Sexual Problems Amongst Married Females

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ABSTRACT

Objective — *To find out frequency of sexual dysfunction (SD) and related risk factors in married women.*

Study design — *Cross sectional study.*

Place & Duration of study — *Al-Mustafa Medical Centre Karachi, from June 2016 to December 2016.*

Methodology — *The Golombok Rust inventory of Sexual Satisfaction (GRISS) questionnaire was administered to married women attending Gynaecology Out Patient Department. The participation was voluntary after taking informed consent. The variables recorded were the age group, marriage duration, addictions, type of marriage etc. Logistic regression analysis was done to find out the association.*

Results — *Total of 250 married women were approached and questionnaire was distributed. All were residents of Karachi. The dropout rate was 20% (n=50). The final study sample was 200. The age ranged from 20 – 55 year. Sexual dysfunction was reported in 43.5%. Logistic regression analysis showed that sexual dysfunction was more likely to have higher scores of dissatisfaction, dyspareunia, vaginal dryness, and vaginismus. Multivariate model adjusted showed dissatisfaction and dyspareunia as high risk variables. Cases of female sexual dysfunction (FSD) had higher scores for dissatisfaction, vaginal dryness and vaginismus.*

Conclusions — *Sexual dysfunction affected nearly half of the sexually active females. A strong association was found between addiction and sexual dysfunction.*

Key words — *Sexual dysfunction, Married females, Sexual practices.*

INTRODUCTION:

Sexual dysfunction among women is quite frequent. This is usually under-reported due to cultural and social restrictions. Studies on epidemiologic aspects of this disorder is lacking from Pakistan. The healthcare professionals are also not prepared to deal with such problems.[1,2] Studies have shown that sexual problems might cause a negative impact on interpersonal relationships and quality of life.[3,4] Sexual dysfunction is an important public health problem that is more prevalent in women than men.[5,6]

In previous studies it is argued that intimacy in sexual relationships has an essential role in maintaining psychological satisfaction and good quality of life.[7-10] In addition, sexual problems are considered as a vicious circle in infertility and reproductive disorders. Sterility may be the result of a neglected sexual dysfunction which can be explored during medical consultation.[11]

As part of a study on women's health, a survey was carried out to assess sexual problems and their frequency among sexually active married women.

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METHODOLOGY:

This cross sectional study was conducted at Gynaecology OPD, at the Al Mustafa Medical Centre Karachi from June 2016 to December 2016. The objectives of the study were to find out sexual behavior of married women and to identify the disorders of sexual functioning. Women were selected from the OPD using convenient sampling method. All women who reported a steady heterosexual relationship for more than one year were enrolled. Women with psychiatric problems and those having chronic diseases or undergone surgery, were excluded.

Sexual function was assessed by the Golombok Rust Inventory of Sexual Satisfaction (GRISS). One of the main reasons for choosing the GRISS was its simplicity and clarity of the assessment of results. The GRISS has 28 items on a single sheet and it is used for assessing the existence and severity of sexual problems. All the 28 questions are answered on a five-point scale from “always”, through “usually’, “sometimes”, and “hardly ever”, to “never”. Responses are summed up to give a total raw score (range 28-140). In addition, seven subscale scores are derived (i.e. impaired sexual desire, vaginismus, dyspareunia, avoidance, vaginal dryness, infrequency and dissatisfaction). The total score and subscale scores are transformed using a standard nine point scale, with high scores indicating greater problems. Scores of five or more are considered to indicate sexual dysfunction. The reliability of the overall scales has been found to be 0.87 for women, and that of the subscales on average 0.74 (ranging between 0.61 and 0.83). Validity has been demonstrated under a variety of circumstances.[13-15]

Data were stored and analyzed using IBM-SPSS version 23.0, count and percentages were given for baseline characteristics of samples. Association of FSD was done with marriage duration, type of marriage, contraception and other information obtained from questionnaire using Pearson Chi Square test of association. Binary logistic regression with univariate and multivariate analysis were done to estimate the odds ratio and 95% confidence interval for FSD with dissatisfaction, avoidance, anorgasmia, and vaginismus. All p-values less than 0.05 were considered significant.

RESULTS:

Of the initial 250 women recruited, 50 were excluded: 11 had withdrawn after filling half of the questionnaire, 20 had difficulties in understanding the survey and the remaining 19 women were having either backache or abdominal pain. Final number of study participants was 200 who completed the questionnaires with a response rate of 75.3%. Socio-demographic data is given in table I. The association of FSD with different factors is given in table II.

Sexual attitudes, problems and sexual practices of study participants showed that all had heterosexual relationship. Most of the women had one or more subscale scores reflecting sexual problems (score of 5 or above). The most frequent aspects of sexual difficulty were dissatisfaction (84 out of 87), infrequency (42 out of 87), anorgasmia (72 out of 87), vaginismus (82 out of 87), and avoidance (82 out of 87). Patients with FSD were more likely to have higher scores of dissatisfaction, avoidance, anorgasmia and vaginismus. The multivariate model adjusted down the higher risk of dissatisfaction, and avoidance and did not give significant association in the presence of other risk factors (table III).

