



the  
truth  
about

sex IN YOUR  
20s, 30s & 40s

*sex*  
& A HEALTHIER  
**YOU**



The information suggested in this publication is not intended as a substitute for medical advice, nor does it suggest diagnoses for individual cases. Consult your health care professional to evaluate personal medical problems.

©April 2010 National Women's Health Resource Center, dba HealthyWomen

Medical advisor for this publication:  
Susan Kellogg-Spadt, CRNP, PhD  
Director of Sexual Medicine  
Pelvic & Sexual Health Institute  
Philadelphia, PA

This publication was developed with the support of a sponsorship from Boehringer Ingelheim Pharmaceuticals, Inc. (BIP)

For more information:  
HealthyWomen  
157 Broad Street, Suite 106  
Red Bank, NJ 07701  
877.986.9472  
[www.HealthyWomen.org](http://www.HealthyWomen.org)

# *table of contents*

---

- 1 SEXUALLY HEALTHY? WANT TO BE HEALTHIER?
- 3 SEX 101: A REVIEW
- 5 THE FEMALE SEXUAL RESPONSE
- 8 WHEN THINGS DON'T FEEL RIGHT
- 12 SEX AND *YOUR* LIFE
- 18 COMMUNICATION IS KEY
- 21 QUESTIONS TO ASK YOUR HEALTH CARE PROFESSIONAL
- 22 WHO'S WHO FOR SEXUAL HEALTH



## Sex and Your Health: Sexually Healthy? Want to Be Healthier?

Was there a time in your life when sex seemed simple? You'd meet someone exciting, start a relationship and want to be together all the time. You probably felt that your desire for this person would *never* fade.

But then, did it?

Maybe sex has never been simple for you. Maybe you've never had much interest in it. Or, maybe you've always wished it *could* be something great and have wondered what you've been missing.

If that's why you're reading this booklet, then you've come to the right place.

Our goal is to share important information with you about sexual health issues and concerns many women like you may encounter. We will dispel myths, confirm some facts and, most important, describe various steps you can take alone, with your partner or with your health care professional's assistance to either bring the "spark" back to your sex life or give you the confidence to achieve the quality sex life you deserve.

## Your Sexual Health: Terms to Know

- 1 Arousal: For women, arousal starts in the mind, not the body.** Even if a woman's heart rate and body temperature increases, even if her breasts and genitals become more sensitive, she may not be able to focus on sex, due to nonsexual distractions. This is particularly relevant to women in long-term relationships, those who are facing numerous stressors and those who are likely to have children.
- 2 Desire: Desire in women is defined as a craving for sexual sensations—wanting sex, craving sex.** It doesn't typically occur spontaneously (although it can) simply by looking at an attractive person or a photo. More often, it's in response to physical or mental stimulation. For instance, you may decide to have sex to demonstrate love for your partner and only *after* the touching begins does desire kick in. And remember, desire doesn't *always* have to lead toward sex.
- 3 Orgasm: If physical and emotional arousal are progressing and you can stay focused on your body's sensations** (and not be distracted by the stressors that keep you from relaxing) then the sexual excitement and arousal continues, often leading to the release known as an orgasm.

Orgasm is the climax of your sexual response, and a host of physical things generally happen: muscles contract in your vagina and uterus; your heart and breathing rate, as well as your blood pressure, increase; and you experience the release of tension in your body. Or not. Many women don't have to orgasm to feel great after sex. The emotional closeness and bonding that typically follows lovemaking are often enough for them to feel content and satisfied. This positive experience will also motivate them to pursue further sexual behavior in the future.

## Sex 101: A Review

In an ideal world, sexuality would be simple. In the real world, however, sex is complicated. Let's start with the basic fact that men and women are different when it comes to sexual desire. While a visual cue like a sexy photo, for example, might be enough to arouse a man, a woman may need an entirely different approach. For example, getting in the mood for sex for a woman might mean feeling like her "to-do" list is under control and not so overwhelming that she's fatigued all the time...sound familiar?

The reason: Sex for women is as much, if not more, of an emotional activity as it is physical. That could make things more complicated.

Just take a look at the definitions on page 2. They clearly show that a major force in a woman's desire for sex is the desire for an intimate connection with a partner—not simply a physical release. Yet, if the overall experience doesn't feel both emotionally and physically satisfying, she won't keep pursuing it. In other words, if you don't like having sex with your partner, you won't want to have it. This is where problems like experiencing pain with sex or feeling that your needs aren't being met can interrupt sexual desire, also known as libido.



