

What Women Want—An Explorative Study on Women's Attitudes Toward Sexuality Boosting Medication in a Sample of Swiss Women

Melanie Gutsche, MSc,¹ and Andrea Burri, PhD^{1,2,3}

ABSTRACT

Introduction: The recent approval of flibanserin to treat hypoactive sexual desire disorder in premenopausal women has once again fueled the ongoing debate about medicalization of female sexual problems and the necessity of such a drug.

Aim: To investigate women's attitudes toward sexuality-boosting medication (SBM) and the role of factors potentially associated with these attitudes, including sexual functioning, sexual quality of life, relationship satisfaction, and personality, in an exploratory survey.

Methods: A population sample of 159 women 18 to 73 years old (mean = 31.8) participated in this cross-sectional online survey. Study variables were assessed using a combination of validated questionnaires and self-constructed questions.

Main Outcome Measures: Descriptive statistics in the form of proportions and percentages and correlation and moderation analyses.

Results: Sixty-one percent of women were willing to take SBM, mostly to increase orgasm frequency and intensity and sexual desire. Likelihood to take SBM correlated negatively with age ($r = -0.24$; $P < .005$) and with levels of arousal, lubrication, orgasm, and sexual satisfaction ($P < .05$ for all comparisons). Higher relationship satisfaction and conscientiousness moderated the association between willingness to take SBM and desire levels ($P < .05$ for the two comparisons). For desired properties of SBM, 48.2% of women considered an onset of action of "up to 1 hour" ideal, 41% preferred "less than 15 minutes," and 66.9% considered a window of action of "an hour" to be ideal.

Conclusion: The demand for a drug to enhance sexual performance in women exists and ideally should target desire and orgasm intensity and frequency. By taking such a drug, women hope to benefit in increased sexual satisfaction and fun with sex. Furthermore, the willingness to take SBM seems to greatly depend on the woman's relationship satisfaction and some personality characteristics. **Gutsche M, Burri A. What Women Want—An Explorative Study on Women's Attitudes Toward Sexuality Boosting Medication in a Sample of Swiss Women. J Sex Med 2017;XX:XXX-XXX.**

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Medication; Flibanserin; Sexual Functioning; Sexual Desire; Hypoactive Sexual Desire Disorder; Attitudes; Demand

INTRODUCTION

Sexual problems and dysfunctions are common in men and women of all ages and across all countries, with reported prevalences of up to 75% depending on the condition, sample characteristics,

and study methodology (eg, differences in assessment and definition).¹ According to findings from the Global Better Sex Survey conducted in 2005 targeting more than 12,000 men and women across 27 countries, approximately 57% of men and 58% of women further report not being fully satisfied with their sex life.² Similar results have been found in other epidemiologic studies, suggesting significant room for improvement of people's sex life and sexual satisfaction.³ Given the large number of individuals struggling with sexual problems, such as lack of desire, arousal, or erection or ejaculatory problems, it is not surprising that pharmaceutical companies have invested billions in the search for drug treatments aimed at improving men's and women's sexual performance.

In 1998, the US Food and Drug Administration approved sildenafil citrate to treat impotence in men; since then, a range of

Received October 19, 2016. Accepted December 24, 2016.

¹Department of Psychology, University of Zurich, Zurich, Switzerland;

²Health and Rehabilitation Research Institute, Auckland University of Technology, Auckland, New Zealand;

³Waitemata Pain Service, Department of Anaesthesia and Perioperative Medicine, North Shore Hospital, Auckland, New Zealand

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jsxm.2016.12.238>

different medications has become available that offer effective treatment for erectile problems and more recently for ejaculatory difficulties. In contrast to male sexual problems, no oral treatment for sexual difficulties in women has become available until recently, when in 2015, the Food and Drug Administration finally approved flibanserin (Addyi; Sprout Pharmaceuticals, division of Valeant Pharmaceuticals North America LLC, Raleigh, NC, USA), a drug promising to improve sexual desire and to increase the number of satisfying sexual encounters in premenopausal women. Nonetheless, the treatment paradigm of female sexual problems remains restricted to psychosexual counseling and cognitive-behavioral therapy and rarely includes pharmacotherapeutic management. One reason for this might be the fact that women's reaction to Addyi has not met the initial expectations, giving rise to the question of whether these low sale numbers reflect women's general unwillingness to take sex-boosting medication (SBM) or whether the increased risk of side effects and/or high cost of the drug outweigh its potential benefits.⁴ After all, decades of research into Viagra (sildenafil citrate; Pfizer, New York, NY, USA) has shown that despite the effectiveness and safety of Viagra and other phosphodiesterase type 5 inhibitors, there is still a considerable number of men who discontinue therapy prematurely, indicating that not all expectations are met or that patients assign different importance to the variety of medical and non-medical outcomes.^{5,6}

