REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v13.8817

SEXUAL DYSFUNCTION IN ADULT WOMEN ATTENDED IN THE GYNECOLOGY SERVICE OF UNIVERSITY HOSPITAL

Disfunção sexual em mulheres adultas atendidas no serviço de ginecologia do hospital universitário

Disfunción sexual en mujeres adultas atendidas en el servicio de ginecología del hospital universitario

Cristina Portela da Mota[1]; Maria José de Melo[2]; Jorge Luiz Lima da Silva[3]; Claudia Maria Messias[4]; Ricardo José de Oliveira Mouta[5]; Felipe Guimarães Tavares[6]*

How to quote this article:

Mota CP, Melo MJ, Silva NS, *et al.* Sexual dysfunction in adult women attended in the gynecology service of university hospital. Rev Fun Care Online.2021. Jan./Dec.; 13:1116-1121. DOI: http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.8817

ABSTRACT

Objective: To describe the sociodemographic, sexual and reproductive profile, the prevalence of sexual dysfunction in adult women attended at the University Hospital. **Method:** quantitative, descriptive and cross-sectional study. Total of 267 adult women between the ages of 25 and 49 with at least one sexual intercourse were evaluated. **Results:** there was a significant association of female sexual dysfunction with coitarca younger than 15 years, frequency of monthly or less sexual intercourse, and lactation. The prevalence of dyspaurenia was found in (30.3%) of the interviewees and vaginismus in (26.2%). **Conclusion:** noticed that preventive measures minimize the occurrence of dysfunctions such: facilitating access to information, promotion and prevention of health, training and continuing education programs. Is important to build holistic approach and multidisciplinary effort, since female sexual dysfunction constitutes broad spectrum of difficulties.

Descriptors: Sexual dysfunction, Reproductive health, Nursing, Gynecology, Health promotion.

[1] Graduation in Nursing / Unirio. PhD in Public Health / Ensp / Fiocruz. *Universidade Federal Fluminense.*

[2] Graduation in Nursing / UFF. *Universidade Federal Fluminense.*

[3] Graduation in Nursing / UFF. PhD in Public Health / Ensp / Fiocruz. Professor at the Department of Maternal-Child and Psychiatry UFF. PhD in Nursing / UFRJ. *Universidade Federal Fluminense.*

[4] Graduation in Nursing / Faculty of Nursing and Obstetrics of Barra Mansa RJ. Professor at the Department of Maternal-Child and Psychiatry / UFF. *Universidade Federal Fluminense.*

[5] Graduation in Nursing / Uerj. Department of Maternal and Child Nursing. PhD in Nursing / Uerj. State University of *Rio de Janeiro.*

[6] Graduation in Nursing / UFF. PhD in Epidemiology in Public Health / Ensp / Fiocruz. Professor of the Medical-Surgical Department / UFF. *Universidade Federal Fluminense.*

RESUMO

Objetivo: Descrever o perfil sóciodemográfico, sexual e reprodutivo, e a prevalência da disfunção sexual em mulheres adultas atendidas do Hospital Universitário. **Método:** estudo quantitativo, descritivo e transversal. Avaliaram-se 267 mulheres adultas entre 25 e 49 anos com pelo menos uma relação sexual na vida. **Resultados:** constatou-se associação significativa das disfunções sexuais femininas com coitarca menor que 15 anos, frequência de uma relação sexual mensal ou menos e lactação. A prevalência de dispaurenia foi encontrada em 30,3% das entrevistadas e vaginismo em 26,2 %. **Conclusão:** percebe-se que medidas preventivas minimizam a ocorrência das disfunções como: facilitar o acesso à informação, promoção e prevenção de saúde, e programas de capacitação e educação permanente. É importante construir uma abordagem holística e esforço multidisciplinar, visto que a disfunção sexual feminina constitui um largo espectro de dificuldades.

Descritores: Disfunção sexual, Saúde reprodutiva, Enfermagem, Ginecologia, Promoção da saúde.

