



CLÍNICA

Climacterium and sexuality

Climaterio y sexualidad

*Sánchez Izquierdo, Melodie **Hernández García, Emilio

* Nursing Degree. E-mail: melodysanchez114@gmail.com **Associate Professor at the University..
Centro Universitario de Mérida. Badajoz. Spain.

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ABSTRACT

Objective: To study the impact that climacterium causes in the sexual life of the women resident in Mérida and to identify what sexual changes take place.

Methodology: A descriptive and retrospective study was prepared with 102 menopausal women, aged from 45 to 59.

Results: The measurements more affected before menopause were sexual desire, vaginal lubrication and sexual satisfaction. 65.6% of those polled women showed alteration in their sexual function after menopause. 33% of women stated that they do not have any difficulty in their sexuality while 22.5% tagged dissatisfaction with body changes as the cause of their difficulties.

Conclusion: Mainly menopause has had a negative impact on the sexuality of the women studied. Nursing professionals should be aware and deal with this issue from the scope of their competences.

RESUMEN

Objetivo: Estudiar el impacto que produce el climaterio en la vida sexual de las mujeres que residen en Mérida e identificar los cambios sexuales que tienen lugar.

Metodología: Se ha elaborado un estudio de carácter descriptivo y retrospectivo con 102 mujeres con menopausia natural y una edad comprendida entre los 45 y los 59 años.

Resultados: Las dimensiones más afectadas tras la menopausia han sido: deseo sexual, lubricación vaginal y satisfacción sexual. Un 65.6% de las mujeres encuestadas presenta alteración de su función sexual después de la menopausia. El 33% de mujeres afirma no tener ninguna dificultad en su función sexual, mientras que el 22.5% señalan como principal motivo de sus dificultades la insatisfacción con los cambios corporales.

Conclusión: Mayoritariamente la menopausia ha generado un impacto negativo en la sexualidad de las mujeres que han participado en el estudio. El profesional de enfermería debería tomar conciencia y abordar este problema desde el ámbito de sus competencias.

INTRODUCTION

The menopause is a turning point for many women due to it marks the end of their reproductive years but not of their sexuality, and this influences the quality of life and so is an important element of their life and health ^(1,2).

In recent decades the interest in analyzing how women live their sexuality during climacterium has increased, largely due to the information from studies carried out on female population, which shown a prevalence of sexual dysfunction between 25 to 43 per cent in middle aged women ^(3,4).

The research that connected disturbances on sexual life with menopause was first conducted by Dr. Hallstrom in 1977 and showed the existence of a decrease in sexual desire, sexual desire and the frequency of intercourse for women. Years later, in 1993 Rosen et al. developed a similar research and they also found a decrease in sexual desire as well as more difficulties to reach orgasm and increased dyspareunia in menopausal and post-menopausal women ⁽³⁾.

Nowadays it has been contemplated that the physical, psychological and social changes that can appear at this point are responsible for the possible disorders of sexual function ^(5,6).

The progressive increase in life expectancy in our country has caused that for an important number of years women remain in climacteric stage. Moreover, the incorporation of woman into the job market, the improvement of educational, public health and environmental conditions, the scientific and technological development and the socio-political changes which have taken place in recent decades here, have caused significant changes in women, their thinking, way of life and perception of sexuality ^(4,7). Despite that, carelessness of many menopausal women about the sexual symptoms they have drives to a weak social pressure into the public health for new solutions of these issues. Hence the importance for the professional nurse to alert, to detect and to promote ways of life that lessen the incidence rate of sexual female dysfunction by an appropriate valuation of the sexuality pattern through the daily work.

This study has been developed with the aim of analyzing the impact that menopause causes in the sexual life of the women who reside in the area of Mérida (Badajoz), identifying the sexual changes during this stage.

METHODS

Design of the research

We conducted a descriptive and retrospective study.

Location

The data collection was performed in Mérida, during the first quarter of 2014.

Population

The target population of this research was constituted of menopausal women that come to Hospital of Mérida, Centro de Salud Urbano I, II and III, or belonging to the women's association Malvaluna and the Asociación de Mujeres Progresistas de Mérida.

We kept the following inclusion criteria: healthy women living in the area of Mérida, aged from 45 to 59, without menstruation in the 12 months prior to the performance of the questionnaire; we excluded those women with menorrhoea due to non-physiological menopause causes.

