## ABSTRACT

The aim of the community study was to determine the prevalence and factors associated with the occurrence of sexual dysfunction in married couples. The clinic study was conducted to identify couple characteristics, outcome of therapy and factors associated with the outcome of therapy for vaginismus.

2347 consenting currently married women resident in the Homagama MOH area were recruited by the PHM.M through a three-stage community survey, to self –report on the presence of current sexual dysfunction in themselves and their partners. In the initial community screen, these women were interviewed by trained PHMM. Women reporting sexual dysfunction in the community screen were interviewed by the principal investigator using a diagnostic probe to determine the types of dysfunction, following which they were matched with normal women in a comparative analysis to identify factors associated with the occurrence of sexual dysfunction.

The mean age of women was 33.2 years (SD=8.38), and that of men, 37.1 years (SD=9.35 years), the mean duration of marriage was 9.7 years (SD=7.78). 90% of respondents had been sexually active in the month preceding the survey (current sexual activity), 48% had 2 or more children and 60% were current contraceptive users.

The estimates of total prevalence of current dysfunction, 3.5% (comprising female dysfunction 2.34%, male dysfunction 0.21% and couple dysfunction 0.94%) and those for female dysfunctions by type (dyspareunia 2.3%, a lack of sexual desire 1.3%, a lack of sexual arousal 0.6%, sexual aversion 0.3%, vaginismus 0.3% and orgasmic disorder

0.04%) and male dysfunctions on type (erectile dysfunction 0.72%, early ejaculation 0.68%, a lack of sexual desire 0.17% and sexual aversion 0.13%) were probably biased by the women being the sole respondents.

Though similar on key socio-demographic variables of age and education, couples with dysfunction were statistically significantly less likely to report current sexual activity ($p=0.027$), current pregnancy ($p=0.005$) and the presence of children ( $p=0.003$) and more likely to have general health problems ($p< 0.01$).

Women with dysfunction tended to be conservative, sexually ignorant and prone to myth and fallacy. Normal women were more likely to be liberal on select issues of the need for sex in an elderly couple and masturbation by a woman ($p<0.01$). Women rated the marital domain of the couple relationship as satisfying. Marital problems ($p<0.001$), avoidance of sex ($p<0.001$), disgust with select sexual practices ($p<0.001$), and tension at anticipated sex ($p<0.05$) was more likely in dysfunctional women, who were also more likely to report that the sexual problem affected the marital relationship($p<0.02$). There was no current psychological distress in the women as measured by the GHQ-30.

The majority of dysfunctional women reported secondary dysfunction (71.4%) and many linked it to events at childbirth. Despite being dysfunctional, nearly 90% of women had not sought treatment, 53% did not feel less womanly and 36% refused referral for treatment. Family responsibilities, lack of money and the presence of children were the usual reasons for refusal of referral. The 2 women with primary vaginismus who were childless alone accepted referral and attended for therapy.

The clinic study evaluated the outcome of a standard treatment protocol for vaginismus in 56 consenting couples with varying degrees of vaginismus, of whom 52 (93%) had failed to consummate marriage. Positive outcome was defined as the change in the degree of vaginismus (none and mild =resolution of vaginismus) and improvement in the dissatisfaction rating of the couple relationship assessed individually by partners and the current psychological status as measured by the GHQ-30, before and after therapy

The relatively young (mean age: women =29.8 years SD=5.37; men =33.0 years SD=5.98), well educated (tertiary; men=52%, secondary, women =62%) healthy women reported stable childhoods (98%) of average religiosity (96%). Love marriages were reported by nearly 70% and women were sexually inexperienced at time of marriage marriage (83%) Couples were frequently sexually active, sexually responsive (foreplay: women, wetness of the vagina 86%, men, erection of the penis 89%), enjoyed various coital practices with both partners initiating sex (46%).

Couples tended to be sexually ignorant, prone to myth and fallacy, liberal in outlook and the majority disagreed with the need for the traditional test of virginity. Couples were satisfied with their marital relationship but dissatisfied with the sexual. 23% of women reported anxiety at attempted sex and avoidance. Multiple dysfunction was seen in 21% of partners - erectile dysfunction (50%), premature ejaculation (42%) and a lack of sexual desire (33%).

27 women (48%), attended for therapy as previous non-surgical and surgical treatment had reportedly not relieved the problem.

At end therapy, positive outcome was seen in 80.3% of women (20% confirmed by blind assessment) with improvement in the partner perception of the couple relationship (women, $p< 0.001$; men, $0.025 < p <0.01$). The mean number of treatment sessions was 5.3, SD =3.21, (range1-18).

The degree of vaginimus was the only prognostic indicator of positive outcome, women with mild and moderate degrees of vaginismus being significantly more likely to show resolution ($p<0.001$) and also complete therapy ($p<0.001$). Motivated couples, presenting within two years, regular in attendance and home tasks were more likely to have a positive outcome.

Among couples who failed to complete therapy, erratic attendance, poor compliance, psychological distress and marital problems were the likely reasons.

The results of the study indicated the need to increase awareness and educate the community and health professionals about sexual dysfunctions, especially vaginismus and the burden of illness and psychological stress resulting from them ; improve obstetric practices at delivery ; provide low cost services for the management of dysfunction by linking a referral system through the PHM with the existing reproductive health services and disseminating the results of this study to medical practitioners, especially general practitioners and gynaecologists, regarding the value of sex therapy as the preferred treatment approach for vaginismus.