



Midlife Women & Sexual Health

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Paulette Dunbar, 55, adores her husband. She loves his look, his scent, everything about him. So you might think that the couple's sexual life is as hot as an August day in Mississippi. Well . . . not quite.

While Ms. Dunbar definitely enjoys their lovemaking, it hasn't always been easy. "I had to work at this," she says of the couple's current sexual relationship.

Soon after they married, Ms. Dunbar, then 44, miscarried. Immediately thereafter, she started having hot flashes and night sweats, a sign of her body's transition to menopause, and she and her husband adopted an infant. Between the baby and the night sweats (so bad she wore terrycloth pajamas to soak up the sweat), sexual desire was just a bittersweet dream.

Over time, however, a hormone therapy patch toned down the flashes and night sweats and her son began sleeping through the night. With that came the resumption of her sexual life—albeit one different from the passion of her early marriage.

Today, says Ms. Dunbar, a homemaker in Oconomowoc, WI, lovemaking is often not so much about the physical desire to have intercourse, as the emotional desire to please her husband and be close to him. "Once I get going I enjoy it," she says, which is more than she could say for years past.

Ms. Dunbar has learned what many midlife women know but often don't admit or understand—sex may take on a different hue as you age. It may become less frequent, it may become less physically satisfying, it may become less important in your life, or you may even feel more desire. And that might be just fine. Or, not.

"The most important thing for women to understand is that there is no set sexual script they must follow," says Susan Kellogg-Spadt, CRNP, PhD, director of sexual medicine at the Pelvic & Sexual Health Institute in Philadelphia. Up to a third of women experience a lack of sexual interest for several months or more out of the year.¹⁰ This kind of "sexual slump" is fairly normal, she says, and as long as it doesn't happen every month of every year, "you'll probably get out of it."

But in a world obsessed with men's sexual performance as they age, and a world full of magazine covers and television talk shows telling women how to have more and better sex, it can sometimes seem, says Dr. Kellogg-Spadt, that "the whole world is helping us feel abnormal about our sexuality."

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Changing the View of Women's Sexuality

An explosion of interest in women's sexuality followed a study published in the *Journal of the American Medical Association* in 1999. Researchers surveyed 1,749 women, finding that 43 percent reported some form of sexual dysfunction or problem.¹

Women who reported any of the following—lack of sexual desire, difficulty in becoming aroused, inability to achieve orgasm, anxiety about sexual performance, reaching orgasm too rapidly, pain during intercourse or failure to derive pleasure from sex—were considered to have sexual dysfunction. Primarily a survey of numerous social and health behaviors, with very few questions specifically addressing sexual function, there were significant limitations to this research. For example, subjects were not asked if their problems were severe enough to cause personal distress—a marker for any definition of “dysfunction.”

“If you ask a woman if she has alterations in her sexual desire, if she wishes it were stronger, 99 percent of the time she's going to say yes because something can always be better,” says Dr. Kellogg-Spadt. That doesn't mean she has a “problem” or sexual “dysfunction.”

Too often, women's sexuality is defined from a male perspective, says Jill P. Wohlfeil, MD, an ob-gyn who practices near Milwaukee and who is writing a book about women's sexuality. Just as we've come to recognize gender differences in numerous health-related areas—heart disease, for instance—we also need to recognize gender differences in sexuality, she says.

“We have to completely redefine what's ‘normal’ for women as compared to what's ‘normal’ for men,” Dr. Wohlfeil says. For instance, “the whole

idea that successful sex means each partner reaching orgasm is a completely male view of sex.”

The redefining has begun. A huge step was the 2000 publication of British researcher Rosemary Basson's concept of the female sexual cycle. Dr. Basson turned the classic sexual desire cycle defined more than half a century ago by sex researchers Masters and Johnson—conscious sexual urging, thinking and fantasizing, followed by arousal, plateau, orgasm and resolution—on its head.

Instead, Dr. Basson suggested that women's sexual desire, particularly for women in long-term relationships, is governed more by a woman's thoughts and emotions than by any feelings in her genitals. In her sexual cycle, experiencing pleasure triggers arousal, which subsequently triggers desire.²

“Dr. Basson's model suggests that emotional intimacy, not biology, drives the cycle,” explains Sheryl A. Kingsberg, PhD, associate professor of reproductive biology and psychiatry at Case Western Reserve University School of Medicine in Cleveland, OH.

