

Experiences of women with vaginismus problem: Analysis of a forum website

Vajinismus sorunu yaşayan kadınların deneyimleri: Bir forum sitesi analizi

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ABSTRACT

Aim: This study was conducted to determine women's experiences about vaginismus that they shared on a forum. **Material and methods:** This study was designed as a qualitative study. Data were collected from the messages written between March 2019 and March 2020 on the most commonly used forum website by women in Turkey using the keyword of "vaginismus." 147 messages under this subject title that met the inclusion criteria formed the sample of this study. Inductive content analysis method was used in the analysis of the data. The data were obtained after examining the content of the messages and analyzing them based on the determined code list. **Results:** The study found that women with the problem of continuing vaginismus used the forum to look for recommendation, information, doctors and treatment methods. It was also found that women whose vaginismus problem is over have opened a topic to help women with vaginismus on issues such as doctor's advice, experience sharing and treatment methods. The message contents were coded to form eight sub-themes. These themes are physical reasons, psychological reasons, messages regarding sexual intercourse, messages related to vaginismus treatment, alternative methods, psychological effects, effects on the family life and messages on pregnancy. **Conclusion:** Women get information and advice on sexuality, vaginismus and vaginismus treatment from forum sites. Coping with vaginismus in line with false information and suggestions may worsen the vaginismus problem and delay the treatment of women. For this reason, the education and counseling that midwives and nurses will give to couples regarding reproductive and sexual health is of great importance.

Key Words:

Vaginismus, Experience, Opinion, Forum

Anahtar Kelimeler:

Vajinismus, Deneyim, Görüş, Forum

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ÖZ

Amaç: Bu araştırma kadınların bir forum sitesinde paylaştıkları vajinismus deneyimlerini belirlemek amacıyla yapılmıştır. **Gereç ve yöntem:** Bu araştırma nitel araştırma tipindedir. Araştırma verileri Türkiye'de kadınların en yaygın kullandığı bir forum sitesinde, Mart 2019-Mart 2020 tarihleri arasında yer alan mesajlardan "vajinismus" anahtar kelimesi kullanılarak toplanmıştır. Araştırma kriterine uygun 147 konu başlığında yer alan mesaj araştırmanın örneklemini oluşturmuştur. Verilerin analizinde tümevarımsal içerik analizi yöntemi kullanılmıştır. Mesaj içerikleri incelenerek, belirlenen kod listesi üzerinden analiz edilerek veriler elde edilmiştir. **Bulgular:** Çalışma sonucunda vajinismus sorunu devam eden kadınların forumu tavsiye ve bilgi isteği, doktor arayışı, tedavi yöntemleri hakkında bilgi almak için kullandığı belirlenmiştir. Vajinismus sorunu biten kadınların ise doktor tavsiyesi, deneyim paylaşımı ve tedavi yöntemleri gibi konularda vajinismuslu kadınlara yardımcı olabilmek için konu başlığı açtığı gözlemlenmiştir. Mesaj içerikleri kodlanarak sekiz alt temayı oluşturmuştur. Bu temalar; fiziksel nedenler, psikolojik nedenler, cinsel ilişki ile ilgili mesajlar, vajinismus tedavisi ile ilgili mesajlar, alternatif yöntemler, psikolojik etkiler, aile hayatına etkileri ve gebelik ile ilgili mesajlardır. **Sonuç:** Kadınlar forum sitelerinden cinsellik, vajinismus ve vajinismus tedavisi hakkında bilgi ve tavsiye almaktadırlar. Yanlış bilgi ve öneriler doğrultusunda vajinismusla başetmek çiftlerin vajinismus sorununu daha da kötüleştirebilir ve tedaviyi geciktirebilir. Bu nedenle ebe ve hemşirelerin çiftlere üreme ve cinsel sağlık konusunda verecekleri eğitim ve danışmanlık büyük önem taşımaktadır.

