

Sexual Satisfaction Among Married Polycystic Ovarian Syndrome Women

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Abstract :

Background : There are bio - psychosocial abnormalities in PCOS patients that may impact sexual function. Multiple features of this disorder can induce emotional stress. Psychological distress may result in changes in appearance, menstrual irregularity or lack of menstruation, difficulties in conceiving, disturbed sexual activity and attitudes and may affect the feminine identity of PCOS patients.

Aim : To evaluate the impact of PCOs on marital sexual satisfaction among a sample of women and to identify the relationship between demographic characteristic of PCOs women with sexual satisfaction.

Method : This cross-sectional study was conducted in female consultants at Babel Hospital for Women and Children from period of March 2020 to May 2020. A total of 130 married women at reproductive age and have a clear diagnosis of PCOS after obtaining written consent.

Result : most of the married women who suffer from PCOS are in the age group 20-29 years, and most of them were trying to conceive. On the other hand, most of the women with PCOS suffer from fertility problems. There was a strong correlation between age, pregnancy, childbearing, economic status, frequency of disease occurrence, and symptoms recorded with sexual satisfaction among married women with PCOS. Also, sexual satisfaction was fair among most of the studied sample of women.

Conclusion : Patients with PCOS suffer significantly to fair sexual dysfunction such as decreased sexual satisfaction and decreased sexual desire. It seems appropriate to screen all PCOS patients for sexual function using a simple short questionnaire such as targeted interventions from FSFI that can be considered to help improve their quality of life beside the treatment .

Key words : polycystic ovary syndrome , sexual satisfaction.

Introduction

Sexuality has a strong effect on the general well-being of individuals. All factors that result in a fulfilling sexuality are included in the sexual quality of life. That means there is more to the sexual quality of life than the mere absence of a disease or condition that could affect sexual function. The desire to fall in love, initiate and sustain a sexual and romantic relationship and feel secure about one's own sexuality is also included ⁽¹⁾. In addition, to influence the sexual quality of life, overall physical functioning, relationship, and self-worth were established. The attitude towards the body, more particular to the genitals and the image of the body, also affects our sexuality ⁽²⁾. Polycystic ovary syndrome (PCOS) is the most common endocrinopathy among women in the reproductive stage, with a prevalence rate of about 5 percent or even up to 17.8 percent in a population sample, associated with reduced general quality of life and psychological well-being in affected women. However the sexual quality of life of women with PCOS is not very well known ⁽³⁾. Obesity has been reported to have a negative impact on sexuality, but the effects are mixed in women with PCOS. Hirsutism has been identified as having adverse effects on sexuality by causing body dissatisfaction and interfering with the feminine self-perception of women. A pressure that may lead to marital issues and sexual dysfunction is infertility. After weight problems and menstrual disorders, Barnard et al. found that infertility was the third most disturbing symptom of PCOS. Therefore a negative relationship between a child's desire and sexual well-being in women with PCOS would seem possible ⁽²⁾. As with PCOS, sexual function is a dynamic biopsychosocial phenomenon. In females with PCOS, several variables may influence sexual function. It is known that androgen levels, obesity, metabolic syndrome, subfertility, mental health, body image and self-esteem can impair sexual function. These variables are prevalent in women with PCOS and can lead to their sexual dysfunction ⁽⁴⁾. Although sexual function per se is only partially impaired, feelings of inadequacy are frequent and significantly associated with the degree of hirsutism in women with PCOS in social and sexual contexts and constitute a major issue in their sexual quality of life ⁽⁵⁾. As with PCOS, sexual function is a dynamic biopsychosocial

phenomenon. In females with PCOS, several variables may influence sexual function. It is understood that levels of androgen can impair sexual function. In both sexes, through cognitive procedures such as sexual fantasies, androgens mediate sexual activity. Therefore as observed with hormonal contraceptive therapy, elevated androgen levels may indirectly affect sexual function ⁽⁶⁾.