“So women shouldn't think something is wrong with them just because they don't have that initial ‘horniness’ when their partner wants to have sex,” she says. Generally, once a woman begins the sexual process, that feeling kicks in.

Understanding Desire

There are three key components to a woman's desire, or libido, says Dr. Kingsberg:

- **The drive, or biologic component.**

This is the part of you that tingles when you think about sex or see someone you think is “sexy.” You can have drive without desire. Your drive is primarily driven by testosterone, the sex hormone, with half of all testosterone produced in your ovaries.

- **Social or contextual beliefs and values.** Religious and cultural values will contribute to levels of desire. For example, if your value system says that sex is not appropriate for a 60-year-old woman, then you're not going to feel very sexual.

- **Motivation.** This is by far the most important component, says Dr. Kingsberg. "It reflects all the psychological and interpersonal factors that create a willingness to be sexual." These factors can be the quality of the relationship, whether you're worrying about your children or work, and your psychological health. Depression and desire don't mix, Dr. Kingsberg explains.

"Most women are motivated to be sexual by the desire for emotional intimacy," she says. "So while drive helps the cycle, it isn't necessarily the primary or initial factor that gets a woman willing to engage in sexual activity."

What women (and men) really need to understand, says Dr. Wohlfeil, is that a woman's libido is not something she can just turn on and turn off by taking a pill or by using a cream or by doing some kind of vaginal exercise.

"It's something that has to be nurtured," she says. And that comes from setting priorities. It could be going to bed at the same time as your husband, writing out a list of your worries before bedtime so your mind is clear to think of other things, or scheduling a date for sex.

Women who do these things, who put intimacy high on their "to do" list "are the kind of women I see who are doing much better in their relationships," says Dr. Wohlfeil. "And whether you want to define intimacy as physical or emotional,

if you completely turn it off all day long and then expect this little light bulb to turn on at 9:30 or 10 p.m., when you finally get to bed, it's just not going to happen and that's when women get frustrated."

The Search for the Little Blue Pill

Ever since 1998, when the words "Viagra" and "erectile dysfunction" entered the national lexicon, the race has been on to find something similar to Viagra and its chemical cousins that could do for women what the little blue pill has done for men.

And yet in the six years since Viagra hit pharmacies, the U.S. Food and Drug Administration (FDA) hasn't approved any treatments for female sexual problems, even as it approved two additional Viagra-like drugs for men.

That's not for lack of trying. In 2004, an FDA committee reviewing a testosterone patch designed to restore sexual desire in women who had their ovaries removed stated the product needed more safety data before it could be approved. The company asking for approval withdrew its application. The recommendation launched protests from many women's health organizations, which felt the FDA was discriminating against women. After all, testosterone has been prescribed off-label for women with sexual desire problems for years, and trials with the patch, called Intrinsa, showed that women on the patch had about a 50 percent increase in sexual desire and satisfying sexual encounters, about twice that of women taking placebo.³

"It is a double standard," says Dr. Kingsberg of the FDA decision "Yes, there are side effects, as there are with all drugs. But

there were safety concerns with the PD5 inhibitors (Viagra and its cousins) and it didn't keep them off the market. The assumption is that because a woman's sexuality shouldn't be considered all that important, we're not willing to take any risk for women."

The whole issue of research into women's sexuality reflects the ambivalent way society feels about women's sexuality, according to Dr. Kingsberg. "The idea that women's sexuality is as important and valid to women as it is to men has been a long time coming," she says. That, in turn, means research dollars and attention dedicated to women's sexual health have lagged behind what's been spent on men's sexual health.

But there are other reasons for the snail's pace of research on women's sexuality. It's not easy to study. "Since low desire is the most prevalent problem for women, that's a complicated concept to identify, treat and have the useful endpoints that research needs because desire is such a subjective issue," says Dr. Kingsberg.

