

*Original Article***Comparison among some effects of sexual dysfunction in female spouses of fertile and infertile couples***Fariba Fahami**, *Mariam Najarian***, *Shahnaz Kohan****Abstract**

BACKGROUND: Infertility causes a lot of physical and emotional stresses for infertile couples. If couples suppose infertility threatens their marital life, their sexual relations will be affected. As study on the degree of sexual dysfunctions in female spouses of infertile couples, helps in understanding these disorders, their prevalence and treatment, the current study aimed at comparing the lack of sexual inclination (desire), sexual abhorrence and controlled orgasm in female spouses of fertile and infertile couples.

METHODS: This was a case – control study on 140 female spouses of infertile couples referring to Isfahan infertility clinics as case group and 140 female spouses of fertile couples as control group in 2006. Sampling was done via easy method. Data was gathered through a questionnaire including two sections of demographic characteristics and sexual disorders. Data were analyzed via SPSS software using χ^2 test.

RESULTS: The lack of sexual inclination and controlled orgasm in female spouses of infertile couples was more than female spouses of fertile couples ($p < 0.01$) and there was significant difference between sexual abhorrence in two groups.

CONCLUSION: This study concluded that infertility may cause sexual dysfunctions and even in an incorrect cycle may intensify their infertility problem; so diagnosis and treatment of sexual dysfunctions is important in improvement of marital life.

KEY WORDS: Infertility, sexual dysfunction, sexual abhorrence, lack of sexual inclination.

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Family is the most important social organization and the main core of society which its basic role depends to successful marital life. Satisfaction from marital relations is a basic factor in keeping and strengthening the marital life.¹ One of the reasons of establishing marital relationship is sexual satisfaction.²

Sexual behavior is a reflection existence motivation which is vital for the survival of generations; on the other side there is an interaction between sexual needs and satisfaction from marital life.³ Sexual dysfunction, which is a multi-dimensional problem including biologic, interpersonal and psychological elements, is a widely spread problem in the communities and has increased in recent years,⁴ so that Stants et al reported that 30 to 50 percent of couples suffer

from sexual dysfunction. Epidemiologic studies have shown that 24 to 43 percent of women complain about the decrease in sexual inclination (desire).⁵

In Iran, a study on 32 married female medical students in Tehran university with different cultural and social levels showed that 40% of them have sexual dysfunction.⁶ Sexual problems affect different aspects of people's lives including relationships with the spouse, family and job.⁷ Besides satisfying sexual desires, another important goal of family establishment is generation production, and inability in reaching this goal is one of the worst crisis for couples which causes terrible physical, emotional and economical challenges for them.⁸ Infertility which is defined as pregnancy in a

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couple after one year of sexual intercourse without contraception,¹⁰ is a problem that in 10 to 15 percent of couples.¹¹ Infertility and the related treatments like, hormonal treatments and in vitro fertilization methods, cause a lot of physical and emotional stresses for infertile couples,¹¹ so that anger, homesickness, anxiety, depression, denial, guilt feeling and self blame are common feelings in infertile couples.^{12, 13}

In fact whenever couples think infertility threatens their marital life, their reflections are usually severed and affect their sexual desires, so that decrease in sexual desires and changes in reaching orgasm are of common problems in these couples.

Andrews et al (2001) reported decrease in sexual intercourses and sexual dissatisfaction, among infertile couples,¹⁴ that 55 percent of infertile women complain about one or more sexual problems and decrease in the number of sexual intercourses and inability to reach orgasm were the most common problems.¹⁵ Current study designed to compare lack of sexual desire, sexual abhorrence and controlled orgasm between female spouse of fertile and infertile couples in Isfahan.

Methods

This was a case-control cross-sectional study. Sampling was done by easy method. Case group included 140 female spouses of infertile couples under the coverage of Isfahan infertility clinics (Infertility clinic of Shahid Beheshti hospital and Isfahan fertility/Infertility center) which had medical records in these clinics. Control group included 140 female spouse fertile couples that referred to family health unit of selected health centers in the Isfahan city for routine care services in themselves or their spouses; They became pregnant without using fertility help, at least had one child, it had lasted one year since the birth of their last child and at the moment they were not pregnant.

Inclusion criteria for case group were: aged between 18 to 40 years, married for at least one year, first class infertility. Inclusion criteria for control group were: aged between 18 to 40

years, no history of infertility in them or their spouse, non pregnant, having at least one child, their last child had at least one year.

