

Relationship between sexual desire and premenstrual syndrome in young women in Iraq

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Abstract

Sexual desire could be affected by many psychological and physiological aspects . This research aims to find out the relationship between sexual desire and premenstrual syndrome in young female . A Descriptive design cross-sectional study was carried throughout the present study in order to achieve the study objectives. The period of the study is from 20th September 2019 to 28th April 2020, included 200 young married women in the reproductive stage, with ages between (17-31) years . Sexual Desire Inventory 3 (SDI-3) has been used to assess sexual desire after modification to meet the cultural and social considerations . The current study revealed that it explains that the highest percentage of the women subgroup are : women with ages between (21-24) years old (50%), those who the age of their husbands (23-26) years old (46.5%), those who live urban residents (84%), those who they and their husbands work as employee (58.5%), those with barely sufficient monthly income (38.5%), those who are graduated from college or above .The results showed that there is a significant association ($p < 0.05$) between sexual desire of women and each of : backache, dysmenorrhea and mood instability ; while there is no significant relationship with each of : (backache, breast tenderness, headache, irritability, sadness, aloneness, bloating, vaginal pain, vaginal dryness) . It is concluded that sexual desire may affected by some symptoms of the premenstrual syndrome . Further studies may be needed to confirms these results .

Keywords— *premenstrual syndrome, sexual desire, young women*

Introduction

Sexual Desire is the operative force in nearly all sexual expression. Desire is closely related to the concept of lust, and at its most powerful it approaches the concept of passion. There are people whose previous experiences may make it difficult to recognize or acknowledge desire⁽¹⁾ . Sexual desire is a conscious longing for sexual activity with the object of desire, resulting in sexual satisfaction. Sexual desire can result in rapid or gradual

psychic arousal, the resulting physiological changes (rapid breathing and pulse, lubrication, erection), a need to approach the object of desire, physical contact that brings satisfaction, and the possible release⁽²⁾ . Sexual and reproductive health and well-being are essential if people are to have responsible, safe, and satisfying sexual lives. Sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behavior. These factors affect whether the expression of sexuality leads to sexual health and well-being or to sexual behaviors that put people at risk or make them vulnerable to sexual and reproductive ill-health⁽³⁾ . Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its

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functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The presence or absence of premenstrual syndrome (PMS) complaints have also been used as indirect indicators of hormonal profiles that may affect sexual behavior⁽⁴⁾. The current study aimed to investigate the relationship between sexual desire and premenstrual syndrome

Methods

A Descriptive Design Cross-sectional study was carried throughout the present study in order to achieve the study objectives. The period of the study is from 20th September 2019 to 28th April 2020.

A Non-Probability (Purposive Sample) of 200 young married women in the reproductive stage, those who lives in Al-Najaf Al-Ashraf City, Southern of Iraq . The final study instrument consists of three parts :

Part 1: Demographic Data

A demographic data sheet, which consist of(8) items, include: Age of wife, Body mass index, Residential environment, Educational status of wife, Occupational status of wife, Age of husband, Occupational status of husband, Monthly income.

Part 2: Reproductive Health Data

The second part of the questionnaire is consists of (10) items, include: Age at marriage, Marriage duration, Number of children of participants, Status of breastfeeding, Menstrual cycle characteristic, Ovulation, Pregnancies, Mode of delivery, Birth control use, Gynecological History.

Part 3: Sexual Desire Inventory3 (SDI-3) .

The researcher has developed Sexual Desire Inventory 3 (SDI-3) version from the original version that was initially suggested by Specter et al. (1996)⁽⁵⁾ to meet the cultural and social considerations .

Statistical Analysis

Descriptive statistics presented as mean, standard deviation, frequencies and percentages. Chi-square test was used to compare frequencies. Pearson's correlation test was used to assess the correlations. Level of significance of ≤ 0.05 was considered as significant difference or correlation.

Results

Table (1) shows statistical distribution of study sample (women) by their socio-demographic data, it explains that the highest percentage of the women subgroup are : women with ages between (21-24) years old (50%), those who the age of their husbands (23-26) years old (46.5%), those who live urban residents (84%), those who they and their husbands work as employee (58.5%), those with barely sufficient monthly income (38.5%), those who are graduated from college or above .

According to table (2) and figure (4.3), The classification of women according to their total scores of sexual desire scale is as follows : (low 7%) ; (moderate 72%) and (strong 21%) .

Table (3) shows relationship between sexual desire of women and their premenstrual symptoms, it shows that there is a significant association ($p < 0.05$) between sexual desire of women and each of : backache, dysmenorrhea and mood instability ; while there is no significant relationship with each of : (backache, breast tenderness, headache, irritability, sadness, aloneness, bloating, vaginal pain, vaginal dryness) .

