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Masturbation and Sexual Function for Brazilian university women: a cross-sectional study

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Dedico este trabalho a minha *sister* que, além de ser a revisora mais incansável do presente trabalho, é meu apoio emocional diário. Não há mensura a felicidade de a ter como irmã.

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RESUMO

Introdução: A relação entre a masturbação, função sexual e autoimagem genital feminina ainda não foi totalmente explorada na população brasileira.

Objetivo: Explorar a função sexual feminina associada ao comportamento de masturbação e autoimagem genital.

Métodos: Trata-se de um estudo transversal e quantitativo. Um total de 110 universitárias brasileiras responderam a um questionário online e anônimo, composto pelo Índice da Função Sexual Feminina (FSFI) e pela Escala de Autoimagem Genital Feminina (FGSIS), um questionário sobre práticas de masturbação e outro com as características sociodemográficas da amostra. Os dados foram analisados por meio de correlações de Spearman, testes de Kruskal-Wallis, teste Qui-quadrado e análise de variância no software SPSS.

Principais Achados: Frequência masturbatória e comportamentos associados, pontuação no FSFI e no FGSIS.

Resultados: As mulheres apresentaram escores mais altos em alguns sub-domínios do FSFI quando a masturbação é considerada importante para elas, quando se sentem poderosas ou satisfeitas durante a prática. No entanto, aqueles que demonstraram sentimentos negativos durante a masturbação, como sentir-se envergonhada ou culpada, tiveram associação significativa com escores mais baixos no FSFI e FGSIS. A frequência masturbatória só teve correlação com o subdomínio desejo do FSFI em mulheres que se masturbam diariamente. Participantes que costumam se masturbar para se sentirem mais felizes, masturbam-se menos de uma vez por semana e mulheres que o fazem para se sentirem angustiadas, masturbam-se diariamente ou mais de uma vez por dia. Houve associação nos domínios Satisfação, Excitação e Orgasmo do FSFI com maiores escores no FGSIS.

Implicações Clínicas: Aumentar o conhecimento sobre formas de melhorar a função sexual feminina.

Pontos fortes e Limitações: Fornece informações valiosas sobre o comportamento sexual de mulheres universitárias no Brasil e a metodologia do estudo permite maior sinceridade nas respostas, pois fornece anonimato, devido à natureza sensível do tema estudado. As limitações do estudo incluem inadequação do questionário FSFI para mulheres sexualmente inativas nas últimas 4 semanas; o viés de participação e o viés de relato em pesquisas sobre sexualidade; e a falta de validade do questionário criado pelos autores sobre masturbação.

Conclusão: A frequência da masturbação tem pouca ou nenhuma influência na função sexual feminina, mas ter sentimentos positivos em relação a ela e uma autoimagem genital positiva podem influenciar a função sexual.

PALAVRAS-CHAVE

Masturbação;
Sexualidade;
Satisfação sexual;
Qualidade de vida.

ABSTRACT

Background: The relationship between masturbation factors, sexual function and genital self-image among female have not been fully explored in a Brazilian population yet.

Aim: To explore female's sexual function associated to masturbation behavior and genital self-image.

Methods: This is a cross-sectional and quantitative study. A total of 110 female at least 18 years old university students from Brazil completed an anonymous online questionnaire comprising the Female Sexual Function Index (FSFI), the Female Genital Self-Image Scale (FGSIS), a questionnaire about masturbation practices and of sociodemographic characteristics. The data were analyzed using Spearman correlations, Kruskal-Wallis tests, Chi-square test and analysis of variance on SPSS software.

Main Outcome Measures: Masturbation frequency and behaviors associated, scores on the FSFI and FGSIS.

Results: Women showed higher scores in FSFI subdomains when masturbation is considered important for them, as well as having feelings of power and satisfaction during it. However, those that showed negative feelings while masturbating such as shame or guilt had a significant association with lower scores in FSFI and FGSIS. Masturbation frequency only correlated to better sexual function in the desire domain in women who masturbate daily. Participants that usually masturbate to feel happier, masturbate less than once a week and women who do it to distress, masturbate daily or more than once a day. There was an association in the domains Satisfaction, Arousal and Orgasm of the FSFI with greater scores in FGSIS.

Clinical Implications: Improve the knowledge towards female sexual function.

Strengths and Limitations: Provides valuable insights into the sexual behavior of university women in Brazil and it's methodology improves openness in responses as it provides anonymity given the sensitive nature of the topic studied. Study limitations include unsuitability of FSFI questionnaire for sexually inactive women in the past 4 weeks; the participation bias and reporting bias in sexuality searches and the validity of the investigator-derived questionnaire about masturbation is unknown since it wasn't previously validated.

Conclusion: Masturbation frequency has little to no influence on female sexual function, but having positive feelings towards it and a positive genital self-image may positively influence it.

KEYWORDS

Masturbation;
Sexuality;
Sexual satisfaction;
Quality of life.

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LISTA DE ABREVIATURAS E SIGLAS

FSFI	Female Sexual Function IndeX
FGSIS	Female Genital Self-Image Scale
ED	entirely disagree
D	disagree
I	indifferent
A	agree
EA	entirely agree
NI	not informed

SUMÁRIO

ARTICLE

Masturbation and Sexual Function for Brazilian university women: a cross-sectional study

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INTRODUCTION

Sexuality is important when considering women's well-being and shouldn't be left aside in health care[1]. There was a change in the perception regarding sexuality, as pleasure and well being starts to be part of the benefits of sexual activity and as a reflection of cultural changes, women have become more responsible for their own sexual pleasure and are being motivated to discover their bodies through masturbation[2]. This topic is still considered sensitive and uncomfortable to discuss[3], and research regarding sexuality has mainly focused on high-risk sexual behaviors for pregnancy or sexually transmitted infections other than pleasure[4].