Exclusion criteria for case group were: Being infected to diseases which result in onset of sexual dysfunctions including benign and malignant diseases, operations on reproductive system and breasts, using drugs which can affect sexual intercourse, like anti-hypertensives, anti-depressants, anti-psychotics, anti-convulsants, narcotics, benzodiazepines, oral contraceptives, etc; any kind of sexual problems in the first year of marriage, sexual dysfunctions in male spouse, growth in one-child families, pregnancy, severe stress in the last year.

Data gathered via questionnaire in both groups. The questions were about demographic characteristics, sexual desire, sexual abhorrence and controlled orgasm in fertile and infertile women.

Needed information was prepared using DSM IV-TR and FSFI questionnaire (Ib).

Question scoring of the questionnaire was done based on Likert 5-degree scale. For measuring the lack of sexual desire in the questionnaire, three questions were considered and the maximum score for them was 15. If subjects got 12 or more, they did not have lack of sexual desire. For sexual abhorrence one question and maximum score was 5 and score under 4 considered sexual abhorrence; for controlled orgasm 3 questions and maximum score was 15, the score under 12 considered sexual abhorrence.

Validity of the questionnaire was determined through content validity and its reliability was determined by Cronbach's alpha coefficient method ($\alpha = 0.92$) and all the questionnaires were completed via interview.

Data were analyzed via SPSS software by descriptive-comprehensive statistical methods (χ^2). Maximum error for all the tests was 5%.

Results

In this survey 140 female spouse of infertile couples and 140 female spouses of fertile couples took part whose demographic characteristics were included in table 1.

Table 1: Demographic characteristics of female spouses of fertile and infertile couples.

Case	Control			
	Mean	Standard deviation	Mean	SD
Variable				
Age	29	5.5	29.7	5.3
Age separation	5.8	4.5	5	3
Duration of marriage	8.2	5.5	9.1	5.9
Number of deliveries	--	--	1.7	0.8
Duration of infertility	6.5	5.2	--	--

Concerning educations, in both groups the majority of subjects (48.1% of controls and 32.8% of cases) had high school diploma or high school education. Concerning economical satisfaction, in both groups the majority of subjects (38.5% of controls and 37.8% of cases) had moderate economical satisfaction. 17.9% of female spouses of fertile couples had lack of sexual desire while this ratio in female spouses of infertile couples was 33.6%. χ^2 test showed significant statistical difference between lack of sexual desire and the fertility status.

Five percent of female spouses of fertile couples and 8 percent of female spouses of infertile couples had sexual abhorrence.

χ^2 test did not show a significant difference between sexual abhorrence and fertility status. Also results showed that 10% of female spouses of fertile couples have controlled orgasm while this ratio in female spouses of infertile couples is 22.9%.

χ^2 test revealed a significant statistical relation between controlled orgasm and fertility status ($p < 0.005$).

Discussion

Results of this study showed lack of sexual desire in female spouses of infertile couples is significantly more than female spouses of fertile couples. Morjera et al (2005) study reported lack of sexual desire in 18% of German women.¹⁶ Ramazanzadeh et al study (2006) showed in 41.5% of subjects, lack of sexual desire with respect of the time before diagnosis was the cause of infertility.¹⁷

As one important goal of sexual satisfaction is fertilization, feeling of useless sexual activities in infertile couples and feeling of illness, because of infertility problem which results in body image disorder along with stress and de-

pression can reduce sexual desire in these people.

Based on these results, significant difference was seen between sexual abhorrence in female spouses of fertile and infertile couples. Fayazi bordbar et al (2001) reported that 22% of women have sexual abhorrence. As the cause sexual abhorrence is usually sexual abuse or sexual traumatic hurt,¹⁷ at the beginning of the marriage this problem may exist and because of subjects with sexual disorders in the first year of marriage were excluded from Bordbar et al study, difference between the result of our study with the mentioned survey seems logical.

Results showed that there is a significant difference between controlled orgasm in female spouses of fertile and infertile couples. Rosen et al (2000) reported 10-15 percent orgasm disorder prevalence in women.¹⁸

Audio et al (2002) mentioned that 20.6% of infertile women have problem in reaching orgasm.¹⁹ Because orgasm is a mental phenomenon, it can easily be affected by emotional-psychological factors. Among these factors there are depression, weak body image and low self-esteem, which is frequently seen in female spouses of infertile couples and can be a cause for orgasm disorders in these women.²⁰

Our results showed more sexual disorders in female spouses of infertile couples than the female spouses of fertile couples, diagnosis and treatment of these disorders may decrease infertility prevalence.

Therefore establishment of a center for diagnosis and treatment of sexual disorders in infertility clinics can improve the quality of life in these couples.

The researchers declare that have no conflict of interest in this study and they have surveyed under the research ethics.

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