INTRODUCTION

Sexual pain disorders, which are sexual dysfunctions, are societal conditions that cause problems in women's sexual lives, as well as their relationships and social lives, and can lead to mental health issues such as depression and anxiety. Social pressure on women to have sexual relations despite their pain, which is prevalent in many countries, complicates the treatment of sexual pain disorders (Akbaş et al., 2007). One of the sexual problems included under the heading 'genito-

pelvic pain and penetration disorder' in DSM-5 is vaginismus. Vaginismus is defined as the concern/fear of experiencing pain in the vulvovagina while anticipating or performing vaginal intercourse, as well as the severe act of flexing pelvic floor muscles during penetration (Yıldırım et al., 2019).

Vaginismus is a female sexual dysfunction that affects both the sexual and mental states of couples. The issue is related to the pleasure derived from sexual intercourse, but it is also linked to achieving sexual identity, having a

healthy and satisfying marital relationship, and, in some cases, having a child (Dağ et al., 2012). Vaginismus can be caused by physical factors like congenital anomalies, local infections, birth-related trauma, vaginal lesions and tumors, genital surgeries or radiotherapy, or psychological factors like sexual abuse and negative attitudes toward sexuality (Maseroli et al., 2018; Kurban et al., 2021).

Vaginismus can have a negative impact on psychological conditions and marital relationships (Velayati et al. 2021a; Yildirim et al., 2019). In the study conducted by Yildirim et al. (2019) on women with vaginismus, it was discovered that 79.86 percent of the participants had at least one additional diagnosis of anxiety disorder and/or depression. According to studies, women with vaginismus have a high rate of depression, anxiety, low self-esteem, and insecure attachment (Ciocca et al., 2015; Karagüzel et al., 2016; Potki et al., 2017; Yildirim et al., 2019).

Physical treatment with biofeedback, relationship and sexual counseling, psychotherapy, cognitive behavioral therapy, hypnotherapy, and the use of vaginal dilator and lubricant gel are all common vaginismus treatments (Pacik & Geletta, 2017). Because vaginismus lacks a clear cause and there have been few studies on treatment methods, treatment of vaginismus is based on clinical experience and expert opinions (Fugl-Meyer et al., 2013; Weijmar Schult et al., 2005).

The diagnosis and treatment processes may be delayed on occasion due to a lack of suggestions and protocols for the management of sexual dysfunctions, as well as women's perception of sexual matters as taboo in many countries (Moreira et al., 2008; Wendt et al., 2009). According to Rosen et al. (2012), 53% of women in the United States sought professional help for sexual dysfunctions, whereas this rate ranged between 7 and 22 percent among women in the Global Study of Sexual Attitudes and Behaviors. In Donaldson and Meana's (2011) study, many women stated that they did not trust professional assistance in this regard and considered other options. Social media, forums, and portals were also used by women to look for help. Free, easy and effortless resources available via the Internet prevent people from seeking health from health professionals (Donaldson & Meana, 2011). www.vaginismus.com, www.mazewomenshealth.com, www.thevaginismusnetwork.com, and www.vaginismusmd.com were some of the most popular portals and forums. Forums are platforms where people can easily and clearly express their problems, as they do not need to reveal their identities. However, in addition to the correct information on these sites, there are posts that contain false redirects. In this period when access to information

is provided via the internet, evaluating the posts shared in the forums will also provide a projection of this issue. The purpose of this study was to evaluate the messages shared by women on a forum frequented by Turkish women to reflect their vaginismus experiences.

The following are the study's questions:

- What vaginismus-related experiences do women share on the forum site?
- What are the most frequently asked questions about vaginismus by women on the forum site?
- What are the most popular message contents among the shared messages?
- What are the applications that women use to treat vaginismus?

