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Psychological Indicators of Sexual Quality of Life in Vaginismus-afflicted Women: A Cross-Sectional Study

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ABSTRACT

Background: Vaginismus, among the most prevalent sexual problems in women, is the uncontrolled contractions of the muscles surrounding the vaginal area. It frequently causes psychiatric problems, which lowers one's sexual quality of life (SQOL).

Objective: The objective of this research was to identify SQOL indicators in vaginismus-affected women.

Methods: Convenient sampling was utilised in this cross-sectional research to identify 250 vaginismus cases amongst female visitors to sexual health clinics of Al-Azhar University hospital from February 2021 to February 2023. The Sexually Quality of Life-Female (SQOL-F) tool, and the Rosenberg Self-Esteem Scaling were used to gather the responses. Vaginismus, anxiety, and depression were determined by clinical interviews. The General Linear Modelingl (GLM) was used to examine the data.

Results: The subjects' mean ± SD SQOL scoring was 55.7 ± 19.1. Self-esteem and SQOL of the individuals showed a significant directly association ($r = 0.63$; $p < 0.001$). According to the GLM findings, the factors self-esteem and disorders duration indicated SQOL and accounted for 41.2% of the variation in SQOL among the subjects.

Conclusions: According to the findings, psychological traits like self-esteem, depression and anxiety are indicators of SQOL in vaginismus-affected females.

Keywords: Vaginismus; SQOL; Self-Esteem.

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INTRODUCTION

Vaginismus is a sexual disease which may have a negative impact on marriages and general quality of life. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) designated it as a genito-pelvic pain/penetration illness [1]. It is challenging to differentiate between vaginismus and many other sexually illnesses including vulvodynia and dyspareunia due to their significant overlapping [2]. Among 7% and 15% of women experience vulvodynia, a frequently overlooked illness that is usually mistaken for vaginismus and characterized by chronic pain of unclear origin [3]. Thus, it is more likely to not be adequately identified usually. A woman is identified with vaginismus depending on her history of uncontrollable, ongoing, or repeated pelvic floor muscles spasms while inserting any external item, such as a fingernail, tampons, penises, or undergoing a gynecological checkup [4]. Obviously, the severity of this ailment can vary depending on the circumstance, and some females might notice it more during penile penetration but not during gynecological examinations or tampon insertion [5].

This condition comes in two flavors: original vaginismus and secondary vaginismus. Whereas a lady with secondary vaginismus has previously successfully penetrated, a woman with the primary form has no record of penetrating [6]. Vaginismus is prevalent at a frequency of 15.5% in the UK and up to 17% in Saudi Arabia. A recent study found that 20% of people in Delta, Egypt, have vaginismus, making it a widespread sexual disorder [7].

The DSM-5 defines sexual dysfunction as any abnormality in the stages of the cycle of sexual responses (including desire, arousal, orgasm, and resolution) brought on by psychosocial, physical, and/or other medical disorders [8]. This could negatively impact people's quality of life as well as their interpersonal connections and create excruciating suffering [9]. Spasms in vaginismus are typically brought on by psychological issues like despair, anxiety, and body image concerns. Yet, sexual abnormalities may lead to lower self-esteem, despair, anxiety, and divorce [10].

Self-esteem is a psychological idea that develops over the course of personal growth. The capacity to appropriately evaluate oneself is the foundation of healthy self-esteem, which is linked to one's personal attributes, skills, shortcomings, and other psychological traits [11]. External judgements express self-esteem, and building it needs long-term, specific planning [12].

