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Original Article

Associative factors to sexual dysfunction in menopause women

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Abstract

Background: Regarding the adverse effects of sexual dysfunction in mental health of the menopause woman and their families, detecting related factors of sexual dysfunction in this period seems to be essential. This study aimed to determine the associative factors of sexual dysfunction in menopause.

Methods: This study was a cross sectional one. In this study simple random sampling was used to enroll 174 married women. Data were collected by questionnaires, through interviews and descriptive and inferential statistical methods, t-test, X^2 and X^2 mantel Hanszel test were used to analyze the data through SPSS software.

Results: The relative frequency of sexual dysfunction in menopause is 72.4%, and the variables such as depression, spouse' relations quality and sexual knowledge were significantly associated with sexual dysfunctions. The findings also showed that no significant association exist between reproductive and personal characteristic such as spouses' age difference, marriage length, number of children and marriage status with sexual dysfunction in menopausal period.

Conclusion: Sexual function can be affected by psychiatry disorders and lack of knowledge, regarding the creation of many psychological and community injuries following sexual dysfunction, therefore the role of health professionals in consulting and education is emphasized.

Key words: Sexual dysfunction, menopause, depression, spouse, relation

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Menopause is an expression which has left different meanings and concepts in people's minds from a long time ago. Based on the old beliefs and viewpoints which considered menopause to be unwanted, deplorable and inauspicious, to the replacement of this belief as a kind of illness and physical and mental change in the following years and today which researchers mention it as an another starting point in life that can be promising, useful and efficient.[1] As women have different conceptions, based on their culture and life style, from menopause,[2] some consider it as an explanation of physiological changes of the body but others have negative conceptions against it and consider menopause as the beginning of losing some feminist characteristics.

Such beliefs can affect all the signs and traits of this period.[3] Bloch (2002) reported that women having a negative consideration against menopause suffered more from the sign and symptoms of this period compared to the other women.[4]

In recent years, although some duties have been assigned to the researchers regarding the use of scientific methods in adopting the necessary conformity and adjustment, solving the problems and reducing the symptoms created in this period[5] but it seems that the point failed more is attention to the sexual problems

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of these people, so these problems would be prevalent in this period. Saks has reported the prevalence of sexual dysfunction in menopause to be 20% [6] and according to Castelo, the prevalence of this dysfunction in middle aged women was 50%; he also reported that the prevalence of this dysfunction would increase as the age increases.[7]

But we can not always relate sexual dysfunction to the beliefs, attitudes and culture of people. Some unbearable changes in menopause like physiological and psychological changes, personal and social changes like job, economical problems and number of children, etc, and undesirable relations with the spouse are also some of the susceptible causes of sexual dysfunction in this period which causes the critical menopause period to be dangerous.[8] Sexual dysfunction, by causing or intensifying psychological problems, also provide the grounds for destroying the family psychological health[9] so that we can relate most of disputations, arguments, complaints and control of spouses in each others affairs to the presence of this disorder in relationships.[5] Now, concerning the growing population of menopause women and having in mind that the majority of men and women in our society, after being middle aged and aged, not only wont go to the nursing houses, but also, because of cultural norms, they are respected by their children and relatives and have close relations with them; it seems the forthcoming psychological problems of sexual disorders in these women will bother others associated with them. This study was done to determine the associative factors of sexual dysfunction in menopause.

Methods

In a cross sectional study, menopause women living with their husbands that after a year of being menopause had come to receive health services in the medical centers were conducted. The study sample which was calculated with the precision of 0.5 and reliability of 0.95 was estimated to be 174 and sampling method was simple random.

The exclusion criteria in this study were as following: A wide spectrum of illnesses in women or their husbands like vascular and heart illnesses, mental disorders , neural internal illnesses , thyroid illnesses, and cancers; Using drugs which affect sexual activity in a way like anti cholinergic, psychedelics, vascular and heart drugs, neural drugs and hormones; Experiencing stresses like spouse cheating, and death, serious illness or prison sentence of immediate relatives in the last year in women; Menopause women lived separated from their husbands at the time of interview; Women whose husbands had pre-mature ejaculation; And women whose husbands had sexual disabilities.

In the process of study, by studying some of the menopause women under coverage of each of selected medical centers researcher, some of their family records were selected randomly and invited to the medical center. In the process of gathering data, first by studying items for the exclusion criteria, the qualified women were measured for determining the relation of some factors to sexual dysfunction using available or constructed questionnaires.

