Abstract

Title: Prevalence and Correlates of Female Sexual Dysfunctions- A pilot study from Bahrain.

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Background
Epidemiological research in the field of female sexual dysfunctions [FSD] is limited by the diagnostic dilemma caused by the intricacy of female sexual response. As yet, there are also no data in the literature from our community regarding FSD.

Objective
Determine the prevalence and socio-medical correlates of FSD in Bahrain and assess the consequences in affected women in order to investigate the public health burden of the disease and increase awareness amongst health care providers.

Methods
A hospital-based, two-centre, cross-sectional study was conducted in Bahrain on a consecutive sample of 255 married and non-pregnant women (a priori assumption: background prevalence = 20%, confidence level = 95%, margin of error = 0.05) aged 18-55 years who presented to the ambulatory clinic with gynaecological complaints not related to FSD. Participants were interviewed using the validated Female Sexual Function Index [FSFI] questionnaire. Demographic, obstetric, medical and socio-economic date were collected. A cut-off FSFI score of <26.55 (out of a maximum of 36) was used to define the presence of FSD based on previous studies.

Results
84% of study subjects were Bahraini, 11.5% Arabs and 4.5 % other nationals. The difference in population characteristics between the 3 subgroups was not significant. The

majority of women had a university education, worked as professionals, had > 2 deliveries and were not smoking. The primary complaint was chronic pelvic pain, dysmenorrhea and/or severe premenstrual symptoms in 60% while 11.3% and 2.9% of the study cohort admitted having at least one episode of urinary and fecal incontinence, respectively, in the last 12 months on further questioning. The overall prevalence of FSD was 55.7% (n=142). FSD was significantly associated with age (p= 0.01), abnormal uterine bleeding (p= 0.04), vaginitis (p= 0.005) and use of anti-hypertensive medications (p= 0.01). The association between FSD and other known risk factors such as socio-economic (income, educational level), demographic (smoking, obesity), obstetric (parity, previous episiotomy, perineal tears or anal sphincter injuries at birth, forceps or vacuum delivery) gynaecological (infertility, urinary or fecal incontinence, premenstrual symptoms, chronic pelvic pain) or medical (previous laparotomy, diabetes mellitus) variables was not significant in our cohort. The most significant domain component effect on low FSFI score was pain, satisfaction, lubrication, orgasm, desire and arousal in that order.

Conclusion

FSD is a highly prevalent condition in married women in Bahrain with a significant adverse impact on their quality of life. FSD deserves more attention in the public health agenda and should be a priority in women health care.

Key words

Bahrain, Epidemiology, Female sexual dysfunctions [FSD], Female Sexual Function Index [FSFI], Women health.

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