## The Female Sexual Response

Rosemary Basson, PhD, is credited with developing an entirely new way of thinking about women's sexual response. Rather than the "straight-line" theory that desire leads to arousal leads to plateau leads to orgasm, Dr. Basson's theory suggests that sexual desire and response can go in several directions.

For instance, women do not necessarily engage in sex because they feel desire; they may have many reasons, including a wish for intimacy or a desire to show their partner love. In some cases, they they may not even feel desire and arousal until lovemaking begins. This is perfectly normal. It is also normal for women to feel incredibly turned on and initiate lovemaking, although such reactions are more typical at the beginning of a relationship.

### Quality Versus Quantity

If you assume your girlfriend is having great sex because she's having intercourse multiple times a week, you just might have it wrong. What's "normal" when it comes to the quantity of sex for one person may not be considered "normal" for another. The quality of sex is just as (if not more!) important.

Many women think they're not "normal" if they are having less sex than they think they should be having. The reality, however, is that there is no magic number—frequency of sex is highly variable. One review of 86 studies involving women from their 20s through their 40s found they had sex between one and 11 times a month—regardless of age!

---

## The Hormones of Desire

Three hormones play a major role in whether you want and enjoy sex:

- 1 Estrogen** keeps vaginal tissue healthy and contributes to lubrication. It also helps maintain blood flow to the genitals to keep the sexual response healthy. That's why the postmenopausal drop in estrogen that often results in vaginal dryness can be associated with pain during sex.
- 2 Progesterone** prepares the uterine tissue for implantation of a fertilized egg and, if pregnancy occurs, helps facilitate it. Research suggests that during the second part of your menstrual cycle, when progesterone levels are high and estrogen levels are low, you may experience physically and psychologically unpleasant feelings, and sexual desire may also be lower.
- 3 Testosterone** belongs to a class of hormones called androgens that are actually transformed into estrogens in women. Androgens affect sexual desire and also affect a whole host of other physical and psychological components. While the exact role of androgens in female sexual function is poorly understood, recent research suggests that low androgen levels contribute to issues with sexual desire and arousal in some women; however, other studies argue that androgens relax the genital area, leading to increased sexual arousal.



## When Things Don't Feel Right

As many as one in three women between the ages of 18 and 59 have reported experiencing low desire.

Remember our definition of desire:

*Wanting sex. Thinking about sex.*

Women can have a physical reaction to sexual stimulation and *still not feel any excitement.*

Low sexual desire is the most commonly reported female sexual complaint. Approximately one in 10 women reported low sexual desire with associated distress, which may be Hypoactive Sexual Desire Disorder (HSDD). HSDD is a persistent or recurrent decrease or lack of sexual excitement that causes distress for the woman, may put a strain on relationships with partners, and is not due to the effects of a substance, including medications, or another medical condition.

The following list describes the major types of sexual dysfunction for women. Some of these definitions are likely to change as research teaches us more about women's sexuality.

### **Hypoactive Sexual Desire Disorder (HSDD):** This is a

form of female sexual dysfunction

characterized by a persistent or recurrent lack (or absence) of sexual thoughts and desire for sexual activity causing marked distress or interpersonal difficulty. The dysfunction is not due to another disorder (except another sexual dysfunction), direct physiological effects of a substance (including medications) or a general medical or psychiatric condition. You may find you don't even fantasize about sex.

### **Female Sexual Aversion Disorder:**

Sexual health experts define this condition as the aversion to and active avoidance of genital sexual contact with a sexual partner that causes marked distress. This condition describes a woman who goes out of her way to avoid nearly all genital contact with her partner or who is otherwise upset by any contact that occurs.

**Sexual Arousal Disorder:** This is clinically defined as the persistent or recurrent inability to attain, or



to maintain until completion of the sexual activity, an adequate lubrication-swelling response of sexual excitement. In other words, you desire your lover, you fantasize about him or her, you *want* to make love, but you don't experience some or all of the physical changes common to arousal. This condition is often related to anxiety about pain with sex.

