



## Prevalence and correlates of female sexual dysfunctions- A pilot study from Bahrain

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### Abstract:

**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 data 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 2 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.

### Biography:

Diaa Rizk has completed his MB BCH, Medicine- Obstetrics and Gynaecology in the year 1984. At present he is the Professor and Chairman, Department of Obstetrics and Gynaecology, Arabian Gulf University, Manama, Bahrain. He has successfully published several papers related to the Urogynaecology.

### Publication of speakers:

- "Factors influencing patient decision making in Urogynaecology: You are what you know" International Urogynecology Journal 31(654); DOI: 10.1007/s00192-020-04285-6
- "Female pelvic floor dysfunction questionnaires: the modern Tower of Babel?" International Urogynecology Journal 31(4) DOI: 10.1007/s00192-019-04220-4
- "Combination pharmacotherapy for the treatment of the overactive bladder syndrome: a new solution for an old problem?" International Urogynecology Journal 31(11) DOI: 10.1007/s00192-019-04121-6
- "Episiotomy in modern clinical practice: friend or foe?" International Urogynecology Journal 30(5); DOI: 10.1007/s00192-019-03912-1
- "Circulating matrix metalloproteinases and their tissue inhibitors as markers for ethnic variation in pelvic floor tissue integrity" Biomedical Reports 9(3); DOI: 10.3892/br.2018.1129

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