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Few Clinicians Know How to Discuss Sex

Without the proactive approach of her gynecologist and family doctor, who make a point of asking about her sexuality, it would be difficult even for self-proclaimed health-care advocate Meredith Strohm Gunter, 53, to broach the subject. "Even as the open and feminist patient I am, these things still bring up a little bit of embarrassment. So it helps that my doctors bring it up," says the Charlottesville, VA, woman. Ms. Gunter is one of the lucky ones. Few health care professionals, even ob-gyns, feel comfortable addressing sexual issues with their patients. They're embarrassed and think they just don't know enough about the topic.⁶ They probably don't. Less than half of North American medical schools dedicated 10 or more hours to human sexuality training.⁷

Just as we've come to recognize gender differences in numerous health-related areas—heart disease for instance—we also need to recognize gender differences in sexuality.

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What women (and men) need to understand is that a woman's libido is not something she can just turn on and off by taking a pill or by using a cream or by doing some kind of vaginal exercise.

Talk About Sex

Though there's no "medical cure" for low libido, you should still talk to your health care professional. Lack of desire could be related to numerous medical conditions from diabetes to depression. It could be affected by medications you're taking, underlying physical problems like vaginal dryness, even insomnia—all of which your health care professional can treat.

Unfortunately, it turns out that talking to your health care professional about your sex life is not quite as easy as it sounds.

An AARP survey of 745 women aged 45 and older found that only 14 percent said they'd ever sought help from a health care professional for problems related to sexual function.⁴ Another survey found that 68 percent of patients feared that raising concerns about sexual problems would embarrass their physician, and 71 percent believed the doctor would dismiss their concern. They have reason to be concerned: Yet another study

found that just 14 percent of Americans ages 40 to 80 have been asked by their clinician about sexual difficulties in the past three years.⁵

"If women are worried about their sexuality, the health care provider's office is the appropriate place to bring it up," says Dr. Kingsberg. Having said that, she notes, "It is the responsibility of the health care provider to open the door to a discussion about sexuality."

If your health care provider isn't forthcoming, start a conversation by saying: "I'm having some sexual concerns. Can you help me or can you refer me to someone who can?" If your health care provider appears uncomfortable or doesn't want to discuss it, "Find a new one who will ask about it," says Dr. Kingsberg.

Dr. Wohlfeil offers additional advice. "Please don't wait until your annual exam to bring up the topic," she says. Most health care providers have 15 or 20 minutes to evaluate your reproductive health over the past 12 months. There just isn't time for the kind of focused conversation that sexuality requires." Instead, make an appointment specifically to talk about your sexual life so your health care provider is prepared. When you book the appointment, ask the scheduling person if this is a topic your health care provider feels comfortable discussing, or if someone else in the office prefers to handle these issues."

Sexual health counseling is critical, specialists say, to helping women understand that what they are experiencing likely is not dysfunction, but normal—

for her and her partner. And, if there is a problem, it gets talked about and treated, if necessary. ✕

Resources

Association of Reproductive Health Professionals
202-466-3825

www.arhp.org
Educates health care providers, the media, consumers and policymakers. Members are physicians, advanced practice clinicians, researchers and educators in reproductive health.

Female Sexual Dysfunction Online
www.femalesexualdysfunctiononline.org
Information for clinicians and links for consumers to sexual health information. Created by Baylor College of Medicine and the University of Medicine and Dentistry of New Jersey.

The Hormone Foundation
1-800-467-6663
www.hormone.org
Provides information and resources on hormone-related conditions and treatment options, including hormone therapies.

The Kinsey Institute for Research in Sex, Gender, and Reproduction
812-855-7686
www.kinseyinstitute.org
Indiana University's research center for human sexuality, gender and reproduction. Links to consumer-health information available.

North American Menopause Society
440-442-7550
www.menopause.org
Offers information for consumers and professionals on menopause-related topics, research and treatment options.

Planned Parenthood
1-800-230-7526
www.plannedparenthood.org
Offers *A Woman's Guide to Sexuality*, a six-page booklet that provides an overview of issues from intimacy to sexual relationships.

PRIME PLUS/Red Hot Mamas®
770-640-1018
www.redhotmamas.org
A menopause education provider with over 70 on-site programs nationwide. Empowers women to be informed about menopause management.



