



Introduction

Infertility has a major impact on women’s quality of life and emotional well-being. The resulting interpersonal problems extend to women’s sexual relationships, with a high proportion of infertile women reporting sexual problems. The aim of this study was to assess sexual function in a sample of infertile Tunisian woman and to identify the potential risk factors of female sexual dysfunction (FSD).

Methods

This descriptive and analytical cross-sectional study was conducted in the gynecology and obstetrics department of Ben Arous hospital over a period of one year extending from September 2021 to December 2022. We used an online survey distributed on social-media (infertility groups). All infertile patients who had given their clear consent to participate were included. Female Sexual Function Index (FSFI) was used to evaluate sexual function. A FSFI score < 26.5 indicated a sexual dysfunction.

Results

- 102 patients were enrolled.
- The mean age of women was 32 years (range. 21-46). Most of them (63%) had completed their university studies.
- Eleven patients (10.7%) had history of tubal catheterization, 3 patients had a myomectomy and 3 others a laparoscopic cystectomy. More than half of patients (52.4%) suffered primary infertility. Oral contraception was noted in 23.4% of patients, most of them with secondary infertility.
- As for the partners, the mean age was 37 years (range. 26-57). Half of them (51.5%) had higher education. 11 male partners suffered premature ejaculation and 9 others erectile dysfunction.
- All couples were married with a frequency of sexual intercourse distributed as follows: ≥3 /week (30%) – 2 /week (46%) – once /week (18%). The average duration of marriage was 3.8 years (range 1-12 years) with an average duration of infertility of 3.2 years (range 1-11 years)
- Infertility was of female nature in 27.2% of cases, male nature (12.6%), combined (21.4%) and unexplained in 37.9% of cases.
- Forty two patients had at least one previous attempt of medically assisted procreation. The procedure had failed in 81% of cases.
- The initiation of the sexual act was made by the spouse in 40.8% of cases and by both partners equally in 49.5% of cases.

- The mean FSFI score was 20.38 (range. 2-35.4). A sexual dysfunction was observed in 84 patients (81.6%). The mean domain scores were: Desire 3.51 ±1.35; Arousal 3.14 ±1.60; Lubrication 3.63 ±1.65; Orgasm 3.46 ±1.76; Satisfaction 3.93 ±1.57; Pain 2.6 ±1.59.
- Age of the female partner, lower educational level, secondary infertility, contraceptive use and a heavy history of fertility treatment as well as the presence of sexual dysfunction in the male partner, were found to be associated with low sexual function in women suffering infertility yet no significant correlation was established.

Discussion

Although studies investigating the impact of infertility on FSD are scarce, they have consistently demonstrated that sexual complaints are very common among infertile women (1). In this study, we report a prevalence of FSD of 81 % among infertile Tunisian women. This estimate is markedly different from estimates found in other epidemiologic studies assessing FSD in infertile women. Whilst studies conducted in the US (1) and in Iran (2) found a lower prevalence of sexual problems (40 and 48 %, respectively). It is possible that women from different ethical and cultural background have a different awareness and perception of their own body and their sexual functioning, offering a potential explanation for this discrepancy in prevalence.

FSFI subscale scores of desire, arousal and orgasm domains were found lower than the other subscale scores in the infertile group. The findings of the present study are similar to the results multiple other studies (3,4)

In the present study, we further determined factors that may influence sexual function in infertile women. Age of the female partner, lower educational level, secondary infertility, contraceptive use and a heavy history of fertility treatment as well as the presence of sexual dysfunction in the male partner, were found to be associated with low sexual function in women suffering infertility . Although no significant correlation was established, these results are in line with previously reported findings in literature. (5,6)

Conclusion

Infertility is associated with high rates of sexual dysfunction. Health care professional should be sensitive to the impact that the diagnosis of infertility can have on women’s sexuality. Thorough counseling and continuing support of infertile women is therefore indicated.

References

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