

ORIGINAL RESEARCH**Assessment of sexual functioning in females before and after tubal sterilization****Dr. Isha Sharma**

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Abstract

Background: Biological, social, psychological, and cultural effects play a major role in the overall mental health of women and in particular on their sexual health. The present study was conducted to assess sexual functioning in females before and after tubal sterilization.

Materials & Methods: 48 female subjects age ranged 20-40 years selected for tubal sterilization. Cases were interviewed once before undergoing the surgical procedure and again after an interval of 6 months. Sexual functioning was assessed using validated scale, female sexual function index (FSFI).

Results: Before and after tubectomy mean FSFI value for desire was 3.90 and 3.42, for Arousal was 4.52 and 3.91, for Orgasm was 4.58 and 4.06, for lubrication was 5.28 and 4.42, for pain was 5.72 and 5.21 and for satisfaction was 4.68 and 4.20. The difference was significant ($P < 0.05$). CSFQ value for pleasure was 2.7, for interest was 4.3, for frequency was 6.7, for arousal was 8.2 and for orgasm was 9.0. Sexual dysfunction in age group 20-30 years had 8 females which increased to 13 after tubectomy. The age group 30-40 years had 12 before and 24 after tubectomy. The difference was significant ($P < 0.05$).

Conclusion: Tubal sterilization impairs the sexual functioning in females.

Key words: Tubal sterilization, sexual functioning, Female

Introduction

Sterilisation is a method that is to remove the possibility of natural procreation, and consists either of a ligature associated with section and resection of part of the fallopian tube) or use of clips or rings.¹ In addition, there are various techniques of electrocoagulation and tubal resection.² Most women who choose voluntary sterilisation as a permanent contraception method will remain happy with their choice. However, depending on the country, between 2 and 10% of the patients who have had tubal sterilisation will change their mind, because of changes that occur in their lives.³

Various biological, social, psychological, and cultural effects play a major role in the overall mental health of women and in particular on their sexual health. One of the problems women are faced within their sexual relationships is the issue of the necessity of family planning. Particularly in India, increasing population has been a major concern.⁴

FSD is impaired or the inadequate ability of a woman to engage in or enjoy satisfactory sexual intercourse and orgasm.⁵ Worldwide, FSD is a highly prevalent problem for 38–63% of women. The prevalence of these disorders in India is not clear, mainly due to the stigma associated with sex.⁶ It has been observed that so serious is the societal avoidance of this

issue that many marriages have been ruined because the couple could not understand; talk less of managing their sexual desire or sex life successfully.⁷The present study was conducted to assess sexual functioning in females before and after tubal sterilization.

Materials & Methods

The present study comprised of 48 female subjects age ranged 20-40 years selected for tubal sterilization. The consent was obtained from all enrolled patients.

Data such as name, age, gender etc. was recorded. Cases were interviewed once before undergoing the surgical procedure and again after an interval of 6 months. Sexual functioning was assessed using validated scale, female sexual function index (FSFI). Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table I Assessment of female sexual function index score

FSFI	Before	After	P value
Desire	3.90	3.42	0.02
Arousal	4.52	3.91	0.04
Orgasm	4.58	4.06	0.01
Lubrication	5.28	4.42	0.05
Pain	5.72	5.21	0.03
Satisfaction	4.68	4.20	0.02

Table I shows that before and after tubectomy mean FSFI value for desire was 3.90 and 3.42, for Arousal was 4.52 and 3.91, for Orgasm was 4.58 and 4.06, for lubrication was 5.28 and 4.42, for pain was 5.72 and 5.21 and for satisfaction was 4.68 and 4.20. The difference was significant (P< 0.05).