Questionnaires used in this survey included Beck depression standard test and locally (self) made questionnaires like the questionnaire of demographic traits, sexual knowledge (12 closed questions with choices yes, no, and I don't know), quality of relations with the spouse (11 closed questions with Likhert spectrum with the choices of very good to very bad), and sexual dysfunction based on DSM-IV: the last questionnaire, which has 18 closed multiple choice questions, was designed for measuring disorders of sexual desires, arousal, orgasm phases and sexual disorders resulting from the pain in the periods of menopause; and. In order to answer each question based on Likhert spectrum, the choices of Never to Always were considered for the investigation of sexual disorders intensity. If the units under study, mentioned disorders in one or more phases, they had sexual disorders, otherwise they had no problems in their sexual functioning.

For investigating questionnaires validity, the method of content validity and for reliability, the method of test re-test was used. Alpha factor of Chronbach was calculated as following; α=0.875

for the questionnaire of sexual dysfunction, α=0.925 for the questionnaire of relations with the spouse, and α=0.875 for the questionnaire of sexual knowledge.

The data of this study was analyzed using the SPSS software and for analysis of data from descriptive statistics test and inferential tests (χ^2 and χ^2 Mantel Hanszel and t- student test) were used.

Results

The age rang of these women were from 40 to 76 (54.61 ± 6.3), number of children range from o to 16 (6.8 ± 3.041), menopause age range was from 30 to 56 months (47.6 ± 4.5), and weight range was from 38 to 95 kg (66.12 ± 10.03). 18 women held their jobs (outside home) and the rest were housewives or retired. The relative frequency of sexual dysfunction in menopause was 72.4% and the correlation of the related factors concerned in the study with sexual dysfunction were as follows (Based on the χ^2 and χ^2 mantel hanszel test): there was a significant relation between variables of depression, the quality of relationship with the spouse and sexual knowledge with sexual dysfunction (table 1) while, using these tests and t-test, there was no significant relation between spouses' age difference, marriage length, number of children and marriage status with sexual dysfunction ($p > 0.05$).

Table 1: Correlation of depression, quality of relationship with spouse, and sexual knowledge with sexual dysfunction

Parameters	T value	P value	Result
Depression	24.44	< 0.001	significant
Quality of relationship with their spouses	19.8	< 0.001	significant
Sexual knowledge	8.005	0.005	significant

Discussion

As it has been evident in this study, there is relationship between sexual dysfunction and depression. As Borrisova et al reported that the decrease of sexual desires of menopause women could be a result of some psychological factors like depression[10] and Danacie et al, in a study named sexual desires and psychological changes in menopause, reported that anxiety and depression have destructive effects on sexual interaction.[11]

The most important interventional factors for reduction of sexual desires and interactions include psychotic conflicts such as depression, anxiety and etc but, it should be considered that in many cases the cause of depression or other psychotic problems is sexual disorders; therefore, psychological factors and sexual disorders are related to gather in cause and effect way. Regarding to this fact, it is necessary to screen menopause women with these disorders and refer them to psychiatrist and consultant.[8]

The other finding of this study was the significant statistical relationship between the quality of relationship with the spouse and sexual dysfunction. It was evident that the least sexual dysfunction was in the group with excellent relationships with their spouse and after that, as the quality of spouse relationships decreased, the percentage of sexual dysfunction increased; so that in the group that very bad relationships with the spouses were reported, 100% of studied samples faced sexual dysfunction.

Beutel et al reported that aged German men considered correct relations with the spouses, a positive factor towards increasing sexual inclinations;[12] also, Kingsberg reported that spiritual or physical problems of sexual partner and the following decrease in correct relations with the spouse is a relative factor in creating sexual dysfunction.[13] Other studies in this field showed that correct relationships between the spouses in middle aged and aged periods will decrease the importance of terrible effects of psychological and physical conditions on their sexual interactions and they can have usual sexual activities.[10] So we should encourage these women to improve their relationships and convey their feelings to their spouses.

The other finding of this study was the significant relation of sexual knowledge with sexual dysfunction. It means that an increase in percentage of sexual dysfunction from good knowledge to bad level in these units was observed. Garsia et al also told that increase in

sexual dysfunction and other symptoms of menopause in these women is because of decrease in their knowledge.[14] Lam et al also said that Chinese women under his study, did not have any knowledge about the remedial methods of sexual dysfunction, or their knowledge was so little.[15] The menopause women should know that the sexual dysfunction caused by menopause indications and sexual action changes following the process of being aged are not considered as unnatural; and they should try to cope with, eliminate or omit these problems. So the role of sexual knowledge in preventing and curing sexual dysfunction is obvious.

Conclusion

We can advice the medical staff to inform the menopause women about their completion with the passage of age and reaching to menopause period, and the importance of sexual desire in people's lives, with correct planning to execute continues training courses under the supervision of qualified professors; it helps these people to prevent the subsequent psychological and social damages resulting from sexual dysfunction.

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