

Exploring female sexual dysfunction

Written by Dr. Chanda Reese

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February is the month of love. Aside from verbal expression, one common manifestation of human love is physical touch and intimacy.

Men and women often have very different experiences when it comes to physical manifestations of love. For example, unlike their male counterparts, 30 to 40 percent of women have never experienced an orgasm or what is commonly called a 'climax' during sexual intercourse.

[Female sexual dysfunction](#) is the umbrella term used to characterize disturbances in desire, arousal or orgasm that may cause significant distress in a woman's life or relationship. Pain with intercourse or dyspareunia can also contribute to this problem and may be a result of an underlying gynecological problem, such as uterine fibroids or endometriosis.

About 60 percent of women experience low or no sexual desire. Another 30 to 40 percent of women have difficulty achieving an orgasm and 26 percent of women may experience dyspareunia.

Risk factors for female sexual dysfunction include emotional stressors such as family responsibilities or hectic work-home schedules, cultural or religious factors, lack of education regarding sexual functioning, distress in a couple's relationship, medications, drug or alcohol abuse, and hormonal changes such as pregnancy or menopausal transition.

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The female arousal sexual pathway involves intimacy, sexual stimuli, arousal, orgasm, and resolution which may result in enhanced intimacy. These may occur as isolated events and not necessarily in this sequence. The female orgasmic release is a reflex-like response that results once a plateau of excitement has been reached or exceeded. For women, orgasm is also marked by rhythmic contractions of the uterus and vaginal barrel, which gradually diminishes in intensity and duration. This unique experience also includes feelings of intense pleasure with a peaking and rapid, exhilarating release. Women have the unique ability to be multiorgasmic, that is, capable of a series of distinguishable orgasmic responses without a lowering of excitement between them.

For a woman to get to climax she may need time dedicated to arousing this cascade of events. Helping a female partner achieve orgasm is a task that requires diligence, self study and also a partner-study. A woman and her partner also have to take into account her current emotional or psychological state. She may be under financial stress or job pressures, requiring more emotional support from her partner.

What can we do to help?

This is a very personal matter. If you are a woman in this situation, you are not alone! Have an open, honest conversation with your partner about your likes and dislikes. The first step is educating yourself about your body, acknowledging that there is a need that is not yet fulfilled and then exploring the possibilities. Finally, seek the medical evaluation of a gynecologist or medical professional you are comfortable with.

Wherever a woman is in her life, there are creative ways to accomplish intimacy and the right physical touch or expression of love she needs.

Table 1: Sexual Function Disorders

Hypoactive Sexual Desire DisorderDeficient or absent sexual desire or interest

Sexual aversion disorderExtreme aversion to and avoidance of all genital sexual contact

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with a partner

Female sexual arousal disorderInability to attain or maintain adequate lubrication response during sexual excitement

Female orgasmic disorder..... Delay in, or absence of, orgasm following a normal excitement phase or adequate sexual stimuli

Dyspareunia..... Genital pain associated with sexual intercourse

Vaginismus..... Involuntary spasm of the muscles of the lower third of vagina that interferes with sexual intercourse

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