**Sexual Pain Disorders:** Sex is not supposed to hurt—not before, during or after sexual intercourse. So if you feel pain with sex—called dyspareunia—then something is wrong. Dyspareunia is genital pain that is associated with sexual



## What's Age Got to Do With It?

**Sexual dysfunction can affect women at any age or stage of life.**

Interestingly, women between the ages of 18 and 29 report just as many, if not more, issues with diminished desire and orgasm as women aged 50 to 59.

**And that rumor about women approaching menopause being less interested in or satisfied with sex is not always the case.** A large, multiethnic study of peri- and postmenopausal women found that even if the women had sexual issues, there was no statistically significant relationship between these issues and menopause or age. Instead, the greatest determinant of sexual satisfaction was their happiness in their relationship and their sense that sex was important within the relationship. The only menopause-related issue interfering with their libido and sexual and emotional satisfaction was vaginal dryness. As one researcher put it: "Menopause does not automatically translate into 'sexopause.'"

**Still, if pain from vaginal dryness, night sweats and the related fatigue are coming between you and your sex life, then see your health care professional.** There *are* treatment options, including supplemental estrogen and lubricants that can provide relief, depending on your symptoms. But don't blame your sexual problems entirely on your age. You might be surprised to learn that for some women sex at older ages is better than ever!

intercourse. The pain could come from deep inside or from the outside of your genitals. It could occur when you have intercourse or when your lover tries to stroke your genitals. Dyspareunia is more common than you might think: one study suggests that as low as seven percent and as high as 60 percent of women experience pain with intercourse. Dyspareunia can lead to symptoms such as lack of interest in sexual activity, avoidance of physical intimacy and altered lubrication that are common in desire, aversion and arousal disorders. Another condition, vaginismus, is a persistent or recurrent involuntary contraction of the muscles surrounding the vagina when penetration is attempted; contraction may range from mild to severe, preventing penetration. In women's terms, it's a spasm or spasms in the vaginal wall and also can make sex painful.

**Orgasmic Disorder:** This disorder is the persistent or recurrent delay in, or absence of, orgasm following a normal



sexual excitement phase. Women exhibit wide variability in the type or intensity of stimulation that triggers orgasm. This applies to women who have never experienced any type of orgasm and to women who previously had orgasms but now no longer have them because of changes in their health, their medications, life circumstances or relationships.

In all cases, a proper diagnosis and a knowledgeable and caring health care professional can go a long way toward improving your sexual health.

## Sex and Your Life

What else can affect a woman's sex life? Plenty of things. Every day "ups and downs" may push and pull on your desire and interest in sex. And, of course, those big reproductive milestones like pregnancy, labor and delivery may overshadow sex for months at a time for some women and their partners.

### **Sex after Baby**

After having a baby, sex may not be your highest priority. After all, you are just beginning to recuperate from giving birth!

You may feel exhausted and overwhelmed or so incredibly in love with your new child that you may not realize your partner is interested in being alone and intimate with you.

Within about 10 weeks, most women start feeling interested in having sex again, though for others it may take longer. To get ready for that time, start by carving out a few minutes a day to connect with your partner on an adult level verbally or with nonsexual touching. To begin to look and feel like yourself again, try getting in at least 15 minutes a day of exercise, gradually building up to 30 or 45 minutes as

your strength allows. Above all, be patient with yourself as you adjust, in both mind and body, to your new life with baby. Eventually, you'll be on top of your new routine.

## Relationship Issues

Relationship issues are a leading reason for sexual problems. If anger, frustration or boredom are getting in the way of your loving feelings, start with an honest talk (see more on communication on page 18). If that doesn't work, consider therapy—ideally for the both of you.

Avoiding sex can often be a sign of a deeper issue—one that may be connected to your relationship or a physical condition or both.

## Medications

What does your antidepressant have to do with your desire for sex? How about your blood pressure medication or that drug you take to lower your cholesterol?

Well, they *could* be the reason for your lack of interest in making love. It turns out that numerous



## He Wants Sex More than I Do ... What's Wrong?

**Most likely nothing. It's not unusual in a relationship for one partner to be more interested in sex than the other. This is where compromise comes in. For example, if he wants to make love four times a week and you prefer once a month, maybe the two of you can compromise at once a week. Don't be afraid to talk out sexual issues and try to meet each other halfway...it might just work.**

## Skip That Drink

**Although alcohol reduces inhibition and might initially make you more relaxed and interested in having sex, getting drunk typically reduces libido, affects arousal and can prevent orgasm.**

medications can affect your sexual desire and your ability to have an orgasm. Medications for depression, particularly selective serotonin reuptake inhibitor (SSRI) antidepressants, are known to have sexual side effects. Problems include reduced desire, less arousal and sensation, and difficulty reaching orgasm.