Table (1) Statistical distribution of study sample (women) by their demographic data

Items	Sub-groups	Study group Total = 200	
		Frequency	Percentage
Age / Years	17-20	16	8.0
	21-24	100	50.0
	25-28	64	32.0
	29-31	20	10.0
Husband age	19-22	67	33.5
	23-26	93	46.5
	27-30	36	18.0
	31-34	4	2.0
Residency	Urban	168	84.0
	Rural	32	16.0
Women Occupation	House wife	79	39.5
	Employee	117	58.5
	Free Jobs	4	2
Husband Occupation	Unemployed	24	12.0
	Employee	94	47.0
	Worker	81	40.5
	Retired	1	0.5
Monthly Income	Sufficient	76	38.0
	Barely Sufficient	77	38.5
	Insufficient	47	23.5
Levels of Education	illiterate	12	6.0
	Read and write	12	6.0
	Primary	26	13.0
	Intermediate	22	11.0
	Secondary	27	13.5
	Institute	36	18.0
	College and above	65	32.5

Table (2): Classification of women according to their total scores of sexual desire scale

No.	Sexual Desire Levels	Frequency	Percentage
1.	Low	14	7.0
2.	Moderate	144	72.0
3.	Strong	42	21.0

Table (3) : Relationship between sexual desire of women and premenstrual symptoms

	Chi Square	df	P value Significance
Cervical Discharge	7.24	2	0.02
Backache	0.86	2	0.65
Breast Tenderness	4.9	2	0.086
Dysmenorrhea	9.29	2	0.009
Headache	0.11	2	0.94
Weakness	7.17	2	0.02
Mood Instability	2.54	2	0.28
Irritability	2.16	2	0.34
Sadness	1.79	2	0.4
Aloneness	1.66	2	0.43
Bloating	0.5	2	0.77
Vaginal Pain	1.99	2	0.36
Vaginal Dryness	2.13	2	0.34

Discussion

According to table (1), women with ages between (21-24) years constitute the majority of the sample; with a range between (17-31) years; it means that the present study aims to investigate the young women which represent the typical women at the reproductive age; this age range is usually classified as the (peak reproductive

age) according to STRAW +10 (Stages of Reproductive Aging Workshop +10) which is a new staging system for categorizing women reproductive ages ⁽⁶⁾. The age category of the current study may explain other result that the high percentage of women are graduated from college or above (32.5%), and that the majority of them and their husbands work as employee (58.5%) ; and they

have somewhat sufficient monthly income (38.5%) .

Researchers had experienced difficulties in the measurement of sexual desire ; some studies have assessed sexual desire by investigating self-reported behavior such as number of intercourses for a specific time ⁽⁷⁾. The real attempt to quantitatively measure sexual desire is Kinsey and his colleagues, they described sexual desire as a psychosomatic tension that needs to be released, their measurement relied on the how many times sexual activities with orgasm have been achieved ⁽⁸⁾ . Among the widely used measurement to evaluate female sexual dysfunction, is the Female Sexual Function Index (FSFI), in which six sexual domains related to sexual desire are included ⁽⁹⁾ . Some measurements used one-item Likert scale for assessing sexual desire by asking one cognitive question (like : have you noticed any changes in sexual desire?), the measure assumed that sexual desire is unidimensional ⁽⁸⁾ . The currently used third version of the Sexual Desire Inventory in this study is designed to assess dyadic sexual desire (i.e. having sexual activity with a partner), so that solitary sexual activity (i.e. masturbation) is excluded ; another scale that investigate is dyadic sexual desire only is the Hulbert index of Sexual Desire (HISD) with a score ranges between 0-100 ⁽¹⁰⁾ .

According to table (2), the results of the present study revealed that (72 %) have moderate sexual desire, (21%) have strong sexual desire; this may be due to the age of the studied sample in which the majority of their ages between (21-24) years (table 4.1), this results agrees with those obtained by Zegeye et al. ⁽¹¹⁾ who studied a sample of women with ages between (15-25) years, and found that (43.9%) of them have moderate sexual satisfaction, while (43.6%) had extreme sexual satisfaction .

Table (3) shows that cervical discharge may be associated with moderate to high sexual desire; this result comes in agreement with the results obtained by Gungor et al. ⁽¹²⁾ , they found that women with abnormal cervical discharge (color, odor, consistency and duration) had high scores of sexual desire, this may be explained by frequent vaginal infection that be associated with frequent intercourse . Vaginal discharge is desirable since it increase vaginal lubrication and physiological response of sexual activity (e.g. squirting) , so that it

may aid in doing sexual intercourse ⁽¹³⁾ .

The present study have shown a negative association between dysmenorrhea and women sexual desire (table 3) . Dysmenorrhea can be defined as a spasmodic pain resulted from prostaglandins-triggered myometrial ischemia, in which pain might spread to pelvic region, lower back, lower abdomen, hips region, and thighs ⁽¹⁴⁾ ; some studies have shown that dysmenorrhea may be associated with psychological disturbances, so that this may in turn lead to sexual dysfunction and decreased level of libido ⁽¹⁵⁾

The current study have revealed that there is a relationship between sexual desire of the women and weakness that occur as a premenstrual symptom (table 2), this result come in accordance with the previous studies that indicated a significant effect of fatigue and weakness on sexual desire in women during the menopausal transition ⁽¹⁶⁾ ; it is clear that sexual activities require good psychological and physical conditions; so that fatigue, weakness and any body disorders may negatively affect the sexual desire .

Conclusions

It is concluded that sexual desire may affected by some symptoms of the premenstrual syndrome . Further studies may be needed to confirms these results .

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Conflict of Interest : Nil

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