MATERIAL AND METHODS

The study employed a qualitative design and the inductive method was used for data analysis. Data for the study were obtained from a forum website commonly used by women in Turkey between March 2019 and March 2020 (Kadınlarkulübü (Women's club) - the number of active members is 676,052). The study's population consisted of 209 topic titles screened with the keyword "vaginismus" ("vaginismus" due to writing errors). Messages that include women's experiences with vaginismus and its treatment were used as inclusion criteria in the sample. The messages in the forum were mostly from women who reported having vaginismus with their own statement despite not receiving a medical diagnosis. Messages with clinic and doctor advertisements were excluded, as were messages that included the period after the end of the vaginismus problem (messages related to pregnancy and sexual intercourse), and recurrent messages. Since people do not talk about existing psychological health problems in the content of the messages, no exclusion has been made in this regard. The study excluded 35 topic titles that included clinic and doctor advertisements, as well as 27 recurring topic titles. The sample for this study consisted of 147 topic titles that were appropriate for the study subject and met the study criteria.

Inductive content analysis method was used for data analysis. The researcher coded the titles, contents, and message contents of each message in the sample one by one. At least two researchers read the same message and reached an agreement on its subject, content, related field, and so on. The obtained data were coded, a code list was created, and the codes were categorized. In the data analysis, the frequency distribution of the coded data was created. Because all messages were given nicknames, no one, including the researchers, knew

whose messages they were. All information and messages on the website are accessible to all users, whether they are members or not. Therefore, ethical approval is not required for this study.

The messages included in the study were obtained from five different forums and most of the messages were shared on the “Gynecology/Gynecological Diseases” forum (Figure 1).

RESULTS

According to the findings of the study, there were 20 different topic titles on vaginismus, and it was the most frequently viewed title with 18498 views. The topic title of “vaginismus” was opened by 11 different users and it was the second most viewed topic title. The total views of

the titles included in the study were 117688. Additionally, the most frequently answered title was “vaginismus” with 583 answers (Table 1). The number of answers to all topic titles was 3041. Since the word “vaginismus” was the key word, it was expected that the number of views and answers was high.

When 147 topic titles included in the study were examined, it was found that women with the problem of continuing vaginismus used the forum to seek advice, information, doctors, and treatment methods. It was also found that women whose vaginismus problem is over have opened a topic to help women with vaginismus on issues such as doctor’s advice, experience sharing and treatment methods. Considering the titles opened on the forum and the messages received in response, the causes of vaginismus (physical, psychological), treatment

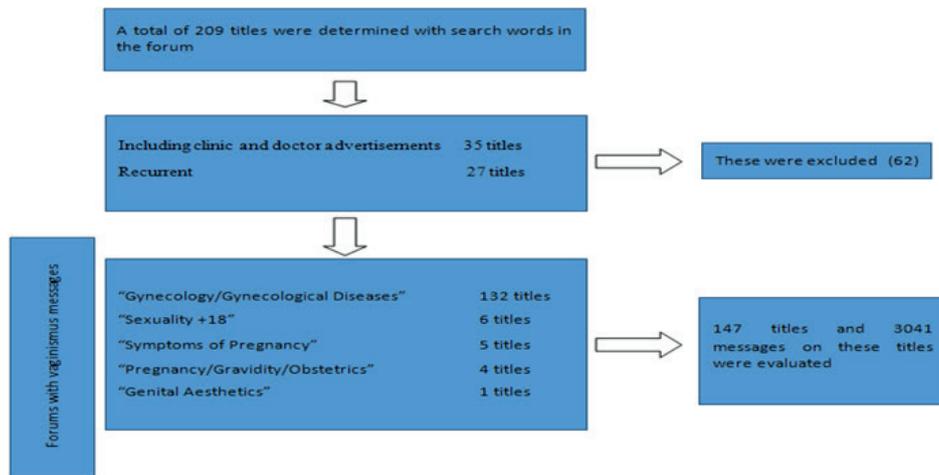


Figure 1. Selection of titles related to vaginismus on the forum

Table 1. Most frequently answered 10 topic titles

Topic titles	Number of answers	%*
Vaginismus	583	19.17
Those who struggle with vaginismus must read	361	11.87
Vaginusmus**	152	4.99
I want to get rid of vaginismus	151	4.96
I am really bad	150	4.93
Vaginismus problem	80	2.63
Doctor’s advices for vaginismus	69	2.26
I overcame vaginismus	62	2.03
Let me be vaginismus	60	1.97
Thick hymen/vaginismus	58	1.90

*It was calculated based on the total number of answers

**Topic title with spelling mistake

options (doctor's advice, therapy, complementary and alternative medicine), suggestion messages for sexual intercourse, messages about pregnancy, women's relationships with their partners, psychological conditions and emotional loads constituted the main themes of the messages.