Although the search for a "female Viagra" equivalent continues, many scholars and sex scientists have argued that we are following the path of medicalization by placing unrealistic expectations on what "normal" sexuality or "normal" levels of desire are and by making people believe that sexual problems are the product of medical issues and that all we need are drugs that offer a quick and magic fix. In view of this, the question remains as to the real demand for such a medication and whether women are indeed feeling pressured to the extent that they would consider taking such a drug. To the best of our knowledge, no study thus far has investigated women's attitudes toward SBM and whether a demand for such a drug really exists.

AIMS

Because of this significant gap in the literature, the aims of this study were to (i) assess women's attitudes toward SBM, (ii) understand what the specific characteristics of such a drug should be, (iii) understand how much women's sexual functioning and relationship satisfaction influence their attitudes toward such a drug, and (iv) explore the potential moderating role of relationship satisfaction and personality in the association between sexual functioning and the willingness to take SBM.

METHODS

Sample and Recruitment

The present study was set up in Switzerland as a cross-sectional online survey targeting a population sample of women of all ages.

The survey was conducted from February through July 2016 and was promoted through various mailing lists (such as the mailing list of the University of Zurich), through social media platforms (eg, Facebook, LinkedIn), and through word-of-mouth recommendation. To be eligible to participate in this online survey, volunteers had to be women at least 18 years old, able to read and understand German, and be sexually active. Individuals reporting never having engaged in sexual activity ($n = 1$) or identifying as bi- or homosexual ($n = 11$) were excluded from the study. Also excluded were one woman who reported having sexual aversion disorder (ie, disgust of genitalia) and one woman who was younger than 18 years. Of a total of 450 participants who started the online questionnaire, 173 finished the survey, resulting in a final sample of 159 with complete data used for the present analyses after applying the exclusion criteria. Because of the nature of the online survey, which did not allow participants to continue the questionnaire unless they had answered all the requested items, there were no missing data. All participants provided informed consent by ticking a consent box before starting the online survey. The study was approved by the local ethics committee of the (blinded).

Materials

Sociodemographic characteristics, including sex, age, education, marital status, duration of relationship, sexual orientation, and number of previous partners, were assessed at the beginning of the survey. For the collection of information on women's attitudes toward taking SBM and their demands and expectations from such a drug, different self-constructed study-specific questions were used. Questions included, "Would you generally be interested in a medication that boosts your sexuality?" or "In what situation would you use such a medication?" Willingness to take SBM was responded to on a four-point Likert-type scale (1 = "I would definitely not use it" to 4 = "I would definitely use it"), but response formats varied depending on the questions asked.

Information on women's current sexual functioning was collected using the widely applied and extensively validated Female Sexual Function Index (FSFI).⁷ The 19-item FSFI is used to assess female sexual activity and functioning during the past 4 weeks across six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). It provides a domain score for each subscale that can be computed by adding up all subscale items and by dividing it with a specific domain weight.⁷ Furthermore, a total FSFI score can be calculated. Items are responded to on a Likert-type scale ranging from 1 to 5 (low to high sexual functioning), including an additional option of "no sexual activity" for items 3 to 19. In the initial validation study, the FSFI showed good discriminant validity, high internal consistency, and acceptable test-retest reliability.⁷ Similarly, the German version of the FSFI showed good psychometric properties across all age groups, with good internal consistencies (Cronbach $\alpha = 0.75-0.95$).⁸ In the present study, the Cronbach α for the FSFI was equal to 0.96.

Download English Version:

<https://daneshyari.com/en/article/5730524>

Download Persian Version:

<https://daneshyari.com/article/5730524>

[Daneshyari.com](https://daneshyari.com)