Nurture Your Nature: Inspiring Women's Sexual Wellness

The National Women's Health Resource Center (NWHRC) and the Association of Reproductive Health Professionals (AHRP) together have launched the *Nurture Your Nature* initiative to raise awareness about sexuality as a natural and valued aspect of American women's health. With special focus on menopausal women, the goals of this initiative are to help women and health care professionals understand the wide-ranging issues associated with sexual health and talk about them more effectively. The *Nurture Your Nature* initiative is supported by an educational grant from Procter & Gamble. For more information, visit www.nurtureyournature.org, or contact the NWHRC or AHRP.

Menopause and Sexuality

Heard the rumors about menopause and losing sexual desire? Don't believe them. Sex and desire don't stop when your periods do.

Women aren't buying into the myth that sex ends with menopause," says Sheryl A. Kingsberg, PhD, associate professor at Case Western Reserve University School of Medicine in Cleveland. "They fully expect to maintain their good health, which includes all their premenopause activities, including sexuality. Their image of a postmenopausal woman is youthful, sexual, sensual, energetic and successful."

In fact, focus groups held by the National Women's Health Resource Center (NWHRC) and the Association of Reproductive Health Professionals (ARHP) in late 2004 found that menopausal women are comfortable with their sexuality and the idea of being sexually fulfilled, that they enjoy feeling desirable and being intimate.⁸

Menopause might even be a time during which sexual satisfaction, if not desire, increases, says Jill P. Wohlfeil, MD, an ob-gyn who practices near Milwaukee. "Sexually, things start to even out because men are finally OK with not having sex all the time and are starting to have some issues with sexual dysfunction and erections. I think they find more joy in the intimacy of the relationship." Plus, she

notes, for many women with older or grown children "and with the guy realizing he's not 20 anymore, a lot of stressors are gone, so women have more emotional energy to drive that intimacy cycle."

But what about the vaginal dryness and hot flashes? "Those are things I can fix so easily with hormone therapy and other medical and lifestyle treatments that within two weeks women see a huge difference in their sex lives," says Dr. Wohlfeil.

And that plummeting testosterone level? Another myth. Even though estrogen and progesterone levels drop suddenly in midlife, testosterone doesn't. It's been declining steadily since a woman's 20s and the decline doesn't "speed up" as you move through menopause.

In fact, women may get a slight boost in "free" testosterone, that is, testosterone that circulates freely in the bloodstream where it can bind to cellular receptors. Normally, most testosterone is bound up with estrogen, making it useless. But less estrogen means more free testosterone, which means more of the hormone is available to tweak libido, says Dr. Wohlfeil.

In the NWHRC/ARHP focus groups, which included approximately 45 menopausal Caucasian,

African-American and Hispanic women, participants said that:

- Sexual side effects of menopause (vaginal dryness and decreased libido, for instance) are not top of mind, but they are part of a broader discussion of menopause.
- Sexual side effects of menopause have a physical and an emotional component. In other words, the physical sexual side effects affect women emotionally, inhibiting their sex drive, which then impacts their sexual relationships.
- For some, declining sex drive is not a negative development; rather, it is just something that comes naturally with age. As one woman said: "My life is very comfortable. I'm in a mode where I'm thinking about changing careers. My sons are away at college and my husband and I are kind of reconnecting and it's just really good. I mean, we're at a nice place."

But you can't ever forget the crux of any good sexual relationship: the relationship itself. As Dr. Wohlfeil notes, "We find that in a healthy relationship at perimenopause and menopause, [sexual] things tend to get healthier and in the bad relationships, [sexual] things tend to fall apart." ✕

Lack of desire could be related to numerous medical conditions from diabetes to depression. It could be affected by medications you're taking, underlying medical problems like vaginal dryness. . .all of which your health care professional can treat.

Understanding Passion & Desire as You Age

Remember the frequent sex and burning desire from those early days of a relationship? Where does that go? More importantly, why does that go?

Call it a survival mechanism. If you continued at that same level of lustful excitement long term, says Susan Kellogg-Spadt, CRNP, PhD, director of sexual medicine at the Pelvic & Sexual Health Institute in Philadelphia, you'd

burn out. "It's a very unstable kind of passion," she says, "because it is so physically based."

