BIO-PSYCHO-SOCIAL BARRIERS TO SEXUALITY IN MENOPAUSAL WOMEN IN INDIA: A NARRATIVE REVIEW

Sexuality of Menopausal Women in India

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Abstract : **Background** In India, women undergoing menopause frequently face a lot of biological, cultural, and social barriers that limits their ability to express their sexual needs. Though it may manifest in many ways, their underlying need for proximity and sexual emotion often persists. Emotional intimacy and companionship grow more and more significant when priorities change.

Physiological Changes The primary cause of alterations is a significant reduction in reproductive hormones, particularly estrogen and progesterone. Urogenital atrophy causes the vaginal linings to become thinner, drier, and less elastic. These changes contribute to a decline in sexual desire, largely due to the anticipation of pain or discomfort during intimacy.

Psychological and Cultural Barriers A widespread "culture of silence" exists around sexuality, where open talk of sexual desires is discouraged by social shame and fear of being judged. Many believe that having sex later in age is improper or disgraceful, and menopause is frequently seen as the end of a woman's sexual life. This view often increases self-consciousness about age-related physical changes, leading to reduced body image and self-esteem. Also, women are frequently criticized excessively for participating in sexual activities, facing harsher judgments than men.

Obstacles to Expression The lack of private space is a major obstacle to sexual expression, especially for those who live in joint family environments where elderly persons are restricted to common rooms. Additionally, when speaking about their sexual health, many older women feel ignored by medical professionals who suggest that sexuality is irrelevant at their age or advise them to focus toward spirituality.

Conclusion In order to feel healthy and have close relationships during this period of life, education, self-awareness, and nurturing relationships are essential.

Keywords- Menopause, Female sexuality, Biopsychosocial barriers, Narrative review

INTRODUCTION

In India, women undergoing menopause frequently face a lot of biological, cultural, and social barriers that limits their ability to express their sexual needs. Though it may manifest in many ways, their underlying ability for proximity and sexual emotion often persists. Emotional intimacy and companionship grow more and more significant when priorities change. 1 This article reviews how physiological changes, psychological factors, and the unique "culture of silence" in Indian society collectively impact the sexual well-being of women during this transition.

While the need for intimacy often persists, it is modulated by a complex set of Factors Influencing Sexual Desire, that includes,

- Physiological changes
- Psychological and emotional factors
- General societal perceptions
- Cultural norms and sexual restrictions
- Obstacles to sexual expression

A. PHYSIOLOGICAL CHANGES

Physiological changes brought on by menopause can have an impact on a woman's sexual experience and desire. The primary cause of these alterations is a significant reduction in reproductive hormones, brought on by the loss of ovarian function, particularly estrogen and progesterone. A decrease in sexual response and pain during intercourse may result from these hormonal changes, which can also cause physical symptoms like vaginal dryness, decreased lubrication, and reduced elasticity. These changes can affect mood, energy levels, and general sexual drive along with physical changes, highlighting the connection between postmenopausal women's sexual well-being and hormonal changes. 1

DECLINING REPRODUCTIVE HORMONES

The production of reproductive hormones, particularly estrogen and progesterone, fluctuates and eventually declines during perimenopause and into postmenopause, which is the primary physiological process underlying the menopausal transition. 1 This is accompanied by a fall in ovarian androgen, which are also important in maintaining sexual desire. Although sexual ability does not entirely disappear, these hormonal shifts influence it. 1,2

UROGENITAL ATROPHY

The vaginal and urethral linings have observable atrophic changes- it becomes thinner, drier, and less elastic.2 This occurs as a result of the reduced estrogen levels that occurs during and after menopause. Symptoms, include vaginal dryness, chronic irritation, burning, and itching, can be brought on by these physiological changes. These symptoms results in dyspareunia.3 Along with delayed or decreased lubrication, the structural alterations may also result in the vagina being shorter and narrower. These changes not only increase the risk of recurrent vaginal and urinary tract infections but also contribute to a decline in sexual desire, largely due to the anticipation of pain or discomfort during intimacy. 4

PELVIC ORGAN CHANGES

Hormonal decrease after menopause may cause the uterus, Fallopian tubes, and ovaries to gradually reduce in size. Pelvic organ prolapse can also result from the weakening of the connective tissues and pelvic floor muscles that support the rectum, vagina, uterus, and bladder. This can lead to pelvic pressure, urinary or fecal incontinence, difficulty with micturation or bowel movements, and pain during sexual intercourse. These structural changes not only affect daily functioning, but they can also lead to decreased sexual activity and mental well-being. 1

VASOMOTOR CHANGES

Common menopausal symptoms like hot flashes and night sweats are due to reduced estrogen levels. This disturbs sleep severely, leading to fatigue, irritability, which in turn lead reduced sexual interest and overall well- being.,1,2

CHANGES IN PHYSICAL APPEARANCE

Women go-through physical changes like loose skin, more wrinkles, changes in skin colour and weight gain, which is commonly around the waist and belly. Changes connected to hair, such as the development of coarse face or body hair and the thinning of scalp hair, are also commonly seen. Breast size loss and increase in sagging can also result from decreased estrogen and connective tissue support.1 This reduces their body image and self esteem (discussed further under psychological changes). 5