Masturbation wasn't seen as a sexual practice until recently, mostly because religious norms only considered sexual activity as a reproduction mean. Besides that, the emergence of contraceptives brought women's autonomy on birth control and was able to detach reproductive sex from pleasurable sex. In consequence, female sexuality changed as they started to search for different sexual activities apart from family[5]. Recent researches suggest masturbation is associated with better sexual desire and orgasm, and some claim the positive component in the structuring of female sexuality regarding masturbation[6], but little is known about the subject. The practice of masturbation may contribute to enhancing female's self-esteem, as body image satisfaction is often associated with positive genital self-image. Hence, masturbating to appreciate your own body can influence the improvement of genital appearance satisfaction[7]. Some authors support that women with arousal difficulty reveal negative attitudes toward their genital area[6].

In sexual therapy, a common approach has been that practicing solo masturbation can increase women's ability to experience orgasms in partnered sex[8], and some findings show a positive correlation between masturbation frequency and sexual satisfaction[9]. Sierra et al., 2020 attested the role that positive attitudes towards masturbation have in the orgasmic experience and its relevance in sexual health[10]. Feelings concerning masturbation are important given the great amount of girls who point having had prohibitions or threats in adolescence towards the practice and the lack of information given about it[9]. Nevertheless, there are other contributor factors to a healthy relation towards sexuality, such as mental health, given that many women experience disturbance of sexual function associated with antidepressant use[11].

In order to better understand how masturbation affects sexual health of female university students from Brazil, the objectives of this study were to explore masturbation frequency and factors associated; reasons for masturbating; and main feelings present. It was hypothesized that engagement in masturbation and positive feelings towards it would be associated with better sexual funcion.

METHODS

Study Design

This was a cross-sectional study of convenience participants recruited via social media: posters in WhatsApp, Instagram and Facebook. To be eligible for the study, women were required to be university students and aged over 18. No paid incentives or rewards were offered for participation.

The study was performed according to the Strengthening the reporting of observational studies in Epidemiology (STROBE) guidelines and following the Helsinki Declaration's principles. It was approved by the Ethics and Research Committees of the Federal University of Health Sciences (UFCSPA), approval number CAAE: 53966121.0.0000.5345.

Procedure

The anonymous, self-administered, four-part online questionnaire was made through GoogleForms and took about 15 minutes to be completed. Participants informed consent as they checked the box saying they read and agreed with the terms presented.

Socio-demographic and other sample characteristics were obtained through a simple questionnaire. It was assessed participant's age, their relationship status, relationship length, sexual orientation, contraceptive methods used, religious beliefs and the use of medical and/or psychological drugs.

Because there is no validated questionnaire to assess what concerns masturbation, the researchers of this study formulated one based on previous papers. It included questions regarding the age masturbation began, when was their last masturbation, what's the frequency of the practice in the last year and the reason why they do it. The importance of masturbation and having feelings like powerful, relaxed, ashamed, guilty, satisfied and selfish were measured by a 5-point Likert scale. Furthermore, we asked about the most common technique used for masturbating and the usage of sex toys like a vibrator.

The Brazilian validated version of the Female Sexual Function Index (FSFI) was used to assess sexual function. The scale considers the last 4 weeks of sexual activity of the participants and consists of 19 items loading on six domains: desire (2 items), arousal (4 items), lubrication (4 items), orgasm (3 items), satisfaction (3 items), and pain (3 items). The final score goes from 2 to 36, with a score lower than 26.55 indicating possible risk of female sexual dysfunction. The domains can be analyzed separately and the authors also established cutoff points for each specific domain: Desire: 4.28; Excitation 5.08; Lubrication 5.45; Orgasm: 5.05; Satisfaction: 5.04 and Pain: 5.51. Higher scores indicate better sexual funcion and we only disconsidered the pain subdomain in this analysis,[12, 13].

Genital self-image was assessed using the Female Genital Self-Image Scale (FGSIS), which is a 7-item questionnaire using level of agreement on a 5-point Likert scale, with higher total score indicating a more positive genital self image[14].

Data Analysis

The sample size calculation was of 82 respondents for 5% of significant level and 80% power. The results of the qualitative variables are presented through absolute and relative frequencies and the quantitative ones in mean and standard deviation, median and interquartile range (IQR). Normality was verified by the K-S test and correlations between FSFI, FGSIS and sensations during masturbation were verified by Spearman's correlation coefficient. We applied the Mann-Whitney and Kruskal-Wallis tests with Dunn's post-hoc test to compare the FSFI scores with the other variables. To

analyze the FSFI (>26.5 x <26.5) and the frequency of masturbation, the chi-square test was applied with the aid of two adjusted standardized residuals. Results were considered significant when p-value <0.05. Analyzes were performed using SPSS statistical software (IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.)

RESULTS

A total of 113 women completed the questionnaire and 3 were excluded for not fitting the inclusion criteria of being a university woman. The remaining 110 respondents were included in the analysis. Are summarized in Table 1 the socio-demographic characteristics of the sample.

