



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ072
WOMEN'S HEALTH

Your Sexual Health

- **What causes sexual problems in women?**
- **What are the types of sexual problems that affect women?**
- **What are desire problems?**
- **What are arousal problems?**
- **What are orgasmic problems?**
- **What is sexual pain disorder?**
- **Can certain substances affect sexual response?**
- **What can I do to enhance desire?**
- **What can I do to increase arousal?**
- **What can help me have an orgasm?**
- **How can I minimize sexual pain?**
- **How can I address sexual problems with a health care provider?**
- **What should I expect when I visit a health care provider for a sexual problem?**
- **What should I expect during treatment of a sexual problem?**
- **Glossary**

What causes sexual problems in women?

Some common causes of sexual problems in women include the following:

- Aging—A woman's **libido** (another term for interest in and desire for sex) and sexual activity sometimes decrease with age. This decrease is normal and usually is not a cause for concern, but problems can arise if one partner in a relationship desires sex more often than the other.
- Hormonal changes—Changes in **hormones** at certain times of a woman's life may cause changes in her interest in or response to sex. For example, decreased **estrogen** levels (such as during **perimenopause** and **menopause**) may cause vaginal dryness and lead to pain during intercourse.
- Stress and anxiety
- Relationship problems
- Illness, including **depression**
- Past negative sexual experiences

What are the types of sexual problems that affect women?

"Female sexual dysfunction" is a general term for a problem with interest in or response to sex. Sexual problems fall into four groups, which often overlap:

1. Desire problems
2. Arousal problems
3. Orgasmic problems

4. Sexual pain disorder

What are desire problems?

Lack of desire is the most common sexual concern reported by women. A lack of desire before having sex is normal for some women. They may not feel that they want to have sex until they begin to engage in sexual activity and become aroused. A lack of desire is considered a disorder when a woman

- does not want to engage in any type of sexual activity, including **masturbation**
- does not have (or has very few) sexual thoughts or fantasies
- is worried or concerned about these issues

What are arousal problems?

Arousal is the name given to the physical and emotional changes that occur in the body as a result of sexual stimulation. Arousal can be affected by many things, including medications, alcohol, smoking, illegal drug use, and medical conditions. Anxiety, stress, problems with your partner, and past negative sexual experiences also can cause arousal difficulties.

What are orgasmic problems?

Not having an **orgasm** during sexual activity may not be a problem. Sharing love and closeness without having an orgasm is satisfying for many women. Other women may feel that not having an orgasm is a problem. They may want to find a solution.

Women with orgasmic disorders may never have had an orgasm from sexual encounters, or they may have had orgasms at one time but no longer have them, despite healthy arousal. The intensity of orgasm may have decreased, which can occur with age.

Orgasmic disorder may be caused by a poor body image or a fear of losing control. It also may occur when a woman does not trust her partner. It is common for women who do not have orgasms to have arousal problems.

What is sexual pain disorder?

Painful sex may be a lifelong or short-term condition. Pain that occurs during sexual activities other than intercourse is called "noncoital sexual pain disorder." Pain during intercourse is called **dyspareunia**. Most sexually active women have had pain during sex at some point in their lives. If it occurs often or is severe, a woman should see her health care provider (see the FAQ [When Sex Is Painful](#)).

Can certain substances affect sexual response?

Smoking, alcohol, and drugs can affect sexual response for both women and men. Smoking can slow down blood flow in the sexual organs and cause arousal problems. Alcohol and drugs affect how your body responds. A good first step in addressing sexual problems is to stop or limit smoking and the use of drugs or alcohol.

What can I do to enhance desire?

- Address and work toward resolving relationship concerns, stresses, and misunderstandings about sex as well as other issues that may be affecting you and your partner.
- Focus less on intercourse and more on intimacy.
- Improve your sex knowledge and skills.
- Make time for sexual activity and focus on enjoyment and pleasuring each other.

What can I do to increase arousal?

- Be well rested.
- Increase the time spent on foreplay.
- Try a vaginal lubricant for dryness.
- Do **Kegel exercises** (contract and relax pelvic muscles).
- Do not smoke.

What can help me have an orgasm?

- Increase sexual stimulation.
- Try sexual toys.
- Use mental imagery and fantasy.

How can I minimize sexual pain?

- Try different positions or sexual activities that do not involve intercourse.
- Allow plenty of time for arousal before penetration.

- Use a lubricant.
- Empty your bladder before sex.
- Take a warm bath.

How can I address sexual problems with a health care provider?

You could start off with a statement like:

“I am having some concerns about my sex life.”

“I do not enjoy sex like I used to.”

“I am feeling sad lately; my partner is complaining I never want sex.”

“Lately, I have been having trouble with intimacy. What can I do?”

“I am just not interested in sex. Do you have any advice?”

“Getting older has affected my love life. Is there a fix?”

What should I expect when I visit a health care provider for a sexual problem?

You may have a physical examination and a **pelvic exam**. If you have pain during intercourse, your health care provider may try to re-create this pain by touch. Depending on your symptoms, you may have a blood test to measure hormone levels. You may be referred to another health care provider for other tests or specialized treatment.

What should I expect during treatment of a sexual problem?

Each type of female sexual dysfunction is treated differently. Sexual problems may overlap and, therefore, treatment can be complex. Treatment may include changing existing medications or taking new medication, such as estrogen to treat vaginal dryness. If a medical problem is suspected, you may need to have treatment directed at that specific problem.

You may be referred to a sex therapist, even if you also are receiving medical treatment. Sex therapists help people work on the different aspects of sexual disorders, including the emotional, physical, and interpersonal aspects. Couples therapy may be suggested to help with interpersonal issues. Individual counseling may help build sexual confidence by helping you understand how past experiences may be affecting your current sexuality.

Glossary

Depression: Feeling of sadness for periods of at least 2 weeks.

Dyspareunia: Pain with intercourse.

Estrogen: A female hormone produced in the ovaries.

Hormones: Substances produced by the body to control the functions of various organs.

Kegel Exercises: Pelvic muscle exercises that assist in bladder and bowel control as well as sexual function.

Libido: The desire for or interest in sex; sex drive.

Masturbation: Self-stimulation of the genitals, usually resulting in orgasm.

Menopause: The time in a woman’s life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

Orgasm: The climax of sexual excitement.

Perimenopause: The period around menopause that usually extends from age 45 years to 55 years.

Pelvic Exam: A physical examination of a woman’s reproductive organs.

Perimenopause: The period around menopause that usually extends from age 45 to 55 years.

If you have further questions, contact your obstetrician–gynecologist.

FAQ072: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

Copyright May 2011 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.