Other medications that may affect sexual desire include drugs to: prevent seizures; lower high blood pressure; treat anxiety disorders; lower cholesterol; and treat bipolar disorder.

If you are taking any of the medication types discussed here (or others within the medication class) and you're having sexual problems or a substance abuse problem, talk with your health care professional about your symptoms.

Illegal drugs also have sexual side effects. While many people think drugs such as cocaine, marijuana, heroin and other similar drugs enhance sexuality, the reality is that they have a dampening effect.

## Medical Conditions

Numerous medical conditions—such as diabetes and cancer—can affect your sex life. Reasons vary, but include pain, fear and exhaustion from treatments and the disease, as well as relationship changes related to the disease. Changes in your body and body image as a result of illness and its treatment can also impact your sexual desire.

Your illness also might affect your

partner's desire, especially if he or she becomes your caregiver. This can shift the entire dynamic of your relationship, leaving both of you searching for new ways to relate emotionally and physically.

But don't let your illness rule your sex life. Work with your partner, health care professionals and even a therapist to find ways to maintain intimacy in spite of your illness. And make sure you discuss your sexual concerns with your health care team even if no one brings up the topic first.

## **Stress and Sex**

We all experience stress—whether it's because of our jobs, kids, income or relationships. While stress can be motivating, it can also pack a punch where your sex life is concerned.

Stress can come from internal factors (lack of communication with your partner, grief over the loss of a family member) and external factors (pressures at work, financial losses, car



## **Check Those Thyroid Levels**

If your sexual desire has plummeted lately, then talk to your health care provider.

Hypothyroidism, or low levels of thyroid hormones, can lead to low desire.

Hypothyroidism is easily treated with synthetic thyroid hormone.

## Talking to Your Health Care Professional

**We know it's not easy to discuss sex with your physician, gynecologist or even nurse practitioner.**

You may be worried about embarrassing your doctor or think your concerns won't be taken seriously.

**You're not alone.** One survey found less than one in five women with a sexual problem even *saw* a health care provider for their problem. Why? They didn't think it was important enough!

**But if you're reading this booklet, then it IS important enough to you.** So be assertive if you have a sexual health concern. Make an appointment with your health care professional to talk specifically about your sexual health problem.

**While it is true that your health care professional may be reluctant to talk about sex**—out of embarrassment or fear that they lack the right training or have the right medicines to help—if you're experiencing a problem, then your health is worth talking about.

problems, conflicts with your teenager) and both can affect many aspects of your life.

However, when researchers compared the effects of different types of stress to sexual satisfaction in couples, they found that *internal stress* had the greatest impact. The greater the internal stress, the worse a woman's sexual satisfaction may be.

So, when evaluating any problems with sexual desire, first ask yourself how internal stressors may be affecting your sexual relationship.



## What about Birth Control Pills?

The question of whether oral contraceptives affect desire and arousal has perplexed researchers, women and their health care professionals for decades and remains controversial. While some studies link birth control pills to lowered testosterone levels in women, one large review of studies published on the topic over the past 30 years found that while some groups of women have reported sexual side effects from oral contraceptives, there is not enough evidence to say for sure that the birth control pills were at fault. However, if you suspect changes in sexual desire related to birth control, then you can talk to your health care provider about changing birth control brands or method.

## Communication Is Key

Whether your sexual problem is related to unhappiness with your partner, medication that you're taking, stress, an underlying illness, or low sexual desire or other sexual health issue, the first step toward resolving it is by communicating:

- With yourself about your wants and needs;
- With your partner about each of your wants and needs;
- With your health care professional about any sexual health issues that concern you.

Bottom line: If you can talk honestly about sex, then you are more likely to have a healthy sexual life. You may also have a healthier relationship. Studies find that the greatest component to a happy relationship is the ability of partners to communicate well with one another.

Conversely, a relationship without a healthy sexual component is a relationship that may lead to one without intimacy and good feelings. In fact, many couples rate a good sexual relationship as one of the most important things in a good union.