As life intervenes, sex still plays a role in your life—but it is no longer the major focus of your relationship. And that's OK, says Dr. Kellogg-Spadt. "One of the biggest myths is that you can walk into a medical or therapy practice and get a pill or cream or inhaler that will instantly bring that level of passion back. There is no such thing."

Nor should there be. "The truth is that long-lasting love requires an immense amount of work and commitment," she says.

So why does it seem as if some men never lose that feeling, ready and willing to have sex at the slightest provocation? "Because men feel desire in their genitals as a physical urge to relieve pressure in the body. They need to release that feeling. It's a very primal mover," says Dr. Kellogg-Spadt. "It's the old adage that men love to have sex and women have sex to love."

Because the urge for sex isn't as primal or as physical in women as it is in men, it's often too easy to put it last on the priority list. "I think for women sex is a luxury," says Jill P. Wohlfeil, MD, a Michigan ob-gyn who is writing a book on women's sexuality. "And we deny ourselves every luxury to make sure the laundry is done

and the kids are fed and everything is running like clockwork."

But take a vacation—and you just might find yourself recapturing that early level of passion.

"Vacation sex is a very important thing," says Dr. Kellogg-Spadt. In fact, it's used as a tool to assess sexual problems. If you're having great vacation sex, then your problem is likely not sexual dysfunction. "You're just in a sexual slump and you needed that vacation."

Sometimes you can reignite the passion and desire even without a Caribbean cruise. Mary Marshall,* 58, found that after her kids left the house and she was free to refocus on her relationship with her husband of 38 years, the passion reignited.

"For us, it's probably more physical now than it was when we were first married," says Ms. Marshall, who lives in Nashotah, WI. And sure, she admits, maybe the level of excitement isn't the same, but "it's more loving now than it was then. And it's much more intimate now than it was before."

And, while it's true that the passion in a long-term relationship may ebb and flow with life's changes, women beginning new relationships at older ages may still see those sparks fly. That's because the ingredients that make sex during this stage most passionate and exciting—the thrill of new love, the challenge, the novelty—can be discovered (or rediscovered) at any age. ✕

*Not her real name.

Defining Normal

Wondering if how often you have sex is normal? Consider this:

- 50 percent of American couples between 18 and 60 have sex less than or equal to one time per week.
- 15 percent of sexual encounters among stable couples are unsatisfying for one person.
- 20 percent of committed couples have a low-sex or no-sex union, defined as less than 10 sexual encounters per year.

And, what about orgasms? An AARP survey of 745 women over age 45 found that less than a third said they always had an orgasm during intercourse, with slightly more than a third saying they "usually" reached orgasm.

"I disagree with those who say that a woman's orgasm is the all-important driver of her sexual behavior," says Dr. Kellogg-Spadt, "It often takes a second seat to emotional intimacy."

Plus, she notes, "I also believe that women are highly efficient purveyors of their own orgasm. If they really need that physical release, most are fairly comfortable helping that happen."

Commonly Asked Questions About Sex

Q My doctor keeps telling me that it's natural for a woman my age to lose sexual desire, but I miss it. Can this problem be treated?

A Some women at menopause or with aging have a decline in desire, just as some men do. Some women do not. It is a complex issue involving changes in hormone levels, possibly changes in health status as well as relationship quality, and the pressurized lives most women lead, leaving little time or energy for intimacy. Given the multiple issues that may be at play, there are no quick fixes for a decrease in sexual interest. If your physician isn't willing or able to discuss the issue with you in more depth, then you should ask if there is someone he or she recommends with whom you can discuss this issue that is so important to you.

history because certain health conditions and medications can cause changes in sexual function and desire. For instance, some women who have had their ovaries removed note that they have an immediate drop in desire after this "surgical menopause." Some improve their desire with menopausal hormone therapy, including estrogens and testosterone. Unfortunately, however, there is no "blood test" that can define who will respond to hormones. Some women with low ovarian hormones do not improve with menopausal hormone therapy while many women with very low hormones have normal levels of desire.

