

How Satisfied are You with Your Sex Life?

A fulfilling sex life is important. When we think of sexual concerns, it's not something we associate with women, but in reality, 4 out of 10 women experience challenges.¹



Recognising and addressing your sexual concerns is essential for promoting sexual health and overall well-being. By embracing in open communication, increasing understanding, and engaging with your support network and available resources, you can overcome challenges and regain your sexual vibrancy.

Redefining Sexual Function Through Menopause

Hormonal Impact on Sexual Function^{2,3,4}



Medical interventions and treatments are available to help manage these symptoms and improve sexual health.

Sexual activity provides numerous benefits to both mental and physical health, as well as relationships. It can elevate mood, reduce stress, improve sleep quality, enhance vaginal health, and strengthen emotional bonds between partners. Regular sexual activity also boosts overall well-being and enjoyment of life. Therefore, maintaining or redefining sexual function during mid-life is crucial for continued health and happiness.

The menopause transition, typically beginning around age 47 and lasting several years,

significantly impacts sexual function due to fluctuating hormonal levels, physical discomforts such as vaginal dryness and pain (dyspareunia), and a decreased desire for sex. Women experiencing premature ovarian insufficiency, early or surgical menopause often report worse sexual function compared to those undergoing natural menopause.

Reduction of hormones in mid-life, such as oestrogens and androgens, plays a crucial role in sexual function, with androgens directly linked to sexual desire and arousal.



Improved
Emotional
Well-being



Greater
Enjoyment
of Life



Greater
Sleep Quality



Enhanced
Vaginal Health

Health Benefits of
Sexual Activity^{3,5}



Relationship
Satisfaction



Improved
Mental Health

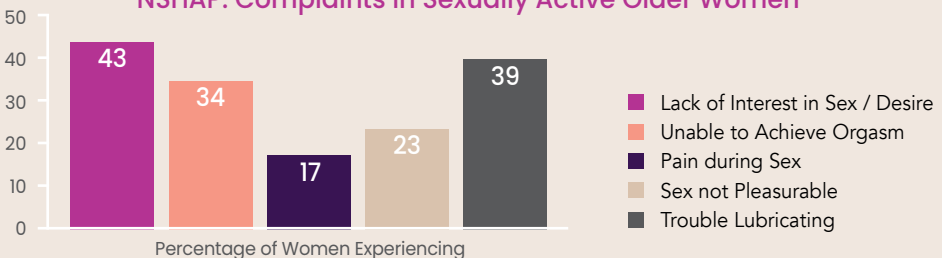


Increased
Longevity



Reduced
cardiovascular
risk

NSHAP: Complaints in Sexually Active Older Women⁶



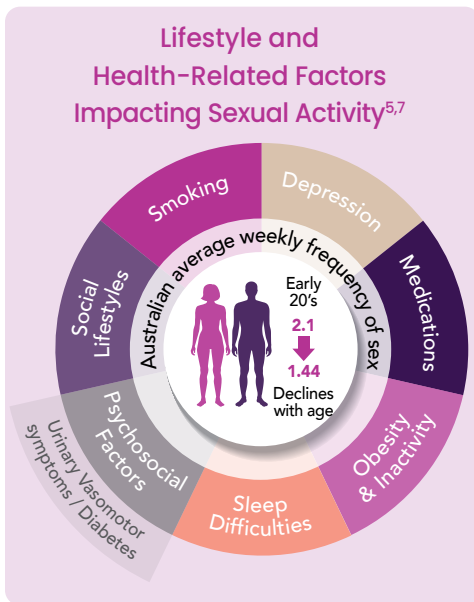
Sexual Desire is the most reported sexual dysfunction, followed by lubrication issues.

Does Frequency of Sexual Activity Affect Satisfaction?

Insights on Sexual Activity in Relationships: Frequency and Satisfaction⁷

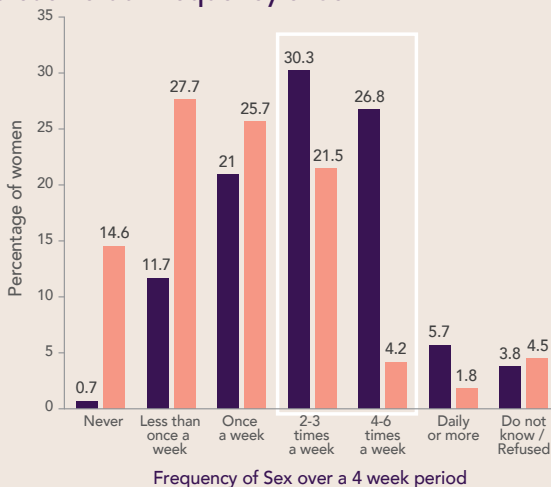
There is no ideal amount of sex, and it is common for libido to fluctuate². Studies have shown a decline in the average weekly frequency of sex globally. In these studies, sexual activity is defined as various forms of consensual sexual contact within a relationship. Good physical health is a more significant indicator of sexual frequency and function than age. What matters most is overall sexual function, including desire, arousal, orgasm and satisfaction.