The participants using psychopharmaceutical drugs (20%) were significantly associated with lower FSFI scores (p= 0.008) in Kruskal-Wallis test. Still, in the group of women with low sexual satisfaction, 34% use psychopharmaceutical drugs of any kind, whereas in the high sexual satisfaction group, 11.3% use it.

Table 1. Descriptive statistics of the main socio-demographic variables.

Variables		
Participants' age		
18 to 22 years old	62	56.4%
23 to 28 years old	42	38.2%
28 years old or more	6	5.5%
Sexual orientation		
Heterosexual	72	65.5%
Bisexual	35	31.8%
Homosexual	2	1.8%
Other	1	0.9%
Relationship status		
Single without sexual partner	12	10.9%
Single with eventual sexual partners	22	20%
Single with one sexual partner	12	10.9%
In a relationship living in different places	52	47.3%
In a relationship living in the same place	12	10.9%
Relationship length		
Not in a relationship	40	36.4%
Less than 6 months	11	10%
6 months to 2 years	36	32.7%
2 to 4 years	12	10.9%
4 years or more	11	10%
Contraceptive method		
None	11	10%
Condom	18	16.4%

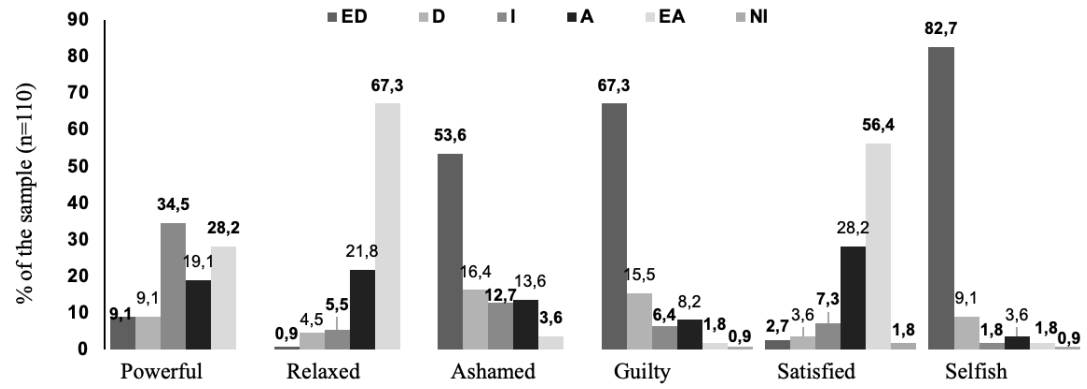
Hormonal contraceptive	58	52.7%
Hormonal IUD	12	10.9%
Non-hormonal IUD	11	10%
Use of continuous drugs		
No	73	66.4%
Psychopharmaceutical	22	20%
Other or not informed	15	13.64%

Data is expressed as frequencies (percentages).

Regarding masturbation habits, the most used technique was the clitoris stimulation (61.8%), followed by the association of clitoris and vagina (35.5%). Masturbation began at age 10-16 years old for 63.7% of the sample and only 9.1% did it for the first time after 18 years old. This study has shown that 75% of university women masturbate at least once a month, and 10% of the sample masturbate almost everyday, whereas 24.5% masturbate less than once a month or don't do it at all. Only 2 participants referred to not masturbating in the past year. As for orgasm, 93 of the participants achieve it frequently or always.

When correlating the total FSFI scores with the women's masturbation habits, it can be observed that women who masturbate daily or more than once a day tend to have higher scores in the desire domain than those who masturbate less than once a month or don't masturbate at all (p= 0.011). Chi-square test underlined no significant correlation between the total score of FSFI and subdomains separately to masturbation frequency.

Figure 1. Feelings during masturbation



ED: entirely disagree; D: disagree; I: indifferent; A: agree; EA: entirely agree; NI: not informed

When correlated to FSFI scores with feelings during masturbation, participants who felt ashamed while masturbating had lower scores in desire, arousal, orgasm and satisfaction subdomains, as well as worse total scores in the FSFI and FGSIS scales. When considering guilt, more agreement in having this feeling during masturbation correlates to lower scores in orgasm and satisfaction, as seen in Table 2.

Women who feel powerful during masturbation had higher scores in desire in the FSFI, and feeling satisfied is significantly correlated to higher scores in desire, orgasm

and satisfaction subdomains, besides having better total scores in FSFI and FGSIS. Feeling selfish or relaxed didn't have significant value in this analysis with sexual function. Additionally, having masturbation as an important component to sexual life was only correlated to desire in the FSFI (table 2).

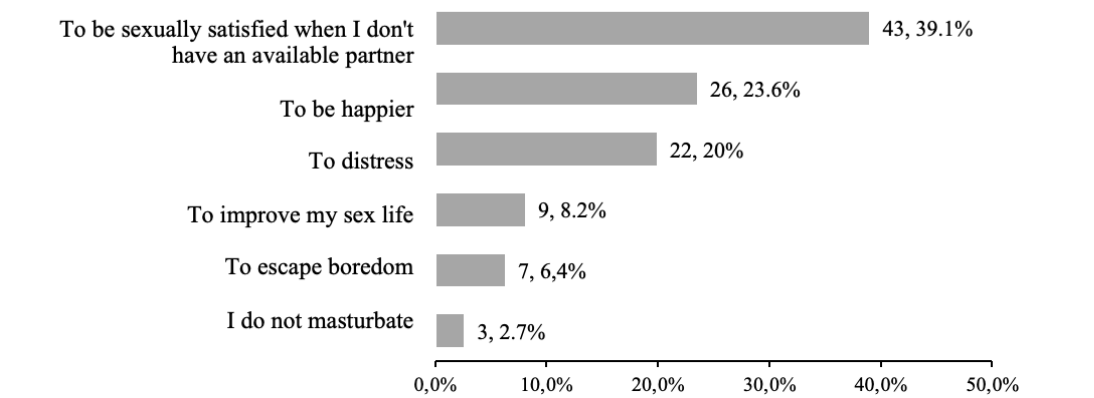
Table 2. Correlation between FSFI and FGSIS with feelings during masturbation