DISCUSSION:

This study addressed an important issue of sexuality and frequency of sexual dysfunction amongst the married females. Sexual problem is perceived as a disorder if a woman considers it so. The impaired sexual desire is the most common presentation. An important observation of this study was that women had limited sexual knowledge, and felt hesitant in discussing their sexual problems. Of all the participants, 80% expressed that discussing sex with their husbands is not good. In the study by Shirpsk et al, although most women believed that sex was a bilateral relation and a woman could ask her husband for sexual relations, yet they did not even consider to do so, believing that they might face unexpected reactions from their husbands.[16]

In assessing demographic factors as the risk factors for female sexual dysfunction, age, addiction and the type of marriage were identified as the significant risk factor for the development of sexual dysfunction in this study. The other sociodemographic variables when assessed as risk factors for FSD did not contribute significantly to the development of sexual dysfunction from this study.

The frequency of sexual dysfunction was 43% in our study, which is lower than the rates in previous studies. Frank et al and Spector et al reported prevalence rates of 76%, while one study from India reported 17%.[5,18,19] There can be several reasons for this lower rate. In our study majority of the participants belonged to a younger age group than the comparable groups reported in other studies. Asian studies have shown that female sexual

Table I: Baseline Characteristics of Studied Sample (n=200)			
Characteristics		**Number (n)**	**Percentage (%)**
Age group	15-25	44	22.0
	26-35	106	53.0
	36-55	50	25.0
Education	None	64	32.0
	Primary school	108	54.0
	Secondary school	4	2.0
	Intermediate	17	8.5
	Postgraduate degree	7	3.5
Ethnic group	Balochi	77	38.5
	Sindhi	21	10.5
	Punjabi	36	18.0
	Pathan	31	15.5
	Muhajir	28	14.0
	Others	7	3.5
Socioeconomic status	<5000	166	83.0
	6000-10000	10	5.0
	>10000	24	12
Self occupation	None	163	81.5
	Working	37	18.5
Addiction	None	84	44.5
	Alcohol	23	10.4
	Sheesha	14	5.5
	Niswar	30	14.3
	Others	49	25.3
Husband occupation	Shopkeeper	21	10.5
	Laborer	121	60.5
	Others	58	29
Marriage duration	<1year	16	8.0
	1-5 year	52	26.0
	6-10 year	55	27.5
	11-20 year	51	25.5
	>20year	26	13.0
Type of marriage	Love marriage	90	45.0
	Arranged	110	55.0

dysfunction increases with age.[12] Self-reports about sexual dysfunction, especially in face to face interviews are subject to underreporting bias arising from concerns of social stigmatization.[20] Cultural differences may also play a role since the rate of FSD are lower in Asian women than their Western counterparts. Finally, married women are at a lower risk for sexual dysfunction compared to unmarried women.[20] The most common female sexual problems in this study were sexual dissatisfaction and anorgasmia. Jindal et al in an evaluation of 200 Indian women reported sexual infrequency and anorgasmia as the most common problems.[21]

The present study is a preliminary effort to understand the female sexual knowledge and attitude using standard instrument. The study, however, has some limitations which includes the sample which was too small and from a hospital outpatient only. However, the importance of results on the sexual

Table II: Association of FSD with Different Factors

		FSD				p-value
		No		Yes		
Factors		**(n)**	**(%)**	**(n)**	**(%)**	
Age group	15-25	17	15.0	27	31.0	<0.01*
	26-35	78	69.0	28	32.2	
	36-55	18	15.9	32	36.8	
Marriage duration	<1 year	15	13.3	1	1.1	<0.01*
	1-5 year	41	36.3	11	12.6	
	6-10 year	19	16.8	36	41.4	
	11-20 year	31	27.4	20	23.0	
	>20 year	7	6.2	19	21.8	
Addiction	None	60	60.6	21	25.3	<0.01*
	Alcohol	10	10.1	9	10.8	
	Sheesha	0	.0	10	12.0	
	Niswar	7	7.1	19	22.9	
	Others	22	22.2	24	28.9	
Type of marriage	Love	78	69.0	12	13.8	<0.01*
	Arranged	35	31.0	75	86.2	
Contraception	Yes	65	57.5	47	54.0	0.621
	No	48	42.5	40	46.0	
Discussing sex not good	Yes	57	50.4	70	80.5	<0.01*
	No	56	49.6	17	19.5	
Sex is not important for life	Yes	10	8.8	47	54.0	<0.01*
	No	103	91.2	40	46.0	
Sex decreases with age	Yes	95	84.1	83	95.4	0.01*
	No	18	15.9	4	4.6	

*p<0.05 was considered significant using Pearson Chi Square test

behavior of Pakistani married women seems to be valuable. More in-depth studies with larger sample sizes, such as population-based studies, are needed to further understand pattern of sexual behavior in Pakistani context.

CONCLUSION:

Sexual dissatisfaction was the most frequent sexual dysfunction.

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