B. PSYCHOLOGICAL AND EMOTIONAL FACTORS

DEPRESSION AND STRESS

A well-known risk factor for sexual dysfunction is depression. Chronic stress, which can be brought on by strained relationships, health issues, or financial strains, further limits sexual desire. This is made worse by the fact that some antidepressants have adverse effects including reduced libido. Studies conducted in India show that older women, particularly those residing in rural regions, experience significant levels of psychological discomfort.1 Persistent societal stresses and inadequate access to mental health care further impair emotional and sexual well-being.3

BODY IMAGE AND SELF-ESTEEM

Many older women feel that showing sexual attraction is disrespectful or socially unacceptable. It makes them to feel ashamed and uncomfortable. 6 This view frequently increases self-consciousness about age-related physical changes, like weight gain or change in body shape, may reduce confidence during a sexual encounter. Women who are more focused on their bodies have been found to have lower levels of sexual satisfaction, while those who are more accepting of their bodies report more satisfying relationships. 7 The shift into old age, particularly after menopause, is commonly followed by a reduced body image, mood, and self-esteem, formed by societal norms that associate youth with attractiveness, which leaves older women less feminine or less appreciated in contrast to younger relatives. 1

AGE AND DISCRIMINATION

Older women are reluctant to express their sexual desire and does not give importance to their sexual health, as the society perceives her as sexually undesirable. This age and gender based discrimination has made her to remain silent. 1

C. GENERAL SOCIETAL PERCEPTIONS OF SEX AND AGEING IN INDIA

In Indian culture, middle-aged and older adults are frequently seen as they are lacking sexual drive. Sexual intimacy is primarily seen as reserved for the young.8,9 Many people in society believe that having sex later in age is improper or disgraceful, and that sex is just for reproduction and not for pleasure. These viewpoints create a widespread "culture of silence" around sexuality, especially among older persons. Open talk of sexual desires are discouraged by social shame and fear of being judged. 8,10 Traditional cultural norms also reinforce the notion that aging should be associated with renunciation and detachment, incorrectly associating age-related changes in sexuality with a total loss of beauty or desire.9

D. CULTURAL NORMS AND SEXUAL RESTRICTIONS IN INDIAN SOCIETY

LOSS OF FEMININITY

When menstruation ceases, many Indian women, particularly those who are older, perceive it as a sign of bodily decline, a loss of energy, and a decrease in personal value. This change is linked to a decrease in one's perceived beauty and sexual appeal, which supports the idea that menopause signifies a loss of femininity. These internalized ideas can have a negative effect on a woman's self-esteem, body image, and confidence.1

PERCEPTION OF ASEXUALITY

Menopause is frequently seen as the end of a woman's sexual life in many cultural contexts, including India. A common perception of women at this stage is that they lack sexual desire or are asexual. These cultural perceptions play a part in the disregard for older women's private needs and experiences as well as the marginalisation of their sexual health.11

GENDER ROLES

In India, traditional gender norms frequently place women as passive and submissive in sexual interactions, with the male partner taking on the task of initiating intimacy and addressing his sexual demands as a marital obligation. Although expectations on women change with age, the underlying notion of feminine passivity always persist. In older age, women are usually expected to take the role of caretakers, which hides their own sexual desires, which creates a cycle of emotional and sexual invisibility. 9

BLAME AND BURDEN OF RESPONSIBILITY

Women are frequently criticised excessively for participating in sexual activities deemed inappropriate for their age, in midlife or later life, or for unexpected births during this time. Such happenings result in harsher judgments against women than men. In a case, as example, the male doctor is excited about the pregnancy, and the female doctor disapproves the husband for

having sex. However, both of them eventually focus their concerns on wife, who must deal with medical and social consequences. The wife's mother-in-law adds to this gendered guilt by accusing her of wearing too much make-up and failing to restrict her husband's desire, indicating that blame lays on her look and conduct. This guilt spreads outside the home, with relatives criticising the lady at social occasions, saying that her activities have harmed the family's reputation. Cases like this, deeply present societal nature to restrict and stigmatise female sexuality, particularly in later life, while releasing or reducing male responsibilities. 8

SILENCING FEMALE SEXUAL NEEDS

Women are frequently influenced by societal values and standards to not disclose their sexual demands and desires, and they may hide them owing to social restraints and age-related abnormalities.28 As they age, they could even stop showing affection. There is fear about restrictions associated with ageing and receiving bad criticism from spouses or family. 1,11

E. OBSTACLES TO SEXUAL EXPRESSION

ENVIRONMENTAL OBSTACLE

The lack of private space is a major obstacle to sexual expression for many elderly Indian women, especially those who live in joint family environments. In such situations, elderly persons are restricted to common rooms, whereas younger couples, especially newly weds, are given access to private rooms. This structural restriction further silences the needs of older women by reducing possibilities of physical contact and reinforcing societal rules that prohibit sexual encounters in later life. 11,12

