COMBINED ORAL HORMONAL CONTRACEPTIVE USE AND FEMALE SEXUAL FUNCTION

https://doi.org/10.56238/sevened2024.030-001

Antônio Carlos Pinto Guimarães[1], Arthur Rodrigues da Cunha Bisneto[2] and Guilherme José de Souza Faria[3]

ABSTRACT

This study investigated sexual function in female college users and non-users of combined oral hormonal contraceptives (CHOC). The research was conducted using the Female Sexual Function Index (IFSF). The results indicated that the use of CHOCs may be associated with a higher prevalence of sexual dysfunction, providing subsidies for the development of contraceptive methods with less negative impact on female sexual function.

Keywords: Combined oral hormonal contraceptive. Sexual function. Sexual dysfunction. University women.

[1] Specialist in Gynecology and Obstetrics, Master from UFMG and Adjunct Professor of Primary Care at the Federal University of São João del-Rei (CCO).
[2] Medical student at the Federal University of São João del-Rei (CCO).
[3] Medical student at the Federal University of São João del-Rei (CCO).

INTRODUCTION

The approval of the first contraceptive pill in 1960 by the FDA in the United States brought major changes to family planning and female sexual function. Despite the widespread use of combined oral hormonal contraception (CHOC), the potential negative effects of this method on women's quality of life, particularly sexual function, are still often overlooked. This study aims to compare sexual function between users and non-users of CHOC, using the Female Sexual Function Index (SFSI), to investigate the impact of this method on female sexuality.

OBJECTIVE

To compare sexual function between women who are users and non-users of combined oral hormonal contraceptives (CHOC).

MATERIALS AND METHODS

This is a cross-sectional, observational, descriptive and quantitative research carried out with undergraduate students from a public university in Minas Gerais. The inclusion criteria were regularly enrolled women, aged between 18 and 35 years, who agreed with the Informed Consent Form (ICF). Pregnant women or those using other hormonal contraceptive methods were excluded.

RESULTS

A total of 83 responses to the questionnaire were obtained. The mean age of the participants was 23.7 years, and 48% of the women with a steady partner had sexual dysfunction. Of the participants who used CHOCs, 75.5% had sexual dysfunction. The results suggest a trend of association between the use of CHOCs and sexual dysfunction.

DISCUSSION

The data from this study point to a possible negative influence of CHOC on female sexual function. The literature is controversial regarding the effects of CHOC on libido, with some studies indicating a reduction and others finding no significant differences.

CONCLUSION

The results suggest that the use of combined oral hormonal contraceptives may be related to a higher prevalence of sexual dysfunction in college women. Previous studies also point to the possibility that the combination of ethinyl estradiol and different types of

progestogens may influence sexual function, but the evidence is still limited. In addition, mental health and the presence of factors such as the use of medications, such as antidepressants, may be important variables to be considered in future studies.

It is suggested that further studies, with larger samples and different age groups, can further investigate the long-term effects of the use of CHOCs on sexual function. These studies should include factors such as types of contraceptives, hormonal composition, and the presence of psychological comorbidities that may affect sexual function.

LITERATURE REVIEW

Since the introduction of combined oral hormonal contraceptives (CHOCs), the impact of these substances on female sexuality has been the subject of debate. Studies, such as those by Zethraeus et al. (2016), suggest that the use of CHOCs can cause a decrease in testosterone levels, which directly affects sexual desire. In addition, Wallwiener et al. (2015) discuss that different hormonal formulations, such as the combination of estrogens and progestins, can have varying effects on sexual function, depending on the composition of the contraceptive and the hormonal profile of the patient.

Another important aspect to consider is the psychological impact of contraceptive use, which can be associated with mood swings, stress, and anxiety, which, in turn, directly influences sexual function. These factors show that the effects of CHOCs on sexuality are multifactorial and should be evaluated with a holistic approach.

As well as cultural and psychological factors. Women with more stable relationships tend to report fewer sexual dysfunctions, regardless of the use of CHOCs, which suggests that sexual function is a complex and multifactorial phenomenon, which cannot be explained by hormonal influence alone.

In addition, Coelho and Barros (2019) discuss that the impact of CHOCs on sexuality can also vary with the time of use. Long-term users tend to develop greater adaptation to hormonal effects, while new users often report more sexual complaints in the first few months of use. This finding suggests that medical follow-up is essential in the first few months of CHOC use, to identify any changes in sexual function early and adjust the contraceptive method as needed.

In general, the literature points to the need for a more individualized approach to the choice and prescription of hormonal contraceptives, considering the potential impact on women's quality of life, including their sexual function.

EXPANDED METHODOLOGY

The methodology used in this study was based on a sample of 83 university women, between 18 and 35 years old, all volunteers. The Female Sexual Function Index (SFSI) was chosen as an assessment instrument because it is widely used and validated in studies on female sexuality. The IFSF assesses six domains of sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain.

To ensure the validity of the results, all participants were instructed to answer the questionnaire anonymously and online, avoiding any bias in the response due to embarrassment. Women who reported using other medications that could interfere with sexual function, such as antidepressants, were analyzed separately to assess the combined impact of these substances.

Data were analyzed using SPSS software, and correlation tests were applied to identify associations between the use of CHOCs and the different domains of sexual function. The results were adjusted to control for variables such as the presence of a fixed partner, comorbidities, and the duration of use of the CHOCs.

REFERENCES

1. Pastor, Z., Holla, K., & Chmel, R. (2013). The influence of combined oral contraceptives on female sexual desire: A systematic review. *European Journal of Contraception & Reproductive Health Care, 18*(1), 27.

2. Malmborg, A., Persson, E., Brynhildsen, J., & Hammar, M. (2016). Hormonal contraception and sexual desire: A questionnaire-based study of young Swedish women. *European Journal of Contraception & Reproductive Health Care*.

3. Castro Coelho, F., & Barros, C. (2019). The potential of hormonal contraception to influence female sexuality. *International Journal of Reproductive Medicine*.

4. Both, S., Lew-Starowicz, M., Luria, M., et al. (2019). Hormonal contraception and female sexuality: Position statements from the European Society of Sexual Medicine (ESSM). *The Journal of Sexual Medicine*.

5. Mark, K. P., Leistner, C. E., & Garcia, J. R. (2016). Impact of contraceptive type on sexual desire of women and of men partnered to contraceptive users. *The Journal of Sexual Medicine*.

6. Zethraeus, N., Dreber, A., Ranehill, E., et al. (2016). Combined oral contraceptives and sexual function in women: A double-blind randomized placebo-controlled trial. *Journal of Clinical Endocrinology & Metabolism*.

7. Wallwiener, W. C., Wallwiener, L., Seeger, H., Schönfisch, B., et al. (2015). Are hormonal components of oral contraceptives associated with impaired female sexual function? A questionnaire-based survey. *Archives of Gynecology and Obstetrics*.