Anxiety is a state of worry and discomfort that could make a person feel insecure, inadequate, and worn out to the point where they lose control of themselves. In the body, anxiety has several negative repercussions [13]. Among the most significant mood disorders, depression is characterized by depressive state, lack of enthusiasm, guilty and worthlessness, disturbed sleeping and eating habits, decreased energy, and difficulty concentrating, as described by the World Health Organization (WHO) [14]. Sexual dissatisfaction could also lower one's sexual quality of life and has catastrophic effects including depression and lower self-esteem (SQOL) [15]. SQOL is crucial to the subject of sexual health and reproduction and is a significant aspect of daily living. The WHO defines sexual health as the body-mind-social-intellectual compatibility and balance that fosters personalities, relations, and marital passion [16].

Primary vaginismus disease might result from any form of stress, emotional disorders, or sexual ignorance; hence, any change in the aforementioned causes may promote sexual functioning and SQOL [17]. Furthermore, few research were found to indicate SQOL determinants in vaginismus-affected females. This is primarily due to cultural taboos surrounding sexuality issues; consequently, given the crucial role that sexual life satisfaction plays in enhancing marital relationships and family stability, as well as the paucity of research in this area, it is essential to show how psychological characteristics negatively impact the sexual quality of life between women with this issue [18]. The objective of this research was to identify the psychological variables that influence SQOL in women with vaginismus.

PATIENTS AND METHODS

Study design and participants: The researchers of this cross-sectional research included 250 women with vaginismus who were registered in sexual health canters at Al-Azhar University hospital from February 2021 to February 2023.

Inclusion criteria: The included subjects were literate, married women between the ages of 18 and 49 who resided with a male husband or partner and had vaginismus for at a minimum six months and without a record of physical disease, either chronic or acute, no record of receiving psychiatric therapy, no recent utilisation hormonal contraceptives or antidepressants that might impair sexual performance.

Exclusion criteria: Women who declined to take part in the research or who didn't fill out the surveys were not included.

Test of reliability: Upon carrying out a pilot investigation on 20 women with vaginismus, the test-retest approach was used to assess the reliability of the questions. Internal consistency (Cronbach's alpha coefficient) and reproducibility (ICC = Intraclass Correlation Coefficient) were also assessed for all surveys. For SQOL-F and RSES, the ICC (confidence interval) and Cronbach's

alpha coefficient were, correspondingly, 0.90 (0.84-0.98) and 0.86, 0.87 (0.85-0.91) and 0.85.

Study sample: Convenience sampling was used to choose the respondents from sexual health clinics in Al-Azhar University hospital. The surveys were filled out by all vaginismus-affected females who fit the eligibility requirements and agreed to take part in the research. These institutions employed a staff of gynaecologists, psychologists, and urologists who were all trained as sex therapists and had medical training a variety of sexual issues.

After the referrals of females with sexually dysfunction (Because of pain, fear, anxiety, and constriction of the pelvic floor muscles when trying to vaginally penetrate while sexual activity) patients are initially checked by skilled gynaecologists who have received sex-therapy training before being admitted to the Sex Clinics. Vaginismus was formally diagnosed through a pelvic assessment, which included evaluating the vulva's outward appearance and vulvar sensation (QT testing: using a cotton swabs). Moreover, the inspection of scratches, erosion, wounds, erythema, edema, and atypical vaginal discharging were part of the external genital assessment. An external inspection revealed any instances of itching, odour, or pain. Also, throughout the assessment, incidents that were self-reported were taken into consideration, such as atypical vaginal discharges colours, burning while urination, or vaginal haemorrhage and spotting. To assure they had no disorders or infections of the urinary system, ladies were occasionally also recommended to urologists. Women were then directed to psychiatrists in the lack of any medical or structural issues, illness, or current vaginal infections. Phycologists validated diagnoses by utilising DSM5 indications and reviewing the sexual histories of women.

It could be helpful to mention that all ladies underwent external gynaecological examinations. Due to the existence of an involuntarily contracts of some or all of the muscles that make up the pelvic floor, respondents showed it very difficult to do internal pelvic assessments. They were all taking medication because none of them had had vaginal sex.