As exclusion criteria we set women with surgical menopause, physical or psychic disabilities, gynecological diseases which affect the sexual function or those who consumed medicines that affect sexuality (antidepressants, benzodiazepines, fenotiazinas, beta blockers) and also women who did not consent to participate in the research.

Data source

Data were collected through the standard questionnaire IFSF, which was first developed by Rosen and validated in Spanish by Blumel et al ⁽⁸⁾. IFSF consists of 19 questions grouped in six domains: desire, arouse, lubrication, orgasm, satisfaction and pain. Each question has 5 or 6 answer alternatives, with an appraisal on a scale from 0 to 5 points. The scoring of each domain is multiplied by a prescribed factor and the final result is the sum of these quantities.

An enlargement of IFSF was made by adding 19 questions of our own designed in order to get the planned aims of this research. The questions of IFSF and some of the enlargement assess the answers before and after menopause so we can evaluate the impact produced with its appearance. The extended questionnaire was validated in a first step.

The dimensions finally used were: desire and arousal, vaginal lubrication, orgasm, sexual satisfaction, pain, self-perception of body image, importance of sexuality for women, frequency in emotional-sexual relationships, causes that women attributed to their sexual difficulties and positive aspects that menopause brings.

Limitations

We did not get a real random sample (since we lacked a proper sampling frame) so the results cannot be generalized statistically to the whole population.

The authors are aware of the sensitive subject of this research and the fact that it is only based on (anonymous) questionnaires, so biases and other weaknesses are possible.

Statistical analysis

Obtained data were stored in a spreadsheet (Microsoft Excel 2010). For analysis we used R software, version 3.0.2 ⁽⁹⁾. We utilized both descriptive (counts, percentages, etc.), graphic and inference techniques ^(10-12,13); in particular the following statistical tests were used: McNemar test, Stuart-Maxwell test, Student's t test and Spearman's correlation coefficient.

RESULTS

Sample description

Initially we handed over questionnaires to 136 women ruling the inclusion criteria, of which 34 refused to participate. Thereupon 102 questionnaires were filled, of which 88 fully completed. The lack of response in them was very small (less than 0.5% of items), what it is very remarkable in this kind of study.

The average age of those polled was 53.33 years (s.d. = 3.25). The average time without menstruation was 4.1 years (s.d. = 2.5). 82.4% of the women were in stable relationship at the time of the survey and 92.2% of women had children.

Analysis of the variations from the IFSF scores

Table I lists, for the different domains of the questionnaire, the mean scores before and after menopause, the test statistic (Student's t), the p-values and the 95% confidence intervals for difference of means before and after.

According to IFSF rules, the higher score, the better sexuality. After menopause the average scores of the six domains have decreased. The overall average also decreased in more than 7 points after menopause. The domains that have been more disrupted were lubrication, pain and sexual satisfaction.

We must take into account that mean values lower than 26.55 indicates sexual dysfunction⁽¹⁴⁾. Before menopause there were 18 women (18.2%) below this value, while there are 63 (65.6%) after. Of those women with an IFSF value higher than 26.55 before menopause, 48 (60%) decreased their value after. Only one woman (6.3%) with a lower value before showed a higher value after.

	Mean before (s.d.)	Mean after (s.d.)	Difference of means (s.d.)	CI (95%) difference of means	Test statistic	P- value
Desire	4.35 (1.03)	3.22 (1.13)	1.14 (1.00)	0.94-1.33	11.44 (101)	<0.000001
Arousal	4.82 (1.17)	3.68 (1.54)	1.14 (1.21)	0.90-1.38	9.49 (100)	<0.000001
Lubrication	5.31 (1.27)	3.66 (1.58)	1.65 (1.52)	1.35-1.95	10.9 (100)	<0.000001
Orgasm	5.36 (0.91)	4.20 (1.66)	1.16 (1.42)	0.88-1.94	8.19 (100)	<0.000001
Satisfaction	5.10 (1.37)	3.87 (1.74)	1.24 (1.46)	0.95-1.53	8.43 (98)	<0.000001
Pain	5.42 (0.89)	4.04 (1.69)	1.39 (1.56)	1.09-1.70	8.97 (100)	<0.000001
TOTAL	30.44 (5.45)	22.78 (7.93)	7.7 (6.82)	6.32-9.08	11.06 (95)	<0.000001

Table I: Values of IFSF

Table II shows the correlations, measured with the Spearman's coefficient, among the six IFSF variables. The first number corresponds to the value before menopause and the second one after. All the values are positive and significantly different from zero so these

variables are positively correlated. It highlights the correlation between lubrication and pain which goes to double.