In Australia, the reported average frequency of sex is 1.44 times per week. Respondents reported an ideal frequency that was greater than their actual frequency of sex, with decreasing frequency as age increases. Despite this decline, most women (and men) reported very high levels of physical pleasure (76%) and emotional satisfaction (84%) in their relationships.



Perceived versus Actual Frequency of Sex⁷

Survey of
7252
Australian women
who are currently
in a heterosexual
relationship



Adults who report good or excellent health also experience more frequent and satisfying levels of sexual activity.⁸

Understanding Female Sexual Response and Desire⁹

Women engage in sex for various reasons. The Basson Model of the female sexual response highlights that sexual interactions often enhance emotional closeness rather than being driven solely by physical arousal or spontaneous desire. Responsive desire, which can emerge during physical arousal, contributes to satisfaction through emotional intimacy and connection, thereby strengthening relationships and deepening emotional bonds.⁹

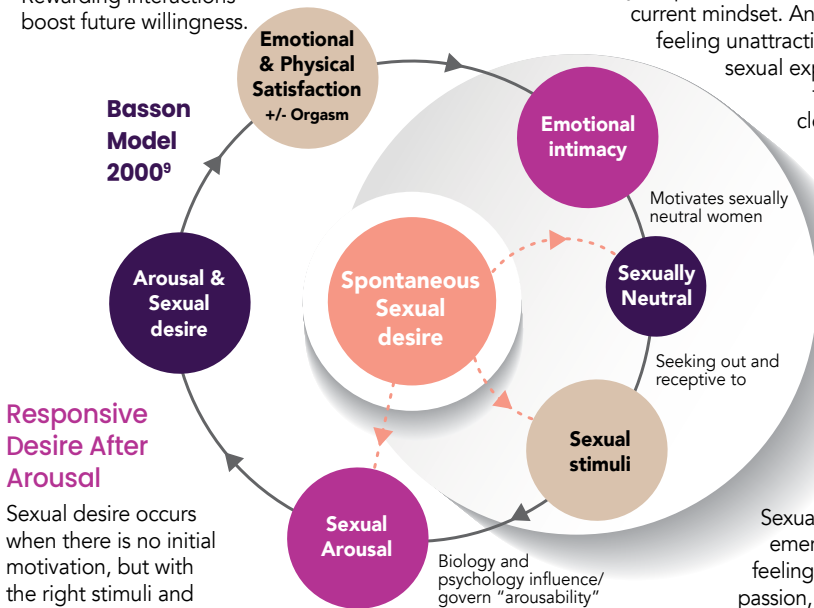


Female Sexual Satisfaction

- Influenced by desire, arousal and relationships, not just orgasm.
- Positive experiences come from closeness, pleasure, and emotional connection.
- Rewarding interactions boost future willingness.

Emotional Intimacy & Connection

Sexual responses are influenced by various factors including your feelings towards your partner, the level of trust and your current mindset. Anxiety, distraction or feeling unattractive can impact your sexual experience. However, feeling emotionally close and connected to your partner can enhance motivation and the overall experience.



Responsive Desire After Arousal

Sexual desire occurs when there is no initial motivation, but with the right stimuli and circumstances, it leads to arousal and desire.

Spontaneous Desire

Sexual desire instinctively emerges, manifesting as feelings of sexual urgency, passion, and a drive for sex. However, long-term relationships can sometimes lead to a decrease in spontaneous desire.

Mismatched Desire⁴


A common issue for many couples that can be proactively addressed to maintain a healthy and fulfilling relationship.

Emotional connection can provide enhanced motivation and sexual satisfaction

Spontaneous desire can decrease over time and in long-term relationships.

Responsive desire nurtures relationships adapting to a partners needs.

Do you have Sexual Concerns or Dysfunction?⁴



43% of females experience **Sexual Dysfunction⁴**, which includes clinically diagnosable conditions often requiring medical or psychological support for treatment.

Sexual Concerns are broader and may not be clinically diagnosable. Treatment often involves education, counselling, and addressing any underlying issues through communication and support.



Desire Dysfunction

- Hypoactive Sexual Desire Dysfunction (HSDD) is marked by a distressing lack of sexual desire.
- Loss of sexual thoughts and fantasies
- Lack of arousal during foreplay
- Reduced desire/motivation for sex
- Avoidance of sexual contact
- Decreased self-confidence and self-worth
- Feeling disconnected to your partner



Pain Disorders

Gynaecological issues causing pain during sex (dyspareunia) include:

- Vaginismus: Involuntary muscle spasms that hinder penetration.
- Vulvar vestibulitis: Burning pain at the vaginal entrance.
- Vaginal atrophy: Thinning and inflammation of vaginal walls.
 - Endometriosis: Tissue growth in/outside the uterus.




Arousal Disorders

The body's inability to trigger or maintain sufficient sexual excitement.



