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NOT TONIGHT, DEAR

An astonishing 43 per cent of women — the majority of them young — suffer from some form of sexual dysfunction, with low desire topping the list of complaints.

What's responsible for our libido-less state?

BY MARCIA KAYE

WOMEN LOVE SEX. (Don't we?) When we're not having it, we're talking about it or thinking about it. (Aren't we?) We have unceasing desire, instant arousal, screaming orgasms that threaten to wake children and neighbours. We're so free of inhibitions, so armed with how-to tips and so sought-after by ready partners — Viagra-primed or no — that we can experience perfect encounters every time. (Can't we?)

At least, that's what the popular media would have us believe,



through movies, videos and most of the 14,000 sexual references we see on TV every year. Sadly, that's mostly fiction. Reality is dramatically different. According to a landmark study by the University of Chicago, first published in the *Journal of the American Medical Association* in 1999, an astonishing 43 per cent of women regularly experience some form of sexual dysfunction, as compared with 31 per cent of men.

Sexual dysfunction includes any of the following four categories of disorders, as defined by the American Federation of Urologic Disease in 1998: regular lack of interest in sex; persistent problems achieving lubrication; lack of orgasm; or pain during intercourse. Of the 1,749 women aged 18 to 59 in the nationwide survey, 33 per cent said they have chronic low desire, 20 per cent reported ongoing problems with arousal, 26 per cent fail to achieve orgasm regularly, and 20 per cent feel pain during intercourse. "Then I guess I'm dysfunctional, because I have most of those," says a 42-year-old married woman in Mississauga, Ont., with two preteens and a full-time job. "For me sex is one more chore on my list. 'Do laundry, pay the bills, have sex.'"

Photo: Photo Disc

We've generally assumed that such complaints come with the territory of getting older and being in a monogamous, and therefore possibly monotonous, relationship. But the study found just the opposite: sexual dysfunction is highest in young women. Those 18 to 29 are twice as likely as women in their 50s to rate sex as simply not pleasurable, and three times as likely to experience pain during intercourse. Moreover, single women are 1 1/2 times more likely to have trouble climaxing than married women. The authors of the study say that sexual dysfunction is strongly linked to general feelings of dissatisfaction, especially for women, concluding, "The results indicate that sexual dysfunction is an important public health concern."

Before we start panicking here, it's important to note that none of the women in the study was clinically examined or diagnosed with a medical condition: results were all self-reported. Moreover, since Viagra first appeared on the scene nearly four years ago to treat men's erectile dysfunction, drug companies have been tripping over themselves to come up with a female equivalent, and it's in their best interests to identify and med- ▶

icalize a disorder called women's sexual dysfunction. The authors of the Chicago study, while respected researchers, were paid by Pfizer, the company that makes Viagra, something that the American Medical Association failed to disclose when it published the study.

But whether or not women are clinically dysfunctional, no one is denying that millions of women have unfulfilling sex lives. Some experts say that instead of "dysfunction," we should really be talking about sexual "dissatisfaction," which incorporates a whole range of interrelated physical and psychological issues. "Some people are, clinically speaking, sexually functional but consistently feel dissatisfied," says Josee Leboeuf, a Montreal clinical sexologist and psychotherapist.

Alice Bell, a sexual health educator and registered nurse in North Vancouver, doesn't like to use the word "dysfunction" at all. "That's such a clinical, depressing word," she says. She prefers the word "problem," and in her experience, 90 per cent of people admit to sexual problems. And what of the 10 per cent who say they've never had a problem? "I suspect," she says, "they're lying."

Researchers have a pretty good feel, so to speak, for the male sexual response. It's straightforward: first desire, then arousal, then orgasm. Products like Viagra work solely on arousal: if the desire is there in the first place but there are problems with arousal – which, in men means getting and keeping a good erection – a drug or pump can help, and the

result is usually an orgasm. A woman however, is much more complex. We're not guys. We can become aroused without feeling the desire to act on it. We can stop lubricating even as we become more excited. We can experience desire and arousal but not necessarily have an orgasm. Even if we never have orgasms, we can still be satisfied with our sex life. And even if we're pretty sure we'll have an orgasm, we won't necessarily want to have sex.

"For a woman the whole sexual context is important," says Bianca Rucker, a Vancouver marriage and family therapist specializing in sex therapy. Rucker, who has a PhD in psychology and is also a registered nurse, says that for women the physical and psychological aspects of sex are inextricably linked. For instance, we may be physically aroused, but we might not feel like having sex if the kids are still awake, tomorrow's lunches aren't made, we're worried about finances, the sheets need changing, we're still angry about last night's argument, or we haven't shaved our legs. Since we each have our own individual turn-ons and turnoffs, we shouldn't hold our breath for a female Viagra-type product, says Rucker. "The context has to be right. It's hard to envision that in a drug product."

Low desire is the most common complaint. Sometimes the cause is purely physical: diabetes, cardiovascular disease, thyroid disorders and autoimmune diseases such as lupus can all shift the sex drive into park. So can certain medications, including the birth control

pill and drugs for high blood pressure. Up to 70 per cent of patients on antidepressants experience negative sexual side effects. Hormones play a role, too, although there are no set rules. Many women report less interest in sex after childbirth, menopause or hysterectomy, yet many others desire sex more than they did before. While testosterone therapy can help certain women, it doesn't work for everyone and is not recommended for premenopausal women, whose hormones constantly fluctuate. Some women's sex drive is naturally lower than others, yet expectations – either from their partner or from society – make them feel as though there's something

Euphoria and Dream Cream, at \$11 to \$40 for a small tube. They're not vaginal lubricants; they're meant to be applied specifically to the underside of the clitoris in order to increase blood flow. Most contain L-arginine, an amino acid that brings nitric oxide into the area, which works to increase vasodilation. Many also contain menthol, which causes an icy-hot tingling sensation.