Note: .601 means 0.601; etcetera.

	Arousa	Lubricació	Orgasm	Satisfactic	Pain
Desire	.601/.72	.433/.666	.586/.63	.498/.496	.459/.49
Arousal		.524/.804	.732/.81	.589/.697	.553/.66
Lubricatio			.615/.75	.411/.584	.390/.72
Orgasm				.669/.686	.509/.69
Satisfactic					.354/.54

Table II: Correlation among the dimensions of IFSF

Frequency of affective-sexual relationships

We used the Stuart-Maxwell test to assess if the frequency with those polled engaged affective-sexual relationships had changed with menopause. This test shows that in general this kind of relationships has decreased with menopause (test statistic = 24.0, $p < 0.00001$). In **Table III** we can see the percentages of the answers before and after menopause.

Furthermore we have also found that 62.4% of polled women answered that they would like to engage more affective-sexual relationships as kisses, caresses, hugs and so on.

	Percentages before	Percentages after
Never or hardly ever	2.1%	6.7%
Sporadically	22.7%	38.2%
Many times	51.5%	39.3%
Always or almost always	23.7%	15.8%

Table III: Frequency of affective-sexual relationships

Relevance of sexuality

The McNemar test was used to assess whether the relevance that woman gives to sexuality changes with the menopause. This test shows that effectively it happens (test statistic = 29.03, $p < 0.00001$). In **Figure 1** we can observe this change. We must point out that our interest was not estimate the percentage of women for whom sexuality was important before the menopause and after, but those who had changed their mind with the menopause hence these values capture the impact that menopause caused in the assessment they give to sexuality. Of those women that thought about sexuality as a relevant aspect of life, before menopause 34.4% changed their minds.

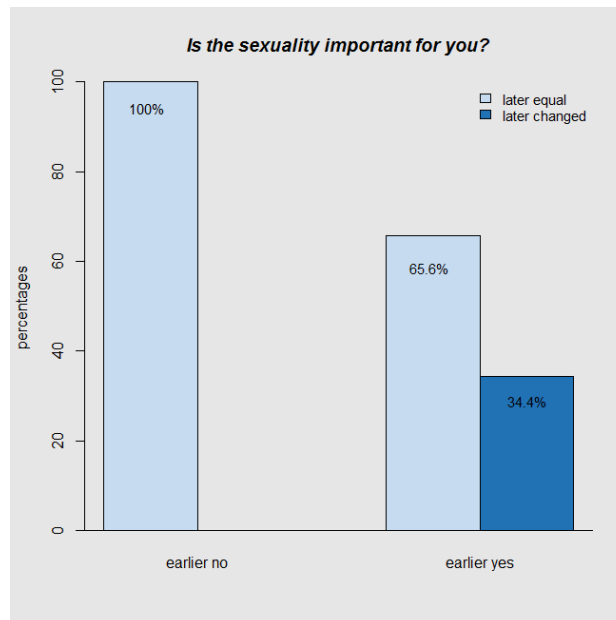


Figure 1: Importance of sexuality

Rejection to engage in sexual activity

We also contrasted with the McNemar test whether the fact of experiencing unpleasant sensations changed with menopause (test statistic = 32.23, $p < 0.00001$). This test shows that menopause has produced a significant impact on that aspect.

Of all women without unpleasant sensations in their sexual relations before menopause, 40.4% affirmed that the opposite was the case after. This group mentioned as causes lack of lubrication, desire and sexual desire, as well as lack of satisfaction.

58.4% of the studied women said they felt discomfort with their physical appearance before the menopause and 27.6% claimed that this discomfort negatively impacted on their sexual relations.

Causes of the difficulties in the sexual relations before menopause

Figure 2 shows the percentages of women which attribute their difficulties in sexual relations to the different reasons we have pointed out. The most mentioned aspect was physical alterations and the second one was other causes, among them economic and family difficulties and issues with their partner sexuality.