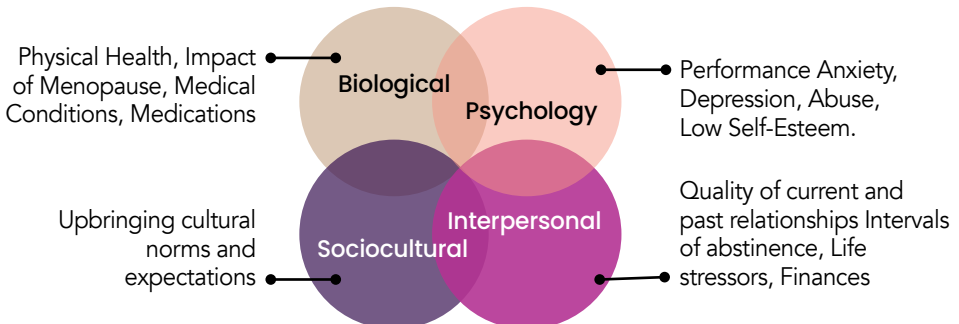
Orgasmic Disorders

Difficulty achieving or maintaining orgasm following sufficient stimulation and arousal.



Medications⁵ like antidepressants, blood pressure drugs, antihistamines, and recreational substances can affect sexual arousal and desire. Inform your doctor about any side effects to explore alternatives or solutions.

Sexual Concern Factors⁴



If you are affected by any of these issues, please consult your doctor.

How to have the Conversation...^{4,8}

...with your partner

Include your partner

Not discussing sexual problems or their emotional impact can exclude your partner and potentially cause relationship breakdown.

Admit any discomfort

Be honest if you're anxious about discussing sexual concerns and ask for reassurance from your partner.

Time and place

Talk away from the bedroom when you're not rushed. Set a time limit to avoid lengthy discussions.

Talk regularly

Conversations around sex will get easier the more you talk.

Language

Be clear, positive, and honest. Use 'I' statements instead of 'You' to avoid sounding accusative. Focus on positive reinforcement and avoid words like 'performance'.

Use resources

Invite your partner to explore books, websites, podcasts, or movie scenes about women's sexual health to address your concerns and start a discussion.

Listen and Ask Questions

Give both you and your partner opportunities to ask questions. Focus on what is being said with calm responses like, "What I heard you say..."

...with Your Doctor



Opportunity

If your doctor asks about your sex life during an appointment, use this chance to ask questions or raise concerns.

Doctor Questions

Personal questions or the use of questionnaires to determine the underlying cause and treatment options may include:

- What problems are you experiencing?
- How satisfied are you with your relationship?
- Do you become aroused during sexual interactions?
- If you've had orgasms in the past but no longer can, what's different?

Language

Your doctor is trained to:

- Use straightforward, minimal medical terminology and open-ended questions
- Engage in empathetic, non-judgemental discussions with you.

Barriers

- Don't let personal embarrassment or fear of embarrassing your doctor stop you from raising concerns.
- Your specific sexual concerns are appropriate topics to discuss with your doctor.

Your Sexual Concern Conversations

How to Improve Your Sex Life?^{4,5}

Talk to your Doctor

- Complete Brief Sexual Symptom Checklist for Women¹⁰ and book an appointment with your Doctor to discuss
- Start the conversation or when asked about your sex life, use opportunity to ask questions about your sexual concerns
- Your doctor can assess signs and symptoms, diagnose and provide treatments to medical problems that may contribute to sexual dysfunction
- Your doctor may prescribe medications to help with your sexual difficulties or refer you for counseling.

Sex Therapy and Counseling



- Develop more positive attitudes towards sexuality
- Discussing the problem is the first step towards developing a healthier relationship.⁴
- Discuss levels of sexual interest
- Communicate intimate desires
- Better express your sexual wants and needs
- May be used alone or in conjunction with medical treatments

Maintain Healthy Lifestyle



- Active lifestyle
- Healthy body weight
- Healthy eating patterns
- Getting quality sleep
- Overall good physical and mental wellbeing, self-esteem and body image contribute towards maintaining a healthy sex life

Alternative Solutions

- Lubricants
- Experimentation (e.g. sex toys, adult entertainment, lingerie, new positions/places/routines)
- Social connections (e.g. date nights)
- Strengthen pelvic floor muscles
- Remove sources of irritation to the vagina (e.g. perfumed lotions, soap, scented washing detergent)

Further Reading and Resources



jeanhailes.org.au



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AUSTRALASIAN
MENOPAUSE
SOCIETY
endometriosis menopause women

menopause.org.au



issm.info



societyaustraliansexologists.org.au

Brief Sexual Symptom Checklist for Women (BSSC-W)¹⁰

1 Are you satisfied with your sex life?
(select one)

☐ Yes

☐ No

If **NO**, please continue
to question 2



2 How long have you been unhappy with your sex life? (please indicate length of time)

3 What are your sexual concerns?
(select one or more)

- ☐ Little or no interest in sex
- ☐ Decreased sensation of clitoris or vagina
- ☐ Decreased vaginal lubrication (dryness)
- ☐ Difficulty achieving orgasm
- ☐ Pain and/or cramping during sex
- ☐ Other

4 Which concerns above is the most bothersome?

5 Would you like to talk about it with your GP?

☐ Yes ☐ No

If **NO**,
continue to question 6



6 Would you like to talk about it with another GP?

☐ Yes ☐ No

Scan to learn more about
Hypoactive Sexual Desire
Dysfunction (HSDD)




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