

Menopausal Women's Anxiety Levels and Sexual Satisfaction

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Gönderim Tarihi: 03-Ağu-2017 12:57PM (UTC+0300)

Gönderim Numarası: 834900721

Dosya adı: Women_s_Anxiety_Levels_and_Sexual_Satisfaction_Filiz_Hisar.docx (33.7K)

Kelime sayısı: 2454

Karakter sayısı: 12582

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Abstract

This study was carried out in order to determine the anxiety levels of menopausal women on their sexual satisfaction. This descriptive study. The study was carried out at a menopause clinic of a state hospital between June and August 2011. Data were collected by questionnaire: the Golombok Rust Inventory of Sexual Satisfaction (GRISS) and the State Trait Anxiety Inventory. The mean age of the participants was 49.2 ± 7.6 years old and nearly half of the women 46-50 age group. Half of the women in our sample had a chronic disease, 46.4% of women had sexual intercourse twice a week and 85.1% of them were housewives. In our research it was found that the women's sexual satisfaction was low, and their state anxiety levels were moderate level. There was a moderate positive correlation between the women's sexual satisfaction scores and their anxiety levels. Increased levels of both state and trait anxiety in women reduces their sexual satisfaction. In this study, it was shown that women's anxiety levels were middle and their sexual satisfactions were decreased during menopause. For this reason menopausal women's should recommended give information about sexual and psychological consultancy services

Keywords: women; sexual satisfaction; menopause; anxiety; nursing

1. Introduction

The menopause is a complex process of change in which psychological change is experienced along with physical and anatomical changes. The changes related to sexual life that arise with the menopause are not only disorders in sexual function but are also multi-dimensional changes covering emotions, behaviour and actions (Masliza et al 2014; Kaufert et al 2008).

During the decrease in oestrogen levels that occurs in the transition period of the menopause, dryness and somatic changes of the vagina, changes in the vascular and urogenital systems, bone loss, mood and sleep disorders and a decrease in cognitive functions occur (Otunctemur et al 2015; Ayaz 2013). Women complain about a decrease in libido and arousal, and of a deficiency in vaginal lubrication in connection with these changes (Kaufert et al 2008; Sehhatie-Shafaie et al 2014; Constantine et al 2015). In a study conducted in Turkey, 72% of the women stated that they had concentration problems, 62% were irritable and tense, 60% were unhappy and 68% had a lack of sexual drive (Varma et al 2006).

Though the reasons for the psychological symptoms that arise during the menopause are not clearly understood, it is suggested that hormonal changes may have a direct effect; they could be secondary to physical symptoms or may arise due to the psychological impact, and even changes in body image and an increase in sleep disorders might have a role in the development of depression (Kaufert et al 2008; Perez-Lopez et al 2014). No matter which hypotheses are supported, it is agreed that the anxiety and depression that are experienced during the menopause are the combination of psychological and physical changes (Kaufert et al 2008; Sehhatie-Shafaie et al 2014; Perez-Lopez et al 2014; Alexander et al 2007). Many studies the prevalence of symptoms of depression and anxiety

and their influence during the menopausal transition and the postmenopausal period [Perez-Lopez et al 2014; Alexander et al 2007; Mauas et al 2014; Li et al 2008; Schnatz et al 2010; Pinar et al 2015]. Schnatz et al., (2010) studied the prevalence of symptoms of anxiety in the women in this study was 76.7% vs. 52.9% (p=0.07).

There is a relationship between anxiety and sexuality in women at menopause (Gracia et al 2007). Women can be experienced complaints such as hot flashes, insomnia during menopause These complaints may negatively affect their sexuality by creating anxiety (Gracia et al 2007; Yangin et al 2008). According to some previous studies; findings such as depression, anxiety, irritability, fatigue, insomnia, forgetfulness and decrease of libido have been met during this period (Tot 2004; Bezircioğlu et al 2004; Bryant et al 2012). There are also studies indicating that menopause do not affect women regarding with depression and anxiety (Li et al 2008; Pinar et al 2015).

There have been a few sexual satisfaction studies performed on menopausal women in Turkey (Tuğrul et al 1993; Varma et al 2006). In addition, there are some deficiencies in the studies related to the menopause. Sexual satisfaction during the menopausal period was not examined at the same time as anxiety levels in these studies. The results of this study will reveal the relationship between anxiety levels and sexual satisfaction in menopausal women, and will assist various units, like institutions serving menopausal women and research centres, in planning their services. So, in this descriptive study, the aim was to determine the anxiety levels of menopausal women on their sexual satisfaction.

