

## عنوان مقاله:

Sexual Dysfunction in Two Types of Hormonal Contraception: Combined Oral Contraceptives versus Depot Medroxyprogesterone Acetate

## محل انتشار:

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## خلاصه مقاله:

Background & aim: Sexual health is an essential element of quality of life, affecting both physical and psychological domains. Hormones used in contraceptive methods have contradictory effects on sexual function. In this study, we aimed to compare sexual function in women using combined oral contraceptives (COC) and depot medroxyprogesterone acetate (DMPA), referred to healthcare centers affiliated to Shahid Beheshti University of Medical Sciences in Tehran, Iran in 2013. Methods: This descriptive, comparative study was performed on 240 women (n=120 per group), selected through multistage sampling in Tehran, Iran. A questionnaire consisting of three parts, General Health Questionnaire (GHQ-28), demographic characteristics, and Female Sexual Function Index (FSFI), was completed through interviews. For data analysis, descriptive statistics were calculated, and independent t-test, Mann-Whitney test, Chi-square, and Fisher's exact test were performed, using SPSS version 16. P-value less than 0.05 was considered statistically significant. Results: The mean age at marriage in women using DMPA was lower than those using COC (18.55±3.61 vs. 19.92±3.98 years). Based on the findings, the menstrual status in the majority of DMPA users was irregular (46.7% in DMPA group vs. 8.3% in COC group). The difference in sexual function between the COC and DMPA groups was significant. Sexual arousal and lubrication were more favorable in the COC group in comparison with the DMPA group; also, pain in this group was lower than the DMPA group. Scores of total sexual function (27.35±5.22 in DMPA group vs. 29.15±6.13 in COC group), sexual arousal (4.11±0.90 in DMPA group vs. 4.51±1.39 in COC group), and vaginal lubrication (4.82±1.30 in DMPA group vs. 5.26±1.35 in COC group) were lower in the DMPA group, compared to the COC group. Pain scores (4.91±1.25 in DMPA group vs. 5.28±1.19 in COC group) were higher in the DMPA group in comparison with the COC group (P<0.05). Conclusion: Sexual dysfunction seems to be more prevalent among DMPA users. Therefore, healthcare providers should pay particular attention to sexual function and contraceptive methods. Also, we recommend further research to determine the best way to inform women about the potential risks and benefits of hormonal contraception.

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