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Stress Related Sexual Dysfunction Among Online Working Women During Covid Pandemic

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Abstract

Background: Work-related stress, anxiety, fear, depression, trauma, feeling of guilt, insufficient sleep and somatic symptomatology are all linked to women's sexual lives either directly or indirectly. It is important to identify the mental status of working women during covid crises and their effect on sexual life.

Objective: To assess the stress level in working women during covid crises and to see its effects on their sexual life.

Methods: This is a cross-sectional study consisting of 50 online working women. Online working, Married women with children with age group from 24 to 45 years were selected. The data was collected using convenient sampling. Perceived stress scale questionnaire (PSS) and Female sexual function index questionnaire (FSFI) were the tools used.

Results: Our study group had a mean score of 17.5 which tells that most of our subjects had moderate stress levels influencing them. FSFI scores had an average of 25.8 which means the sexual life of those subjects was affected during this pandemic crisis.

Conclusion: There has been an increased level of stress, anxiety, and depression among working mothers during the covid crisis.

Keywords: Sexual dysfunction, covid crisis, working women stress, anxiety.

Introduction:

This study aimed to analyse the effects of fear, stress, anxiety and depression caused during lockdown among married working mothers and its effect on their sexual life. Women's sexual life is directly or indirectly linked with anxiety, depression, insufficient sleep, and somatic symptomatology (1). Women are more disturbed than men as men speak freely and have a lot of exposure to the outer world.

As covid 19 started to spread uncontrollably, many countries implemented tough lockdowns and travel restrictions in a bid to slow transmission. The Government had to take one of its toughest calls by shutting down all activities other than essential services to protect its citizens. All private clinics were closed due to the pandemic, which made it women more difficult to access nearby Gynaecologist (2). The fear of being infected kept many away from accessing services at health care facilities.

On the other hand, working women sector around the world faced their hardest time ever. The number of working hours has been drastically increased for women than men. As women had to supervise children's remote learning, cleaning due to lack of maids, at the same time feed their family time to time.

Research from past epidemics like Ebola (2014-16) and Zika (2016) suggests that women and children are at the greatest risk of exploitation and sexual violence (3). Increased risk of violence of women was caused by increased stress, disruption of social and protective networks, and decreased access to other services (4).

The National Commission of Women in India has also reported a surge in the reported cases of violence in the countryside covid outbreak started. Reports say that in India 1 in 4 girls got married by the age of 18 years which is nearly 27% of marriage. Among those early married girls, 32% of them experienced physical violence at their homes. United Nations Population Fund (UNFPA) has recently projected that an estimate of 31 million additional cases of gender-based violence can be expected to occur if the lockdown continues for at least six months. For every three months the lockdown continues, an additional 15 million extra cases of gender-based violence were expected.

Materials and methods:

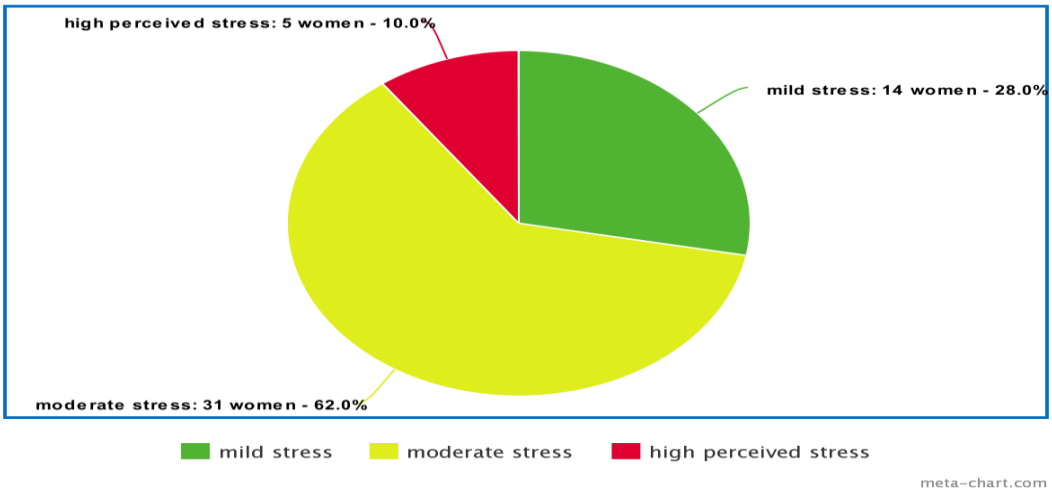
It is a cross-sectional study consisting of 50 working women with children. The data was collected using a convenient sampling method. Women were selected from the Gynaecology outpatient department, in Saveetha medical college and hospital, Thandalam, Chennai. Approval for the study was obtained from the institutional ethical committee. Subjects were explained about the study and its purpose, and then willing participants were selected. Written informed consent was obtained from all the willing participants. Participants' information was collected and documented confidentially following all ethical principles as required for the study.

Subjects were selected based on inclusion and exclusion criteria. Demographic details were collected at first followed by a perceived stress scale questionnaire (PSS) and a Female sexual function index questionnaire (FSFI). PSS questionnaire is a validated tool used to analyse symptoms of any depression witnessed among women (5). FSFI questionnaire is a validated tool to analyse any sexual dysfunction (6). FSFI questionnaire assesses 6 domains: desire; arousal; lubrication; orgasm; satisfaction; and pain which causes sexual dysfunction among women.

