Sexuality and Menopause

In our society that is so obsessed with youth and stereotyped attitudes toward beauty and eroticism, the aging body has no place and the sexuality of the elderly is barely represented or invisible. Yet studies show that most seniors remain sexually active after menopause and most older women’s erotic life is just as, if not more, satisfying than before.

Menopause, because it engenders a series of physiological and hormonal changes, is often blamed when a woman encounters problems with her sexuality at midlife. Yet, there is no cause and effect relationship between menopause and sexual problems.

In fact, a multitude of factors can affect your sex life: your partner(s) [or lack of one], solitude, an unequal or violent intimate relationship, esteem or economic status, discrimination, access to health care, antidepresants, stress, diabetes, musculoskeletal or kidney problems, thyroid disorders, uterine fibroids, early menoapause [chemical or surgical], hysterectomy [removal of the uterus], etc.

Medicalization of Women’s Desire and Sexuality

Talking about sexual problems is always a delicate matter. This is because defining what should be considered normal (and treated) necessarily involves defining a standard. In terms of desire and sexuality what is “normal” and for whom? Women’s sexuality varies from one woman to another, from a heterosexual woman who has been married for 30 years, to a teenager, an octogenarian, a woman who gave birth at a very young age, to a woman with physical limitations. Who is more “normal”?

The concept of female sexual dysfunction [FSD], introduced into the medical vocabulary in the late 1990s, is now prevalent. Over 40% of North-American women would seem to suffer from it! But dissenting voices are protesting this “syndrome” as a classic case of disease mongering in which people are trying to convince perfectly healthy women that they are ill and that the solution is to take a pill.

Today, the most commonly prescribed treatments for FSD are hormones [estrogen, progesteron, testosterone]. It should be stressed that proof of their effectiveness in increasing sexual desire or satisfaction has not been established and that they may generate side effects and pose substantial risks to health [in this regard, read the Hormone Treatment pamphlet].

For Viagra, it is completely ineffective for women.

What if the answer to women’s sexual problems is not to be found in the laboratory?

Contraception and Abortion

A woman of 60+ who has not menstruated in 12 months has reached menopause and therefore no longer runs the risk of becoming pregnant. Other women must use a contraceptive method that is adapted to their state of health, values and individual needs.

Barrier methods

Male and female condoms prevent pregnancy in addition to protecting against diseases transmitted sexually or through the blood. The cervical cap and the diaphragm prevent spermatozoa from reaching the cervix.

Hormonal methods

[oral contraceptives, vaginal ring, stamp, injection, Mirage IUD]

These are very effective but not all women are comfortable using them. They may even be contraindicated, which is the case for women who have circulatory problems and smokers over 35.

Intrauterine device [IUD]

The IUD creates a uterine environment that is chemically uninviting to spermatozoa. It may remain in place for five years. It should be inserted by a physician or gynaecologist.

Sterilization, for men and women

This is a relatively harmless intervention, but it is usually irreversible. Depending on the type of operation, it will be several months before its contraceptive action takes full effect.

Other methods

Spermicides, menstrual rhythm method, coitus interruptus, yoga-sex, phytotherapy.

If your contraceptive method fails, you can obtain emergency oral contraceptives without a prescription at the pharmacy [the “morning after pill”], ideally taken no more than 72 hours after unprotected sex [120 hours maximum], or have a diaphragm inserted within seven days of unprotected sex. If you have an unplanned and undesired pregnancy, contact an abortion service as soon as possible.
This pamphlet is the translation of an abridged version of the Sexuality section of our kit entitled Notre soupe aux cailloux : Une œuvre collective pour la santé des femmes au mitan de la vie. Produced by the Réseau québécois d'action pour la santé des femmes (RQASF), this kit presents a wide selection of information and tools to help women make informed choices about their health as they enter menopause.

Find out more

Read the Sexuality section of our kit entitled Notre soupe aux cailloux : Une œuvre collective pour la santé des femmes au mitan de la vie, available on RQASF’s website: www.rqasf.qc.ca

Other references:

*Clinique l’Actuel, www.cliniquelactuel.com
*Come as you are/Venez tels quels, une coopérative d’éducation sexuelle et de distribution d’accessoires et de gadgets sexuels, www.veneztelsquels.com
*Fédération du Québec pour le planning des naissances (FQPN), www.fqpn.qc.ca

Sexuality

Women’s Health at Midlife

Older women have little or no information about STDs, the related risks and safer sex practices. Sadly, women represent 30% of people living with HIV/AIDS.

Infections transmitted sexually or through the blood, and safer sex practices

The most common way an infection is transmitted, whether viral or bacterial, is through the exchange of bodily fluids. Female and male condoms offer protection during vaginal or anal intercourse and fellatio. For cumulus or analogous, use a dental dam (latex square) or a condom that has been cut lengthwise. Anal or vaginal penetration with a finger or the hand is safer with latex gloves.

Vegetable or mineral oil-based lubricants (Vaseline or baby oil) penetrate through latex and should therefore not be used with latex condoms or barriers. Use water- or silicone-based lubricants.

Sex toys such as vibrators and dildoes should be covered with a condom or properly disinfected if they are being shared. Those made out of silicone can be sterilized in boiling water (5 minutes).

If bleeding occurs, avoid direct contact with the blood of another person and disinfect the object responsible for tearing the skin before reusing it.

If you engage in high-risk sexual behaviour you should have yourself tested regularly. Note: it takes several months before HIV can be detected in the body.

Lower levels of sex hormones in the body signal the end of reproductive capability but not the end of our ability to have sex and feel sexual pleasure. In contrast to the stereotyped notion that women become dried out and sexless after reaching menopause, quite the opposite can be true.

Our Bodies, Ourselves, Menopause.

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