WIDOWHOOD AND REMARRIAGE AS OBSTACLE

The partner gap occurs when women live longer their male partners, is a major cause in elderly women's reduced sexual activity. 6 Family members, such as adult children or elders, influence or even control the decisions widowed women make about their private life. Their sexual and emotional needs are often ignored in rigid cultural contexts, and remarriage is required for society to accept them. Remarriage itself, however, is often looked down upon or seen as unnecessary for older women. 11 Some widows decide to be single, either because they miss their spouses or they want to keep their independence. They also have less to no options for friendship because of societal restrictions that prevent them from forming new relationships. 9

HEALTHCARE PROVIDER ATTITUDES AS OBSTACLE

When speaking about their sexual health, many older women feel ignored by medical professionals. Instead of sensitively addressing their issues, practitioners suggest that sexuality is irrelevant at their age or advise them to focus toward spirituality. In addition to invalidating their actual experiences, this makes them feel ashamed and embarrassed and makes them reluctant to express similar demands in the future. Because of this, women's sexual health in later age is frequently overlooked in healthcare settings, which contributes to the general social silences around intimacy and ageing. 9

CONCLUSION

Menopause is frequently seen as the end of a woman's sexual life in many cultural contexts, including India. However, emotional intimacy and companionship grow more and more significant when priorities change. In order to feel healthy and have close relationships during this period of life, education, self-awareness, and nurturing relationships are essential. Homeopathy, being a holistic system of medicine, relies heavily on understanding these bio-psycho-social barriers to treat the patient effectively during menopause.

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REFERENCES

1. Goswami P. Ageing and Its Effect on Body-Self Image, Mood and Self Esteem of Middle Age Women and Older Women. IOSR-JHSS [Internet]. 2013 [cited 2025 June 15];18(5):53–73. Available from: http://www.iosrjournals.org/iosr-jhss/papers/Vol18-issue5/J01855373.pdf
2. Shah D. Handbook for mature women [Internet]. Available from: indianmenopausesociety.org/assets/pdf/general-public/Handbook-for-Women.pdf
3. Sathyanarayana Rao T, Tandon A, Manohar S, Mathur S. Clinical Practice Guidelines for management of sexual disorders in elderly. Indian J Psychiatry [Internet]. 2018 [cited 2025 June 6];60(7):397. Available from: https://journals.lww.com/10.4103/0019-5545.224478
4. Aggarwal RS, Mishra VV, Panchal NA, Patel NH, Deshchougule VV, Jasani AF. Sexual Dysfunction in Women: An Overview of Risk Factors and Prevalence in Indian Women. Journal of South Asian Federation of Obstetrics and Gynaecology [Internet]. 2012 Dec [cited 2025 June 6];4(3):134–6. Available from: https://www.jsafog.com/doi/10.5005/jp-journals-10006-1195
5. Dias Marmo FA, Gonçalves Da Silva E, Santos Ferreira PCD, Gonçalves Da Silva E, Santos Ferreira PCD. Sexuality, self-esteem and sexual dysfunction among the elderly. MOJGG [Internet]. 2024 Apr 12 [cited 2025 June 23];9(2):24–8. Available from: https://medcraveonline.com/MOJGG/sexuality-self-esteem-and-sexual-dysfunction-among-the-elderly.html
6. Kalra G, Subramanyam A, Pinto C. Sexuality: desire, activity and intimacy in the elderly. Indian J Psychiatry. 2011 Oct;53(4):300–6.
7. What Can You Expect From Your Sex Life as You Age? [Internet]. Verywell Health. [cited 2025 June 22]. Available from: https://www.verywellhealth.com/sex-and-older-americans-2223611
8. Srivastava S, Upadhaya P. Aging, sexual intimacy, and challenges in contemporary India: A qualitative study. Front Psychol [Internet]. 2022 Sept 20 [cited 2025 June 15];13:946105. Available from: https://www.frontiersin.org/articles/10.3389/fpsyg.2022.946105/full
9. Banerjee D, Rao TS. "Love in the Later Years…": Perceptions of Sex and Sexuality in Older Indian Adults — a Qualitative Exploration. Consortium Psychiatricum [Internet]. 2022 Jan 15 [cited 2025 June 22];3(1):62–75. Available from: https://consortium-psy.com/jour/article/view/153

10. Veerabhadram. Sexual Dysfunction and Associated Socio-Cultural Factors in India. Acta Scientific Neurology. 2023 June;Volume 6(Issue 6):35–41.
11. Saadatmand F, Beigi M, Heidari Z, Savabi-Esfahani M. Perceived Sexual Health Needs of Older Women: A Systematic Review. Iran J Nurs Midwifery Res [Internet]. 2025 Jan 15 [cited 2025 June 22];30(1):1–10. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11881972/
12. Sathyanarayana Rao T, Tandon A, Manohar S, Mathur S. Clinical Practice Guidelines for management of sexual disorders in elderly. Indian J Psychiatry [Internet]. 2018 [cited 2025 June 6];60(7):397. Available from: https://journals.lww.com/10.4103/0019-5545.224478