Results:

The demographic data collected along with PSS values are tabulated in table1. The mean age group of women was 36.44 ±0.5 who had 1or 2 kids in their home. The PSS value was calculated according to its key had a mean value of 7.443±0.5. According to the PSS tool, any score ranging between 0-13 was considered low stress, 14-26 was moderate stress and 27-40 was high perceived stress. Our study group had a mean score of PSS questionnaire ranging in 7.443±0.5 which tells that most of them had moderate stress levels on them.

Graph 1 shows percentage and number of women with mild stress, moderate stress or high perceived stress



FSFI consists of 6 domains and each domain has a minimum score of 0, 1.2 or 0.8 and a maximum score of 6. So, the total comes to min 2.0 and a maximum of 36 in total. According to the value obtained we observe that there were 22 subjects whose scores ranged in between 20 to

25 and the rest were above it. The remaining subjects scored between 26 to 28 points in total. The mean FSFI total value was calculated as 25.8 ±0.171 which concludes that working mothers wherein mild to moderate sexual dysfunction.

Table no.1 Demographic and PSS scoring						
	Age	**Height**	**Weight**	**BMI**	**No. Of years married**	**Pss score**
Mean	36.44 ±0.5	1.5012 ±0.00661	67 ±1.051	29.788 ±0.497	11.68 ±0.574	17.54 ±1.053
Median	36	1.52	65	29.67	12	17
Mode	32	1.53	59	30.29	13	13
SD	3.533	0.0467	7.429	3.515	4.056	7.443

Table no.2 FSFI score							
s.no.	**Desire**	**Arousal**	**Lubrication**	**Orgasm**	**Satisfaction**	**Pain**	**FSFI**
Mean	4.092 ±0.0605	4.506 ±0.0345	4.506 ±0.0345	4.328 ±0.0434	4.328 ±0.043	4.04 ±0.1	25.8 ±0.171
Median	4.2	4.5	4.5	4.4	4.4	4	26
Mode	4.2	4.8, 4.5	4.8, 4.5	4	4	4	26, 26.2
SD	0.427	0.243	0.243	0.30	0.306	0.707	1.221

DISCUSSION:

The purpose of this study was to analyse the effects of fear, stress, anxiety, and depression caused during lockdown among married working mothers and its effect on their sexual life. Women's sexual life is directly or indirectly linked with anxiety, depression, insufficient sleep, and somatic symptomatology.

The PSS scores gave a mean value of 17.54 ±1.053 which tells that women were under stress during the lockdown. This also emphasizes that women were under massive pressure as they had to work around the clock to satisfy their beloved family members. As in India still, we can see joint family set up the number of members in each family adds extra load on women. Many families did not welcome maids coming to their homes as they were entering daily from outside. To keep them protected many restricted interacting with the outside world. Women got frustrated as they had to keep on cleaning things like vegetables, fruits which were purchased along with sanitizing their living area. These were all the extra mile for each woman, which not only gave physical stress but also mental stress to women during the lockdown. Other than that, the fear of them being infected and chances of spreading an infection to others developed immense pressure, depression. As they had to do plenty of work their sleeping duration was also reduced. This also added to their stress factors. Physical and mental stress along with lack of proper sleep led to depression in working women.

FSFI scores had an average of 25.8 that means which had affected their sex life also. Our study group had a mean score of 17.5 which tells that most of them had moderate stress levels on

them. It has been clearly shown that women with depression had less active sexual life. On the other hand, we had subjects who were forced by their partners irrespective of their mental health. Few partners had a clash between them due to loss of libido from the side of women, this led to more stress towards women.

Research on women's health has found that the female gender is significantly associated with a higher self-reported level of stress, anxiety, depression, and post-traumatic stress symptoms (7). Studies also say that when women are under stress or depression there is an increase in hormone cortisol which is said to reduce the desire to have sex.

Women are the ones who have a higher prevalence of risk factors known to intensify during a pandemic, including chronic environmental strain (8), pre-existing depressive and anxiety disorders and domestic violence(9,10). There is a strong connection between stress and pelvic floor muscle dysfunction. Sudden stress and anxiety faced by a woman might create new symptoms or even make present symptoms worse. PFM helps in supporting the pelvic organs, retention, and voiding of urine and faeces. Other than that, it also places an important role in sexual function, stabilising the pelvis etc.

The main function of pelvic floor muscle is to support pelvic organs, storing and then evacuating faeces and urine. Other than that pelvic floor muscle reinforces sexual function, stability of the pelvis and hips, pumping blood and the lymphatic fluid back towards our hearts. A few examples of what PF dysfunction can look like is urinary or faecal loss, frequent urination, difficulty emptying the bladder, or pelvic pain. The autonomic nervous system is responsible for a physical response during stress. At the time of stress or anxiety, our skeletal muscles are in a contracted state. For example few individuals have experienced trapezius muscle tightness during stress headaches. Same way few individuals experience pain in the pelvic region due to stress or anxiety.

CONCLUSION:

From this study, we come to know that working mothers were psychologically affected during this Covid situation and it impacted their sexual life. Women are substantially associated with stress, anxiety and depression; men must support their spouse considering their condition. In India family plays a very important role, so all the members the family must equally support women living with them.

Conflict of interest:

The authors are responsible for the content and writing of this article. The authors declare that there is no conflict of interest.

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