RESUMEN

Objetivo: Describir el perfil sociodemográfico, sexual y reproductivo, la prevalencia de la disfunción sexual en mujeres adultas atendidas del Hospital Universitario. **Método:** estudio cuantitativo, descriptivo y transversal. Evaluaron 267 mujeres adultas entre 25 y 49 años con menos una relación sexual en vida. **Resultados:** se constató una asociación significativa de las disfunciones sexuales femeninas con coito menor de 15 años, frecuencia de una relación sexual mensual o menos y lactancia. La prevalencia de dispaurenia fue encontrada em (30,3%) de entrevistadas y el vaginismo (26,2%). **Conclusión:** percibe que medidas preventivas minimizan la ocurrencia de las disfunciones como: facilitar el acceso a información, promoción y prevención de salud, programas de capacitación y educación permanente. Es importante construir enfoque holístico y esfuerzo multidisciplinario, ya que la disfunción sexual femenina constituye un amplio espectro de dificultades.

Descriptores: Disfunción sexual, Salud reproductiva, Enfermería, Ginecología, Promoción de la salud.

INTRODUCTION

A satisfactory sex life is an integral part of the overall health of the human being and individual well-being, being very important in an affective relationship. Sexuality is multifactorial and influenced by all dimensions of the individual, namely personality, biology, life cycle and previous sexual experiences. [1]

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships, although not all of them are always experienced or expressed throughout life. In this new context of society, women become more demanding and interested in solving or knowing the sexual function, preventing and treating sexual dysfunctions, appropriating knowledge to improve their satisfaction, in search of a better quality of life. [2]

Female sexual dysfunctions (DSF) are characterized by disturbances in one or more phases of the sexual response cycle, or by pain associated with sexual intercourse, which generate suffering or interpersonal difficulty, rendering the woman unable to participate in sexual intercourse as she would like. [3]

The sexual response cycle is negatively influenced by psychological factors, including anxiety, low self-esteem, body image perception disorders, fear of rejection, sexual performance anxiety, past traumatic sexual experiences, history of abuse and relationship quality. There are other factors such as hormonal imbalance (low androgen levels and hyperprolactinemia), vascular, physiological, specific medical conditions (urogenital, neurological and endocrine disorders, pelvic floor disorders, menopause, pregnancy and postpartum), muscle (perineal lacerations resulting from childbirth, muscle weakness and hypertonic dysfunctional muscles) and or due to surgery or medication. [4-7]

Notwithstanding the high rates of sexual dysfunction, a large proportion of women do not seek medical help, out of shame, frustration or failure to attempt underprofessional treatment. A minority of women have the initiative to talk about their sexual difficulties and only a small proportion of gynecologists question their patients' sexual function. [8]

Female sexual dysfunction is a public health problem due to its high prevalence and because it is related to losses both in the quality of life of women and in the relationship with their partners. It is able to influence physical and mental health and can be affected by organic, emotional and social factors. [3,9]

The study aimed to describe socio-demographic, sexual and reproductive profiles and the prevalence of sexual dysfunction in adult women treated at the gynecology service of the University Hospital.

METHODS

This is a descriptive, cross-sectional study with a quantitative approach, carried out in the outpatient clinic of the gynecology service of a university hospital. The participants were adult women aged between 25 and 49 years, with active sexual intercourse. Adult women with genital malformations were excluded.

For data collection, in the first moment, an interview containing closed questions related to age, marital status, education, religion, race / color, family income, use of medications and contraceptive methods, personal history, number of children and type delivery. Then, the Female Sexual Function Index (IFSF) was applied, which is a brief, specific and multidimensional scale, to assess the sexual function of women by the researcher, accompanied by a psychologist specialized in the area of clinical sexology. [10]

The sample calculation was based on an average of 700 women attended monthly at the gynecological outpatient clinic of Hospital Universitário, after using the criteria, the number of study participants was 267 women.

The questionnaire used, constructed and validated

in the English language, already translated and validated for use in Portuguese-speaking patients fluent in Brazil, consists of 19 questions that assess sexual function in the last four weeks and present scores in six domains: sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain or discomfort. At the end, a total score is presented, resulting from the sum of the scores for each domain multiplied by a factor that homogenizes the influence of each domain on the total score. [11]

Final scores can range from two to 36, with higher scores indicating a better degree of sexual function.[12] Women with scores less than or equal to 26 should be considered to have sexual dysfunction.[13]

The numerical variables were expressed as mean and standard deviation. As for the categorical variables, simple and relative frequencies were used to summarize them and, if necessary, the Person's chi-square test. To perform the statistical calculations, the Statistical Package for Social Sciences (SPSS) version 21 program was used.