		Desire	Arousal	Lubrication	Orgasm	Satisfaction	FSFI score	FGSIS score
I feel powerful when masturbating	r	**0.224**	0.143	-0.001	0.087	0.140	0.097	0.157
	p-value	**0.019**	0.135	0.995	0.366	0.146	0.311	0.102
I feel relaxed when masturbating	r	0.066	0.073	0.048	0.119	0.135	0.090	0.177
	p-value	0.494	0.446	0.616	0.216	0.160	0349	0.065
I feel ashamed when masturbating	r	**-0.216**	**-0.268**	-0.175	**-0.263**	**-0.261**	**-0.286**	**-0.260**
	p-value	**0.024**	**0.005**	0.067	**0.005**	**0.006**	**0.002**	**0.006**
I feel guilty when masturbating (n=109)	r	-0.188	-0.173	-0.069	**-0.195**	**-0.190**	-0.186	-0.147
	p-value	0.050	0.072	0.475	**0.042**	**0.048**	0.053	0.126
I feel satisfied when masturbating (n=108)	r	**0.227**	0.186	0.181	**0.199**	**0.203**	**0.232**	**0.258**
	p-value	**0.018**	0.054	0.061	**0.039**	**0.035**	**0.016**	**0.007**
I feel selfish when masturbating (n=109)	r	-0.036	-0.091	-0.028	-0.040	-0.128	-0.085	-0.066
	p-value	0.708	0.348	0.776	0.682	0.184	0.381	0.498
Masturbation is important for me (n=108)	r	**0.224**	0.099	-0.002	0.050	-0.010	0.028	0.039
	p-value	**0.020**	0.307	0.984	0.609	0.922	0.770	0.692

FSFI: Female Sexual Function Index; FGSIS: Female Genital Self-Image Scale;

The Chi-square test indicates that women who say they usually masturbate to feel happier, masturbate less than once a week and women who do it to distress, masturbate daily or more than once a day (p=0.037). The figure 2 shows the reasons why women masturbes. The most common reason for masturbating was to be sexually satisfied when a partner isn't around, followed by masturbating to be happier (23.6%).

Figure 2. Reasons for masturbating



Chi-square test was used.

We also correlated FSFI subdomains and total score with FGSIS total score, showing that there was a positive association in the domains satisfaction (r= 0.231, p= 0.015), arousal (r=0.205, p=0.031), orgasm (r=0.191, p=0.046) and total score of the FSFI (r= 0.215, p=0.024) with greater scores in FGSIS, demonstrating a positive genital self-image is associated with a better sexual function. As for participant's characteristics, there was no correlation to FGSIS total score, showing an absent influence of relationship status or sexual orientation with genital self-image.

In terms of relationship status, women in a stable relationship demonstrate to have higher FSFI total score than those who are single ($p<0.001$), even the ones who have eventual sexual partners. Women who were in casual sexual relationships had a higher masturbation frequency (p=0.040) than those who were in a serious relationship. In this sample, the use of vibrators is associated to lower sexual satisfaction (p=0.030), as 58% and 31.7% of women with worse and better sexual satisfaction use it, respectively. Its use is significantly correlated with women who masturbate daily or more than once a day (p=0.002).

DISCUSSION

The aim of the current study was to explore the influence of masturbation on female sexual function and to determine factors associated with a better sexuality satisfaction. It is shown in this study that positive feelings towards masturbation – such as feeling powerful and satisfied – can increase sexual function, but masturbatory frequency didn't play a significant role in the analysis. In addition, a better sexual function is associated to positive genital self-image, being in a steady relationship and the absence of psychiatric drugs.

The assumption of orgasmic pleasure be shown as greater for partnered sex than for masturbation can explain the finding, in this analysis, of a better sexual function ($p<0.001$) presented by women in a relationship[15,16]. The sixty four participants of our study who are currently in a relationship demonstrated to have higher scores in FSFI, and this positive association to having a stable relationship is demonstrated in several studies[15,17,33]. A German cohort study by Wallwiener et al. (2017) was conducted to pursue protective factors of female sexual dysfunction through an online questionnaire and demonstrated that being in a steady relationship was associated with a significantly higher median FSFI total score[33]. A search from Escajadillo-Vargas et al. (2011) with 625 Peruvian women also used FSFI in its methodology and had the same conclusion of better sexual function in partnered female, attributing that to a better satisfaction with lifestyle and sexual rewards[15].

Otherwise, according to Bowman (2013), the unavailability of a partner was a reported motive for masturbation among some women in relationship[18], endorsed by our findings in which 39,1% of women reported masturbating to be sexually satisfied when there is no available partner. Literature says women seem to modify their masturbation behavior depending on their relationship, such as masturbating less frequently and

avoiding it when their partner is around[2,19]. This could be the reason why we found a higher masturbation frequency in women who experienced more casual sexual relationships than those who were in a serious relationship.

