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053 Characteristics of Genital Satisfaction Among a Nationally Representative Sample of US Women

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Conclusions: Clinicians and researchers working with bisexually-identified people may benefit from understanding the nuanced ways bisexual identity impacts sexual desire within a long-term relationship.

Disclosure: Work supported by industry: no.

051

PSYCHOSOCIAL PREDICTORS OF PAIN IN PRIMARY VAGINISMUS

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Objectives: To discover different psychosexual events that may increase the pain associated with primary vaginismus.

Materials and Methods: Approximately 391 patient encounters were used for this data. Information was gathered through interviews and surveys. Patient consent was obtained prior to collection. Data was then tabulated and formatted utilizing chi square.

Results: Pain, on a scale from 1 to 10, increased by a statistically significant amount (P =less than 0.001) when women were exposed to a primary vaginismus risk factor (diagnosis of anxiety and/or depression, psychosexual trauma, pressure from others to remain abstinent until marriage, or being brought up in a religious or strict household).

Conclusions: While risk factors for primary vaginismus are well known, the diagnosis of anxiety and/or depression, psychosexual trauma, pressure from others to remain abstinent until marriage, or being brought up in a religious or strict household increased the pain intensity experienced women in this study group. As pain is often a subjective evaluation of disease state, increased pain scores may reflect a more severe, and therefore more difficult to treat, manifestation of vaginismus. Knowing this, it is the opinion of the authors that patients may benefit from concomitant psychologic counseling to address these issues during and/or after physical or pharmacologic therapies for vaginismus.

Disclosure: Work supported by industry: no. The presenter or any of the authors act as a consultant, employee (part time or full time) or shareholder of an industry.

052

HEALING AS A PATH TO SELF-TRANSFORMATION: ENGAGING EROS THROUGH YOGIC PRINCIPLES TO HEAL THE TRAUMA OF THE DYS-EMBODIED SEXUAL SELF IN WOMEN WITH CANCER

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Objective: Based upon the holistic definition of healing taken from wisdom traditions, in which it is a process of self-transformation and discovery, this study seeks to engage spiritual conceptualizations of the erotic and its engagement within yogic contemplative practices to heal the dys-embodiment of the sexual subjective self that arises in women due to the physical and emotional trauma along the cancer trajectory.

Materials and Method: This is a literature review of both quantitative and narrative-based studies of the effects of gynecological and breast cancer treatment on the embodied sexual subjective self and the applications of yogic practices as an approach to integrating eros into the healing process to heal from the emotional and physical wounds to the embodied sexual self.

Result: The yogic practices of surrender, breathwork (pranayama), meditation (dhyana or cultivation of present awareness), and postures (asanas) aid in the healing of the emotional trauma of treatment, promoting an improvement in the perception of the physical and sexual self.

Conclusion: It would be of great benefit to hold space within clinical settings to reframe healing of the dys-embodied sexual self as a process of erotic transformation through contemplative practices. Specifically, the yogic



053

CHARACTERISTICS OF GENITAL SATISFACTION AMONG A NATIONALLY REPRESENTATIVE SAMPLE OF US WOMEN

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Objective: Female genital dissatisfaction is an important aspect of psychosocial and sexual health. The Female Genital Self Image Scale (FGSIS) is a validated instrument that has been used to characterize women's level of genital dissatisfaction. In this report, we assess genital dissatisfaction using the FGSIS in a nationally representative sample of US women.

Materials and Methods: We conducted a nationally representative survey of non-institutionalized adults aged 18-65 years residing in the U.S. The survey included questions about demographics, sexual behavior, and the FGSIS.

Results: In total, 3372 women completed the survey and 3143 (93.2 %) completed the FGSIS. The mean age was 46, and there was broad representation across the United States in terms of age, education and location. On bivariate analysis, women's genital satisfaction was significantly correlated to their age, race, location, and education. Women who were sexually active were less likely to report genital dissatisfaction than women who were not sexually active (76% vs 62% respectively, $p < 0.001$). The frequency of sexual activity was negatively correlated with genital dissatisfaction ($p = 0.002$). Women who reported genital dissatisfaction were less likely than those who reported satisfaction to engage in receptive vaginal sex (83% vs 88%, respectively, $p = 0.03$). There were no other significant associations between genital dissatisfaction and types of sexual activity. On multivariate analysis, women were less likely to report genital dissatisfaction if they were older, of black race, had an education level of high school or above, and/or lived in the Northeastern or Midwestern United States. There was no association between genital dissatisfaction and relationship status or gender of sexual partner.

Discussion: Female genital dissatisfaction may be related to age, race, education, and geography. These data may help providers who provide information for women on genital health.

Disclosure: Work supported by industry: no.



055

DOES PARTICIPATION IN FAITH-BASED SEXUAL ABSTINENCE PROGRAMS LEAD TO FEMALE SEXUAL DYSFUNCTION

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Objectives: The purpose of this study is to investigate the correlation between participation in Faith-Based Sexual Abstinence Programs (FBSAP) and Female sexual dysfunction (FSD). We hypothesize that 1.) Women who participated in FBSAP have a greater risk of developing FSD, and 2.) Women who participate in FBSAP and do not wait until marriage to have sexual intercourse are at a higher risk of developing FSD.

Material and Methods: A seven question survey was created by the research team, in both print and online form using SurveyMonkey. Copies of the survey were given to patients at the Oklahoma State University Obstetrics and Gynecology Clinic, as well as disseminated online via social media. 503 surveys were received, with 316 usable surveys after exclusion criteria were applied. The results of the survey were tabulated in Microsoft Excel, and color coded for ease of viewing. Statistical analysis was performed using Stata