Results

Women's Characteristics

The personal data of the participants are presented in Table 1. The mean age of the participants was 49.2±7.6 years old and nearly half of the women 46-50 age group. Half of the women in our sample had a chronic disease, 46.4% of women had sexual intercourse twice a week and 85.1% of them were housewives.

Table 1: Some characteristics of the women

Characteristics	n	%
Work status		
Employed	44	14.9
Housewife	251	85.1
Mean age of the participant	49.2±7.6 years	
Age		

40-45	33	11.2
46-50	121	41.0
51-55	114	38.6
56-60	27	9.2
Age at marriage		
20 and below	21	7.1
21-30	146	49.5
31-35	84	28.5
36 and over	44	14.9
Duration of menopause		
1 year	74	25.0
2 years	62	21.0
3 years	53	18.0
4 years	45	15.3
5 years	61	20.7
Frequency of sexual intercourse		
Three to five times a week	38	12.8
Twice a week	137	46.4
Once a week	104	35.3
A few times a month	16	5.4
Chronic diseases		
Have a chronic disease	149	50.5
No chronic disease	146	49.5

State Trait Anxiety Scores

In Table 2, the mean scores of the women on the STAI and its subgroups are presented. The mean score for state anxiety was found to be moderate level (37.53 ± 11.45), and the mean score of trait anxiety was found to be low level (32.26 ± 8.44). The state anxiety scores of women having sexual intercourse once in two weeks during the menopausal period were found to be 53.80 ± 12.62 and the trait anxiety scores were found to be 45.00 ± 12.45 ($p < 0.05$).

The relationship between frequency of sexual intercourse during the menopausal period, satisfaction with sexual life, and state trait anxiety levels was found to be statistically significant ($p < 0.05$).

Table 2: The distribution of scores on the STAI subscale

	\bar{X}	SD	Min.	Max.
State Anxiety	37.53	11.45	20.00	80.00
Trait Anxiety	32.26	8.44	20.00	65.00

Sexual Life Scores

In Table 3, the mean scores of the women on the GRISS scale and its subgroups are presented. A GRISS score for a particular sub-dimension of five or higher means that a problem exists in that sub-dimension. The domains with an inventory mean score of five or more are sexual frequency (5.76 ± 1.50), satisfaction (6.46 ± 3.45), sensuality (8.08 ± 3.82), vaginismus (5.88 ± 3.80) and anorgasmia (12.27 ± 3.32), and the domains with an average score of 5 or less are communication (4.72 ± 2.38) and avoidance (4.44 ± 3.88). The total mean score for the inventory was found to be 57.94 ± 20.84 .

GRISS scores for women in the 40-45 age group were found to be 47.54 ± 21.65 . The scores were 54.64 ± 20.96 in the 46-50 age group, 62.79 ± 18.91 in the 51-55 age group and 65.03 ± 20.25 in the 56-60 age group, and the relationship between age group and total GRISS score was determined to be statistically significant ($p < 0.000$). When the GRISS scores were evaluated according to the duration of the menopause, they were found to be 52.89 ± 22.67 in women who had been undergoing the menopause for a year, and 63.98 ± 16.92 in women who had been undergoing the menopause for 4 years; the relationship between the sexual satisfaction of women and the duration of their menopause was found to be statistically significant ($p < 0.000$).

Table 3: The distribution of scores on the GRISS subscale

GRISS scale and subgroups	\bar{X}	SD	Min.	Max.
Sexual frequency	5.76	1.50	1.00	8.00
Communication	4.72	2.38	0.00	8.00
Satisfaction	6.46	3.45	0.00	16.00
Avoidance	4.44	3.88	0.00	15.00

Sensuality	8.08	3.82	0.00	16.00
Vaginismus	5.88	3.80	0.00	38.00
Anorgasmia	12.27	3.32	3.00	16.00
Total GRISS score	57.94	20.84	10.00	112.00

The Relationship between Anxiety Level and Sexual Satisfaction

The correlation coefficient between the sexual satisfaction and the state anxiety scores of the women was found to be 0.309, between the sexual satisfaction and the trait anxiety scores of the women it was found to be 0.192, and between the state anxiety and the trait anxiety scores of the women it was found to be 0.546. All of the correlation coefficients obtained are statistically significant but fairly low ($p < 0.01$), (Table: 4).

Table 4: The Relationship between Anxiety Level and Sexual Satisfaction

Anxiety levels	Sexual satisfaction	
	r	p
State anxiety	0.309	$p < 0.01$
Trait anxiety	0.192	$p < 0.01$

5. Discussion

This study was carried out with the aim of determining the situations of the anxiety levels of menopausal women on their sexual satisfaction. In our research it was found that the women's sexual satisfaction was low, and their state anxiety levels were moderate level. The reasons for this are discussed in the following sections. Several aspects of professionalism led to this situation.

