



FREQUENTLY ASKED QUESTIONS

FAQ072

WOMEN'S HEALTH

Your Sexual Health

- **I'm having a problem with sex. Is this normal?**
- **What causes sexual problems in women?**
- **What types of sexual problems affect women?**
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I'm having a problem with sex. Is this normal?

Yes. About 4 in 10 women have problems with sex at some point during their lives. If you are having a sexual problem, and it is worrying or upsetting you, you may want to find a solution. Some problems can be solved by you alone, with a partner, or with the help of a ***gynecologist*** or other health care professional.

What causes sexual problems in women?

Some common causes of sexual problems in women include the following:

- Hormonal changes at certain times in a woman's life, such as during pregnancy, ***perimenopause***, or ***menopause***
- Cancer treatments and their side effects
- Some illnesses and medications
- Relationship problems with your partner
- Past negative experiences
- ***Depression***, anxiety, or stress

What types of sexual problems affect women?

"Female sexual dysfunction" is a general term for a problem with sex. The problem can be a lack of interest in sex. It also can be a lack of response to sexual activity. Sexual problems fall into four groups, which often overlap:

1. Desire and arousal problems

2. Orgasmic problems
3. Sexual pain
4. Sexual problems caused by medication or substances

What are desire problems?

Lack of desire is common and can affect women of any age. For some women, it is normal to not feel desire until sexual activity has started. A lack of desire is considered a disorder when at least three of the following are true for a minimum of 6 months and cause anxiety or sadness:

- A woman does not want to engage in any type of sexual activity, including **masturbation**.
- A woman does not have (or has very few) sexual thoughts or fantasies.
- A woman does not want to initiate sexual encounters with a partner.
- A woman does not have any pleasure during sexual activity.

What are arousal problems?

Arousal is the name for the physical and emotional changes that happen with sexual stimulation. Some women with arousal problems may not feel mental or physical excitement from sex. Other women may feel only mental excitement or only physical excitement.

Arousal can be affected by many things, including

- changes in how a woman feels about herself or her body
- pregnancy and nursing
- not getting enough exercise
- not getting enough sleep
- medications for depression
- use of alcohol or drugs
- relationship problems

What are orgasmic problems?

Difficulty reaching **orgasm** is common. For many women, sharing love and closeness without having an orgasm is satisfying. But other women may feel that not having an orgasm is a problem. They may want to find a solution. Women with orgasmic disorder may

- take longer to have an orgasm
- have fewer orgasms
- have less intense orgasms
- have never had an orgasm
- not recognize their physical experience as orgasm

For some women, orgasmic disorder may be caused by

- a new health problem or mental health condition
- a change in a relationship
- surgery or radiation in the pelvic area (this is rare)

What is sexual pain?

When gynecologists or other health care professionals talk about sexual pain, they often refer to two conditions: 1) **vaginismus** and 2) **dyspareunia**. These conditions can cause several symptoms, including

- tightening of the vaginal muscle that makes **penetration** difficult
- tension, pain, or burning in the **vagina** when penetration is attempted
- less desire or no desire for penetration
- avoidance of sexual activity
- intense fear of pain

A pain disorder is diagnosed if the pain interferes with sexual function. Women whose sexual activity does not include penetration also can have a pain disorder. Some women develop sexual pain problems after pregnancy. See [FAQ020 When Sex Is Painful](#) for more information.

What medications can cause sexual problems?

Some women have sexual problems soon after starting or stopping some medications. Drugs that may cause problems with sex include the following:

- Anticholinergics—including drugs to treat asthma, chronic obstructive pulmonary disease (COPD), diarrhea, dizziness, insomnia, nausea, overactive **bladder**, and vomiting
- **Hormone** medications—including birth control pills and hormone therapy
- Heart medications—including drugs to treat high blood pressure
- Mental health medications—including **selective serotonin reuptake inhibitors (SSRIs)**

Using alcohol, marijuana, and pain-relieving drugs such as **opioids** also can lead to problems with sex.

What are some self-help options?

