



Sexual Dysfunction and Sexual Health in Women with Pelvic Floor Dysfunction and Urogenital Problems: Current and Evidence-Based Approaches

Pelvik Taban Disfonksiyonu ve Ürogenital Sorunları Olan Kadınlarda Cinsel İşlev Sorunları ve Cinsel Sağlık: Güncel ve Kanıt Temelli Yaklaşımlar

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ABSTRACT

Pelvic floor muscles play a crucial role in supporting the urogenital organs and in sexual function. Any problem in the pelvic floor can lead to impaired urogenital function. Furthermore, pelvic floor dysfunction not only causes female sexual dysfunction but also affects women's physical and psychosocial health. This negatively impacts women's overall health, well-being, body image, and perception. A holistic approach and teamwork among healthcare professionals are crucial in addressing pelvic floor dysfunction and sexual dysfunction stemming from urogenital problems, as surgical treatment alone may be insufficient. The importance of providing counseling services, including lifestyle changes, to these individuals is emphasized. It is also stated that supporting women experiencing problems with physiotherapeutic approaches is important for protecting and maintaining sexual health. In this context, it is important for healthcare professionals to provide multidisciplinary teamwork and individualized care approaches based on evidence-based practices. This review aims to explain sexual dysfunction in women with pelvic floor dysfunction and urogenital problems, current approaches to sexual health, and evidence-based practices in light of current evidence.

Keywords: Female urogenital diseases, Sexual dysfunction, Sexual health, Pelvic floor

ÖZET

Pelvik taban kaslarının, ürogenital organları desteklemede ve cinsel işlevde önemli bir rolü vardır. Pelvik tabanda herhangi bir sorun, ürogenital fonksiyon bozukluğuna yol açabilir. Ayrıca, pelvik taban disfonksiyonu kadınlarda cinsel işlev bozukluğuna neden olmakla kalmaz, aynı zamanda kadınların fiziksel ve psikososyal sağlığını da etkiler. Bu durum, kadınların genel sağlığını, refahını, beden imajını ve beden algısını olumsuz etkiler. Pelvik taban disfonksiyonu ve ürogenital sorunlardan kaynaklanan cinsel işlev bozukluğunun ele alınmasında bütüncül bir yaklaşım ve sağlık profesyonelleri arasında ekip çalışması oldukça önemlidir. Çünkü cerrahi tedavi tek başına yetersiz kalabilir. Bu bireylerde yaşam tarzı değişikliklerini kapsayacak danışmalık hizmetlerinin verilmesinin önemi vurgulanmaktadır. Ayrıca sorun yaşayan kadınların fizyoterapik yaklaşımlar ile desteklenmesi, cinsel sağlığın korunması ve sürdürülmesinin önemli olduğu belirtilmektedir. Bu bağlamda sağlık bakım profesyonellerinin, kanıta dayalı uygulamalar temelinde multidisipliner ekip anlayışı ve bireyselleştirilmiş bakım yaklaşımlarının sağlanması önemlidir. Bu derlemede; pelvik taban disfonksiyonu ve ürogenital sorunu olan kadınlarda cinsel işlev sorunları, cinsel sağlıkta güncel yaklaşımlar ve kanıt temelli uygulamaları güncel kanıtlar doğrultusunda açıklamayı amaçlamaktadır.

Anahtar Kelimeler: Cinsel işlev bozuklukları, Cinsel sağlık, Kadın ürogenital hastalıkları, Pelvik taban

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INTRODUCTION

Pelvic floor dysfunction (PFD) and urogenital problems are a common and significant issue among women of reproductive age. It is known that age, race, ethnicity, number of births, poverty, obesity, menopause, number of comorbidities, genetic predisposition, vaginal delivery, and history of pelvic surgery all affect the incidence, and that it varies from country to country. A study conducted in the United States of America (USA) concluded that the prevalence of pelvic floor disorders in women of reproductive age is 25% (Wu et al., 2014). In a study conducted by Kılıç (2019) in Turkey with healthy women, it was found that 23% of women experienced urinary incontinence and 53.2% experienced sexual dysfunction (SD).