This study was approved by the Human Research Ethics Committee of Hospital Universitário Antônio Pedro at Universidade Federal Fluminense, under the number of opinion 1,409,265. All women recruited for the study signed a free and informed consent form.

RESULTS

267 women aged 25 to 49 years were interviewed. The average age found was 35.10 years (SD ± 7.75). Studies carried out worldwide in this area have shown that the prevalence of sexual dysfunction increases with age. 3.14.15

Regarding the self-reported color / race, women refer to: black 122 (45.7%), brown 108 (40.9%) and white 37 (13.9%). As for education, 132 (49.4%) reported having completed high school, 29 (10.9%) completed higher education, and 23 (8.6%) completed elementary education.

Thus, in this study, the education of adult women was high, which is in line with a study carried out with 346 women in Portugal that found an association between low education and the presence of female sexual dysfunction.[3]

According to Tables one and two, 121 (45.3%) single, 120 (44.9%) married, 16 (6.0%) separated and 10 (3.7%) are observed) widows. Regarding marital status, 120 (44.9%) reported living with a partner. Of the possible risk factors found in the marital relationship, being single showed an association with sexual interest, lubrication, orgasm, dyspareunia, while marital difficulties were associated with low levels of sexual interest, excitement, orgasm and with dyspareunia.[16]

Table 1 - Distribution of socio-demographic variables of the population of adult women treated at the gynecology service of *Hospital Antônio Pedro. Niterói, RJ, Brazil*, 2016.

VARIABLES SOCIODEMOGRAPHICS	N	%
Skin color (self referred)		
White	37	13,9
Brown	10 8	40,4
Black	12 2	45,7
Age		DP ± 7,75
≥ 25 years until 39 years	18 9	70,9
> 39 years until 49 years	78	29,1
Schooling		
Middle school (incomplete)	2	0,7
Middle school (complete)	23	
High school (incomplete)	25	8,6
High school (complete)	13	9,4
Graduation (incomplete)	2	49,4
Graduation (complete)	56	21,0
	29	10,9
Marital status		
Married		
Single	12	44,9
Separated	0	45,3
Widow	12	6,0
	1	3,7
	16	
	10	
Partner status		
Has partner	12 0	44,9
Doesn't have partner	14	55,1
Religious		
Yes	17 9	67,0
No	88	33,0
Per capita income per minimum wage		
≤ 1 minimum wage	99	37,1
>1-7< wages	15 8	59.1
≥ 7 wages	10	3,7

Legend: N = total in the stratum. % = percentage. SM = minimum wage

Table 2 - Distribution of sexual and reproductive variables of the population of adult women treated at the gynecology service of *Hospital Antônio Pedro. Niterói, RJ, Brazil,* 2016

SEXUAL REPRODUCTIVE VARIABLES	N	%
Age of menarche		DP ± 1,6
Until 11	18 9	70,8
After 11	78	29,2
Age of first intercourse		DP ± 3,40
Until 15	15 2	56,9
After 15	11 5	43,1
Contraceptive method		
Yes	56	19,5
None	21 5	80,5
Births		
Normal	62	54,4
Cesarean	52	45,6

Children		
Yes	114	42,7
No	153	57,3
Breastfed		
Yes	111	41,6
No	156	58,4
Partners		
Possui		
Não possui		
Yes	256	95,9
No	11	4,1
Medication		
Uses	56	21,0
Doesn't use	211	79,0
Surgery		
Has undergone	52	19,5
Hasn't undergone	215	80,5
DST		
Had	15	5,6
Never had	252	94,4
Intercourse frequency		
Everyday	14	6,7
Once a week	34	16,2
Once a month	80	38,1

The questionnaire consists of 19 questions and scores on each component. The answer options are scored between 'zero' and 'five', increasingly, except for questions about pain, where the score is set inverted. The total score is the sum of the scores for each domain multiplied by the corresponding factor and can vary from 'two' to '36', considering the risk for sexual dysfunction a total score <26. The IFSF score ranged from '0.12' and '39.8', with 39.8 (39.8%) of the women having a score below 29, thus being classified as having sexual dysfunction <29 (Table three).