— Kirtly Parker Jones, MD
Professor, Department of Obstetrics/Gynecology
University of Utah Health Sciences Center
Salt Lake City, UT

A There are many physical problems, like chronic vaginal infections, that can make sex difficult. Another is vulvodynia (or vulvar vestibulitis), which is a dramatic inflammation causing terrible pain at the opening of the vagina where the penis enters, making sex extremely uncomfortable. This is a common condition, affecting an estimated one in 15 women, and it is often misdiagnosed as low desire.

If your problem is vaginal dryness—another problem that can cause painful intercourse and that may occur as estrogen levels start to fall—there are various types of estrogen creams and ring inserts that can be used. You should also be evaluated for chronic illnesses such as diabetes, which affects blood flow and nerve conduction to the genital area, any kind of nerve disorder, such as multiple sclerosis, and anything that affects the muscles of the pelvic floor, such as uterine prolapse.

— Susan Kellogg-Spadt, CRNP, PhD
Director, Sexual Medicine
The Pelvic & Sexual Health Institute
Philadelphia, PA

Q Are there tests that can show if my sexual problems are physical, emotional or a combination of the two?

A There is no "test" for desire or lack of desire. Your health care professional must take a careful medical and social

Q I deeply love my husband, and find him incredibly attractive and sexy. Yet every time we start to make love, it hurts horribly. Why?

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Lifestyle Corner: Keeping the Passion in Your Relationship

You know, I'm so glad we're talking today about the issue of sexuality. But, I want to expand the discussion somewhat from just sexuality, to sexuality, passion and intimacy. While the three are different, they are all connected.

Just consider: Can't holding hands be as intimate as intercourse? Doesn't the fact your partner did the laundry, folded it and put it away (without being asked!) make you want him as much as candles and flowers? Can't the passion you feel sharing your child's first word with your partner, or buying your first house together, be just as vital as the passion you experience during a marathon lovemaking session?

I submit that it is. That's why it's important to bring passion and intimacy into the everyday corners of your life instead of saving them for the bedroom, vacations or romantic outings.

Easier said than done, you say. Well, maybe. But it really doesn't have to be that difficult. Here are a handful of simple yet effective ways to bring passion and intimacy to the everyday:

- **Pursue a new hobby together.** It could be wine tasting, a high school sports team you follow closely or reading the same book and discussing it. Do something together that enhances your knowledge of a subject and of each other.
- **Exercise together.** Walk, run, do sit ups. Be a support partner for each other and acknowledge any small gains made for getting healthier and sexier. Consider showering together.
- **Touch each other 10 times a day.** It could be anything from a kiss to a pinch, but the understanding is that this is not going to lead directly to sex. It's just a way of physically connecting with one another.
- **Plan, prepare and cook a meal together.** You'd be surprised at the sensual punch cooking a meal together can have. And, of course, you get to enjoy it with each other.
- **Schedule a sex date.** Planning for sex builds up excitement, expectation and desire that normally just isn't there when you crawl into bed at 11 p.m.
- **Put a lock on your bedroom door.** This is particularly important if you have children (or adult children) still at home, or even a dog that's used to having the run of the place.
- **Set a moratorium on all sex for several weeks or even a month.** That doesn't mean you can't continue touching one another and talking

about sex. You just can't have sex. The sheer act of prohibiting something makes it all the more enticing.

- **Be realistic about the time sex takes to accomplish.** We all have busy lives and likely are exhausted by days' end. But, don't let the sex act take on unrealistic proportions. After all, it probably takes only about 10 minutes from start to finish for most people. ✕



By Pamela Peeke, MD, MPH
NWHRC Medical Advisor

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Your Cultural Background in the Bedroom

Numerous things affect a woman's desire, ranging from work stresses to physical exhaustion to being unhappy with her looks. Even your cultural or religious background can play a role.

For instance, if you grew up in a culture that was open to women being sexual, you're more likely to be sexual. Anthropologist Margaret Mead found that the majority of women in cultures in which the female orgasm was supported and considered appropriate were orgasmic; in cultures that viewed female orgasm as inappropriate, most women didn't have orgasms.

So if you think the way you were raised or the cultural environment you find yourself in today might play a role in any sexual problems you're having, make an appointment with your health care professional or consider consulting a therapist to talk about it. No matter how many pills, creams or lotions scientists come up with, talking is still an important part of understanding and resolving sexual problems.