Editorial

Sexuality is an important and integral aspect of human health. It is a dynamic phenomenon. The perception, experience, attitude and expression about sexuality changes across genders, ages, cultures as well as among individuals. Sexuality as a health domain is less frequently discussed due to the taboo associated with it. Among the existing scientific literature on sexuality, much is talked about male sexuality & sexual dysfunctions, however the literature on the sexuality of the female counterpart are scarce. Female sexuality is influenced by various bio-psychosocial and cultural factors. The biological role of reproduction and child birth is only one aspect of female sexuality. Thus any sexual dysfunctions of females need to be paid equal attention considering the psycho-social aspect.

The ancient Indian medical literature provides details of female sexual dysfunctions in the form of loss of libido and dyspareunia and its treatment. Ayurveda has listed factors that can effect sexual functioning of females including effect of menopause. There was lack of standardized definitions and understanding of *Female Sexual Dysfunction* (FSD), until recently when FSD have been given place in diagnostic classifications. Diagnostic and Statistical Manual of Mental Diseases (DSM-5), classifies female sexual dysfunction into female orgasmic disorder and genito-pelvic pain or penetration disorder (including both dyspareunia & vaginismus). In the developing world, the

prevalence of FSD may range from 43 to 69% is general population. However women occasionally consult for care directly for their sexual dysfunction. Females usually present with non-specific symptoms of pelvic pain, distress about menses and genito-urinary complaints. Thus, taking a brief sexual history in a clinical setting can be very effective and might facilitate a female patient to discuss her sexual concerns. There are many methods to evaluate FSD including questionnaires, structured interviews and detailed case histories. Sexual history is also important in teenage and adolescent females as they might be suffering from painful menstruation, chronic pelvic pains, imperforate hymen or other possible anatomical defects. They also run a risk of psychological distress with concept of virginity, teenage pregnancy or any sexually transmitted disease.

Similar transition is seen during menopause when falling levels of estrogen can cause night sweats, hot flashes which can directly affect libido and their sense of sexuality & self. Thus identifying and managing FSD is of crucial importance. A detail history of medical and psychosocial factors can be very helpful in managing FSD. Some drugs are known to cause FSD and their dosages can be reduced or substituted with another non-offending drug. Sometimes pharmacological agents like estrogen, transdermal testosterone and trial of Bupropion and Sildenafil can be attempted. However non-pharmacological therapy like Yoga, Cognitive Behaviour Therapy, Couple Therapy, Pelvic floor exercises, Relaxation Therapy and Masters and Johnsons Therapy have also been very useful.

In India, sexuality is considered as a taboo and sexual matters are generally not discussed, more so ever the problem of sexuality and female sexual dysfunctions are not yet routinely assessed and addressed by health care professionals. Thus there is need to create awareness regarding FSD and sensitize health care systems for its evaluation & management.

Sincerely
Dr. Bandna Gupta
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