

Sexual Dysfunction in Menopausal Women and the Socioeconomic State

*F. Fahami**, *M. Beygi***, *R. Hassan Zahraei****, *S. Arman*****

Abstract

BACKGROUND: Socioeconomic problems, would affect the people in all stages of life, especially the menopausal period. In this stage of life, the women experience loss of social positions, and responsibilities. The current study was carried out to assess the relationship between the socioeconomic state and sexual dysfunction in menopausal period.

METHODS: This is an analytic, cross-sectional study, carried out on 174 menopausal, married women who were selected from the patients visited in health centers and social security centers in Isfahan. The data was gathered by questionnaire and analyzed using chi square and Mantel haenszel tests, by SPSS software.

RESULTS: Findings of the study demonstrated that there is a significant statistical correlation between the sexual dysfunction and the family's economic state, the housing, education level of women and her husband and women's occupation. In contrast, husbands' occupation did not correlate with the sexual dysfunction.

CONCLUSIONS: It could be concluded that higher education level result in higher income and better jobs and social positions. So, better socioeconomic state could be mentioned as an effective factor in preventing menopausal sexual dysfunction.

KEY WORDS: Sexual dysfunction, menopausal period, socioeconomic state

IJNMR 2007; 12(2): 61-64

Sexual desire is the instinct, accompanies human from birth to death. Hugen believes that the deepest sensation and desires of human is to actualize a relation ⁽¹⁾. The relationship is the most important factor in desirable family life ⁽²⁾. If it is not satisfying, it would cause the feeling of failure, frustration and insecurity. Anyhow, it is easily affected by various factors, such as physiological (caused by aging) and pathologic (emotional conflicts, physical disorders, and drug intake) changes, and the sexual desire and function get reduced ⁽³⁾. Various studies on the housing, education, and job of wives and husbands and their correlation with sexual dysfunction, concluded differently. Blumel in a study in Santiago demonstrated that housewives are at higher risk for life quality threatening factors,

compared those working outside the home. In addition, women with lower education level are at higher risk of physical and psychological problems and women are more susceptible to sexual dysfunction at climactic period than the postmenopausal period. Anyhow, the role of some factors such as socioeconomic state in sexual dysfunction is prominent ⁽⁴⁾. Men, at any age would have less sexual function, at the peak of their economic and occupational activities.

Also, people may experience different sexual desire, regarding their professional success or failure ⁽⁵⁾. Dennerstein reported that women working outside the home experience menopausal symptoms less, which is affective in increase of their sexual desire ⁽⁶⁾.

Other variables of the study are the housing

* MSc, Department of Midwifery, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** MSc of Midwifery, Treatment Vice Chancellor of Isfahan.

*** MSc, Department of Midwifery, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

**** PhD, Psychiatrist, Department of Psychiatry, Isfahan University of Medical Sciences, Isfahan, Iran.

Correspondence to: Fariba Fahami MSc.

E-mail: fahami@nm.mui.ac.ir

Research Article of Vice Chancellor of Isfahan University of Medical Sciences, No: 82113

and the education level of husband and wife. It appears that bad economic state could originate from lower education level or inappropriate jobs and these would result in bad housing state. Or in contrast, it could be assumed that inappropriateness of these factors could lead to sexual dysfunction in all stages of life, which old age people experience it in a special way. Regarding getting retired or losing the ability to work, they would lose a part of their income or their social position which would cause depression, social isolation, anxiety, or sexual dysfunction ⁽⁴⁾. All of these would impair the personal and familial mental wellbeing. The current study was carried out to reduce the severity of the problem, by proposing the results to the authorities.

Regarding the relationship between the socioeconomic state and sexual dysfunction, and lack of a similar study in Isfahan, the current study was carried out.

Methods

This is an analytic, cross-sectional study. The target population was married, menopausal women that are visited in Isfahan health centers. Cases were randomly selected from the patients of four clinics of health center no. one, six clinics of health center no. two, and four clinics of social security centers in Isfahan. Samples were selected using random, stratified sampling with 5% accuracy and 95% of confidence, and $d = 0.06$. The sample size was determined as 174.

Exclusion criteria were as follows: 1- a wide range of diseases in women or their husbands which would affect the sexual function, such as vasculitis, cardiovascular and thyroid diseases, 2- intake of drugs which would affect the sexual function such as psychiatric or cardiovascular drugs, 3- experiencing a major stress such as death of a relative, in recent year, 4- menopausal women that lived lonely at the time of the interview, 5- the women that their husbands have sexual dysfunction or premature ejaculation.

In the study, the health profile of menopausal women that receive health services by the centers, are reviewed and some were invited for the interview, randomly. If any one, did not meet the in/exclusion criteria or was not willing to participate the study, she would be excluded. The participants filled two questionnaires to assess the relationship between the socioeconomic state and sexual dysfunction.

The validity and reliability of the questionnaire were approved by content validity and Cronbach coefficient and test-retest method. The data was analyzed using descriptive (minimum, maximum, mean, and standard deviation) and analytic (chi square, Mantel haenszel and independent t-test) methods, by SPSS software.

Results

Finding demonstrated that participants were at the age range of 40 to 76 (mean: 54.67) and menopause age ranges from 30 to 56 (mean: 47.6). It is shown that sexual dysfunction is correlated with economic state ($P = 0.033$), housing state ($P = 0.008$), women's job ($P = 0.03$), women's educational level ($P = 0.012$) and husbands' educational level ($P = 0.015$). No significant statistical correlation was found between the husbands' job and sexual dysfunction ($P = 0.322$).