Material and Method

This cross-sectional study was conducted in female consultants at Babel Hospital for Women and Children from period of March 2020 to May 2020. A total of 130 married women at reproductive age and have a clear diagnosis of PCOS after obtaining written consent. This study was confirmed by the Ethics Review Committee of the Faculty of Nursing / University of Babylon. The section on sexual status was taken from an approved standardized questionnaire intended to assess the quality of life in women with polycystic ovary syndrome (Int J EndocrinolMetab. 2018 April; 16(2):e12400. Released online on February 3, 2018. The Polycystic Ovary Syndrome Health-Related Quality-of-Life Questionnaire: Confirmatory Factor Analysis, FatemehNasiri-Amiri and et al) with little modification to be suitable for our culture. Statistical analysis was carried out using the SPSS version 22 to extract the results.

Results of Study

Table (1) show the demographic characteristics of study sample, the majority of sample (66.7%) from age group 20-29 year. Education level was bachelor degree among (37.1%) of study sample. (53.8%) of women are employed. The majority (60.6%) of study sample were trying to conceive. Regarding duration of disease (35.6 %) of study sample with chronic condition. Regarding chronic diseases (64.4%) of study sample did not suffer from chronic diseases. Regarding symptoms reported (31.1%) of study sample reported irregular periods and (26.5%) reported infertility problems.

Table (2) and (3) show the Sexual satisfaction among Polycystic ovary syndrome women. According to the result and mean of scores of item, the result show that the fair level of satisfaction was the high among study sample. Mean score of item was 2 and fair level (1.67-2.33) all item regarding sexual satisfaction was within fair level.

Table (4) show the relationship between demographic characteristic of PCOs women with sexual satisfaction. Demographic factors such as age, children, duration of disease and symptoms reported are found to have effect on sexual function.

Table (4-1) : demographical characteristics of PCOS women

Age group		Frequency	Percent
	less than 20	4	3.0
	20-29	88	66.7
	30-39	35	26.5
	more than 39	5	3.8
	Total	132	100.0
Education Qualification		Frequency	Percent
	Dose not read and write	3	2.3
	Primary	26	19.7
	Secondary	48	36.4
	Bachelor	49	37.1
	Postgraduate	6	4.5
	Total	132	100.0
Occupational Status		Frequency	Percent
	Not employed	61	46.2
	Employed	71	53.8
	Total	132	100.0
Children		Frequency	Percent
	has children	43	32.6
	Pregnant	9	6.8
	Trying to conceive	80	60.6
	Total	132	100.0
Economic status (monthly household income):		Frequency	Percent
	Inadequate	29	22.0
	Somewhat adequate	64	48.5
	Adequate	39	29.5

	Total	132	100.0
Duration of diagnosis (duration of disease)		Frequency	Percent
	New (days or weeks)	39	29.5
	Acute (months)	46	34.8
	Chronic (years)	47	35.6
	Total	132	100.0
Recurrence of the disease		Frequency	Percent
	First time	63	47.7
	It was previously treated	28	21.2
	Chronic	41	31.1
	Total	132	100.0
Suffer from chronic diseases		Frequency	Percent
	Hypertension	21	15.9
	Diabetes mellitus	10	7.6
	Thyroid disease	12	9.1
	Others	4	3.0
	Not suffer from chronic diseases	85	64.4
	Total	132	100.0
Symptoms reported (problems you suffer from)		Frequency	Percent
	Infertility Problems	35	26.5
	Irregular periods	41	31.1
	Excess weight	28	21.2
	Excess hair	15	11.4
	Acne	6	4.5
	Mood swings	7	5.3
	Total	132	100.0