Tools: The Sexual Quality of Life-Females (SQOL-F) Survey, and the Rosenberg Self-Esteem Scaling (RSES) were used to gather the data. Vaginismus, anxiety, and depression were determined by clinical interviews.

Testing of socio-demographic characteristics: The researchers-made survey asked respondents' ages, educational backgrounds, and professions as well as those of their spouses, how many children they had, how long their problem had lasted, and their housing situation.

Sexual Quality of Life-Female (SQOL-F): The respondents' sexual quality of life was evaluated using the SQOL-F Questionnaire's Persian translation. The 18-item SQOL-F survey is graded using a six-points Likert scale (Overall score range: 18–108). Higher levels suggest a better level of sexual life quality. Inversely scores are assigned to elements 1, 5, 9, and 13. Maasoumi *et al*. validated the validity and reliability. Reliability evaluation had high internal consistency and good test–retest reliability. The intraclass correlation coefficient (ICC) was 0.88, and the Cronbach's alpha coefficient was 0.73 [19].

Rosenberg Self-Esteem Scale (RSES): Self-esteem and self-worth are measured on this 10-items scale. Likert scale responses vary from "strongly agree" to "strongly disagree" on a scale of four (Overall scoring range: 0–30). The scoring for elements 1, 3, 4, 7, and 10 is reversed. Shapurian *et al*. verified the validity and reliability of the Persian version of this survey. The scale's alpha reliability coefficients were calculated [20].

Sample size: The total sample size was determined as 250 by considering extreme precision (d) = 0.04; average SQOL scoring = 83.4; SD = 17.0; and a = 0.05.

Ethical consideration: The faculty of medicine, Al-Azhar University has approved the current research. Every participant signed in a written consent to participate in this survey. The study followed the guidelines of Heliniski declaration.

Statistical analysis: SPSS 26 was used to analyse the data. The parameters' normality was evaluated using skewness and kurtosis. The questionnaire items were described using descriptive statistics, such as frequencies (%), means and standard deviation (SDs). In addition, the correlations between sociodemographic factors and SQOL were examined using the Pearson correlation coefficient analysis, one-way ANOVA, and independent t-test. The sociodemographic factors that were significantly correlated with SQOL as well as the factors for self-esteem were added to a General Linear Model (GLM) (p-values < 0.05) to identify SQOL determinants.

RESULTS

Association between socio-demographic traits and sexual quality of life in vaginismus-affected women

The respondents' and their wives' mean ± SD ages were 30.4 ± 4.4 and 26.8 ± 4.6, respectively. Both the respondents' spouses (74.4% of them) and the majority (80.4%) held bachelor's degrees.

87.2% of the people who participated were childless. Apart from one respondent who had a 10-years-old kid,

none of the individuals had vaginal contact though some of them having been successful in conceiving through infertility therapy. Nearly all the women had primary vaginismus, for which they were getting therapy. Once a woman learned of her husband's adultery, she developed secondary vaginismus. 69.6 of the female participants have read about vaginismus online. Housewives made up about 72.8% of the respondents. Table 1 shows that 29.6% of the women had been having vaginismus for two to five years (Table 1).

Self-esteem, and their correlations with sexual quality of life

The mean±SD of overall SQOL score of the respondents was 55.7±19.1 The means± SDs overall self-esteem rating was 16.3 ± 4.4 (Table 2). The individuals' self-esteem and SQOL significantly correlated with one another, according to the results of a Pearson correlation test 0.63 (p<0.001) (Table 2).

A comparison between self-esteem with sexual quality of life using a general linear model.

According to the outcomes of the multivariate regression test, SQOL was significantly correlated with the factors of educational attainment (p = 0.018), spouse's educational attainment (p< 0.001), and length of disease (p = 0.004) (Table 1). According to the outcomes of the adjusted GLM, there are significant (p< 0.05) links between SQOL and the factors of self-esteem, and disease duration. According to the GLM findings, the factors self-esteem and disorders duration indicated SQOL and accounted for 41.2% of the variation in SQOL among the subjects (Table 3).

