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FEMALE SEXUAL DYSFUNCTION: THE PREVALENCE AND ITS ASSOCIATION WITH MARITAL, CLINICAL CHARACTERISTICS, AND PSYCHOLOGICAL WELL-BEING AMONG PRIMARY CARE PRACTITIONERS IN MALAYSIA.

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ABSTRACT

Introduction: Sexual health is integral to quality of life, and female sexual dysfunction (FSD) is a significant public health concern recognized by the World Health Organization (WHO). Its prevalence is rising globally, with limited data amongst primary care practitioners (PCPs). Multifactorial issues such as high work burden in PCPs, coupled with low help-seeking behaviour contribute to likelihood of FSD and low quality of life. This study aims to determine the prevalence of FSD and its associated factors among PCPs in Malaysia.

Methods: This cross-sectional study was conducted using self-administered online questionnaire within six months duration in Malaysia. Data on sociodemographic, marital and clinical characteristics were collected and two validated questionnaires were utilized including the Malay versions of the Female Sexual Function Index (MVFSFI) and the Depression, Anxiety, and Stress Scale (DASS-21). Data analysis included descriptive statistics and logistic regression.

Results: The study included 382 participants. Most of participants were in reproductive age group. The prevalence of FSD was 14.7% (95% CI:11.1, 18.2) among PCPs in Malaysia, and the most affected domain was desire disorder (25.4%). Significant associations were observed between sexual activity ≤ 2 times/month [aOR 4.880 (95% CI: 2.522, 9.442; $p < 0.001$)], depression [aOR 3.450 (95% CI: 1.653, 7.204; $p < 0.001$)] and degree-level education [aOR 2.659 (95% CI: 1.338, 5.285; p-value = 0.005)] with FSD.

Conclusion: This study identifies FSD as a prevalent issue among Malaysian PCPs, emphasizing its biopsychosocial complex and the needful of holistic approach. Education, awareness and understanding the cultural determinants of FSD are important to tailor screening and interventions strategies

Keywords: Female sexual dysfunction, FSD, Malay Version of Female Sexual Function index, MVFSFI.

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CHAPTER : INTRODUCTION

Sexual health is an important aspect of quality of life and marriage, and reflects physical, psychological, and social well-being.[1] Sexual dysfunction is defined as a diverse group of disorders characterized by a person's inability to respond to or experience sexual pleasure. Female Sexual Dysfunction (FSD) can be classified into three major domains: female sexual interest/arousal disorder, genito-urinary penetration disorder, and female orgasm disorder. Diagnosis requires symptoms to persist for at least 6 months and cause significant distress while not attributable to other organic conditions or stressors.[2] Despite being a complex and growing health problem identified as an important public health concern based on the World Health Organization (WHO),[1,3] FSD receives less attention compared to male sexual health issues.[4,5] Regardless, addressing FSD is equally significant as part of achieving the "Sustainable Development Goals 2030 (SDG 2030)", specifically Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality) emphasizing the need to address and empower women's sexual health.[6,7]

Recent studies indicate a growing prevalence of FSD worldwide. An international systematic review showed an increase in FSD prevalence among premenopausal sexually active women, escalating from 40.9% to 50.7% between 2016 and 2020.[8,9] In Malaysia, the prevalence rate rose from 29.6% to 68.8% between 2007 and 2020.[10,11] The prevalence of FSD among medical practitioners was reported as 40% in Tunisia in 2019 and 49.7% in China in 2020[12,13] while a study in Malaysia reported that FSD among healthcare workers (which included medical practitioners and allied healthcare workers) was 5.5% in 2013.[14] Amongst healthcare workers, prevalence of FSD in primary care practitioners (PCPs) is unknown.

PCPs are often the first point of contact in healthcare, and the overall PCPs-to-population ratio was estimated to be 2.89 per 10000 population within the Malaysian primary healthcare system.[15] PCPs experience issues with work burden, and a study found that 37.1% of public PCPs felt no job satisfaction based on a local study.[16] A study by Nelson et al revealed 32.1% PCPs experienced decreased sexual drive, 19.3% were too tired for sex, and 21.1% did not have time for sex.[17] Awareness of FSD was reported as only 12% in medical practitioners (including 24 PCPs).[18] Help-seeking behaviour for FSD in medical practitioners was only 3.15%, which is surprisingly very