There are many things you can do alone or with a partner to address a sexual problem, including the following:

- Read books about sex.
- Learn about your body and how it works.
- Explore oral sex, touching with a partner, and masturbation with and without a partner.
- Try nonsexual, sensual activities like massage.
- Talk with your partner about what you like.
- Try to reduce sources of stress in your life.

What can I do to enhance desire?

- Work on issues that may be affecting your relationship.
- Focus less on physical acts and more on emotional closeness.
- Improve your sex knowledge and skills.
- Make time for sexual activity and enjoying each other.

What can I do to increase arousal?

- Work on getting enough sleep so you are well-rested.
- Do **Kegel exercises**.
- Increase time spent on **foreplay**.

What can help me have an orgasm?

- Increase sexual stimulation.
- Try sexual toys.
- Use mental imagery and fantasy.

How can I lessen sexual pain?

- Use a vaginal moisturizer. There are several brands you can buy online or at your local pharmacy.
- Use a lubricant. If you use condoms, use only water-based or silicone lubricants.
- Empty your bladder before sex.
- Allow plenty of time for arousal before penetration.
- Try different positions or sexual activities that do not involve intercourse.

How can I talk about sex with my gynecologist or other health care professional?

You could start off with a statement like:

- “I am having some concerns about my sex life.”
- “I do not enjoy sex like I used to.”
- “Lately, I have been having trouble with physical intimacy. What can I do?”
- “I am just not interested in sex. Do you have any advice?”
- “I’m not satisfied with how often I have sex. What can I do?”

It may help to track your symptoms in a journal. Then you can explain your symptoms to your gynecologist or other health care professional.

What should I expect at a health care visit for a sexual problem?

Your gynecologist or other health care professional may ask you a lot of questions about your physical and mental health. They may ask about

- your sexual history
- your **gender identity**
- when your pain or other symptoms started
- any self-help methods you have tried
- any experience with sexual abuse or violence

You also may have a physical exam and a **pelvic exam**. If you have pain during intercourse, your health care professional may try to recreate this pain by touching sensitive areas. This may help to find the cause.

What should I expect during treatment of a sexual problem?

Each type of female sexual dysfunction is treated differently. Recommendations may depend on your symptoms:

- Irritation of the **vulva**—You may need to avoid harsh soaps, douches, wipes, scented products, and pads worn in your underwear.
- Vaginal dryness—You may be prescribed local **estrogen** therapy.
- Difficulty with penetration—Your health care professional may suggest using dilators. Dilators are tube-shaped devices that help stretch the muscles in the vagina.
- Pain or other pelvic problems—You may be offered pelvic floor physical therapy.
- Sexual pain after menopause—Your health care professional may discuss medications to help with vaginal thinning and dryness. Some involve estrogen and others do not.

You also may be referred to a sex therapist, even if you also are receiving medical treatment. Couples therapy or counseling on your own may be helpful.

Glossary

Bladder: A hollow, muscular organ in which urine is stored.

Depression: Feelings of sadness for periods of at least 2 weeks.

Dyspareunia: Pain with intercourse.

Estrogen: A female hormone produced in the ovaries.

Foreplay: Sexual activity, including kissing and touching, that leads to arousal before sex.

Gender Identity: A person's sense of being male, female, or somewhere in between. This identity may or may not correspond to the sex assigned at birth.

Gynecologist: A doctor with special training and education in women's health.

Hormone: A substance made in the body that controls the function of cells or organs.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Masturbation: Self-stimulation of the genitals.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Opioids: Drugs that decrease the ability to feel pain.

Orgasm: The feelings of physical pleasure that can happen during sexual activity.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Penetration: The act of inserting a penis, finger, or other object into the vagina.

Perimenopause: The time period leading up to menopause.

Selective Serotonin Reuptake Inhibitors (SSRIs): A type of medication used to treat depression.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vaginismus: Uncontrolled contractions of the muscles in the lower vagina. This condition makes the penetration of the penis difficult or impossible.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

FAQ072: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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