The literature indicates a strong correlation between PFD, urogenital problems, and SD. In women, weaknesses occur in muscle, connective tissue, and neurovascular structures due to age, menopause, and other influencing factors. Due to this weight loss, stress urinary incontinence and pelvic organ prolapse are among the most common problems. It can also be the cause of various sexual dysfunctions such as dyspareunia, vaginal dryness, chronic pelvic pain, difficulty achieving orgasm and lack of sexual desire (Çelik & Ersin, 2022). These rates increase particularly in postmenopausal women due to weakening of connective tissue, hormonal changes, and a history of childbirth. In a systematic review conducted at the global level, it was reported that the prevalence of SD in perimenopausal women ranged from 22.7% to 72.2%, and in postmenopausal women it ranged from 8.7% to 89.01% (Khani et al., 2021).

Female sexual function is a complex process influenced by neuroendocrine mechanisms, pelvic floor anatomy, and psychosocial factors. Sexual dysfunction in women has varying effects on quality of life, self-image, and psychosexual well-being. For many women, social isolation also increases the likelihood of experiencing psychosocial problems such as anxiety and depression. Problems such as urinary incontinence, in particular, can negatively affect an individual's overall quality of life and partner relationships due to physiological discomfort, as well as feelings of shame, loss of self-confidence, and avoidance of sexual function (WHO, 2021; Tim & Mazur-Bialy, 2021).

For women experiencing SD, a clinical evaluation is extremely important. The assessment process helps identify women's physical, psychological, and social needs, and also guides healthcare professionals in planning treatment. Interventions aimed at sexual health require an individualized and holistic approach. In this context, healthcare professionals have important duties and responsibilities in the early identification, assessment, and management of sexual dysfunction problems in women. Holistic care approaches, offered within the framework of evidence-based practices, have a positive impact on the quality of life of women

experiencing SD. This review aims to explain sexual dysfunction in women with pelvic floor dysfunction and urogenital problems, current approaches to sexual health, and evidence-based practices in light of current evidence. The literature search was conducted using the following keywords: “pelvic floor dysfunction, urogenital problems, sexual dysfunction, sexual health, evidence-based approaches, evidence-based practices”. Publications from 2016-2025 were searched in the Web of Science, PubMed, Science Direction, and Scopus databases. In addition, evidence-based guidelines such as UK National Institute for Health and Care Excellence (NICE), American College of Obstetrics and Gynecology (ACOG), Royal College of Obstetricians and Gynaecologists (RCOG), World Health Organization (WHO) and, systematic reviews/meta-analyses from the Cochrane database were used as sources.

Epidemiology of Urogenital Problems and Pelvic Floor Dysfunction

The most common urogenital problems in women include stress urinary incontinence (SUI), urge incontinence, and mixed incontinence. These symptoms can lead to avoidance of sexual intercourse, difficulty achieving orgasm, and decreased self-esteem (WHO, 2021). Pelvic floor muscles have multifaceted functions including micturition and bowel control, sexual functionality, support of pelvic organs and postural balance (Tim & Mazur-Bialy, 2021; Braga & Serati, 2023). In women, PFD leads to the development of clinical conditions such as urinary incontinence, fecal incontinence, pelvic organ prolapse, chronic pelvic pain, and sexual dysfunction (WHO, 2021; Lawson & Sacks, 2018). In women, PFD is known to occur generally during the common periods starting from the reproductive years and continuing into the postmenopausal period. Degenerative changes in an individual's body can develop due to many factors such as birth trauma, aging, hormonal changes, obesity, and chronic constipation (Peinado-Molina et al., 2023; NICE, 2021). Although PFD is common, it is considered a public health problem that often progresses silently within the health system due to inadequacies in diagnosis (Al-Badr et al., 2022).

Determining the true prevalence of sexual dysfunction in women with PFD is quite difficult. Variations in the criteria used to define sexual dysfunction, as well as patients' reluctance to seek help due to feelings of shame, prevent routine assessment of the problems. Epidemiological studies worldwide report that the prevalence of PFD in women ranges from 1.9% to 46.15%. The most common disorders include SUI, overactive bladder, pelvic organ prolapse (POP), and anal incontinence. These disorders significantly reduce the quality of life for women (Hakimi et al., 2020; Zeas-Puga et al., 2024).

Early diagnosis and management of pelvic floor dysfunction is crucial for a woman's physiological and psychological health. It is important for healthcare professionals to actively

participate in counseling and training processes aimed at identifying risk factors through a multidisciplinary approach in care services. It is recommended that the guidelines published by NICE (2021) be used as a guide during the consultation process. Women should be informed about impactful negative factors such as obesity, parity, advanced age, menopause, chronic cough, smoking, poor diet, and low physical activity levels. In this context, developing healthy lifestyle behaviors in individuals is of great importance in preventing PFD (Hagen & Stark, 2011).