They sound like wonder drugs. And therein lies the first problem. The products make health claims that only drugs are allowed to make, yet they're not regulated like drugs and don't need a prescription. Viacrème was the first to fall: in November, after investigating Viacrème, Health

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wrong. There are also innumerable emotional reasons why a woman has low sex drive, such as marital problems, previous sexual trauma and negative ideas about sex. And today's women often lead such busy and stressful lives that there's simply no room for sex. Rucker says, "It just boggles the mind how someone who's frantically busy could have time or energy to be sexual."

To the rescue comes a host of products aimed to improve women's arousal – not the desire, but the increase in genital sensations. Sex shops, sales networks and Web sites enthusiastically promote a variety of clitoral-stimulating creams and gels, such as Viacrème, O Cream,

Canada asked Customs Canada to issue a customs alert. This means that it's now illegal to import commercial shipments of the U.S.-made product into Canada. "The product is advertised as a female Viagra and a treatment for sexual dysfunction, which are drug claims," says Health Canada spokesperson Tara Madigan in Ottawa. The company must now apply for a drug identification number and dramatically alter its literature.

The second concern is the way these products are marketed. Viacrème, for instance, uses multilevel marketing, where buyers are encouraged also to become sellers. "Sex products are the last bastion of snake-oil salesmen," says Janna Sylvest, ▷

co-owner of Womyns'Ware Inc., an upscale sex shop in Vancouver that not only sells products but educates its clientele about sexuality. Sylvest, who refuses to sell such creams, laughs at the instructions included with some of them, such as "Rub into the clitoris for two to eight minutes," or "Use in conjunction with manual or oral stimulation or a vibrator." She says, "Putting a cream on may have one use, anyway – you now have a medicinal reason for getting your partner to stimulate you."

the time, but now Meston says that's too simplistic. Just because a woman has engorged genitals doesn't mean she necessarily wants to have sex.

The good news: "We get an enormous placebo response in women," Meston says. She says that even if a product has absolutely no proven scientific benefit – such as Viagra for women – some women get a good result because they're taking an active role in their own sexuality. Results aren't due to the product but to talking about sex, monitoring their

"SEX PRODUCTS ARE THE LAST BASTION OF SNAKE-OIL SALESMAN."

There's a third, much more confounding issue with these products. It's true that L-arginine does indeed work to increase blood flow into the genitals. "But that in itself doesn't constitute arousal," says Cindy Meston, associate professor of clinical psychology at the University of Texas in Austin. Meston, a Canadian, heads up one of about 10 female sexual physiology labs in the world and has done extensive research on women's arousal. "An increase in blood flow to the genitals doesn't necessarily impact a woman's feelings of sexual arousal. It's absolutely different from men's experience." A few years ago Meston conducted exciting new research showing that women who did a little physical exercise before watching an erotic film had significantly more blood flow to the genitals than women who watched the same film but hadn't exercised. The take-home message seemed self-explanatory at

response and having expectations that a product will work.

Some of the biggest myths around women's sexuality involve orgasm. While women in movies invariably have orgasms from intercourse alone, most women in real life don't. It's estimated that anywhere from 50 to 87 per cent of women cannot climax solely from intercourse. "With the design of women's bodies, during intercourse the clitoris is two inches north of the action, hangin' in the wind," says Sue McGarvie, an Ottawa sex therapist. McGarvie says that porn (or "porno" if you're under 30) perpetuates such toxic myths about female orgasms that people shouldn't watch it until they're old enough to laugh at it. Womyns'Ware Inc., the Vancouver sex shop, has decided to stock only those erotic videos that might work to improve women's sex lives. The total number of

to experiment to find a position that is comfortable. Women over 40 whose hormonal shifts cause decreased lubrication or thinner tissues can fix the problem easily and cheaply with a lubricant. Much less frequently, the cause of painful intercourse is psychological, such as early sexual abuse or trauma. The Society of Obstetricians and Gynecologists of Canada produces a pamphlet, available in doctors' offices, outlining simple exercises to control and relax the vaginal muscles.

Perfect sex is an unattainable goal, but fulfilling sex is worth pursuing. Recent studies from Scotland and Wales found that regular, satisfying sex can lower people's risk of heart disease and stroke and take up to 12 years off their

looks. A few sessions with a sex therapist cost far less than a face lift.

Therapist Rucker offers some free advice. First, spend more time with your partner, doing a fun activity or just hanging out together. Second, talk to each other. Sharing more about yourselves increases intimacy and helps build the foundation for a better sex life. Third, touch more. Hug, stroke, caress and massage your partner – and not necessarily the genitals. Women often avoid touching or allowing themselves to be touched for fear that it will necessarily lead to sex. But Rucker says, "Often men will tell me, 'I wasn't even thinking about sex. I just wanted to be close to her.'"

Marcia Kaye is a Toronto-based writer. **HM**