Ten subjects repeated the most in messages were finger exercises, using local anesthetic spray and cream, doctor's advice, using a device and dilator, searching for a recommendation, sharing experiences, using a lubricant or oil etc., recommending positions and Kegel exercises (Table 2).

All the messages answered for the 10 most frequently answered topics were read several times by both researchers and codes were created for the statements that were thought to be repeated frequently. When the codes were categorized and classified according to the scope of the generated codes, it was agreed that the message contents were collected in 8 themes and 37 sub-themes determined by the researchers. Themes: physical reasons, psychological reasons, messages regarding sexual intercourse, messages related to vaginismus treatment, alternative methods, psychological effects, effects on the family life and messages on pregnancy. The classified themes, subthemes and sample messages related to them are given in Table 3.

Theme 1. Physical Causes

Women's expressions on the theme of physical reasons were divided into four sub-themes; feeling of hitting a wall on penetration, involuntary spasm during intercourse, vagina size and hymen structure.

Sub-theme 1.1. Feeling of hitting a wall on penetration

"I open my legs, but when the penis touches the vagina, I get tight and my husband cannot enter the vagina, it hurts when my husband pushes it, as if there is a wall."

Sub-theme 1.2. Involuntary spasm during intercourse

"...On the first day, I didn't even come close, I was locked out of fear..."

Sub-theme 1.3. Vagina size

"I just got married and I can't have intercourse. My vagina is very narrow."

Sub-theme 1.4. Hymen structure

"There was no sexual intercourse on the first night. My hymen was thick and did not rupture."

Theme 2. Psychological Causes

Women's expressions on the theme of psychological reasons were divided into five sub-themes; fear and experience of pain, thoughts of tightness and burning, fear of bleeding a lot during first sexual intercourse, bad experience of sexuality and discouragement.

Sub-theme 2.1. Fear and experience of pain

"Hello, I am newly married. I haven't been able to have sexual intercourse with my husband yet, especially after the things people tell me that it hurts so much. I got even more scared."

Sub-theme 2.2. Thoughts of tightness and burning

"...During my first intercourse, I felt a burning pain in my vagina..."

Sub-theme 2.3. Fear of bleeding a lot during first sexual intercourse

"There is nothing to be afraid of in sexuality. At first, I was afraid that I would bleed a lot, but after the first intercourse, I did not even bleed..."

Sub-theme 2.4. Bad experience of sexuality

"I had the same problem... on the first night, when the hymen ruptured excessively, a lot of blood came from

Table 2. The most frequently repeated 10 subjects in topic titles

	N	%
Finger exercises	61	41.49
Using local anesthetic spray and cream	50	34.01
Doctor's advice	46	31.29
Using a device and dilator	42	28.57
Searching for recommendation	28	19.04
Sharing experiences	27	18.36
Using lubricant gel	25	17.00
Using oil (baby oil, olive oil, etc.)	22	14.96
Recommending positions	17	11.56
Kegel exercises	15	10.20

