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Exploring Postmenopausal Sexuality

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Abstract **Case Report**

Objective: To assess the sexual health of postmenopausal women in Tunisia and to explore factors influencing sexual function, as well as the challenges encountered in this population. ***Methods:*** A descriptive cross-sectional study was conducted among 100 sexually active postmenopausal women recruited from outpatient gynecology clinics in Monastir and Sousse, Tunisia. Participants completed a self-administered French questionnaire including demographic data, menopausal symptoms, sexuality, and knowledge of hormone replacement therapy. Data were analyzed using SPSS version 22. ***Results:*** The mean age was 53.6 ± 5.7 years. Ninety-three percent of participants continued to engage in sexual activity, but 76% reported sexual dysfunction. Common concerns included decreased libido (42%), vaginal dryness with dyspareunia (78%), orgasmic difficulties (35%), and diminished satisfaction. Menopausal symptoms adversely impacted quality of life. Although 69% perceived sexuality as a taboo subject, 74% expressed interest in counseling and sex education. ***Conclusion:*** Menopause significantly affects sexual health through biological, psychological, and sociocultural mechanisms. In Tunisia, sociocultural taboos further hinder open dialogue. Tailored healthcare strategies including counseling, hormone therapy, and education are urgently needed to improve postmenopausal women's well-being.

Keywords: Sexual health, menopause, postmenopausal women, dyspareunia, quality of life.

INTRODUCTION

Sexual health is defined by the World Health Organization as a state of physical, emotional, mental, and social well-being related to sexuality, encompassing positive and respectful relationships and the possibility of pleasurable and safe sexual experiences free from coercion or violence [1]. Although often overlooked in older women, sexuality remains a central aspect of quality of life during midlife and beyond.

Menopause represents a biological transition marked by estrogen depletion and a decline in ovarian function, leading to vasomotor, psychological, and urogenital symptoms that can negatively affect sexual health. Reduced libido, vaginal dryness, dyspareunia, and orgasmic difficulties are frequently reported [2–4]. Other contributing factors include comorbidities such as diabetes and hypertension, psychological conditions such as depression, and sociocultural barriers including lack of education or a history of abuse [5,6].

Declining estrogen levels alter the anatomical and physiological integrity of genital tissues, contributing to genitourinary syndrome of menopause (GSM), characterized by vulvovaginal atrophy, pain, and decreased arousal [7,8]. Similarly, the reduction of androgens may contribute to loss of desire, mood swings, fatigue, and cognitive impairment. Surgical menopause, especially in younger women, is associated with more severe dysfunction and greater need for therapeutic intervention [9,10].

This study aimed to evaluate the sexual health of postmenopausal women in Tunisia, identify the factors influencing sexual function, and highlight the barriers faced in seeking appropriate support.

MATERIALS AND METHODS

Study design and population

A descriptive cross-sectional study was conducted among 100 sexually active postmenopausal women attending outpatient gynecology clinics in Monastir and Sousse, Tunisia.

Inclusion criteria

- Women in natural (non-surgical) menopause
- Sexually active

Exclusion criteria

- Premenopausal women
- Postmenopausal women not sexually active
- Women with major physical disability (e.g., spinal cord injury, paralysis)
- Women with psychiatric conditions or using antidepressants
- Partners with sexual dysfunction
- Women unwilling to participate

Data collection

Participants were asked to complete a self-administered and anonymous questionnaire in French. The instrument was developed based on three validated tools: the Menopause-Specific Quality of Life Questionnaire (MENQOL), the Female Sexual Function Index (FSFI), and the Menopause Knowledge Questionnaire. The final version consisted of 51 items divided into four sections:

1. Demographic and clinical characteristics (9 items)
2. Menopausal symptoms (11 items)
3. Sexuality after menopause (22 items)
4. Knowledge of hormone replacement therapy (9 items)

Ethical considerations

The study respected ethical principles, including voluntary participation, anonymity, and informed consent.

Statistical analysis

Data were analyzed using SPSS version 22. Descriptive statistics summarized participants' characteristics and responses. Graphs were generated using Microsoft Excel 2007.

