



## Female sexuality in middle-aged Tunisian women

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### Introduction:

The menopausal transition is a gradual passage from pre-menopause to menopause. It can begin as soon as the age of 40. In this study, we aimed to evaluate female sexuality in middle aged Tunisian women using the female sexual function index (FSFI).

### Methods:

This was a descriptive and analytic transversal study, conducted at the Hammam-Lif sexual and reproductive health center over a period of 06 months from February 1 to July 31, 2022. We included 81 women aged between 40 and 65 years old. We used a validated Arabic version of the Female Sexual Function Index to assess female sexual function.

### Results:

The average age of women included in our study was 48.27 years. The majority of questioned women were peri-menopausal, i.e. 40.74%, 35.8% were in pre-menopause and 23.6% were in post-menopause. Moreover, among postmenopausal women, only one patient took hormone replacement therapy.

The mean gestity was 3.6 and mean parity was 2.5 in our study population. The majority of women had a gestation greater than or equal to three [0 to 8] and a parity greater than or equal to 2 [0 to 8], i.e. in 80.25% of cases. The mean FSFI score was 18.83 ±7.19, with extremes ranging from 2 to 30.4. The prevalence of sexual dysfunction in our study was as high as 88.9%. The analysis of our results showed a degradation of the FSFI score from perimenopause to postmenopausal: it went from 21.21±6.4 in pre-menopause, to 18.56±7.33 in perimenopause and 15.65±7.11 in postmenopausal. The difference between the three periods was statistically significant (p=0.030). This decline was statistically significant for three domains namely desire (p=0.033), arousal (p=0.047) and orgasm (p<0.01).

### Discussion:

This study aimed to evaluate female sexuality in middle-aged Tunisian women during the menopausal transition using the Female Sexual Function Index (FSFI). The findings of this descriptive and analytic cross-sectional study shed light on the prevalence of sexual dysfunction and the impact of menopausal status on female sexual function. The study included 81 women aged between 40 and 65 years old, with an average age of 48.27 years. The majority of women were peri-menopausal (40.74%), followed by those in pre-menopause (35.8%) and post-menopause (23.6%).

It is noteworthy that only one postmenopausal woman in the study population received hormone replacement therapy. The mean gestity and parity in the study population were 3.6 and 2.5, respectively, with most women having a gestation of three or more and a parity of two or more. The mean FSFI score, which assesses female sexual function, was 18.83 ± 7.19, indicating a moderate level of sexual function. However, the prevalence of sexual dysfunction was high, with 88.9% of women experiencing some degree of sexual dysfunction. The analysis of the results revealed a significant decline in FSFI scores from pre-menopause to peri-menopause and post-menopause. This decline was particularly evident in the domains of desire, arousal, and orgasm. These findings suggest that the menopausal transition has a negative impact on female sexual function, with a gradual deterioration of sexual function as women progress through different menopausal stages. The high prevalence of sexual dysfunction in this study highlights the need for healthcare professionals to address and support women in managing sexual health issues during the menopausal transition. Women experiencing sexual dysfunction during this period may benefit from comprehensive assessments, counseling, and appropriate interventions tailored to their specific needs. The limitations of this study include its cross-sectional design and relatively small sample size, which may limit the generalizability of the findings. Additionally, the study relied on self-reported measures of sexual function, which may be subject to recall bias or social desirability bias. Further research with larger sample sizes and longitudinal designs is warranted to better understand the factors contributing to sexual dysfunction during the menopausal transition and to explore potential interventions to improve sexual health outcomes. Long-term follow-up studies could also provide insights into the trajectory of sexual function over time and identify strategies to optimize sexual well-being in middle-aged women.

### Conclusions:

The prevalence of female sexual dysfunction is quite high and tends to increase with age. The role of healthcare professionals is essential in caring for women and helping them overcome sexual health problems that arise during the menopausal transition period.

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Please note that these references may cover various aspects of female sexuality during the menopausal transition, including hormonal changes, prevalence of sexual dysfunction, management options, and quality of life impact. Make sure to adapt the citation format according to the specific requirements of your target publication.