Levels of State -Trait Anxiety by dimension

The menopause affects women physically and also psychologically and socially. During the menopausal transition, anxiety increases three times in comparison to the premenopause (Alexander et al 2007). According to Pérez-López et al (2014) and Mauas et al. (2014) depressed mood is associated with the severity of menopausal symptoms (somatic and psychological). The state

anxiety scores of the women participating in our study were at a moderate and low level (Table 2). In the study conducted by Mauas et al. (2014), the anxiety levels of the women were found to be at a state anxiety score moderate level, and trait anxiety score low which is similar to our study. The state anxiety levels of women decrease with increasing age. The reason for this decrease may be that the number of years undergoing the menopause and the number of menopausal complaints decrease in parallel with the age of the woman, and therefore this may result in a decrease in the state anxiety level.

The relationship between frequency of sexual intercourse during the menopausal period, satisfaction with sexual life, and state trait anxiety levels. A study conducted by Li, et al (2008) also supports our findings indirectly. Furthermore, the study conducted by Çoban, et al. (2008) also supports our findings indirectly. In this study it was found that women who have a bad relationship with their husband experience more menopausal complaints. Therefore, it might be unavoidable that a woman with menopause will have a high level of anxiety during a period like the menopause in which many changes occur.

Levels of Sexual Life by dimension

In studies female sexual dysfunction (FSD) in menopausal women had a reported prevalence ranging from 40% to 80%. FSD levels increase with menopausal women (Mauas et al 2014; Schnatz et al.2010). In the subgroups of the Golombok Rust Inventory, problems were detected in the sexual frequency, satisfaction, sensuality, vaginismus and anorgasmia sub-dimensions, but no problem was found in the communication and avoidance sub-dimensions. In findings similar to ours, in the study conducted by Varma et al., (2006), problems were found in the frequency of sexual intercourse, touching and anorgasmia sub-dimensions (Varma et al 2006). In the results of our study, a high result is found in the sub-dimension related to touching (i.e. sensual contact). This can be interpreted to mean that sexuality is still being placed within a matrix of shame, so that sensual contact is still not considered important in the sexual life or is considered to be taboo; the result of this is that a healthy sexuality and sexual happiness cannot be experienced.

It was found that the total GRISS scores for the women participating in our study increased in parallel with their age, and that the sexual satisfaction of the women decreased with increasing age ($p=0.000$). Similar results were obtained in studies conducted in Turkey and also Malaysia, and Canada (Masliza et al 2014; Kaufert et al 2008; Schnatz et al 2010; Çoban et al 2008). In addition, sexual satisfaction was found to be lower ($p=0.44$) in women with chronic diseases and in women who have been undergoing the menopause for four years. Similar results have also been found in different studies, and in these studies the sexual satisfaction of women was found to be influenced by many factors like surgical intervention, disease and use of medication (Varma et al 2006; Çoban et al 2008; Rust & Golombok 1986).

The Relationship between Anxiety Level and Sexual Satisfaction

A positive correlation was found between sexual satisfaction and the state and trait anxiety levels of the women participating in our study ($p<0.01$). Women's sexual satisfaction was found to decrease with increasing anxiety levels (Spielberger 1983; Pazmany et al 2013). According to Api (2005), a significant decrease occurs in the sexual activity and libido of women after the menopause, and they also feel anxious due to the reluctance that they experience. The study conducted by Schnatz et al., (2010) Among to among women who reported a decrease in sexual desire, the prevalence of anxiety

was 76.6% (36 of 47) vs. 45.7% (16 of 35) for women who reported no decrease in sexual desire ($p=0.01$).

In our community, there is a false belief that the sexual life of a woman completely ends during the menopause and that she becomes no different from a man. However, there is no upper age limit for sexual activity, and since there is no longer a possibility of getting pregnant, the chance emerges for a woman to experience sexual activity just to satisfy her desires (Api 2005).

6. Conclusions and recommendations,

In conclusions, in our study we found that there is a positive correlation between sexual life scores and women's state-trait anxiety levels, and that women's sexual satisfaction decreased with increasing levels of anxiety.

In the study, while problems were found in the sexual frequency, satisfaction, sensuality, vaginismus and anorgasmia dimensions of the GRISS inventory for the women, and their state anxiety levels were found to be moderate. Therefore, it is recommend that women are informed during the menopausal period about sexuality, and that psychological consultancy services are provided. Informing women's husbands and families about the problems that can be experienced during the menopausal period would enhance their social support, and qualitative studies that may reveal the reasons for women's low sexual satisfaction should be performed.

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