

Women's Sexual Health: Common Topics of Interest

Erika Warbinton, PhD



Order of Operations

- Sexual Dysfunction
 - How to Discuss Sexuality
 - Developing a Psychosocial Assessment
 - LGBTQ+ Sexuality
 - Sex and Babies
 - Sex and the Older Woman
 - When to Refer
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Women's Sexual Health

- About 40% of women will have some kind of sexual dysfunction within their lifetime (Lauman, 1999)

- Women are complex but not mysterious
 - There is a strong connection with feelings of safety, relationship health, stress, tasks
 - Psychologist and couples specialist, Dr. Sue Johnson, described a series of studies wherein MRI scans were viewed (Watson & Fuller, 2022)
 - Despite being physically and physiologically aroused, if you asked a woman if she were aroused, she would say no
 - The arousal “switch” in her brain hasn’t been tripped

“Let’s Talk About Sex, Baby” - Salt-N-Pepa

- You’ve got to talk about it, they might not bring it up
 - This means you have to assess your comfort level with talking about sexuality
 - Patients are probably not going to bring this up unless you do. They want to be sure that it’s not taboo.
- Sexuality occurs in a socio-cultural context, but clinicians are often born and raised in the same cultural background of their patients (Atallah et al., 2016; Coleman et al., 2018).
 - In this sense, some of the socio-cultural beliefs and expectations related to sexuality are shared among clinicians and patients and may be undervalued or neglected in care (Nimbi et al., 2021)

Sex-Positive Approach

- This doesn't mean all sex all the time
- Seeing people as complex sexual beings, not just focusing on risks and pathology, but on enjoyment and health

“Being sex-positive means considering sexuality, including pleasure, as a natural, healthy and central part of human behavior and well-being” (Nimbi et al., 2021)

Sexual Dysfunction

- Sexual dysfunction is often seen as an individual problem
 - However, studies have consistently demonstrated that sexual dysfunction is interdependent (Weir, 2019)
- Normalize the heck out of sexual difficulties, not that they *should* have them, but that it is not uncommon (Weir, 2019)

Sexual Dysfunction

- If the topic is brought up, it will likely be in the form of low libido, queries about a health problem, looking for medical intervention
 - However, psychosocial factors are clear risk factors to sexual dysfunction in both women and men
 - Thus, a psychosocial assessment is recommended in addition to assessing for the medical origins of dysfunction (Weir, 2019) (Brotto et al., 2016).

Information is Key



- If you're a guy, think about how you want to ask questions about sexuality
- Please, please, please for the love of everything talk about potential sexual side effects of medications
 - The pragmatic side of you might think that having low libido is the lesser of two evils
 - However, research states over and over again that poor sexual health and low sex drive contribute to feelings of low mood (Coyle et al., 2019)

How do we assess for this?

- Lots of questions
 - Brotto et al., 2016, recommend assessing things such as:
 - Historical sexual abuse
 - Infertility concerns
 - Depression
 - Anxiety
 - PTSD
 - Might be helpful to punt to a therapist
 - Attachment styles
 - Exposure to sexuality as a child
 - Personality style
 - Onset of sexual activity

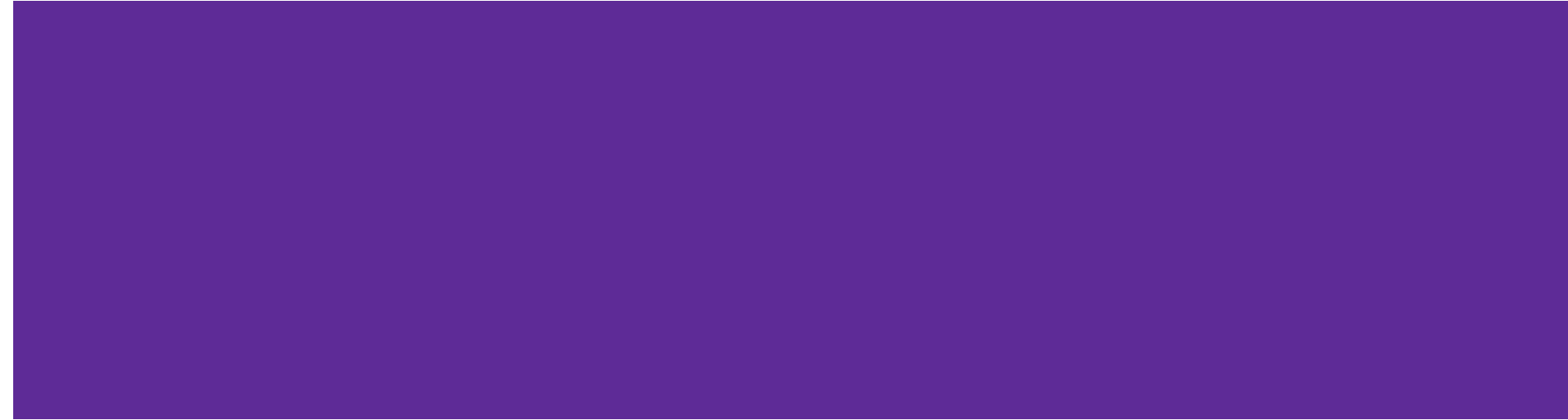
Developing a Sexual Dysfunction Evaluation