The Relationship Between Female Sexual Dysfunction and Pelvic Floor Dysfunction

Sexual dysfunction is defined as difficulties a woman experiences in terms of sexual satisfaction, desire, arousal, and orgasm. Female sexual dysfunction has a wide variety of etiologies and is generally known to be closely related to pelvic floor dysfunction. PFD is considered a problem characterized by functional loss due to weakening of the muscles supporting the pelvic organs. This condition causes symptoms such as vaginal prolapse and urinary incontinence in women. Age, hormonal changes, vascular and neurological conditions, psychological processes, previous surgical operations and socio-cultural factors play a decisive role in the occurrence of sexual dysfunction and pelvic floor dysfunctions (Stafne et al., 2024). Increased tone in the pelvic floor muscles causes vaginismus and dyspareunia and can be the cause of conditions such as decreased vaginal sensitivity, decreased orgasm quality, decreased muscle strength and coital incontinence. With menopause, vaginal atrophy develops due to the decrease in estrogen hormone levels, and sexual dysfunction such as vaginal dryness, dyspareunia, decreased libido and difficulty achieving orgasm occur due to the decrease in vaginal secretions (Bekmezci & Meram, 2020). Deficiency of hormones such as estrogen and androgen has been found to negatively affect the sexual response process and the functions of the pelvic floor muscles (Clayton et al., 2018). In addition to illnesses such as depression and anxiety, psychological factors such as body image and relationship conflicts can negatively affect sexual function. Women with pelvic floor dysfunction may not feel sexually attractive due to body image issues (Stafne et al., 2024; Zietarska-Cisak et al., 2023). In particular, prolapse can lead to negative perceptions of women's body image. Urinary incontinence and other symptoms can trigger psychological problems such as stress, anxiety and depression in individuals (Robinson et al., 2022). In addition, sociocultural factors such as sexual taboos, low education level and socioeconomic difficulties affect sexual life and pelvic floor muscle tone and can increase the severity of sexual dysfunction.

Functional Assessment in Women

The evaluation of sexual dysfunction begins with a comprehensive medical history. It is important to take a medical history that includes identifying various problems women may have regarding sexual function, such as desire, arousal, vaginal lubrication, pain, orgasm, and satisfaction. Sexual dysfunction caused by PFD and urogenital problems are usually of physical origin. However, the influence of psychological factors cannot be ignored (Zhuo et al., 2021). Therefore, it is important to address all parameters in order to evaluate sexual dysfunction in women (Clayton et al., 2018). These assessment parameters should include various individual factors such as age, menopausal status, education level, marital status, psychological health status, and sexual experiences.

Assessing sexual function in women requires a physical examination of the pelvic floor and organs. During a pelvic examination, the tone of the pelvic floor muscles, deformities in the vaginal walls, and conditions such as prolapse should be investigated. Levels of hormones such as follicle-stimulating hormone (FSH), luteinizing hormone (LH), estradiol, thyroid-stimulating hormone (TSH), prolactin, and testosterone should be checked. In functional examinations, it is generally recommended to measure vaginal lubrication and vaginal temperature (Portman & Gass, 2014; Sharma et al., 2025). Taking a medical history before performing a gynecological examination is very important. In addition to the medical history, questionnaires and scales related to the subject facilitate the evaluation of female sexual function and quality of life. Pelvic floor muscles in women are evaluated using methods such as digital palpation, the PERFECT system, and biofeedback. Digital palpation is a practical method that evaluates pelvic floor muscle strength by scoring it (0 to 5 points) and is used quite frequently (Laycock & Jerwood, 2001). The PERFECT system is used to measure pelvic muscle strength, rapid contractions in the pelvic floor, and total contraction duration. Biofeedback objectively measures the activity of the pelvic floor muscles through a vaginal or perineal probe. It provides motivation for treatment and allows monitoring progress.

Treatment Options and Current Approaches

Treatment of sexual dysfunction in women, caused by PFD and urogenital problems, requires a multidisciplinary approach. In the treatment process, individual approaches are important depending on the type and severity of symptoms, the patient's expectations and accompanying physical or psychological factors (Stamos et al., 2025). Current approaches emphasize that, in addition to medical and surgical treatment for pelvic floor dysfunction and sexual dysfunction, supporting women's psychosocial well-being is also very important (Garcia-Laria et al., 2025; Martins, 2025). A systematic review reported that conservative treatments after pelvic surgery

have positive effects on women's sexual function (Moroni et al.,2019). Furthermore, studies have shown that additional complaints such as sexual dysfunction may occur after pelvic surgery (Rodrigues et al., 2021; Jorge et al., 2024; Sarmiento et al., 2021).

