

## Effects of Sex Education and Kegel Exercises on the Sexual Function of Postmenopausal Women: A Randomized Clinical Trial

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### ABSTRACT

**Background:** The sex lives of women are strongly affected by menopause. Non-pharmacologic approaches to improving the sexual function of postmenopausal women might prove effective.

**Aim:** To compare two methods of intervention (formal sex education and Kegel exercises) with routine postmenopausal care services in a randomized clinical trial.

**Methods:** A randomized clinical trial was conducted of 145 postmenopausal women residing in Chalus and Noshahr, Iran. Their sexual function statuses were assessed using the Female Sexual Function Index (FSFI) questionnaire. After obtaining written informed consents, they were randomly assigned to one of three groups: (i) formal sex education, (ii) Kegel exercises, or (iii) routine postmenopausal care. After 12 weeks, all participants completed the FSFI again. Analysis of covariance was used to compare the participants' sexual function before and after the interventions, and multiple linear regression analysis was used to determine the predictive factors for variation in FSFI scores in the postintervention stage.

**Outcomes:** Sexual function was assessed using the FSFI.

**Results:** There were no statistically significant differences in demographic and socioeconomic characteristics and FSFI total scores among the three study groups at the outset of the study. After 12 weeks, the scores of arousal in the formal sex education and Kegel groups were significantly higher compared with the control group (3.38 and 3.15 vs 2.77, respectively). The scores of orgasm and satisfaction in the Kegel group were significantly higher compared with the control group (4.43 and 4.88 vs 3.95 and 4.39, respectively).

**Clinical Implications:** Formal sex education and Kegel exercises were used as two non-pharmacologic approaches to improve the sexual function of women after menopause.

**Strengths and Limitations:** The main strength of this study was its design: a well-organized randomized trial using precise eligibility criteria with a small sample loss. The second strength was the methods of intervention used, namely non-pharmacologic approaches that are simple, easily accessible, and fairly inexpensive. The main limitation of the study was our inability to objectively assess the participants' commitment to exercise and the sexual function of their partners.

**Conclusion:** Sex education programs and Kegel exercises could cause improvements in some domains of sexual function—specifically arousal, orgasm, and satisfaction—in postmenopausal women. **Nazarpour S, Simbar M, Tehrani FR, Majd HA. Effects of Sex Education and Kegel Exercises on the Sexual Function of Postmenopausal Women: A Randomized Clinical Trial. J Sex Med 2017;XX:XXX–XXX.**

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**Key Words:** Sexual Function; Menopause; Sex Education; Kegel Exercises

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## INTRODUCTION

Menopause is defined as the time at which there have been no menstrual periods for 12 consecutive months. Menopause is a natural milestone in women's lives and a health issue of particular importance in reproductive health. The menopausal period represents a complex stage of a woman's life owing to a series of physiologic and psychological ramifications.<sup>1</sup> Women can spend at least one third of their lives in the menopausal condition.<sup>2</sup> One of the main health concerns of most postmenopausal women is sexual problems.<sup>1</sup>

The prevalence of sexual dysfunction in postmenopausal women is 68% to 86%, depending on the setting of the study.<sup>3,4</sup> In Iran, sexual dysfunction is rather prevalent among women,<sup>5</sup> affecting two thirds of postmenopausal women.<sup>6</sup>

The World Health Organization defines sexual dysfunction as "the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish."<sup>7,8</sup> Female sexual dysfunction after menopause is a complex disorder with many etiologies. Sexual health is contingent on a range of vascular, neurologic, and hormonal processes and is influenced by personal factors such as interpersonal relationships, social and family traditions, culture, and religion.<sup>5</sup> Thus, the treatment of sexual conditions requires attention to causal and confounding factors. In this regard, decreased sexual activity in the postmenopausal period could be remedied with appropriate and timely interventions.

Among the factors that affect the sexual function of postmenopausal women are their knowledge of, and the actions they take in response to, sexual problems.<sup>9</sup> Sex education provides these women with an opportunity to learn about sexual problems and prevent their occurrence when possible. In addition, it equips them with the knowledge necessary to satisfy their sexual needs and strike a balance in their personal, social, and family lives.<sup>10</sup> The findings of previous studies on this issue have confirmed the impact of educational programs on sexual function.<sup>11</sup> However, relatively few studies have attempted to determine the effectiveness of sex education interventions in improving the sexual function of postmenopausal women.

Another variable that affects female sexual function is activity of the pelvic floor muscles, particularly pelvic floor muscle contraction in orgasmic responses.<sup>12</sup>

Strengthening the pelvic floor muscles through Kegel exercises is among the intervention procedures that have been proposed. Some studies have shown that pelvic floor muscle exercises can have a positive impact on the sex lives of women.<sup>12–21</sup> Theoretically, increasing the tone of the pelvic floor muscles could boost pelvic congestion and lubrication, thus improving the quality of sexual intercourse. However, this has been questioned<sup>14</sup> by studies that have failed to find a positive correlation between strengthening the pelvic floor muscles and sexual satisfaction.<sup>22–25</sup>

Overall, the literature is limited and inconsistent in this area. Although interventions aiming to improve the sexual function of

postmenopausal women are important, very few studies have been conducted in this regard. Interventions of this kind should be designed in accordance with the idiosyncrasies of every population, because an intervention that proves effective in one community might not prove to be so in another.

## AIMS

The present study compared the effects of formal sex education and Kegel exercises on the sexual function of postmenopausal women.

## METHODS

### Study Design

A randomized clinical trial was carried out among 145 postmenopausal women 40 to 60 years old, commencing in December 2014 and ending in March 2015. The participants were residents of Chalus and Noshahr, two cities located in northern Iran.

The inclusion criteria were natural menopause (not surgical or premature menopause, which would occur before 40 years of age); menopause occurring within the previous 3 years; being married and having a sexual relationship with her husband; no history of serious cardiovascular or mental disorders; absence of acute psychological distress in the previous 3 months; absence of sexual dysfunction in the husband; no history of drug addiction in the husband; not undergoing any form of chemical or herbal hormone replacement therapy; and having the willingness to participate in the study.

The exclusion criteria were having debilitating diseases (eg, cancer) that render the intervention impossible; undergoing any type of surgery; experiencing marital discord; getting divorced; and death or illness of the husband during the study period.

### Participants

The necessary samples for this study were collected from the participants of a previous study, which was conducted to assess the sexual function of postmenopausal women living in Chalus and Noshahr.<sup>26</sup> These women were selected through a stratified, multistage probability cluster sampling method, with a probability in proportion to size procedure. For this study, the prospective participants were briefed on our research aims in telephone conversations and were invited to participate in the study and attend the study location (Islamic Azad University, Chalus). For those who expressed a willingness to participate, the inclusion and criteria checklist was subsequently filled out.

### Procedures and Measurements

In the first in-person meeting with the participants, the Female Sexual Function Index (FSFI) questionnaire<sup>27</sup> and a comprehensive questionnaire including questions on demographics and reproductive conditions were completed for

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