Table (1): Association between socio-demographic traits and sexual quality of life in vaginismus-affected women (n = 250).

	Variable	N (%)	Mean ± SD	p-value
	Age (Year)	250 (100%)	26.8 ± 4.6	0.324
Education	Masters and PhD	20 (8%)	59.6 ± 20.8	0.018‡
	Bachelor	201 (80.4%)	56.1±19.0)	
	Secondary	15 (6%)	39.7 ± 9.8	
	Primary	14 (5.6%)	61.4 ± 20.5	
Job	• Employed	68 (27.2%)	59.0 ± 18.1	0.077
	• Housewife	182 (72.8%)	54.0 ± 19.4	
Duration of disorder	>10 years	17 (6.8%)	72.1 ± 27.5	0.004‡
	5–10 years	37 (14.8%)	46.0 ±14.95	
	2–5 years	74 (29.6%)	56.2 ±18.5	
	1–2 years	63 (25.2%)	57.4 ± 20.2	
	<1 years	59 (23.6%)	56.9 ± 17.4	
House status	• Private	100 (40%)	57.9 ± 19.9	† 0.407
	• Retired	150 (60%)	56.2 (20.3)	
Husband age (Year)			30.4 ± 4.4	0.087
Husband's education	Master and PhD	20 (8%)	50.0 ± 16.7	<0.001‡
	Bachelor	186 (74.4%)	59.9 ± 19.0	
	Diploma	18 (7.2%)	51.8 ± 19.3	
	Under diploma	36 (14.4%)	40.8 ± 12.7	
Information source	• Internet	174 (69.6%)	20.2 (1.7)	0.072‡
	• Books	15 (6%)	18.5 (5.6)	
	• Friends	19 (7.6%)	60.5 (19.6)	
	• Friends, books	22 (8.8%)		
	• Friends, books, internet	20 (8%)	21.7 (5.0)	
Having child	No	218 (87.2%)	55.1 ±18.7)	† 0.106
	Yes	32 (12.8%)	60.2 ± 21.6)	

‡ One-Way ANOVA, † Independent t-test. Pearson correlation test.

Table (2): Self-esteem, and their correlations with sexual quality of life (n = 250).

Variable	Mean ± SD	obtained score range	Obtainable score range	Relationship with sexual quality of lifer (p)
Self-esteem	16.3 ± 4.4	1–30	0–30	0.63 (<0.001)
Sexual quality of life	55.7 ± 19.1	17–107	18–108	-

SD: Standard deviation.

Table (3): A comparison between self-esteem with sexual quality of life using a general linear model (n = 250).

	Variable	B (95% confidence interval)	p-value
	Self-esteem	1.03 (0.44 to 1.42)	<0.001
Education **(Reference: Master and PhD)**	• Bachelor	-4.00 (-13.80 to 4.80)	0.210
	• Secondary	-6.43 (-21.50 to 6.42)	0.214
	• Primary	8.49 (-5.87 to 21.87)	0.138
Husband's education **(Reference: Master and PhD)**	Bachelor	9.38 (-0.52 to 19.51)	0.065
	Secondary	5.70 (-8.10 to 18.71)	0.304
	Primary	-2.07 (-13.57 to 10.41)	0.634
Duration of disorder (Month) **(Reference:>10)**	• 5–10 years	-16.18 (-27.89 to -4.56)	0.003
	• 2–5 years	-13.26 (-24.08 to -3.45)	0.008
	• 1–2 years	-10.75 (-21.45 to -1.05)	0.020
	• <1 years	-15.00 (-25.75 to -3.02)	0.006

DISCUSSION

In This study investigated how women with vaginismus' SQOL correlated with psychological variables as anxiety, depression, and self-esteem. SQOL showed substantial negative relationships with depression and anxiety as well as a direct relationship with the self-esteem component.