- Learn the nature of the problem(s), its severity, duration, degree of distress, and the patient's motivation for treatment. (Sarrel, 2005)
- Take a medical history, including inquiries about diseases and/or medications that may result in sexual dysfunction. Questions about the patient's prior use of hormone therapy, her current sexual relationship, and her partner's health, sexual functioning, and reactions to the patient's sexual problem are also essential components of the history. (Sarrel, 2005)
- Patient should be screened for the possibility of depression and/or an anxiety disorder. (Sarrel, 2005)

Questions to Ask a Woman with Low Desire

- Do you have any sexual concerns?
- Has your interest in sex changed?
- Any trouble getting aroused?
- Are you able to have an orgasm?
- Is sex ever painful?
- Do you feel distress about your sexual concern? For how long?
- What have you tried in the past?

A Brief Note on the Intersection of Sexuality and Accessing Medical Care



LGBTQ+ Sex

- Patients belonging to sexual minorities may avoid or delay medical treatment due to perceived discriminatory judgments by their health care professionals (Casagrande et al., 2007; Fisher et al., 2017).
- Tracy et al. (2010) highlighted that around 25% of lesbian patients delay their visits due to the fear of possible discrimination.
 - As a result, lesbian women tend to ask for medical treatments less compared to heterosexual women and are less likely to access preventive care (Sabin et al., 2015; Nimbi et al., 2021)
- It's really important to know their sexual orientation

Sex and Babies



Sex After Childbirth

- Bring up the conversation about how sexual concerns are more prevalent after childbirth - you bring it up and put it into the open
- In a study by Barrett et al., 2000, 89% resumed sexual activity within 6 months
 - In first 3 months after delivery 83% experienced sexual problems, 64% after 6 months
 - 15% of women who have postnatal sexual problems reported this to their providers

Sex After Childbirth

- New parents do not reach the same frequency of sexual intercourse as before the birth until 1 year has passed (Olsson et al., 2005)
 - Up to 1 year after delivery, 50–87% of women report tiredness, pain due to lacerations, incontinence, depression and problems with the sexual life (Olsson et. al, 2005)
- One study by Barrett et al., 1999
 - 59% of women said their provider talked with them about sex after birth
 - 93% of those women said the conversation was about contraception
 - 35% said they had discussions about the correct time to resume sex
 - Only 11% of providers discussed sexual changes
 - 11% of patients shared they wanted to ask something, but felt they could not

Body image after childbirth

- * Perceived experiences regarding physical changes of breasts and vagina
- * Easier to reach sexual satisfaction
- * Breasts are no longer related to sex. but to the baby
- * Changed attitude towards own body
- * Difficulties in accepting physical changes
- * Important to regain original body shape and function

Discordance of sexual desire with the partner

- * The couple are not synchronised regarding sexual desire
- * Lack of sexual desire
- * The baby satisfies the woman's need for closeness
- * A threshold to step over in order to recover one's sexual life.
- * Negotiations, bargaining and compromising are ways of dealing with different needs.

Women's thoughts about sexual life after childbirth

Stresses of family life alters sex pattern

- * Tiredness produces altered need for sex.
- * New priorities may be stressful.
- * The "presence" of the child might be disturbing while having sex
- * The couple either develop new strategies (individually or mutually) or just postpone sex in order to cope with the new situation with no or less sex