Table 3 - Scores of the domains of the Female Sexual Function Index - IFSF

Domain	Questions	Variation score	Factor	Minimum score	Maximum score
Desire	1 e 2	2,0-10	0,6	0,12	0,60
Excitation	3 a 6	00-20	0,3	00	6,0
Lubrification	7 a 10	00-20	0,3	00	6,0
Orgasm	11 a 13	00-38	0,4	00	15,2
Satisfaction	14 a 16	00-15	0,4	00	6,0
Pain	17 a 19	00-15	0,4	00	6,0
Total score				0,12	39,8

In table four, it can be seen that there was not much variation in women who responded positively regarding the modalities of sexual dysfunction. It should be noted, however, that the data on the prevalence of sexual dysfunctions in general are highly diverse, perhaps because the classification systems, the assessment methods and the population groups in which these studies are so diversified, and also by a same woman has more than one or all of the disorders.

In a review study, it was shown that it is possible to verify, with greater relevance, changes in sexual desire as an indicator of sexual dysfunction in 78% of the studies, but in 47% the decrease in sexual desire during pregnancy is highlighted. The change in sexual satisfaction is also one of the most significant characteristics mentioned in 64% of the studies, following the change in desire, followed by changes in orgasm 59%, pain in sexual intercourse 57%, change in the frequency of sexual activity 54 % and changes in sexual arousal in about half of the studies. Slightly less relevant, specific changes in vaginal lubrication were identified 43% and changes in sexual interest 21%. [17]

Table 4- Prevalence of sexual dysfunction in the population of adult women treated at the gynecology service of the university hospital. *Niterói*, RJ, Brazil, 2016

VARIABLES SEXUAL DYSFUNCTIONS	n	%
Dysfunction to orgasm	34	12,7
Dyspareunia	81	30,3
Desire dysfunction	41	15,4
Excitation dysfunction	33	12,4
Vaginismus	70	26,2

DISCUSSION

The overall prevalence of sexual dysfunction found in this study was 39.8%, in agreement with other studies, in which the prevalence ranged from 21.9% to 35.7% .9,18,19 However, there are studies that have shown prevalence sexual dysfunction above 70% .3,20,21 Sexual difficulties are common among women; sexual dysfunctions are estimated to affect 20-50% of them. [22]

Female sexual dysfunctions are multi-factor in nature and are under the control of psychological, hormonal, neurological, vascular and muscular factors. Few studies have been carried out to assess the prevalence in Brazil, but it is known that the increase is related to advanced age and several sociodemographic characteristics. [3]

Recently, the creation of validated questionnaires for the Portuguese language has provided greater detection of symptoms of this condition, which affects the quality of life of women all over the world. With regard to the age of the coitarca, it is observed that 152 (56.9%) of the women interviewed had their first sexual intercourse before the age of 15. Sexual initiation has occurred earlier due to the opportunities to have sex, the modern lifestyle and environmental stimuli.[23] Furthermore, it is important to take into account the drop in the average age at which menarche occurs, which decreases by about four months every decade and is currently between 11 and 12 years old. [24]

The association between the frequency of coitus and female sexual dysfunction was observed in sexually active women in the last month preceding the study. Dyspareunia 81 (30.3%) followed by vaginismus 70 (26.2%) and desire dysfunction 41 (15.4%) were the most frequent dysfunctions, unlike orgasm 34 (12.7%) and arousal 33 (12.4%) that were less mentioned.

From these results, it is possible to observe that several factors contribute to the growing relevance of studies on female sexuality disorders: changes in the sexual expectations of women themselves, greater female sexual liberation attested today and information constantly conveyed by the media on the subject. Progressive advances in the pharmaceutical industry, growing sensitivity of health professionals to human sexuality and, above all, the high prevalence of female sexual dysfunction is also a factor that highlights the importance of the topic.

Sexuality for being something essential to the human being is present from birth to death, and is experienced in the affective, loving aspects, in the construction of identity, in the history of life and in cultural, moral and religious values. Thus, several preventive measures can prevent the occurrence of female sexual dysfunctions in a certain group of women: improving the educational level of the Brazilian population, facilitating their access to information and counseling, stimulating health promoting and preventive actions and finally investing training programs and continuing health education.

The work carried out with this population requires interdisciplinary health teams that approach all aspects that may involve human sexuality and sexual dysfunctions. An alternative to this problem would be to include in the curricula of undergraduate health courses, disciplines that work with sexuality not only as a reproductive act or sexually transmitted diseases, but as a subject that mainly involves aspects of the quality of life of the person involved. [25]

In this sense, we reflect on the importance of the nurse's role as a health professional who assists women in the gynecological outpatient clinic, where they can collaborate positively for the complete and healthy experience of women's sexuality.

