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Characteristics of Female Sexual Dysfunction Who Needed Counseling

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ABSTRACT

Objective To study characteristics of female sexual dysfunction who needed counseling.

Design Cross-sectional study.

Setting Department of Obstetrics and Gynaecology, Phramongkutklao Hospital. (from August 1995 to September 1996)

Subject One hundred cases of female sexual dysfunction were interviewed including both open ended and structured questions. T-test and One-Way Analysis Variance were used for statistical analysis.

Main outcome measures Mean scores of female sexual dysfunction.

Results The main sexual dysfunction were sexual desire imbalance with husband, no sexual desire, decreased sexual desire, dyspareunia, anorgasm and increased sexual desire. Mean scores of female sexual dysfunction were significantly associated with husband's age, husband's education and the attitude "unsatisfied with sex."

Conclusion Sexual dysfunction of females was predominantly associated with sexual desire imbalanced with husband and lack of or decreased sexual desire. Characteristics of sexual dysfunction showed husband's age, husband's education and unsatisfied about sex which play an important role.

Key words : characteristics, sexual dysfunction.

Sexual dysfunction is the persistent impairment of the normal patterns of sexual interest or response, but the range of sexual interest and performance is broad both in the same individual at various times and between different individuals. In fact, most men and women have sexual dysfunction corcerning their level of sexual desire or interest at some time.[1-3]

The causes of sexual dysfunction may be lack of sexual knowledge, attitude about sex and sexual conflict. Sexual dysfunction causes marital disharmony and may result in divorce.[4-5] However, sexual dysfunction requiring treatment should depend on whether the person perceives himself or herself as dysfunctional and also whether the person's partner thinks there is a sexual dysfunction.

There is no universally accepted scheme for classifying the various types of sexual dysfunction, but this study classified sexual desire, orgasmic dysfunction and dyspareunia. The objective of this study was to explore the characteristics of female sexual dysfunction who needed counseling at the Department of Obstetrics and Gynaecology, Phramongkutklao Hospital.

Materials and Methods

This was a cross-sectional study which was carried out at a sexual dysfunction clinic at Phramongkutklao Hospital from August 1995 to September 1996.

The samples included 100 females with sexual dysfunction who needed counseling and had no physical or psychological diseases. Sexual dysfunction was measured by sexual desire, orgasm and dyspareunia. The data were analysed by SPSS/PC+ to obtain frequency, distribution, mean, standard deviation, t-test and One-Way Analysis of Variance. The different mean scores of sexuaul dysfunction were analysed using the Scheffe technique. Statistical significance was taken at p-value < 0.05.

Results

Sexual dysfunction of females who needed counseling was associated with a sexual desire imbalance with husband, lack of sexual desire, decreased sexual desire, dyspareunia, anorgasm and increased sexual desire (Table 1).

One-Way Analysis of Variance was used for analysing the different mean scores of sexual dysfunction by demographic variables and psychological characteristics. Females whose husband's age was between 30 to 39 years old had the most sexual dysfunction (Table 2). Females whose husband's education was greater than or equal to 13 years had more sexual dysfunction than those with husband's whose education was 1 to 12 years (Table 3).

The Scheffe technique was used for analysing the different mean scores of sexual dysfunction with significance at p-value < .01. Females who were unsatisfied about sex had the most sexual dysfunction (Table 4).

Discussion

In this study the most important cause of sexual dysfunction requiring counseling was having a desire imbalance with husband. Sexual desire imbalance was considered according to both woman and husband sexual desire and by the woman's desire alone. This study also provides baseline data about sexual dysfunction in the urban Thai female.

When sexual dysfunction was analysed by demographic variables, and psychological characteristics : husband's age, husband's education and dissatisfaction with sex were significantly associated. Woman whose husband's age between 30 to 39 years experienced the

Table 1. Number and percentage of female sexual dysfunction who needed counseling

Sexual dysfunction	No.	%
1. sexual desire imbalanced with husband	34	34.0
2. lack of sexual desire	29	29.0
3. decreased sexual desire	26	26.0
4. dyspareunia	23	23.0
5. anorgasm	19	19.0
6. increased sexual desire	2	2.0

Table 2. Comparing mean scores of sexual dysfunction and husband age of female who needed counseling

	No.	$\bar{x}$	S.D.	p-value
Husband age (years)	100	1.38	0.75	0.04
20-29	11	1.18	0.40	
30-39	30	1.67	1.06	
> 40	59	1.27	0.55	

Table 3. Comparing mean scores of sexual dysfunction and husband education of female who needed counseling

	No.	$\bar{x}$	S.D.	p-value
Husband education (years)	100	1.38	0.75	0.01
1-12	28	1.25	0.52	
> = 13	72	1.43	0.82	

Table 4. Comparing mean scores of sexual dysfunction and satisfied or unsatisfied about sex of female who needed counseling

	No.	$\bar{x}$	S.D.	p-value
satisfied or unsatisfied about sex	100	1.38	0.75	< 0.01
satisfied	11	1.09	0.30	
unsatisfied	89	1.42	0.73	

most sexual dysfunction. Hawton et al[6] found husbandûs age to be related to sexual dysfunction. However, sexual dysfunction can not be analysed only by age. Other important factors include physical health, intelligence, mood and social factors. Pongthai et al[7] found that sexual behavior is related to differential in husband's education.

As seen from this study, sexual dysfunction in aging female may be studied using a variety of objective measures. Because the present study included only sexual functioning of the sexually active female. Generalizability of these findings to aging females with sexual dysfunction may be limited. However, we propose to examine with greater detail the relative importance that each of these measures brings to bear on the understanding of sexual response and dysfunction. An objective methodology of this type, together with larger sample size that include greater variation in the range of sexual dysfunction and more powerful statistical techniques such as multiple regression analysis may provide a useful supplement to the more common, less reliable, assessment method of self-reported sexual dysfunction.

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