Moreover, SQOL was predicted by the factors of sadness, anxiety, self-esteem, and length of disease. Even though depression formed one of the article's markers, we eliminated anyone using anti-depressants or hormonal contraceptives three months prior to the trial. The probable interaction of medications with female sexual functioning was the basis for this exclusion. Moreover, females with any indication of an active genitourinary infections as well as those with endometriosis, pelvic inflammatory disorder, or vulvodynia were disqualified from participating in the current trial.

In this research, SQOL in vaginismus-affected females was indicated by depression. The individuals' sexuality, orgasms, sexual satisfaction, and quality of life all increased after the treatment, although their anxiety levels fell [21].

According to Nimbi *et al.*, genital discomfort sufferers were more likely to experience psychological issues and had decreased sexual performance and quality of life than healthy females [22]. Another study came to the same conclusion as the current findings, namely that depression is a marker of SQOL [23].

According to another study, depressed females have more issues with sexual pain than non-depressed females. Furthermore, vaginismus was associated with considerably higher depression levels in females [24].

SQOL in vaginismus-affected females was influenced by anxiety. As a result, Cooper (1969) discovered that vaginismus sufferers had greater anxiety levels [25].

Women with vaginismus had comparatively higher levels of anxiety [26]. Increased anxiety levels, according to Hudd et al., are linked to decreased confidence [27].

According to Yildirim et al., 79.86% of the patients had at least one concomitant anxiety disorder and/or depression [8].

These factors also lower the quality of life and sexually quality of life for vaginismus-affected females [28]. Self-esteem and SQOL were significantly correlated [29, 30].

The same outcomes have been provided by another comparable investigation [31]. Decreased levels of self-esteem enhance the likelihood of sexual problems, according to research by many investigations [32-34].

Self-esteem and SQOL of obese females were identified to be positively correlated in another research [35], which is consistent with the current findings.

The current research showed a substantial relationship between psychological characteristics (such as anxiety, sadness, and self-esteem) and sexual quality of life in females with vaginismus and suggested that therapeutic treatment should pay more attention to this relationship. To enhance psychological aspects linked to the SQOL of females with vaginismus, efficient counselling and treatment programmes should be set up.

Furthermore, owing to the correlational structure of the interactions; one cannot clearly conclude that bad sexual quality of life (induced by vaginismus) induces lower self-esteem and depression, or that higher sadness and lower self-esteem scores lead to poor sexual quality. A prospective trial could be able to identify this relationship's orientation more clearly.

Strengths and limitations of the study

One of the advantages of this research was that it utilized standardised tools. The abovementioned associations, though, are not precisely causal correlations because the research was cross-sectional. Additionally, most of the people who participated had advanced degrees, hence they did not accurately represent the broader population of vaginismus-afflicted females. We also want to draw attention to other limitations of this research. For example, we lacked a second control group with which to compare the findings of our research. In addition, even though we noted that some of the females in our survey experienced discomfort, we did not analyse the replies provided by females with and without pain.

This is primarily due to the article's primary objective, which was to examine the relationship between psychological characteristics and sexual quality of life in women with vaginismus problems. Nonetheless, such dispersed analysis and comparison might have improved the study's findings. Whereas we believe that skilled gynaecologists correctly and adequately diagnosed vaginismus, it is possible that other sexual illnesses, including vulvodynia, have gone unnoticed because of the overlapping complaints. We urge ongoing research and instruction to focus more on how vulvodynia as well as other sexual diseases share signs with vaginismus. By incorrectly recommending vulvodynia sufferers to psychological testing, this will assist them avoiding any additional pain.

Conclusion:

According to the findings, psychological elements like despair, anxiety, and self-worth are the primary drivers of SQOL in females with vaginismus. The findings can aid medical professionals in developing practical methods for more accurately identifying psychological issues and giving vaginismus-affected females the proper treatments to improve their sexual lives.

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