In our study, the low correlations between masturbation frequency and sexual function may indicate the masturbatory periodicity only partly or does not contributes to women's overall sex life satisfaction, agreeing with Fischer and Træen's (2022) study[21]. This author also assumes to be reasonable that people don't have the same masturbation-sexual satisfaction relation, and that there is not a linear relationship between masturbation frequency and sex life satisfaction. Also, more intercourse activity can be related to less masturbation and to greater sexual satisfaction[21], in concur to Bancroft, Long and McCabe's (2010) survey with women in established heterosexual relationships, where the frequency of masturbation during the last month was negatively associated with satisfaction with her sexual relationship[40].

Masturbatory frequency can be associated with higher levels of sexual desire and fantasy, as seen by Zamboni and Crawford (2003) in their study aimed to assess the benefits of masturbation in sexual desire[41]. In addition, Carvalheira, Brotto and Maroco (2010) did a web-based survey with a large sample of Portuguese women aged over 18 and came to the finding that females who masturbate more frequently and reached orgasm easily had better desire measures. Agreeing with that, our findings show a positive significant difference in desire in women who masturbate daily or more than once a day ($p= 0.011$). A conclusion of Philippsohn and Hartmann's (2009) study was that masturbation was considerably less important component in women's overall sexual satisfaction than sexual intercourse activity itself, probably because masturbation is experienced in a highly individualized way[22]. We concluded that masturbation frequency doesn't have a significant impact in sexual function, corroborating to literature attesting masturbation experience isn't associated with orgasmic outcomes, sexual function and satisfaction[23, 8].

The negative feelings when masturbating in our sample revealed as being a minority, agreeing with the literature[9, 6], in which feelings of shame, guilt and selfishness are less than 20% of agreement with the practice. A systematic review from Cervilla et al. (2021) in a Spanish sample explicit the majority of the surveys shows positive attitudes towards masturbation by women[25]. As for Driemeyer et al. (2016), in their study with over 1,500 women aged 18 to 22, negative attitudes towards masturbation were linked to fewer orgasms[38].

In the present data, participants who feel ashamed (17.2%) were more likely to have lower desire, arousal, orgasm and satisfaction in sexual practice, and were more likely to have a negative genital self-image. In Bowman's (2017) study, the vast majority of women (85.5%) reported feeling little or no shame from masturbating, otherwise, some studies attested a limitation in masturbation by fear of shame of their partners finding it out[24]. It is advocated that some women believe they weren't supposed to experience pleasure if it was not given by their partners, creating the feeling of guilt for them[19,26]. Our study found only a 10% of agreement to feelings of guilt in masturbation, but those women were to have lower orgasm and satisfaction scores.

We do know the motivations for masturbating are diverse[19], and as already presented the most expressive reason shown by women in this study was to sexually satisfy themselves when a partner isn't around (39.1%), followed by to be happier (23.6%). Frank (2014) in his qualitative work with 109 female college students from diverse backgrounds, points out a great number of girls who feel entitled to employ masturbation as a way of stress relief, other than just “for the sake of pleasure"[39]. Agreeing with that, some participants in this study revealed masturbating to distress, and they were more likely to masturbate daily or more than once a day. Additional reasons are, according to Kılıç Onar, Armstrong and Graham (2020), to compensate for partnered sex, gain sexual awareness, release sexual tension, relax and for pleasure[2].

Our results show that a positive genital self-image is associated with better sexual function, consonant with previous findings of significantly correlated higher scores of FGSIS with FSFI[14]. Some studies found a strong association between genital image and reported masturbation[27, 18], and some related sexual dissatisfaction with negative genital self image[21]. Having masturbated recently and positive genital self-image were significantly correlated in Bowman's (2013) study, maybe due to the likelihood that frequent masturbation can improve genital self-image[18]. This study found a significant association between better genital self-image and sexual satisfaction, arousal and orgasm, however no influence was shown when it comes to engaging more in masturbation.

As broadly studied, the use of drugs to treat psychiatric disorders can influence sexual function in all phases including desire, arousal and orgasm[11,28,34]. Given the closeness of psychiatric disorders with sexual dysfunction, as shown by Lewis et al. (2010), and the high percentage of young students who take psychopharmacology[35], we considered this factor in our investigation, even though this variable is not the center of the study. In our findings, 20% of the participants use it, and between the sample of women with low FSFI scores, they represented 34%, demonstrating a negative correlation to female sexual function. Moghalu (2020) identified mental health as the most important risk factor for women’s sexual dysfunction[29] and Atlantis and Sullivan (2012) in their meta-analysis concluded the literature is sufficient to show a bidirectional association between depression and sexual dysfunction[36].

Vibrators use is suggest by Herbenick and Reece (2009), in their online survey with women aged 18-60, as a way to bring higher sexual function in desire, arousal, lubrication and orgasm[31]. They attribute that due to vibrators facilitating orgasm and arousal and, consequently, enhancing vaginal lubrication. Rullo's et al. (2018) attest in their narrative review that vibratory stimulation is positively correlated with increased sexual desire and overall sexual function, but say vibrator use, in and of itself, can't be associated with sexual satisfaction[42]. Our data interestingly show the use of vibrators related to lower sexual function, whichever may be attributable to partnered women, who have higher scores in FSFI, use it less often. As Herbenick et al (2011) and Marcus (2011) noted, many heterosexual women had concerns about their partner's reaction about their vibrator use, eventhough the majority of their male partners had positive feelings about it[27,30].

