Making Our Own Sexual Choices

Every woman's experience of sexuality is unique because each of us has our own biochemical makeup, personality, social life and relationships. Moreover, cultural background, personal and spiritual values, social environment and past sexual experiences all shape a woman's opinions, expectations and desires. These in turn influence how we express ourselves sexually. This means there is no ONE definition of how we should be as sexual beings, just as there is no ONE standard about sexual practices. Sexuality can be expressed in diverse ways, or it may simply no longer be an important dimension of our lives. It is up to each woman to define the lifestyle that suits her and express her sexuality in a way that is personally satisfying, free of constraint and in accordance with her values and ability.

Sexual Health at Midlife: Some Suggestions

- ❏ Take stock of your life.
- ❏ Be aware of your body, appreciate and accept yourself physically.
- ❏ Interact with other people.
- ❏ Determine what you want and what you are capable of in terms of sexuality and intimacy in your life, in agreement with your partner(s) and respecting yourself and others, free of all constraint.
- ❏ Adapt your sexual practice and expectations to your physical and psychological condition.
- ❏ Stay physically healthy.
- ❏ Review your overall health and any drugs that could affect sexual desire or pleasure.
- ❏ Consult a specialist or support group such as a group for sexual or domestic abuse survivors.
- ❏ Maintain good sexual health. During menopause, hormonal changes can bring about changes (drying and thinning of vaginal walls) that may cause discomfort or pain in some women. There are several ways of dealing with this: protection against infection, vaginal hydration, vaginal massage, use of a lubricant, Kegel exercises, masturbation, etc.
- ❏ Organize for social change to defend the rights of all people and eliminate discrimination.
- ❏ Get informed! The more informed you are about sex the more sexually independent you become.

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 (or lack of one), solitude, an unequal or violent intimate relationship, sexual history, socio-economic status, discrimination, access to health care, antidepressants, stress, diabetes, musculoskeletal or kidney problems, thyroid disorders, uterine fibroids, early menopause (chemical or surgical), hysterectomy (removal of the uterus), etc.

Dealing with a person's sexuality and its related problems demands a comprehensive approach that considers the person's state of health and physical ability, living situation, personal history, the nature of an intimate relationship and consumption of drugs or medication.

Medicalization of Women's Desire and Sexuality

Talking about sexual problems is always a delicate matter. This is because defining what should be considered abnormal (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 the next, 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, progestin or 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). As 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 40+ 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, Mirena 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 fairly 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 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.

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 cunnilingus or analingus, 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.

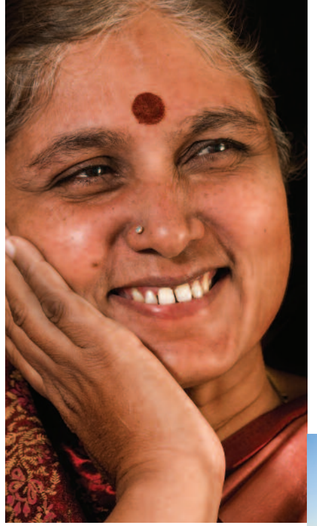
Sex toys such as vibrators and dildoes should be covered with a condom or properly disinfected if they are being shared. Those made out of silicone can be sterilized in boiling water (5 minutes).

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 signals 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.



Older women have little or no information about STDs, the related risks and safer sex practices. Sadly, women represent 10% of people living with HIV-AIDS.

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:

*BOSTON WOMEN'S HEALTH BOOK COLLECTIVE (BWHBC). *Our Bodies, Ourselves, Menopause*, New York, Simon & Schuster, 2006

*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

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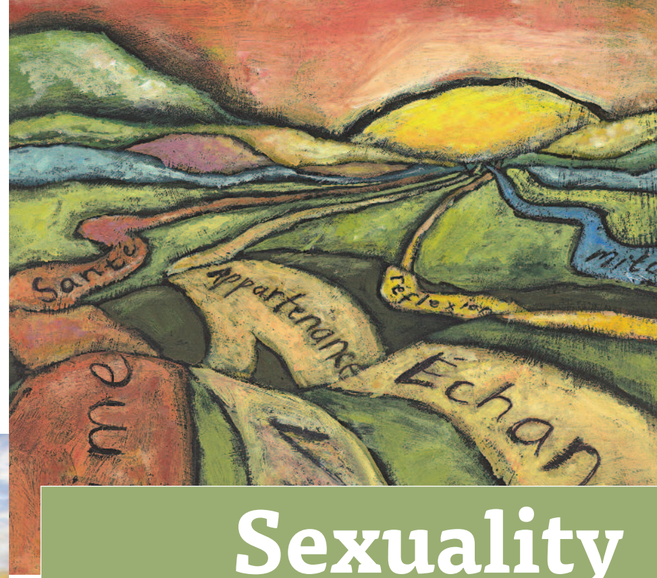

Sexuality

Women's Health at Midlife

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.