational level is developed by the study findings. Bladder incontinence was observed mainly among the late menopausal age group, however many other external factors had affected this situation [15][16].

Major changes of sexual desires are observed among middle aged women and age, social status and psychological factors affect these changes [17]. Previous studies had also revealed that sexual satisfaction and activities commonly associate with the educational level of the study participants [18]. All these facts are demonstrated in the present study as study findings.

Lubrication, arousal problem and lack of sexual desire are main associations of sexual dysfunction among perimenopausal women [19]. According to Nappi and Lachowsky, most common sexual complaints are reduced sexual desire, vaginal dryness and happiness, poor arousal & orgasm and impaired sexual satisfaction. Declining of estradiol level during the perimenopausal age is a considerable determinant of the sexual responsiveness and desire [20]. Vaginal dryness and dyspareunia are commonly experienced during the latter part of the perimenopausal period [21]. Elevated body mass index expected during the perimenopausal age group and problems related with the partner can create effects on sexual dysfunction as well as the quality of life [5]. According to Magdalena et al psychological and urogenital problems are common in women with sexual dysfunction [2]. During this situation, consistently lack of vaginal lubricants and related physical signs can be expected [18].

Arrangements should be made to positively influence the attitudes and knowledge of women in Sri Lanka regarding sex and sexual satisfaction. Especially in the cultural context of Sri Lanka, there is no open discussions about sex. According to the study, it is clear that sex is considered as a highly private matter and that does not associate with ethnicities and religions in terms of sexual satisfaction or activities. On the other hand, reaching out to qualified people to educate themselves about sex and the level of education of the woman can lead to a successful sex life during menopause. Since women tend to be more and more media oriented, it is important to focus on developing programs for women to get the right information about menopause and sex through electronic media such as television.

On the other hand, women with perimenopausal symptoms have experienced some changes in their sexual life. Therefore, it is best for women to be aware of sexual activity before they reach menopause. For this purpose, it is best to use the existing public health structure in Sri Lanka. In particular, it may be more effective to raise awareness of menopause and sexuality in well woman clinics as majority of women over the age of 35 participate in well women clinics.

V. CONCLUSION

Larger number of the study participants had experienced changes in their sexual desire during their perimenopausal age and the late menopausal age. Major changes of sexual desires are observed among middle aged women and age, social status and psychological factors affect these changes. Sexual satisfaction and activities commonly associate with the educational level of the study participants. The religion and ethnicity are not associated with sexual problems. However, Subject area studied during this research can be identified as a section with higher sociocultural sensitivity. Percentage of the participants who responded to the questionnaire ranged from 81.1% to 98.1%. Therefore, there are chances of associating errors in reliability of the responses provided by the study participants. Future studies should be planned to include larger number of study participants and more supportive methods should be used to facilitate data collection.

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