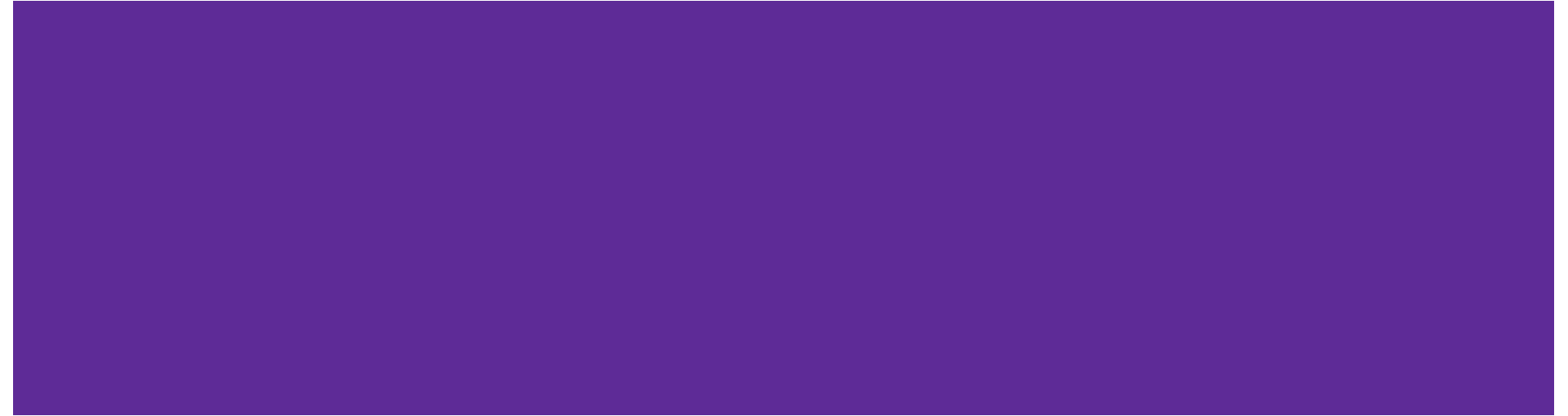
Reassurance

- * Very important to have an "approval" from a professional that the body is "normal" or at least working as usual again.
- * Great need to discuss sexual life after childbirth at the-post partum check-up
- * Women thought that lack of confirmation would lead to low self-esteem
- * Acceptance requires confirmation from partner but also from midwife.

Sex After Miscarriage

- Having sex after miscarriage can be frightening
- Women who are sexually more distant tend to avoid intercourse, experience less desire, and see sex as a functional necessity, fearful reminder of loss, and source of tension (Swanson, et al., 2003).
 - Note that this is exacerbated by extant mental health concerns
- Conversely, they might notice minimal change, or increased closeness

Sex and the Older Woman



Sex and the Older Woman

- The literature is sparse, despite the prevalence of sexual dysfunction in postmenopausal women is between 68% and 86.5% (Ambler et al., 2012)
 - Despite this, in a study by Hofland and Powers (1996) of 833 menopausal women, aged 45 to 60 years, it was revealed that 38% of them expressed concern about changes in sexual function to their physicians.

- Ask simple questions like, “Are you having sex? Do you want to be?”

Sex and the Older Woman

- Depression is frequently associated with greater than 70% of patients with sexual desire problems
 - Worsens when these patients are treated with medications, e.g., SSRIs. (Camacho & Reyes-Ortiz (2005).
- The Global Study of Sexual Attitudes and Behaviors (GSSAB), which included 13,882 women aged 40 to 80 years, reported 26% to 48% of women had a lack of interest in sex, and 18% to 41% of women had difficulty reaching orgasm
 - **Sexual dysfunction was demonstrated to significantly impact women's self-esteem and quality of life, and cause emotional distress, leading to relationship problems** (Ambler et al., 2012)

Sex and the Older Woman

- Anxiety surrounding painful sex may also act as a deterrent - double whammy (Ambler et al., 2012)
 - This is in addition to other physical changes that happen with age
 - Loss of sexual interest can result by simple conditioning, via significant discomfort during intercourse (Ambler et al., 2012)
- Despite estrogen replacement therapy, many surgically postmenopausal women have shown a decrease in sexual desire, sexual activity, and pleasure as well as a decreased sense of well-being (Ambler et al., 2012)

Sex and the Older Woman

- When you see a woman for menopause or postmenopause related issues, offer to discuss their sexual health and sex concerns
- Older women want to talk about sex!
 - They are not asexual
- The older you get, often the more medications you are placed on
 - Patients may believe new symptoms are a result of aging and may not report these occurrences to their physician unless the practitioner gives them an opportunity by asking questions about their sexual health, for example, about sexual activity, frequency of sexual activity, or reasoning for no sexual activity (Ambler, 2012)

When to Refer



Mental Health Referrals

- So much of sexual health is not part of the physical body
- Logistically:
 - What we can do: Mindfulness based interventions: arousal and desire problems, pain during penetration, lack of interest and libido, lack of orgasm and sexual problems following medical conditions
 - Also we will assess for relationship health, body image, historical experiences with sex
- You might have to get really honest, really fast
 - Tell them that it sounds like their relationship is having some issues, which would make it difficult for anyone to be aroused

Protective and Risk Factors

Protective Factors

- Young age
- Significant relationship
- Education and income
- Not smoking
- Moderate alcohol use
- Lower BMI

Risk Factors

- Older age
- Menopause
- Incontinence
- Pelvic floor disorders
- Cardiovascular disease
- Obesity
- High blood pressure/cholesterol
- Substance Use
- Mood disorders
- The list goes on...

In Sum

- Talk about it, and then talk about it some more - YOU probably have to be the one to bring it up
- Treat conversations about sexual health like those about mental health - part of holistic healthcare
- Every study discussed the importance of assessing for psychological/psychosocial issues
 - Namely, how a woman relates to her partner
 - What are her stressors
 - Does she have a trauma history
 - What are her underlying mental health concerns
- Please, please, please talk with your patients about potential sexual side effects of medications
- Punt to a shrink if you feel like there's more to it

Resources

- Postpartum Support International
- “Come as You Are,” Emily Nagoski, PhD
- Sexology Podcast, Nazanin Moali, PhD
- Foreplay Radio - Couples and Sex Therapy Podcast, Laurie Watson, PhD, George Faller, LMFT
- “The Vagina Bible,” Jen Gunter, MD

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Thank you!

Erika Warbinton, PhD
Ascend Psychological Associates and
Salina Family Healthcare
drwarbinton@ascendsalina.com