Table 3. Themes and sub-themes

Themes	Sub-themes
Physical causes	Feeling of hitting a wall on penetration
	Involuntary spasm during intercourse
	Vagina size
	Hymen structure
Psychological causes	Fear and experience of pain
	Thoughts of tightness and burning
	Fear of bleeding a lot during first sexual intercourse
	Bad experience of sexuality
	Discouragement
Messages related to sexual intercourse	Increasing the frequency of sexual intercourse
	Prolongation of foreplay
	Position suggestions
	Preparing the physical environment (candles, music, etc.)
	Not getting pleasure
	Use of lubricants (lubricant gel, ultrasound gel, oil, condom etc.)
Messages related to vaginismus treatment	Use of anesthetics (cream, spray etc.)
	Using a device/dilator
	Therapys (subconscious therapy, sex therapy, psychotherapy)
	Exercises (finger exercises, kegel exercises)
	Perineal massage
Alternative methods	Steam bath
	Relaxation exercises (yoga, meditation and breath exercises)
	Acupuncture
	Using Botox
Psychological effects	Hypnotherapy
	Psychological problems (stress, anxiety etc.)
	Loneliness
	Despair
	Thoughts of committing suicide
Effects on the family life	The feeling of insufficiency for her partner
	Understanding partner
	Angry partner
Messages related to pregnancy	Reason for divorce
	Desire to have a baby
	The process of having a baby with vaginismus
	Sharing experience about pregnancy signs
	Sperm transfer with an injector
Beta-hCG positive without full sexual intercourse	

me... I was hurt a long time ago, fearing that it would hurt again, when my husband involuntarily approached me.”

Sub-theme 2.5. Discouragement

“It hurts so much, I say let’s quit right away, involuntarily. I do not dare for the next sexual intercourse.”

Theme 3. Messages Related to Sexual Intercourse

Women’s expressions on the theme of messages related to sexual intercourse were divided into seven sub-themes; increasing the frequency of sexual intercourse, prolongation of foreplay, position suggestions, preparing the physical environment (candles, music, etc.), not getting pleasure, use of lubricants (lubricant gel, ultrasound gel, oil, condom etc.) and use of anesthetics (cream, spray etc.).

Sub-theme 3.1. Increasing the frequency of sexual intercourse

“...Gradually, so don’t force yourself, of course, just finish it in your head.. Try it every night, don’t give up.”

Sub-theme 3.2. Prolongation of foreplay

“I think you should try to maintain long foreplay to feel ready for sex.”

Sub-theme 3.3. Position suggestions

“Believe me, it’s not scary. And my advice to you is to try sexual intercourse in the position where you will be on top”

Sub-theme 3.4. Preparing the physical environment (candles, music, etc.)

“When it burned, I waited, advanced slowly... As the friends here said, I turned on background music and tried to forget about burning.”

Sub-theme 3.5. Not getting pleasure

“He says “Even if we cannot have sex, I wish we could have a child. I do not care about pleasure anymore”...

Sub-theme 3.6. Use of lubricants (lubricant gel, ultrasound gel, oil, condom etc.)“First, try finger exercises every day with things like lubricant, baby oil, olive oil according to your own comfort. It will always be.”

Sub-theme 3.7. Use of anesthetics (cream, spray etc.)

“Wouldn’t it be better to use emla cream instead of botox? I think the purpose of Botox is to neutralize the nerves and prevent contractions, I don’t know at all, but logically it must be so. I also read on a subject here that emla is used. “

Theme 4. Messages Related to Vaginismus Treatment

Women’s expressions on the theme of messages related to vaginismus treatment were divided into five sub-themes;

using a device/dilator, therapys (subconscious therapy, sex therapy, psychotherapy), exercises (finger exercises, kegel exercises), perineal massage and steam bath.

Sub-theme 4.1. Using a device/dilator

“Thankfully, I beat this disease with just a dilator and lubricant...”

Sub-theme 4.2. Therapys (subconscious therapy, sex therapy, psychotherapy)

“There are many people here who have had this problem and have solved it with therapy. Not everyone’s financial situation or environment is the same, and they cannot receive therapy.”

Sub-theme 4.3. Exercises (finger exercises, kegel exercises)

“... I started going to a psychologist 6 months ago, she/he gave me finger, breathing exercises, etc. If I could put my finger in, I would do all of them...”