## Conclusion

- Sexual problems occur in women of all ages.
- Sexual problems have numerous underlying causes, including medical, emotional and physiological causes.
- Sexual problems can be resolved, whether by improving your relationship, seeking out therapy, addressing an underlying medical condition, reviewing medications or receiving some form of medical treatment.
- The place to start is with your health care professional—if you experience a problem with sexual desire or other sexual health-related issue, then talk about your concerns and ask what the next best steps are for you.

## Bottom Line

Every woman—especially you—deserves to have a healthy, happy, satisfying sex life.



## Questions to Ask Your Health Care Professional

Consider taking these questions with you to your appointment to help get a conversation started about sexual health:

1. I can't remember the last time I wanted to have sex with my partner.  
Is this normal?
2. Aren't I too young not to want to have sex?
3. Whenever I've had sex, it's been painful. Why?  
Do other women have this problem?
4. Sometimes sex makes me bleed. Is this normal?
5. Are there medications that can help make my sex life better?
6. What is sex therapy all about? Can I go by myself or do I need to take my partner with me?
7. Sex was a taboo topic in my family growing up. I'm just not comfortable with sex, but I'd like to be. What can I do to change?
8. Could the medications I take affect my sex life?  
Will you review my medication list with me?
9. What can I do to help my body repair itself after childbirth so I'll want to have sex again?
10. Now that I am close to menopause I find I have no desire to have sex.  
Is this normal for women my age?

## Who's Who for Sexual Health

If you think you have a sexual health problem, then it's important to get correctly diagnosed. That means seeing a health care professional with experience treating one or more sexual health issues. These health care professionals include:

- **Family physician:** Treats a variety of medical problems in patients of all ages, and if necessary, can refer you to a specialist depending on your condition.
- **Marital counselor:** Dependent on the licensing state, social workers or psychologists trained to work with couples on a variety of relationship issues. You can find one who is certified in marriage and family therapy at the American Association for Marriage and Family Therapy at <http://www.aamft.org>.
- **Nurse practitioner in reproductive health:** Dependent on the licensing state, a nurse with advanced training and practice in a wide variety of specialties, including obstetrics and gynecology and women's reproductive health and sexuality.
- **Obstetrician/gynecologist (OB/GYN):** Focuses on female reproductive health, including pregnancy, childbirth and the recuperative period following delivery. You might find your OB/GYN appointment a convenient place to ask about your sexual health concerns.
- **Sex therapist:** Mental health providers who deal with issues around arousal, performance or sexual satisfaction.
- **Psychiatrist:** A medical doctor who can prescribe medications and is

trained to provide psychotherapy and medical support for a variety of mental health conditions. You might see a psychiatrist, for instance, if you suspect your antidepressants are affecting your sexual health.

- **Psychologist:** Has advanced degree and training in psychology; involves many specialties, including sexual medicine.
- **Urologist:** Doctor who treats disorders of the urinary system and can help diagnose and treat certain conditions that may affect your sexual health.
- **Urogynecologist:** A specialist who treats disorders of the reproductive system and the urinary tract.

There also are a number of professional and consumer-health related organizations that can provide you with additional information about your sexual health. Ask your health care provider for guidance and check out resources on this page.

## Resources

- **American Association for Marriage and Family Therapy**  
[www.aamft.org](http://www.aamft.org)
- **American Association of Sexuality Educators Counselors & Therapists**  
[www.aasect.org](http://www.aasect.org)
- **American Society for Reproductive Medicine**  
[www.asrm.org](http://www.asrm.org)
- **Association of Reproductive Health Professionals**  
[www.arhp.org](http://www.arhp.org)
- **HealthyWomen**  
[www.HealthyWomen.org](http://www.HealthyWomen.org)
- **National Library of Medicine, National Institutes of Health**  
[www.nlm.nih.gov/medlineplus/sexualhealth.html](http://www.nlm.nih.gov/medlineplus/sexualhealth.html)

To help women learn more about female sexual health and encourage them to talk about related issues, HealthyWomen (HW) and the Association of Reproductive Health Professionals (ARHP) have joined forces to develop the Sex and a Healthier You campaign. The campaign covers a wide range of sexual-health related issues for women ages 20 to 50 and strives to raise awareness about the importance of sexual health among both consumers and health care professionals. For more information about this campaign and sexual health, visit [www.SexandaHealthierYou.org](http://www.SexandaHealthierYou.org).

healthy  
women  
informed. empowered.

