I am surprised to see how many patients in my practice have already made use of assisted fertility options or who remain childless, purely because they cannot have sex.

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Dr Elina Rudolph, Clinical Head: My Sexual Health Clinic, part-time Lecturer and Consultant: Department of Obstetrics and Gynaecology, University of Pretoria

For those who do not desire to fall pregnant, is seems almost unavoidable and for those couples who would desperately like to have a child, it can feel almost impossible. We have some of the most advanced treatment technologies for the management of the infertile couple in SA, but in some cases it is not necessary. We just need to help the couple to have successful intercourse.

I am surprised to see how many patients in my practice have already made use of assisted fertility options or who remain childless, purely because they cannot have sex. Here are a few reasons for sexless marriages that can easily be treated:

Vaginismus and other forms of dyspareunia
One in five women regularly has pain during intercourse. For some of these women intercourse is impossible due to the intense pain caused by an attempt at penetration. The cause of the pain can usually be diagnosed and treated, but many patients go for years without receiving the right diagnosis or treatment.

Per definition, vaginismus involves a fear of penetration with involuntary muscle spasm. In our experience, there are always physical factors contributing to the pain: A hypertonic pelvic floor, a neuromuscular component and/or a dermatological condition. In very rare cases there can be congenital abnormalities, trauma and more often pelvic surgery contributing to the pain.

Deep dyspareunia usually does not make sex impossible, but it should always be investigated by a gynaecologist. Superficial dyspareunia is a complex condition that might respond to topical oestrogens or anti-fungals. If there is inadequate treatment response, the patient needs to be evaluated and treated in the context of a multi-disciplinary team where medical treatment, physiotherapy and psychotherapy can be offered simultaneously.

In our practice, we have seen patients who have never had intercourse, but had children. It is possible to ejaculate externally and then do manual insertion of the semen or for it to progress all the way from the external genitalia to the fallopian tubes, but it is not very likely.

Erectile dysfunction
Although it is much more common in the older population that does not desire future fertility, it should be excluded as a possible cause in all patients who struggle with intercourse. Phosphodiesterase type 5 inhibitors are safe to be used when pregnancy is desired.

Sexual aversion
Low libido is one thing, but sexual aversion means that the patient is repulsed by the idea of the sex act. It is much more common in women, especially if there is a history of sexual abuse, but in some cases it can also be due to a very conservative upbringing, prolonged periods of dyspareunia or a very traumatic first sexual experience.

We always look at the contributing medical factors like a hypertonic pelvic floor or abnormal hormonal levels, but this condition is primarily treated by very experienced clinical sexologists who are able to address the psychological component of the problem and offer sex therapy to the couple to initiate or restore a normal sexual relationship.