Sub-theme 4.4. Perineal massage

“You’re going to massage the vaginal opening with your fingers.”

Sub-theme 4.5. Steam bath

“...Maybe it will help you, if you put hot water in a bucket and give your vagina a steam bath for 20 minutes without burning yourself, it can relax the muscles...”

Theme 5. Complementary and Alternative Therapies

Women’s expressions on the theme of complementary and alternative therapies were divided into four sub-themes: relaxation exercises (yoga, meditation and breath exercises), acupuncture, using botox, hypnotherapy.

Sub-theme 5.1. Relaxation exercises (yoga, meditation and breath exercises)

“...You can do breathe exercises to prevent spasms. We forget to breath because of excitement. You need to take diaphragmatic breathing.... There are movements that directly work those muscles in yoga and they are also called the muscles of love”

Sub-theme 5.2. Acupuncture

“The doctor just said that the nerves there may be sensitive and directed her to physical therapy, there is a needle treatment similar to acupuncture.”

Sub-theme 5.3. Using Botox

“I think the purpose of Botox is to neutralize the nerves and prevent contractions, I don’t know at all, but logically it must be so.”

Sub-theme 5.4. Hypnotherapy

“With hypnosis, I was defeated in a day. I recommend it to you too.”

Theme 6. Psychological effects

Women's expressions on the theme of psychological effects were divided into five sub-themes: psychological problems (stress, anxiety etc.), loneliness, despair, thoughts of committing suicide, and the feeling of insufficiency for her partner.

Sub-theme 6.1. Psychological problems (stress, anxiety etc.)

"....I am feeling sorry about my husband. I am really exhausted. I get hope from anything, and I really wish I had a baby. I hate myself thinking that I cannot satisfy my husband. Believe me, I am typing this message in tears. I really want to die. Thank God my husband is very understanding but I am feeling upset about him. I hate myself and want to die..."

Sub-theme 6.2. Loneliness

"Without sex I'm in the same bed but I feel lonely."

Sub-theme 6.3. Despair

"It has been three months since I got married but it feels like I have been married for three years and my husband is really tired of me. I am so desperate that it is hard to describe."

Sub-theme 6.4. Thoughts of committing suicide

"I feel half and incomplete these days, and I'm on the verge of suicide. I can't solve it, it's not resolved, the treatments are too expensive, I have no hope."

Sub-theme 6.5. The feeling of insufficiency for her partner

"....I am feeling sorry about my husband. I am really exhausted.... I hate myself thinking that I cannot satisfy my husband. Believe me, I am typing this message in tears....My husband is very understanding but I am feeling upset about him..."

Theme 7. Effects on the family life

Women's expressions on the theme of effects on the family life were divided into three sub-themes: understanding partner, angry partner and reason for divorce.

Sub-theme 7.1. Understanding partner

"... My husband is very upset and cannot do anything; he almost questions himself. I am tired of thinking that he will become distant to me."

Sub-theme 7.2. Angry partner

"My husband accuses me of not having sexual intercourse, He gets angry and shouts..."

Sub-theme 7.3. Reason for divorce

"I lived with this vaginismus nightmare for 10 months. Now we are at the point of divorce."

Theme 8. Messages Related to Pregnancy

Women's expressions on the theme of messages related to pregnancy were divided into four sub-themes; desire to have a baby, the process of having a baby with vaginismus, sharing experience about pregnancy signs, sperm transfer with an injector and Beta-hCG positive without full sexual intercourse.

Sub-theme 8.1. Desire to have a baby

"....I am feeling sorry about my husband. I am really exhausted. I get hope from anything and I really wish I had a baby."

Sub-theme 8.2. The process of having a baby with vaginismus

"I went to the psychologist, he gave me exercises, I did it by motivating myself slowly without forcing myself, thank goodness I beat it after 4 months. I'm currently in my 16th month of marriage and I'm 4 months pregnant..."