In pelvic floor dysfunction, conservative treatments are very important. In conservative treatment approaches, pelvic floor physiotherapy (such as biofeedback, Kegel exercises, and electrical stimulation) is frequently used. This approach aims to strengthen the pelvic floor muscles. Studies have shown that women who regularly perform pelvic floor exercises experience a significant increase in their levels of sexual satisfaction (Garcia-Laria et al., 2025; Martins, 2025).

In some cases, pharmacological treatment can be effective in treating PFD. Local estrogen therapy is recommended, especially in women with symptoms associated with estrogen deficiency (vaginal atrophy, dyspareunia). In this treatment method, vaginal estrogen increases mucosal elasticity and vaginal lubrication, which can affect the comfort of sexual intercourse for women. For the same purpose, vaginal moisturizers, lubricants and topical agents can be used to provide symptomatic relief (Sarmiento et al., 2021). However, it is necessary to investigate the underlying structural dysfunctions first, and it should be remembered that pharmacological treatments are generally supportive in nature.

In PFD, surgical interventions are applied when conservative treatment methods have been ineffective. In women, surgical interventions are more effective, especially in cases of POP and severe urinary incontinence. However, the effects of surgery on sexual function in women is a complex issue. While some women experience improvement after surgery, others may develop new sexual problems. For these reasons, it is very important to provide adequate information before surgical intervention (Juhasz et al., 2021).

Psychosexual counseling and cognitive behavioral therapy, when administered by healthcare professionals, are supportive and effective methods for psychological well-being. In women, therapeutic approaches have been shown to have positive effects, especially in cases accompanied by psychosomatic problems such as anxiety, low self-esteem, and body image disorder. In addition, conducting sexual therapy with the partner increases communication and sexual satisfaction between couples (RCOG, 2025).

In recent years, innovative methods such as laser treatments and regenerative medicine have been applied in some centers as part of current treatment approaches. Laser and radiofrequency treatments aim to stimulate collagen production in vaginal tissues in women, thereby improving mucosal thickness and elasticity. However, there is not yet sufficient

evidence regarding the long-term effects and safety of these approaches in women (Grzybowska & Wydra, 2021).

ACOG and the RCOG emphasize the importance of taking a sexual health history and using standard scales during evaluation, and that surgical treatments alone are insufficient in individuals with pelvic floor disorders; therefore, the process should be managed with conservative approaches and lifestyle changes. WHO states that an individual-centered, culturally sensitive, and holistic approach is necessary in the diagnosis and management of female sexual dysfunction.

Healthcare Professionals' Care Approach and Evidence-Based Practices

Healthcare providers have caregiver, counselor, advocate, and therapeutic roles in addressing sexual dysfunction related to pelvic floor dysfunction and urogenital issues. It is particularly important for professionals working in fields related to women's health to have the knowledge and skills to assess sexual dysfunction. The assessment should be sensitive when taking the history, sexual function should be addressed in all its dimensions, and an individual-centered approach should be adopted (Sharma et al., 2025). The use of current, valid tools such as assessment scales, urinary symptom indices and sexual function screening scales is recommended for a professional approach. Some women who experience sexual dysfunction consider this a normal part of aging. Therefore, it is important to increase women's awareness of their sexual problems. In addition, Kegel exercises, the use of vaginal lubricants and sexual health education can be effective in improving sexual function in women.

The use of evidence-based practices in healthcare is becoming increasingly important in the treatment and management of PFD and sexual dysfunction associated with urogenital problems. In particular, programs run by healthcare providers have a positive impact on sexual satisfaction and quality of life in women (Ozdemir et al., 2024).

CONCLUSION AND RECOMMENDATIONS

Pelvic floor dysfunction and urogenital problems are often overlooked and delayed issues in women, negatively impacting their quality of life. These problems significantly affect women's physical and psychosocial well-being, partner relationships, and overall quality of life. In this context, routine assessment of female sexual function and the development of effective treatment protocols, as well as healthcare providers offering sexual health counseling, adopting a multidisciplinary approach, and providing a patient-centered and holistic perspective, are crucial.

Conflict of Interest

The authors declare no conflict of interest regarding the publication of this study.

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