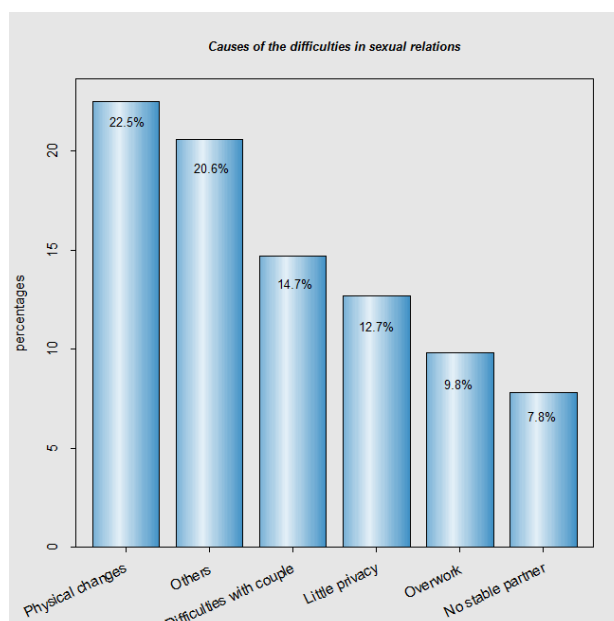


Figure 2: Causes of the difficulties in sexual relations

Positive aspects of menopause

More than half (51%) of the studied women stated that menopause brings positive aspects. 29.4% pointed out that they had a greater awareness of the necessity of health care; 15.7% that they needed to undertake new projects and 10.8% said a better social life.

DISCUSSION

Currently sexuality is an important cornerstone in women's quality of life and it interrelates with physical, psychological and social welfare ⁽⁶⁾. The negative changes involved in the female sexual function before menopause can generate frustration and provoke maladjustment and consequently low self-esteem or other issues.

In our study we have not found unexpected data, but with the obtained results we claim that female sexuality suffer changes as a consequence of climacterium and other kind of factors. As we pointed out in the previous section, and perhaps this is the most relevant part of our research, 60% of women without disorders in their sexual function before the menopause later they suffered them (changes in the other direction have only happened in 6.3% of studied women). In total, 65.6% of women had sexual dysfunction after menopause, outcome in consonance with the fact that 67% of women claimed they suffered from some difficulties in their sexual relations. This percentage is higher than the obtained by Monterrosa et al. (15) in a research carried out in South America in 2013, in which sexual dysfunction ^{appears} in 39% of women aged 40 to 55 years and increases to 56% in women aged 55 to 59 years. In other research conducted by Castelo et al. ⁽²⁾ indicates that 51% of women from 40 to 64 years present alterations in their sexuality. We must point out that this last result is not comparable with ours, since age groups are different.

Many women not only link sexuality and genitalia but also attach enough importance to a sexuality based on practices which involved affectivity and it is clear that they would like to increase this kind of affective relationships.

The perception that woman has about her physical appearance is certainly a relevant factor when assessing her sexual function. 27.6% of women in our work recognized that this aspect affected their sexual relations. The research of Yanes Calderón y Chio Naranjo ⁽⁶⁾ shows a lower percentage, about 10% of women claimed that their physical appearance is an obstacle for sexual intercourse. Woman gives importance to her figure and the changes befallen as a result of climacterium and age may cause a serious decrease in self-esteem and confidence which impacted negatively in her sexuality.

In our study, the reasons pointed out as causes of difficulties in sexual relations by women seem to agree with those indicated in the research of Yanes Calderon y Chio Naranjo ⁽⁶⁾: dissatisfaction with body changes, issues in the partnership, and lack of privacy.

CONCLUSIONS

While we were carrying out our study we realized that empathy, communications skills and common sense were essential in order to facilitate the effective participation in a research about sexuality.

With our data we could state that climacterium causes a negative impact in the sex life of the women of Mérida. According to analysis, 60% of women without disorders in their sexual function before menopause later they suffered them. Vaginal lubrication, sexual satisfaction and pain in sexual intercourse are the IFSF domains which have been mostly modified.

We have also found some positive aspects: a small but important percentage of women before menopause achieved to be aware of the importance of health care, even some of them improved their social lives. Moreover, 65.6% of the women before the menopause continue to believe that sexuality is an important element in their lives.

Although menopause seems to cause a mostly negative impact in the sexuality of the women we have studied, we think that there are several factors not considered in our study as the socioeconomic status, the health of the partner, the family situation and so on which could have a relevant importance in the sexuality of women before menopause and we should take into account in a future research.

Finally, we are convinced that it should be very appropriate that professional nurse develop prevention techniques through educational programs and they participate in therapeutic decision-making for fighting against the sexual issues that happens in this stage of woman life, always keeping in mind the importance of assessing that pattern in an intimate and respectful environment.

Adnowlegements

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