

An Insight in Sexual Behavior of Married Women

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Abstract

Background: Disharmony in sexual relationship affects life of a woman, which sometimes remains silent and causes distress to the woman and accepted as a normal. A woman sexual response involves not just body but mind also. Emotional factors play a role in sexual satisfaction.

Objectives: How sexual life of a married women is affected by demographic and relationship factors?

Study design: Cross sectional descriptive survey.

Settings: Gynaecological OPD of Subharti Medical College, Meerut from Jan 2018 to April 2018.

Results: Two hundred women were interviewed and questionnaire filled. Out of which 40 women reported problems with their sexual life. Loss of Libido was found in 29%, difficulty in arousal in 10% for one or other reasons and 27% were not satisfied after sexual act. The reasons mentioned were job responsibilities, children education and care, lack of contraceptive use, lack of foreplay, imposed sex, abusive behavior of partner and discomfort during the act.

Conclusion: Intimacy, emotional and sexual relations are necessary for a healthy life. Which can be improved by counselling in outdoor visits. So doctors should sensitively ask woman about their personal life problems to improve their quality of life.

Key words: Sexual health, Relationship satisfaction, Quality of life

INTRODUCTION

A woman's expression of her sexuality is unique and is likely to change over time. Pleasure or anhedonia from sex can also have a considerable impact on the overall quality of life.^[1] Although basic sexual drive is biological, its expression is determined by a variety of psychological, social, environmental, spiritual, and learned factors. Thus, sexual satisfaction, for women, is often less dependent on the physical components of sex than on the quality of the relationship and the context in which sexual behavior is undertaken.

Sexual problems can be present when there is a problem in either emotional or physical part of life.

Emotional Causes

The emotional causes are stress, relationship problems, depression or anxiety, a memory of sexual abuse, and unhappiness with your body.

Physical Causes

Physical causes include pain from an injury or other problems, certain hormonal disorders, diabetes or arthritis, and medications, for example, for depression, anxiety, and seizures, and aging, which can cause changes in the vagina as dryness.

One may notice a change in desire or sexual satisfaction. When this happens, it helps to look at what is and is not working in a woman's body and her life. It can be hard or embarrassing to talk to a doctor about this. Hence, we have prepared a questionnaire to ask the patient about her problems in a friendly environment.

MATERIALS AND METHODS

Aim

The aim is to study how sexual life of married women is affected by demographic and relationship factors?

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www.ijss-sn.com

Month of Submission : 06-2018
Month of Peer Review : 07-2018
Month of Acceptance : 08-2018
Month of Publishing : 08-2018

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Study Design

The study design was a cross-sectional descriptive survey.

Settings

The study was conducted at Gynaecological OPD of Subharti Medical College, Meerut, from January 2018 to April 2018.

Participants

A total of 200 married women attending OPD for various reasons, sexually active and staying with husband. Women having chronic health problems, hysterectomized or with psychological illness were excluded.

Measures

A predesigned structured questionnaire having sociodemographic details, relationship status, and sexual life was prepared. The questionnaire included age, primary language, employment, education, income, whether children/other persons living in a same place, physical health, and menstrual cycle status. Sexual history variables included four questions about sexual problems.

- Having less desire for sex.
- Having trouble feeling aroused.
- Not being able to have an orgasm.
- Having pain during sex.

Data were compiled and statistical analysis was done [Figure 1].

RESULTS

A total of 200 women were interviewed and questionnaire filled. Of which 40 women reported problems with their sexual life. Loss of Libido was found in 29%, difficulty in arousal in 10% for one or other reasons and 27% were not satisfied after the sexual act. The reasons mentioned were job responsibilities, children education and care, lack of contraceptive use, lack of foreplay, imposed sex, abusive behavior of partner, and discomfort during the act [Table 1 and Figures 2 and 3].

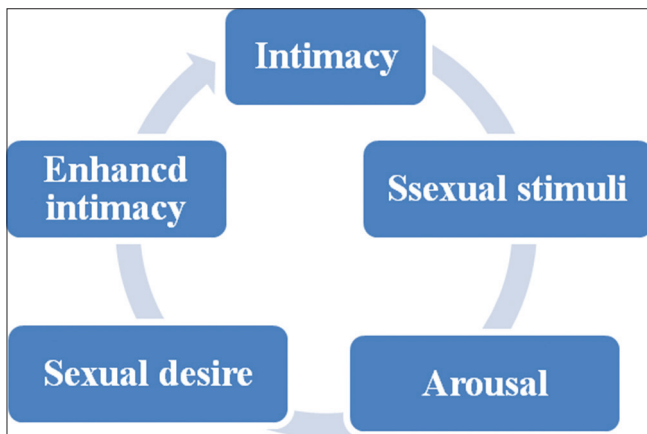


Figure 1: Biologic cycle Basson, 2000^[2]

