

Abstract

Theoretical part

Currently accepted new conceptualization of women's sexual dysfunction is based on the model found in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV) and International Classification of Diseases (ICD). These classifications are extended and combined interpersonal, contextual, personal psychological and biological factors. Recent DSM-IV definitions have focused on absence of sexual fantasies and sexual desire prior to sexual activity and arousal, even though the frequency of this type of desire is known to vary greatly among women without sexual complaints. DSM-IV definitions also focus on genital swelling and lubrication, entities known to correlate poorly with subjective sexual arousal and pleasure. The structure of the new classification is based on the four categories of DSM-IV: disorders of desire, arousal, orgasm and pain. However these categories are newly assigned to the subjective dimension of satisfaction, stress and the presence of disorders during other sexual activities besides intercourse. The dimension lifetime vs. acquired, generalized vs. situational were added, as well as the etiology is taking into account. For clinical work it is important that these changes highlight the significance and importance of psychological, situational and individual factors in the emergence and persistence of female sexual dysfunction.

Empirical part

Introduction: This part of dissertation presents the results of a representative national study highlighting the prevalence of, and attitudes toward, sexual dysfunction amongst Czech women.

Aim. To describe the prevalence, incidence, risk factors and consequences of sexual dysfunction in females within the Czech Republic.

Methods. A representative quota survey of 1000 Czech women of 15 years of age and older. The questionnaire is a part of a wider long-term survey of sexual behavior within the Czech population, which started in 1993. Besides the various aspects of sexual behavior the questionnaire included a specific section on sexual dysfunction.

Main Outcome Measures. Current and life-time prevalence of sexual dysfunction. Possible predictors and covariates: awareness, attitudes and other sexual behaviors.

Results. The prevalence of sexual dysfunction amongst women in the Czech Republic is 20%. Most of the women surveyed suffered from multiple SD's at the same time. The two most

frequent types of FSD were insufficient vaginal lubrication and dyspareunia. The majority of women suffering from FSD were in the 49-59 year age group. Considering marital status, there were more divorced women with FSD than without FSD. The majority of women with SD experienced complications in their partnerships.

Risk factors that increase the likelihood of sexual dysfunction are: sexual abuse during childhood and having been forced to engage in sex in lifetime. Having a sexually transmitted disease and being uncertain about their sexual orientation. Having the need for sexual satisfaction and positive attitudes towards casual sex.

Sexual characteristics which strongly associate with FSD are: not being satisfied with sex and having a faked orgasm "often and almost always".

Conclusion. These results indicate that there are risk factors for developing female sexual dysfunction (FSD) which can be identified, and there are serious negative consequences of FSD which can be prevented when properly examined.

Key words: female sexual dysfunction, sexual desire disorders, arousal disorders, orgasm disorders and sexual pain disorders