Strengths and Limitations

This study provides valuable insights into the sexual behavior of university women in Brazil, including sexual function, genital self-image and masturbation aspects. It is important to emphasize there are few studies about the subject in a Brazilian sample. The study's methodology improves openness in responses as it provides anonymity in answering the questionnaire, especially given the sensitive nature of the topic studied.

Study limitations include unsuitability of FSFI questionnaire for sexually inactive women in the past 4 weeks[32], which can interfere in the evaluation of sexual function properly. Even though it's anonymous-online research, there could be a participation bias due to the participation being greater in women without negative feelings towards masturbation. The reporting bias happens frequently in sexuality searches and as the study is cross-sectional, we couldn't assume causality in most variables. Finally, the validity of the investigator-derived questionnaire about masturbation is unknown since it wasn't previously validated.

CONCLUSION

The results of this study suggest that being in a steady relationship, having a positive genital self-image and not using psychiatric drugs are associated with better sexual function. Masturbatory frequency has little influence on female sexual function, but having positive feelings towards it may influence positively women's orgasm, satisfaction and sexual function, as having negative feelings as shame and guilt can negatively affect desire, arousal, orgasm, satisfaction and genital self-image.

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ANEXO A – Normas da Revista *The Journal of Sexual Medicine*

"Author Information

Original Research

Original research papers are scientific reports from original research in sexual medicine. There is no limit on article length or the number of figures or tables, though we do request the article include a structured abstract of 400 words. It required that you include completed reporting guideline(s) with your Original Research submission to demonstrate the completeness of reporting in your manuscript. Failure to adhere to reporting best practices will result in revisions being requested ahead of publication. For more information on relevant reporting guidelines, please see the section below entitled Reporting Standards: Completeness and the Use of Reporting Guidelines.

ABSTRACTS

The Journal of Sexual Medicine has changed the format of its abstract in an effort to permit the reader to glean a greater degree of understanding of the research by simply reading the abstract without reading the full manuscript. The aim is to expand the Methods and Results sections to facilitate a more meaningful interpretation of the research. The length of the abstract will be extended to 400 words. Please note expert opinions do not include abstracts.

Papers will have the following headers (with suggested lengths): Background (one sentence)

Aim (one sentence)

Methods

Outcomes (one sentence)

Results

Clinical Implications (clinical papers) or Clinical Translation (basic science Papers) (one sentence)

Strengths and Limitations

Conclusion (one sentence)

Article structure

We place few restrictions on the way in which you prepare your article, and it is not necessary to try to replicate the layout of the journal in your submission. We ask only that you consider your reviewers by supplying your manuscript in a clear, generic and readable layout, and ensure that all relevant sections are included. Our production process will take care of all aspects of formatting and style.

Please use the Manuscript Submission Checklist, along with the info below to ensure that the manuscript has all the information necessary for successful publication.

Title

Abstract: The Journal of Sexual Medicine uses structured abstracts to ensure that all essential information is presented.

Keywords: Authors should provide 4 to 10 keywords or short phrases for cross-indexing the article. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used whenever possible. Try to avoid repeating terms in the Title.

Introduction: State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Materials and Methods: Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results: Results should be clear and concise.

Discussion: This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions: The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices: If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

References: Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.
References should be listed in the order in which they are first cited in the text. The references should conform to the Index Medicus style, omitting number and day of month of issue. See a recent issue of the journal for examples of reference formats."

Retirado em Novembro de 2022 do site
https://www.jsm.jsexmed.org/content/authorinfo.

ANEXO B – Aprovação do CEP

UNIVERSIDADE FEDERAL DE CIÊNCIAS DA SAÚDE DE PORTO ALEGRE

Continuação do Parecer: 5.406.450

Conclusões ou Pendências e Lista de Inadequações:

A relatoria considera que as pesquisadoras responderam de forma adequada às pendências apontadas no parecer anterior, de modo que o projeto não apresenta óbice e pode ser considerado aprovado.

OBS: Término do projeto previsto prevista para 30/11/2022.

Ressalta-se que cabe ao pesquisador responsável encaminhar os relatórios parciais e final da pesquisa, por meio da Plataforma Brasil, via notificação do tipo "relatório" para que sejam devidamente apreciadas no CEP, conforme Norma Operacional CNS nº 001/12, item XI.2.d.

Considerações Finais a critério do CEP:

De acordo com o parecer do relator.

Este parecer foi elaborado baseado nos documentos abaixo relacionados:

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BÁSICAS_DO_PROJETO_1862076.pdf	11/04/2022 11:03:31		Aceito
Outros	RespostaaoCep_versao2.pdf	23/02/2022 19:17:46	RENATA FERNANDES SOARES	Aceito
Projeto Detalhado / Brochura Investigador	ProjetodeTCC_versao3.pdf	23/02/2022 19:16:54	RENATA FERNANDES SOARES	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLE_versao3.pdf	23/02/2022 19:14:08	RENATA FERNANDES SOARES	Aceito
Outros	Termodeentregaderelatorios_versao2.pdf	24/01/2022 06:55:52	RENATA FERNANDES SOARES	Aceito
Projeto Detalhado / Brochura Investigador	ProjetodeTCCversao2.pdf	24/01/2022 06:52:52	RENATA FERNANDES SOARES	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLEversao2.pdf	24/01/2022 06:52:06	RENATA FERNANDES SOARES	Aceito
Folha de Rosto	FolhadeRostoA.pdf	30/11/2021 21:21:01	RENATA FERNANDES SOARES	Aceito
Projeto Detalhado / Brochura Investigador	ProjetodeTCC.docx	30/11/2021 21:20:06	RENATA FERNANDES SOARES	Aceito
Outros	TermodeEntregadeRelatorio.pdf	30/11/2021 18:29:23	RENATA FERNANDES SOARES	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLE.pdf	30/11/2021 18:27:40	RENATA FERNANDES SOARES	Aceito