RESULTS

Demographics

The mean age of participants was 53.6 ± 5.7 years. Sociodemographic and health-related details are presented in **Table 1**.

Table 1: Sociodemographic data of participants (n= 100)

Female data	**No.**
Marital status	
Married/with a partner	**100**
Single	**0**
Divorced	**0**
Widowed	**0**
Place of living	
Urban	**50**
Rural	**50**
Educational level	
Analphabet	**12**
Elementary school	**23**
High school	**32**
University	**33**
Economical situation	
Very good	**35**
Good	**51**
Bad	**14**
Parity	
Nulliparous	**2**
Pauciparous	**59**
Multipare	**39**
Menopause type	
Natural	**100**
Chirurgical	**0**
HT use	
Yes	**5**
No	**95**

Menopausal symptoms

Symptom severity, as evaluated by the Menopause Rating Scale (MRS), showed that 31% reported moderate psychological symptoms, 34% reported mild somatic symptoms, and 59% had no urogenital complaints (**Table 2**).

Table 2: The severity of menopausal symptoms (MRS scale), (n = 294)

Menopausal symptoms in MRS domains	None %	Mild%	Moderate%	Severe%
Psychological	**21.67**	**27.66**	**31**	**19.66**
Somatic	**18.75**	**34**	**30.25**	**17**
Urogenital	**56**	**26**	**11**	**7**
Total	**32.14**	**29.22**	**24.08**	**14.55**

Sexuality after menopause

- **Sexual activity:** 93% remained sexually active, though 76% reported at least one sexual problem.
- **Frequency & duration:** Average frequency was 3.7 ± 3 times/month (range 1–15), with mean duration of intercourse 16.2 ± 9.3 minutes.
- **Sexual practices:** 29% reported changes, including reduced frequency and dyspareunia.
- **Satisfaction:** 66% were satisfied with sexual frequency and quality, and 87% linked satisfaction to overall well-being.
- **Sexual initiative:** In 84% of cases, the woman initiated intercourse.
- **Dysfunctions:** Dyspareunia was reported by 78%, always associated with vaginal dryness. Decreased libido affected 42%, and 35% reported anorgasmia.
- **Relational impact:** Sexual dysfunction negatively influenced relationships in 90.5%, and 42% reported changes in their partner's behavior.
- **Sociocultural aspects:** Although 69% considered sexuality a taboo, 74% expressed willingness to receive sex education or counseling.

DISCUSSION

Our findings confirm that menopause significantly affects sexual health, consistent with existing literature [3,6,11]. The most frequent concerns included dyspareunia, vaginal dryness, loss of libido, and orgasmic difficulties. These results align with studies reporting that estrogen deficiency contributes to GSM, which negatively influences intimacy and frequency of intercourse [7,9,12].

Addressing urogenital symptoms is essential to prevent long-term complications such as vulvovaginal atrophy. Hormone replacement therapy (HRT), particularly local estrogen therapy, has been shown to alleviate vaginal dryness, improve arousal, and enhance sexual satisfaction [13–15].

The psychosocial dimension also plays a pivotal role. Communication between partners, emotional intimacy, and mutual support have been identified as protective factors for maintaining sexual well-being [14,15]). In our study, cultural barriers were prominent: most women perceived sexuality as a taboo, limiting dialogue with healthcare providers. However, the high percentage expressing willingness to seek counseling demonstrates an unmet need for interventions in this area.

The main limitation of our study is its relatively small sample size and single regional setting, which may limit external validity. Future larger multicenter studies are needed to better assess the determinants of sexual dysfunction in Tunisian women.

CONCLUSION

Menopause, though a natural transition, poses significant challenges to sexual health. Biological factors such as hormonal decline, psychological influences, and sociocultural constraints interact to reduce libido, cause dyspareunia, and diminish sexual satisfaction. In Tunisia, cultural taboos remain a major barrier to open discussion and healthcare-seeking behavior. Implementing structured counseling programs, increasing awareness, and providing medical support such as HRT are critical to improving the quality of life of postmenopausal women.

"The authors declare that they have no conflicts of interest to disclose."

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