Table (4-2):Sexual satisfaction among Polycystic ovary syndrome women

N	Items	Answer	f	%	M.S	S.D	Assessment
1	Lack of sexual desire	never	34	25.8	1.98	.710	Fair
		sometimes	66	50.0			
		always	32	24.2			
		Total	132	100.0			
2	Ashamed of sexual coldness/unresponsiveness	always	30	22.7	1.86	.763	Fair
		sometimes	53	40.2			
		never	49	37.1			
		Total	132	100.0			
3	Unsatisfied with sex	never	55	41.7	1.82	.789	Fair
		sometimes	46	34.8			
		always	31	23.5			
		Total	132	100.0			
4	Lack of sexual stimulation	never	65	49.2	1.69	.763	Fair
		sometimes	43	32.6			
		always	24	18.2			
		Total	132	100.0			

m.s. (mean of scores = 2), cut off point (0.66), never (M.S. 1-1.66), sometime (1.67-2.33), always (M.S. 2.34-3).

Table (4-3):Overall Sexual satisfaction among married Polycystic ovary syndrome women

Sexual Satisfaction levels	Frequency	Percent	M.S.	Assessment
never	49	37.1	1.83	Fair
sometime	57	43.2		
always	26	19.7		
Total	132	100.0		

Table (4-4):The relationship between demographic characteristic of PCOs women with sexual satisfaction.

Demographic characteristics	Chi-square Value	D.f.	P-Value	Sig.
Age	19.077	6	.004	H.S
Education Qualification	15.607	8	.048	S
Occupational Status	1.073	2	.585	N.S
Children	20.612	4	.000	H.S
Economic status (monthly household income)	32.091	4	.000	H.S
Duration of diagnosis (duration of disease)	21.671	4	.000	H.S
Recurrence of the disease	33.799	4	.000	H.S
Suffer from chronic diseases	50.095	8	.000	H.S
Symptoms reported (problems you suffer from)	26.855	10	.003	H.S

Discussion of the Results

The evaluation of sexual behavior of patients with PCOS is important from an academic point of view to increase the understanding of the role of androgens in female sexual function, and also in clinical practice to improve quality of care offered to these patients.

Table (1) show the demographic characteristics of study sample, the majority of sample (66.7%) from age group 20-29 year. Education level was bachelor degree among (37.1%) of study sample. (53.8%) of women are employed. This result agree with ⁽⁷⁾ that found Mean age of patients was 27.02 ± 4.27 years ranging from 19 to 38. Seventy (53.8%) of them had education levels higher than high school, and disagree with this study regarding occupation were 123 (94.6%) were housewives.

The majority (60.6%) of study sample were trying to conceive. Regarding duration of disease (35.6 %) of study sample with chronic condition. Regarding chronic diseases (64.4%) of study sample did not suffer from chronic diseases. Regarding symptoms reported (31.1%) of study sample reported irregular periods and (26.5%) reported infertility problems. This result agree with ⁽⁸⁾ that found the main complaint that motivated patients to visit the clinic was menstrual irregularity, which was reported by 36 patients (75%).

Table (2) and (3) show the Sexual satisfaction among Polycystic ovary syndrome women. According to the result and mean of scores of item, the result show that the fair level of satisfaction was the high among study sample. Mean score of item was 2 and fair level (1.67-2.33) all item regarding sexual satisfaction was within fair level.

Table (4) show the relationship between demographic characteristic of PCOs women with sexual satisfaction. Demographic factors such as age, children, duration of disease and symptoms reported are found to have effect on sexual function. This result disagree with a study conducted by ⁽⁷⁾ that found the range of patients' age was limited (19-34 yrs.) and could not find any relationship between age and sexual dysfunction. However, higher education levels improved sexual functioning in different domains.

Conclusions

In women with PCOS, sexual status, expressions of sexual activity, intimate communication with their partners, and sexual satisfaction with the syndrome were affected by the syndrome, however, fertility problems had an impact on sexual interest. Patients with PCOS suffer significantly to moderate sexual dysfunction such as decreased sexual satisfaction and decreased sexual desire. It seems appropriate to screen all PCOS patients for sexual function using a simple short questionnaire such as targeted interventions from FSFI that can be considered to help improve their quality of life beside the treatment .

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