Situação do Parecer:

Aprovado

Necessita Apreciação da CONEP:

Não

PORTO ALEGRE, 13 de Maio de 2022

Assinado por:
Luciane Dalcanale Moussalle
(Coordenador(a))

ANEXO C – Questionários utilizados na pesquisa

Questionário de características sociodemográficas:

1. Qual sua idade em anos? (1) 18 a 22 (2) 23 a 28 (3) 29 a 35 (4) 36 a 49 (5) + 50
2. Qual seu status de relacionamento? (1) Solteira sem parceiros sexuais eventuais (2) Solteira com parceiros sexuais eventuais (3) Solteira com parceiro sexual fixo (4) Em um relacionamento sério em casas separadas (5) Em um relacionamento sério vivendo na mesma casa
3. Caso esteja em um relacionamento, por quanto tempo está nele?(1) Não estou em um relacionamento (2) Menos de 6 meses (3) 6 meses a 2 anos (4) 2 a 4 anos (5) Mais de 4 anos
4. Você tem religião? (1) Sim (2) Não
5. Qual sua orientação sexual? (1) Heterossexual (2) Homossexual (3) Bissexual (4) Assexual (5) Outro
6. Você está em alguma das seguintes fases do ciclo de reprodução? (1)Grávida (2) Amamentando (3) Menopausa (4) Em uso de tratamentos hormonais (5) Não me encaixo em nenhuma das alternativas anteriores
7. Qual método anticoncepcional você usa? (1) Nenhum (2) Preservativo/Camisinha (3) Anticoncepcional hormonal (oral, injetável, transdérmico ou intradérmico) (4) DIU hormonal (5) DIU não-hormonal (6) Outro(s)
8. Você faz uso de algum tipo de medicação de uso contínuo? 102 respostas (1) sim (2) não
9. Se sim, qual? (1) psicofármaco (2) metabólicos

Questionário sobre a prática da masturbação:

A. Com que idade você se masturbou pela primeira vez? (1) Nunca me masturbei (2) 7-9 anos (3) 10-13 anos (4) 14-16 anos (5) 16-18 anos (6) + 18 anos
B. Quando foi sua última masturbação? (1) Nunca me masturbei (2) Dentro dos últimos 7 dias (3) 1 a 3 meses atrás (4) 4 a 6 meses atrás (5) 6 a 12 meses atrás (6) 1 a 5 anos atrás (7) Mais de 5 anos atrás
C. Qual foi a frequência que você se masturbou no último ano? (1) Nunca (2) Menos de 1x no mês (3) 1x no mês (4) Mais de 1x no mês (5) Menos de uma vez por semana (6) Mais de 1x por semana (7) Quase diariamente (8) Às vezes mais de 1x por dia
D. Por que você se masturba? (1) Para diminuir o estresse (2) Para me manter satisfeita sexualmente quando não tenho parceiro disponível (3) Para melhorar minha vida sexual (4) Por tédio (5) Para ficar mais feliz (6) Não me masturbo
E. Consigo atingir o orgasmo quando me masturbo. (1) Nunca (2) Quase nunca (3) Às vezes (4) Com frequência (5) Sempre
    - *O quão verdadeiras são essas frases para você?*

(1) discordo totalmente (2) discordo (3) indiferente (4) concordo (5) concordo totalmente

F. Sinto-me poderosa quando me masturbo.
G. Sinto-me relaxada quando me masturbo.
H. Sinto-me envergonhada quando me masturbo.
I. Sinto-me culpada quando me masturbo.
J. Sinto-me satisfeita quando me masturbo.
K. Sinto-me egoísta quando me masturbo.
L. A masturbação é importante para mim.

M. Qual a técnica masturbatória que você mais utiliza quando se masturba? (1) Clitóris (2) Vagina (3) Clitóris + Vagina (4) Anal (5) Clitóris + anal (6) Vagina + anal
N. Você utiliza vibradores? (1) Sim (2) Não

Questionário "Female Sexual Function Index":