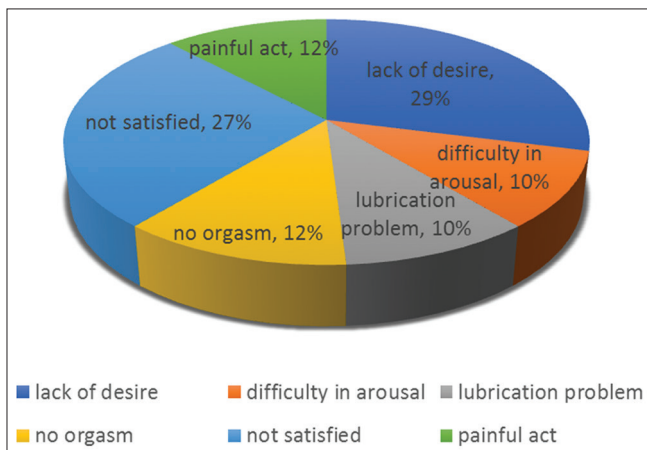


Figure 2: Causes of sexual dysfunction

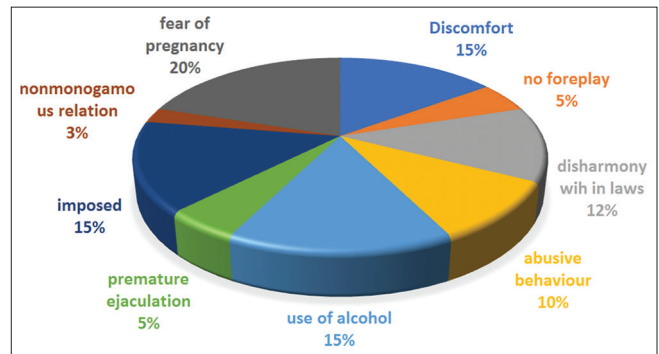


Figure 3: Factors affecting sexual life

Table 1: Sociodemographic factors

Sociodemographic Variables	Total	Sexual dysfunction
Age in years	No of women (%)	No of women (%)
19–25	62 (31)	12 (6)
26–35	80 (40)	15 (8)
36–45	58 (29)	13 (6.5)
Education		
Primary	34 (17)	5 (3)
Graduate	106 (53)	20 (10)
Above	60 (30)	15 (7.5)
Occupation		
Home maker	120 (60)	10 (5)
Part time worker	65 (32.5)	18 (9)
Full-time worker	15 (7.5)	12 (6)
Parity		
Nulliparous	60 (30)	5 (3)
Parous	140 (70)	35 (13)
Residence		
Rural	40 (20)	4 (2)
Semiurban	100 (50)	16 (8)
Urban	60 (30)	20 (10)

DISCUSSION

Causes for sexual problems may include:

Getting Older

A woman's sex drive often decreases with age. Age showed significant positive bivariate correlations with reports of current sexual problems and with lifetime experience of both arousal difficulties and low sexual interest.^[3]

Employment

Women working outside have less interest in sex. Women who currently worked fulltime had higher reports of both of these specific problems.

Parity

High parity more children more time demanding and tired females. In the study by Mercer *et al.* (2005), women with young children in the home were more likely to report sexual problems.^[4]

Education

Canadian survey, which found that highly educated women were more likely to report both low sexual desire and infrequent coital orgasm(Gruszecki *et al.*, 2005).^[5]

According to a Korean survey, risk factors were increasing age, a low frequency of sex, depression, a sexually abused history, and voiding dysfunction.^[6]

Sexuality is negatively affected by abusive behavior, alcoholism, and disharmony in relationships as studied by Santtila *et al.* Sexual satisfaction with vaginal intercourse as well as kissing and petting was positively associated with relationship satisfaction.^[7]

In study results reflect diversity in women's motivations for sex and there is evidence that responsive desire occurs in women with and without arousal difficulties. It was strongly recommended that relationship duration as well as the adequacy of partner sexual stimulation to give importance.^[8]

Sexual dysfunctions were detected as desire problems (39.3%), arousal problems (25.8%), lubrication problems (21.5%), orgasm problems (16.6%), satisfaction problems (21.5%), and pain problems (16.6%). Those who practiced contraception were less likely to have FSD found by Ishak *et al.*^[9]

CONCLUSION

Intimacy, emotional, and sexual relations are necessary for a healthy life which can be improved by counseling in outdoor visits. Hence, doctors should sensitively ask a woman about their personal life problems to improve their quality of life.

Limitations

- Limitation of the present study was that we asked rarely talked questions about the experience of sexual problems.
- Survey depends on the chosen sampling frame.
- Interviewer error or bias can be there.

ACKNOWLEDGMENT

I thank 200 women who shared this important information about their sexual lives despite many taboos attached to talking about it.

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How to cite this article: Prateek S, Goyal H, Verma Y, Nain G. An Insight in Sexual Behavior of Married Women. *Int J Sci Stud* 2018;6(5):59-61.

Source of Support: Nil, **Conflict of Interest:** None declared.