CONCLUSION

Female sexual dysfunction constitutes a wide spectrum of difficulties, of multifactorial etiology, which requires a holistic approach in its evaluation and intervention and, ideally, a multidisciplinary effort.

It is also worth highlighting the exploratory nature of the research presented here, therefore, it is necessary to carry out other studies that seek to remedy the observed limitations.

Finally, it should be noted that interventional planning must be individualized for each case, and there should be a combination of areas that work with this theme, acting in an interdisciplinary way, comprehensively encompassing female sexuality and sexual problems related to that gender.

The pioneering nature of the study was a great challenge in terms of comparisons, as there are few studies on similar female groups with the theme. The cross-section provides an instant image of the variable to be studied, in this case the outcome was female sexual dysfunction.

A limiting factor occurred in the collection of information in the questionnaires, a moment that in some way may have been influenced by nervousness, or even shyness of the participants, also remembering that the dysfunctions are referred by women and not diagnosed by the clinic.

It should be noted that the use of self-reported scales is widespread in the literature and consolidated, which strengthens this study and takes care to mitigate errors and inconsistencies as described in the method.

REFERENCES

1. Najafabady MT, Salmani Z, Abedi P. Prevalence and related factors for anorgasmia among reproductive aged women in Hesarak, Iran. Clinics [internet]. 2011; 66(1): 83-6. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1807-59322011000100015
2. Oliveira DC, Gomes AMT, Pontes APM, Salgado LPP. Atitudes, sentimentos e imagens na representação social da sexualidade entre adolescentes. Esc Anna Nery Rev Enferm [internet]. 2009; 13(4):817-23. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452009000400018&lng=en&nrm=iso&tlng=pt
3. Ribeiro B, Magalhães AT, Mota I. Disfunção sexual feminina em idade reprodutiva - prevalência e fatores associados. Rev Port Med Geral Fam [internet]. 2013; 29(1):16-24. Available from: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S2182-51732013000100004
4. Okeahialam BN. Valsartan, an angiotensin receptor blocker treats sexual dysfunction in a female hypertensive: a case report. Afr J Med Med Sci [internet]. 2011; 40(3):273-5. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22428523
5. Rathi M, Ramachandran R. Sexual and gonadal dysfunction in chronic kidney disease: pathophysiology. Indian J Endocrinol Metab [internet]. 2012;16(2):214-9. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22470857
6. Leeman LM, Rogers RG. Sex after childbirth: postpartum sexual function. Obstet Gynecol [internet]. 2012; 119(3):647-55. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22353966
7. Miner M, Sadovsky R, Buster JE. Hypoactive sexual desire disorder in premenopausal women: case studies. Postgrad Med [internet]. 2012; 124(1):94-103. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22314119
8. Ferreira CC, Mota LMH, Oliveira ACV, Carvalho JF, Lima RAC, Simaan CK et al. Frequência de disfunção sexual em mulheres com doenças reumáticas. Rev Bras Reumatol [internet]. 2013; 53(1):35-46. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0482-50042013000100004&lng=en&nrm=iso&tlng=pt
9. Lima AC, Dotto LMG, Mamede MV. Prevalência de disfunção sexual em primigestas, no Município de Rio Branco, Acre, Brasil. Cad Saúde Publ [internet]. 2013; 29(8):1544-54. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2013000800007&lng=en&nrm=iso&tlng=pt
10. Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R et al. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. J Sex Marital Ther [internet]. 2000; 26(2):191-208. Available from: https://www.ncbi.nlm.nih.gov/pubmed/10782451