Sub-theme 8.3. Sharing experience about pregnancy signs

"Every month, I wonder if I'm pregnant to everything. Okay, I know the important thing is to be able to have sex comfortably,

Sub-theme 8.4. Sperm transfer with an injector

"I don't know if you've heard of this practice before, but self insemination is a method that allows a woman to get pregnant without having sexual intercourse."

Sub-theme 8.5. Beta-hCG positive before full sexual intercourse

"I partially defeated vaginismus, still not full sexual intercourse. We were not protected, I gave blood and my Beta hcg value was 1217.9."

DISCUSSION

In this study was evaluated the messages shared by women on a forum frequented by Turkish women to reflect their vaginismus experiences. Vaginismus arises from authoritarian style of upbringing, insufficient/wrong sexual knowledge such as virginity and honor, sexual myths such as extreme pain, bleeding and fears related to wedding night, and being raised in conservative domestic environments (Fadul et al., 2018; Mutlu & Koc, 2021). Turkish people's awareness of sexuality is insufficient; they obtain incorrect

information about sexuality from sources that are not totally reliable and have incorrect beliefs about sexuality (Torun, 2010). In studies was reported that women who suffered vaginismus have insufficient knowledge about sexuality and have wrong beliefs about the genital area and vagina sizes (Doğan & Saraçoğlu, 2009; Yaşar et al., 2010). Another relevant study noted that women with vaginismus have more phobia in terms of fears related to genital pain, penetration, bleeding during sexual relationship, penis size, abstaining from looking at or touching genital organs and considering semen as disgusting compared to the healthy women (Farnam et al., 2014). This study revealed that women often had fears regarding the wedding night and feared coitus as a painful act. In addition, this study found that women considered inappropriate vagina sizes and thick hymen as reasons for vaginismus. Education regarding the anatomy and physiology of reproductive organs and the gynecological examinations that can be performed to end the prejudices will be beneficial for informing women correctly in terms of their genital organs. For couples, receiving sexual counseling services is believed to be helpful in overcoming the idea that coitus is painful, correcting wrong beliefs and gaining information about healthy sexual life.

Vaginismus causes women to experience adverse emotions, such as anxiety and depression, have less self-esteem, and negatively affect their marital relationship (Velayati et al., 2021b). A study reported that women with vaginismus who feared and abstained from sexual intercourse, were more emotional, and had a history of vaginismus in their families (Konkan et al., 2012). A study conducted with 144 women diagnosed with vaginismus reported that 79.86% had at least one additional diagnosis of anxiety disorder and/or depression (Yıldırım et al., 2019). In another study, it was found that women with vaginismus were experienced more negative emotions than without vaginismus (Sadati-Kiadehi et al., 2020). This study found that women experienced despair, loneliness, feelings of committing suicide, psychological issues, and insufficiency. Sexual problems result in an emotional burden. Therefore, it is important to psychologically evaluate the couples who apply to health institutions due to their sexual problems. Couples who are found to have problems after the evaluation should be provided with psychological. At the same time, it should be stated that vaginismus is a solvable problem. Solving the vaginismus problem will regress the psychological problems experienced by the spouses.

Women with vaginismus are generally inclined to stay silent in terms of their issues and cannot easily discuss their problems with their families, friends or even