The results indicate that women with primary school education have the highest sexual dysfunction rate (79.4%); while those with higher education level experience the least sexual dysfunction (58.3%). (Table 1)

Also, it was shown that clerk women and those with non-clerk job experience, respectively, the highest (80%) and lowest (37.5%) sexual dysfunction. 76.4% and 62.7% of women with poor and good economic conditions, respectively, experiences sexual dysfunction. 79% of women with poor housing state experienced sexual dysfunction, while it was observed in 62.3% of participants with good housing state.

Table. 1 frequency distribution of the participants, regarding the education level of women and menopausal sexual dysfunction

Sexual dysfunction Education level	No		Yes	
	Number	Percent	Number	Percent
Illiterate	18	27.3	48	72.7
Primary school	15	19	64	81
Guidance school	4	50	4	50
High school	7	53.8	6	46.2
Higher education	4	50	4	50
Sum	48	27.6	126	72.4

Discussion

Findings of current study indicate that sexual dysfunction significantly correlate with all socioeconomic state parameters, except husbands' job. Results of various studies are in accordance with the findings.

Regarding the educational level of women and sexual dysfunction, Jokinen believes that higher level of education in women would effectively reduce the symptoms of menopause, including sexual dysfunction (7). In current study, also, women with higher level of education, experience sexual dysfunction, less. Blumel noted that low level of education in women could lead to psychological changes, which would be a basis for sexual dysfunction (8). It seems that higher level of education bring the person better job, income and social positions. Also, higher education causes better knowledge in various aspects of personal positions. So, educated women and men could reduce the effect the problems resulted from symptoms and changes of menopause. In a study, Dennerstein concluded that women working outside the home experience the menopausal symptoms, lesser and this would cause higher sexual desire in them (6). Getting retirement age, women would have more leisure time. In addition, those with higher education level, have higher social positions and economically independent, to some extent. Also, those with non-clerical jobs seem to have higher incomes. As they choose the time and duration of work hours, they are expected to be happy, effective, and independent persons, so lower rate of sexual dysfunction was

observed in these two groups.

Pregetto in a study showed that poor economic state would reduce the quality of life (mental, physical, physiological, and sexual aspects) in menopausal women (9). Also, Gerber reports that women with good economic state experience lower menopause symptoms or would tolerate them better (10). It seems that better economic state results from higher education and better jobs of couples. So, these would be effective factors in coping with the symptoms and changes of menopause.

Regarding the relationship between housing state and sexual dysfunction, Jaun noted that rural women experience the menopause symptoms more than the urban women. In rural areas, also, those with worse housing state experience the dysfunction more (11).

It seems that comfortable and secure housing is an important factor in sexual satisfaction. In addition, it should be noted that poor housing state is usually the result of poor economic state and lower income, which are the predisposing factors for sexual dysfunction.

Regarding the results of the study, it is recommended to health care staffs that consider the socioeconomic state of women while evaluating the sexual problems of menopause women. However, it is not possible for medical staffs to solve these problems, but it would help them to recommend proper types of consultations.

Also, health care provider should be asked to take thorough history in pre and post-menopausal visits to refer the women to consultant or psychiatrist in sexual dysfunctions. Also, regarding the results of the study, ministry of health could present useful recommendations to other sectors of the government to improve the education level of women in pre-menopause, prepare equal job opportunity, and improve the economic state of these women. More efforts are needed to improve the awareness of the people of the sexual behaviors.

References

1. Jahanfar S. sexual disorders. Tehran: Bije Publication; 2001.
2. Shamlo S. Psycho health. Tehran: Roshd Publication; 1999.
3. Lobo RA, Kelsey J, Marcus R. Menopause: biology and path biology. 1st ed. San Francisco: Academic Press. 2000: 384.
4. Lobo RA (Editor). Treatment of the Postmenopausal Woman: Basic and Clinical Aspects. 2nd ed. New York: Lippincott Williams & Wilkins. 1999: 440.
5. Ohadi B. Human's sexual senses and responses. Tehran: Naghshe Khorshid Publication; 2002.
6. Dennerstein L, Dudley E, Guthrie J, Barrett-Connor E. Life satisfaction, symptoms, and the menopause transition [online]. Medscape women health. 2000; 2 (4): 4. Available from: <http://www.medscape.com/viewarticle/408924>.
7. Jokinen K, Rautava P, Makinen J, Ojanlatva A, Sundell J, Helenius H. Experience of climacteric symptoms among 42-46 and 52-56-year-old women. Maturitas 2003; 46(3):199-205.
8. Blumel M, Schumacher J, Weidner W, Brahler E. Sexual activity, sexual and partnership satisfaction in ageing men- results from a German representative community study. Andrologia 2002; 34(1):22-28.
9. Progetto Donna, Genazzani AR, Nicolucci A, Campagnoli C, Crosignani P, Nappi C, Serra GB et al. Assessment of the QoL in Italian menopausal women: comparison between HRT users and non-users. Maturitas 2002; 42(4):267-280.
10. J.R Gerber. A study of premenopausal sexual satisfaction and other factors contributing to positive or negative expectations of traversing natural menopause fertility and sterility. 2001; 76(3): 526.
11. Juan Manuel Malacara, Canto dC, Bassol S, Gonzalez N, Cacique L, Vera-Ramirez ML et al. Symptoms at pre- and postmenopause in rural and urban women from three States of Mexico. Maturitas 2002; 43(1):11-19.