11. Thiel RRC, Dambros M, Palma PCR, Thiel M, Riccetto CLZ, Ramos MF. Tradução para o português, adaptação cultural e validação do Female Sexual Function Index. Rev Bras Ginecol Obstet [internet]. 2008; 30(10):504-10. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032008001000005
12. Hentschel H, Alberton DL, Capp E, Goldim JR, Passos EP. Validação do Female Sexual Function Index (FSFI) para uso em língua portuguesa. Rev HCPA [internet]. 2007; 27(1):9-14. Available from: https://www.ufrgs.br/bioetica/fsfi.pdf
13. Wiegel M, Meston C, Rosen R. The Female Sexual Function Index (FSFI): cross-validation and development of clinical cutoff scores. J Sex Marital Ther [internet]. 2005; 31(1):1-20. Available from: https://www.ncbi.nlm.nih.gov/pubmed/15841702
14. Santos AM, Santos FC, Cendoroglo MS. Sexualidade e dor crônica em idosas longevas: descrição de fatores interferenciais. Rev Dor [internet]. 2015; 16(1):48-52. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1806-00132015000100048&lng=en&nrm=iso&tlng=pt
15. Lara LAS, Silva ACJSR, Romão APMS, Junqueira FRR. Abordagem das disfunções sexuais femininas. Rev Bras Ginecol Obstet [internet]. 2008; 30(6):313-21. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032008000600008
16. Lewis RW, Fugl-Meyer KS, Corona G, Hayes RD, Laumann EO, Moreira Jr ED et al. Definitions/epidemiology/risk factors for sexual dysfunction. J Sex Med [internet]. 2010; 7(4):1598-607. Available from: https://www.arca.fiocruz.br/bitstream/icict/9060/2/Lewis%20RW%20Definitions....pdf
17. Carteiro DMH, Sousa LMR, Caldeira SMA. Indicadores clínicos de disfunção sexual em mulheres grávidas: revisão integrativa de literatura. Rev Bras Enferm [internet]. 2016; 69(1):153-61. Available from: http://www.scielo.br/pdf/reben/v69n1/0034-7167-reben-69-01-0165.pdf
18. Prado DS, Mota VPLP, Lima TIA. Prevalência de disfunção sexual em dois grupos de mulheres de diferentes níveissocioeconômicos. Rev Bras Ginecol Obstet [internet]. 2010; 32(3):139-43. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032010000300007
19. Bezerra IFD, Sousa VPS, Santos LC, Viana ESR. Comparação da qualidade de vida em gestantes com disfunção sexual. Rev Bras Ginecol Obstet [internet]. 2015; 37(6):266-71. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032015000600266
20. Silva BM, Rêgo LM, Galvão MA, Florêncio TMMT, Cavalcante JC. Incidência de disfunção sexual em pacientes com obesidade e sobrepeso. Rev Col Bras Cir [internet]. 2013; 40(3):196-202. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-69912013000300006
21. Costa TF, Silva CR, Muniz LF, Mota LMH. Prevalência de disfunção sexual entre pacientes acompanhadas na coorte Brasília de artrite reumatoide inicial. Rev Bras Reumatol [internet]. 2015; 55(2):123-32. Available from: http://www.scielo.br/scielo.php?pid=S0482-50042015000200123&script=sci_abstract&tlng=pt
22. Faria K, Pedrosa LAK. Avaliação da qualidade de vida e função sexual de mulheres com e sem incontinência urinária. Rev Eletr Enf [internet]. 2012; 14(2):366-73. Available from: https://www.fen.ufg.br/revista/v14/n2/v14n2a17.htm
23. Dias ACG, Teixeira MAP. Gravidez na adolescência: um olhar sobre um fenômeno complexo. Paidéia [internet]. 2010; 20(45):123-31. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-863X2010000100015
24. Castilho SD, Pinheiro CD, Bento CA, Barros-Filho AA, Cocetti M. Tendência secular da idade da menarca avaliada em relação ao índice de massa corporal. Arq Bras Endocrinol Metab [internet]. 2012; 56(3):195-200. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-27302012000300008
25. Martins FA. Intervenções na área da saúde frente à disfunção sexual feminina no Brasil: uma revisão sistemática [trabalho de conclusão de curso] [internet]. Ribeirão Preto, SP: Universidade de São Paulo; 2017. Available from: https://ses.sp.bvs.br/wp-content/uploads/2017/07/PAP_Francine-Aparecida-Martins_2017.pdf

Received on: 01/04/2019
Required Reviews: 30/08/2019
Approved on: 14/10/2019
Published on: 14/06/2021

***Corresponding Author:**
Jorge Luiz Lima da Silva
Rua Dr. Celestino, nº 74
Centro, Niterói, Rio de Janeiro, Brasil
E-mail: jorgeluizlima@gmail.com
Telephone: +55 (21) 9 9848-7314
CEP: 24.020-091

The authors claim to have no conflict of interest.