doctors (Deliktas-Demirci & Kabukcuoglu, 2019). In a study of 236 women with vaginismus; it was found that more than half of the women (58.9%) had read about vaginismus on the Internet (Velayati et al., 2021a). A study conducted with men and women from 29 countries and aged between 40-80 years to examine the behaviors of searching for certain sexual issues reported that approximately half of sexually-active people had at least one sexual problem, and that less than 19% (18.0% of men and 18.8% of women) applied to a medical facility for their sexual issue. In addition, a relevant study indicated that people often shared this issue with their spouses 39(%), and that only 9% of the couples who applied to a medical institution for their sexual problems were asked a question about their sexual lives by a doctor (Moreira Jr et al., 2005). Another study reported that 41% of women had sought help and 82% of them had refereed to gynecologist due to sexual dysfunction (Zeinab et al., 2015). A study conducted in China found that some women who had problems with vaginal intercourse were willing to receive assistance but avoided from doing so due to being embarrassed, and that they preferred solving their problems by themselves. Delays in professional assistance may cause problems that persist for a longer period (Ng & Boey, 2016). From a different perspective, vaginismus may mean incomplete marriage for couples and sexual intercourse may be regarded as an activity that should occur right after the marriage or in the days following the marriage, which may direct couples to search for a solution for vaginismus earlier than other sexual conditions (Yıldırım, 2017). This study found that women aimed to find a solution to vaginismus by learning the experiences of other women who previously suffered the same issue, that they wanted to perform the advices, and that most of them would apply to a professional if the self-treatment failed. Informing the public about the treatment options and process of vaginismus may help couples apply to a medical institution and prevent delays in receiving professional assistance.

Vaginismus is accepted as a problem for both men and women. A relevant study showed that women with vaginismus not supported or were suppressed by their partners, and therefore had increased concern levels (Watts & Nettle, 2010). When vaginismus is perceived as reluctance and rejection by men, doubts, anger and disappointment may be felt toward the women. Moreover, a study reported that spouses of the women with vaginismus were generally understanding, extremely tolerant, sexually inexperienced, passive and undemanding (Dişsiz et al., 2019). Some of the women in the present study stated that their husbands were understanding, while others considered their spouses to be angry. Women stated that their understanding and

patient spouses were worn out during this process, and stated that vaginismus could be a reason for divorce. Understanding their spouses does not prevent them from blaming themselves more. It should be ensured that the couples support each other by including the couples in the vaginismus treatment and providing information about the process, reflecting that the issue concerns not only the women but also the men is important.

In this study indicated that women generally needed advice for the treatment of vaginismus. Women in the present study provided positive advice such as extending the duration of foreplay and making the physical environment suitable for sexuality, as well as using oil, lubricant, anesthetic creams and sprays that can distort the acidic environment in the vagina. Women receiving treatment are generally recommended to perform finger exercises and dilators. The treatment of vaginismus is specific to couples and includes a gradual process. Performing finger exercise and using a dilator without necessary information and assessment or psychological preparation may make the issue more fearsome and deviate the women from the treatment. For the couples who do not apply to a medical institution owing to the taboos related to stigmatization, embarrassment, feelings of guiltiness and deficiency of education, knowledge, and time, questioning the sexual difficulties couples experience during routine care visits may be a method for solution (Zarski et al., 2018).

CONCLUSIONS

Results indicated that women were able to share their vaginismus experiences on a forum site where they hid their identities and receive advice. Women's awareness of the fact that vaginismus is a common issue will direct them to seek a solution for this issue. Some of the women on the forum who suffered vaginismus searched for a solution after experiencing this issue in the early periods of their marriages or after living with this issue for a long period of time. In addition to correct advice, there were also many adverse recommendations on the forum. Accordingly, it is important to inform women in this regard and ensure they apply to a medical institution in the early phases of the issue. Developing web-based educational sources will be beneficial for raising social awareness, informing couples prior to their applications to institutions and guiding them. Education on sexual health is essential for a healthy sexual life and better life quality. Sexual health education should not be limited to people who have problems, it should be included in the education system and should be explained specifically to age groups where sexuality is a part of life. In societies where sexuality is seen as a taboo, it will be possible to overcome false beliefs through education. Health

professionals also have responsibilities in providing training. Especially midwives and nurses are health professionals who first encounter people who have these problems. Due to their educational roles, midwives and nurses should plan trainings for the needs of individuals on sexual and reproductive health issues. In order to achieve this, a detailed evaluation of questions about women's sexuality should be provided in general women's health evaluations. Appropriate communication techniques should be used and encouraged in order for women to explain their sexual problems. The number of studies on the experiences of women who suffered vaginismus is limited. Studies on this subject will provide a method for determining the experiences regarding vaginismus and solving the issue as a whole.

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