Graph I Assessment of female sexual function index score

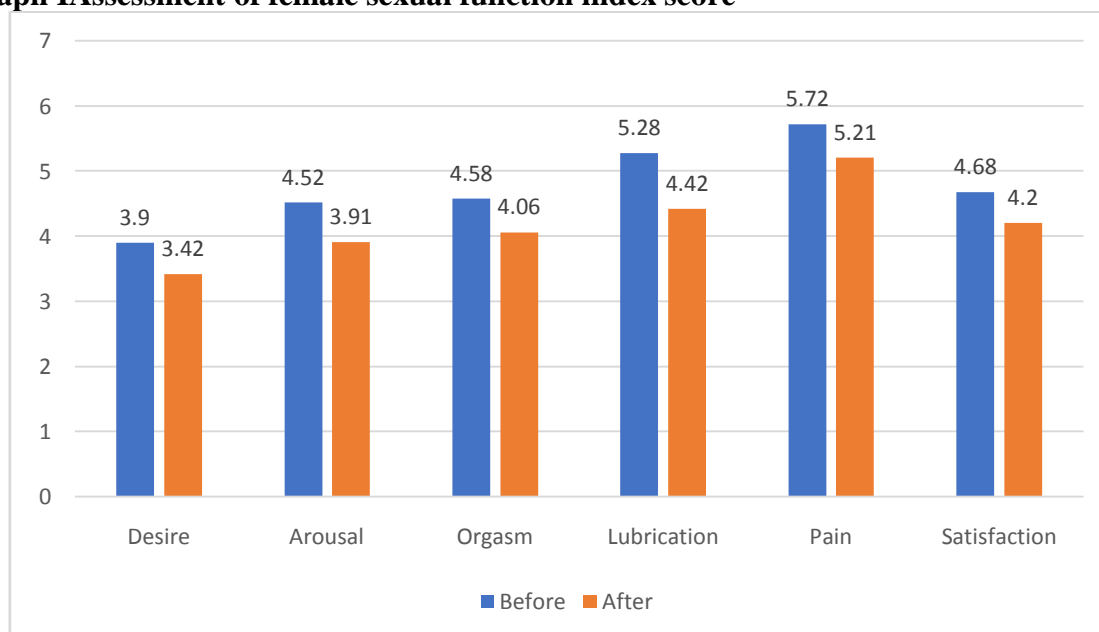


Table II Assessment of Core stateless fair queuing

CSFQ	Mean
Pleasure	2.7
Interest	4.3
Frequency	6.7

Arousal	8.2
Orgasm	9.0

Table II, graph II shows that CSFQ value for pleasure was 2.7, for interest was 4.3, for frequency was 6.7, for arousal was 8.2 and for orgasm was 9.0.

Graph II Assessment of Core stateless fair queuing

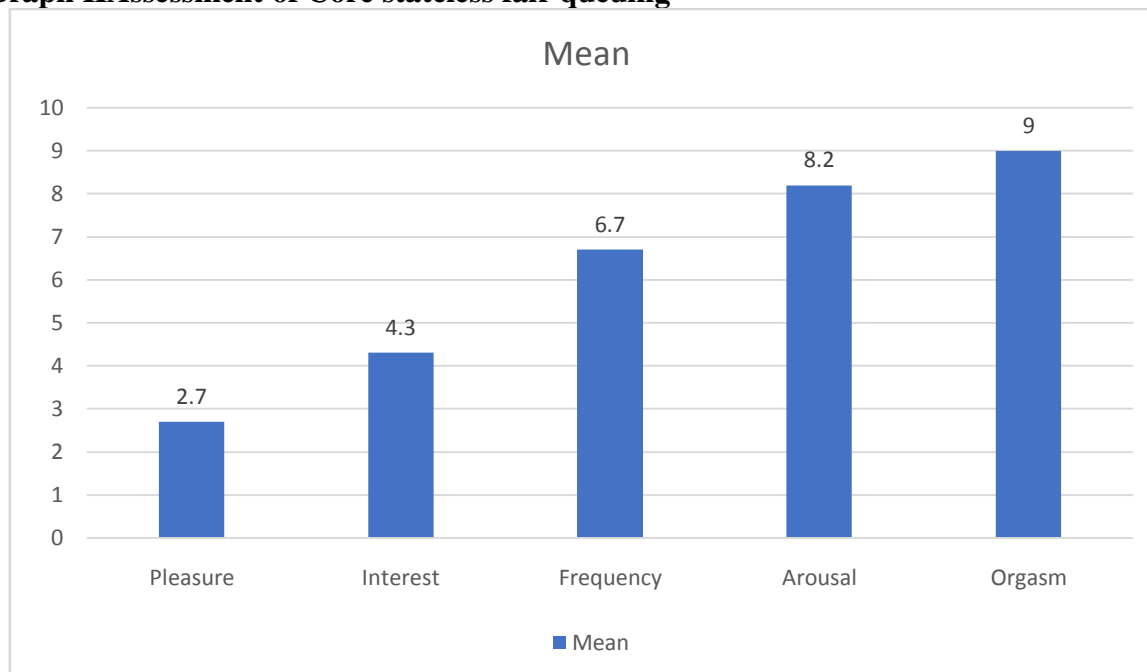


Table III Age and number of women with sexual dysfunction

Age group	Before	After	P value
20-30 years	8	13	0.03
30-40 years	12	24	0.01

Table III shows that sexual dysfunction in age group 20-30 years had 8 females which increased to 13 after tubectomy. The age group 30-40 years had 12 before and 24 after tubectomy. The difference was significant ($P < 0.05$).

Discussion

Most women who choose voluntary sterilisation as a permanent contraception method will remain happy with their choice. However, depending on the country, between 2 and 10% of the patients who have had tubal sterilisation will change their mind, because of changes that occur in their lives.^{8,9} A change of spouse is the most common reason (70–75% of cases), followed by regret with a wish for a further child (15–19%), death of a child (3–6%) and death of a spouse (1–4%). In addition, in all studies of restoration of tubal patency, there is always a group of women who state that they were not told that the surgical procedure of sterilisation was irreversible.^{10,11} The present study was conducted to assess sexual functioning in females before and after tubal sterilization.

We found that before and after tubectomy mean FSFI value for desire was 3.90 and 3.42, for Arousal was 4.52 and 3.91, for Orgasm was 4.58 and 4.06, for lubrication was 5.28 and 4.42, for pain was 5.72 and 5.21 and for satisfaction was 4.68 and 4.20. Kunker et al¹² in their study a total of sixty married women above 18 years undergoing tubal sterilization were interviewed twice; before the sterilization procedure and 6 months post-sterilization. These women were assessed for sexual functioning using female sexual function index and sexual functioning index. The prevalence of sexual dysfunction in the study population was 36.7%

before the tubal sterilization. This rate increased to 71.7% after the procedure which was statistically significant. The common disorders were orgasm, arousal, and desire. Pain disorder was least common. This dysfunction exists across all the ages, education level, occupation, and residence.

We found that CSFQ value for pleasure was 2.7, for interest was 4.3, for frequency was 6.7, for arousal was 8.2 and for orgasm was 9.0. We found that sexual dysfunction in age group 20-30 years had 8 females which increased to 13 after tubectomy. The age group 30-40 years had 12 before and 24 after tubectomy. Study carried out by Singh et al¹³ had reported similar findings with orgasm being most common and pain least common disorder among different domains. Most of the women had reported that they never initiated the sexual act as they believed it would not be acceptable to their male partner. Garfield¹⁴ had stated "If a woman believes she is not supposed to express herself sexually, she may inhibit her natural desire for fear she will appear unfeminine."

Deffieux et al¹⁵ evaluated various techniques for restoring tubal patency after sterilisation. Methods A search strategy was designed, and for each subject either thesaurus terms (MeSH descriptors) or terms from the title or summary were used. Mean length of hospital stay following laparoscopy seems to be shorter in comparison with laparotomy (3.3 vs. 6.1 days, $P < 0.05$). Rate of conversion to laparotomy is 5%. Pregnancy rates observed are between 54 and 88% for laparotomy and 31–85% for laparoscopy. Mean time to conception was between 2 and 9.6 months. Most pregnancies occurred in the 2 years following restoration of tubal patency (cumulative conception rate 80% at 12 months). Young age (7 cm) are the factors that govern whether there can be good restoration of tubal patency. Ectopic pregnancy rates observed are between 1.7 and 12% for laparotomy and 0–7% for laparoscopy. There are no randomised or quasi-randomised studies comparing tubal anastomosis and in vitro fertilization.

Conclusion

Authors found that tubal sterilization impairs the sexual functioning in females.

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