1. Nas últimas 4 semanas, quantos dias você sentiu desejo ou interesse sexual? (1) Quase nenhum dia ou nenhum dia (2) Menos do que a metade dos dias (3) Metade dos dias (4) Mais do que a metade dos dias (5) Quase todos os dias ou todos os dias
2. Nas últimas 4 semanas, como você avalia o seu grau de desejo ou interesse sexual? (1) Muito baixo ou absolutamente nenhum (2) Baixo (3) Moderado (4) Alto (5) Muito alto
3. Nas últimas 4 semanas, com que frequência (quantas vezes) você se sentiu sexualmente excitada durante a atividade/ato sexual? (0) Sem atividade sexual (1) Quase nunca ou nunca (2) Poucas vezes (menos da metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (4) A maioria das vezes (mais do que a metade do tempo) (5) Quase sempre ou sempre
4. Nas últimas 4 semanas, como você classificaria seu grau de excitação sexual durante a atividade/ato sexual? (0) Sem atividade sexual (1) Muito baixo ou absolutamente nenhum (2) Baixo (3) Moderado (4) Alto (5) Muito alto
5. Nas últimas 4 semanas, como você avalia o seu grau de segurança para ficar excitada durante a atividade/ato sexual? (0) Sem atividade sexual (5) Segurança muito alta (4) Segurança alta (3) Segurança moderada (2) Segurança baixa (1) Segurança muito baixa ou sem segurança
6. Nas últimas 4 semanas, com que frequência (quantas vezes) você ficou satisfeita com sua excitação sexual durante a atividade/ato sexual? (0) Sem atividade sexual (5) Quase sempre ou sempre (4) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (2) Poucas vezes (menos da metade do tempo) (1) Quase nunca ou nunca
7. Nas últimas 4 semanas, com que frequência (quantas vezes) você teve lubrificação vaginal (ficou com a vagina "molhada") durante a atividade/ato sexual? (0) Sem atividade sexual (5) Quase sempre ou sempre (4) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (2) Poucas vezes (menos da metade do tempo) (1) Quase nunca ou nunca
8. Nas últimas 4 semanas, como você avalia sua dificuldade em ter lubrificação vaginal (ficar com a vagina "molhada") durante as atividades/atos sexuais? (0) Sem atividade sexual (1) Extremamente difícil ou impossível (2) Muito difícil (3) Difícil (4) Ligeiramente difícil (5) Nada difícil
9. Nas últimas 4 semanas, com que frequência (quantas vezes) você manteve a lubrificação vaginal (vagina "molhada") até o final da atividade/ato sexual? (0) Sem atividade sexual (5) Quase sempre ou sempre (4) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (2) Poucas vezes (menos da metade do tempo) (1) Quase nunca ou nunca
10. Nas últimas 4 semanas, qual foi sua dificuldade em manter a lubrificação vaginal (vagina "molhada") até o final da atividade/ato sexual? (0) Sem atividade sexual (1) Extremamente difícil ou impossível (2) Muito difícil (3) Difícil (4) Ligeiramente difícil (5) Nada difícil
11. Nas últimas 4 semanas, quando teve estímulo sexual ou ato sexual, com que frequência (quantas vezes) você atingiu o orgasmo (“gozou”)? (0) Sem atividade sexual (5) Quase sempre ou sempre (4) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (2) Poucas vezes (menos da metade do tempo) (1) Quase nunca ou nunca
12. Nas últimas 4 semanas, quando você teve estímulo sexual, qual foi sua dificuldade em você atingir o orgasmo (“clímax/gozou”)? (0) Sem atividade sexual (1) Extremamente difícil ou impossível (2) Muito difícil (3) Difícil (4) Ligeiramente difícil (5) Nada difícil
13. Nas últimas 4 semanas, o quanto você ficou satisfeita com sua capacidade de atingir o orgasmo (“gozar”) durante atividade ou ato sexual? (0) Sem atividade sexual (5) Muito satisfeita (4) Moderadamente satisfeita (3) Quase igualmente satisfeita e insatisfeita (2) Moderadamente insatisfeita (1) Muito insatisfeita

14. Nas últimas 4 semanas, o quanto você esteve satisfeita com a proximidade emocional entre você e seu parceiro(a) durante a atividade sexual? (0) Sem atividade sexual (5) Muito satisfeita (4) Moderadamente satisfeita (3) Quase igualmente satisfeita e insatisfeita (2) Moderadamente insatisfeita (1) Muito insatisfeita
15. Nas últimas 4 semanas, o quanto você esteve satisfeita com o relacionamento sexual entre você e seu parceiro(a)? (0) Sem atividade sexual (5) Muito satisfeita (4) Moderadamente satisfeita (3) Quase igualmente satisfeita e insatisfeita (2) Moderadamente insatisfeita (1) Muito insatisfeita
16. Nas últimas 4 semanas, o quanto você esteve satisfeita com sua vida sexual de um modo geral? (5) Muito satisfeita (4) Moderadamente satisfeita (3) Quase igualmente satisfeita e insatisfeita (2) Moderadamente insatisfeita (1) Muito insatisfeita
17. Nas últimas 4 semanas, com que frequência (quantas vezes) você sentiu desconforto ou dor durante a penetração vaginal? (0) Não tentei ter relação (1) Quase sempre ou sempre (2) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (4) Poucas vezes (menos da metade do tempo) (5) Quase nunca ou nunca
18. Nas últimas 4 semanas, com que frequência (quantas vezes) você sentiu desconforto ou dor após a penetração vaginal? (0) Não tentei ter relação (1) Quase sempre ou sempre (2) A maioria das vezes (mais do que a metade do tempo) (3) Algumas vezes (cerca de metade do tempo) (4) Poucas vezes (menos da metade do tempo) (5) Quase nunca ou nunca
19. Nas últimas 4 semanas, como você classificaria seu grau de desconforto ou dor durante ou após a penetração vaginal? (0) Não tentei ter relação (1) Muito alto (2) Alto (3) Moderado (4) Baixo (5) Muito baixo ou absolutamente nenhum

Questionário: "Female Genital Self-Image Scale":

(1) discordo totalmente (2) discordo (3) concordo (4) concordo totalmente

1. Sinto-me segura positivamente sobre meus genitais.
2. Estou satisfeita com a aparência dos meus genitais.
3. Eu me sentiria confortável deixando um parceiro sexual olhar meus genitais.
4. Acho que meus genitais cheiram bem.
5. Eu acho que meus órgãos genitais funcionam da maneira que deveriam funcionar.
6. Eu me sinto confortável permitindo que um profissional de saúde examine meus genitais.
7. Não me sinto envergonhada dos meus genitais.

Anexo D – Termo de Consentimento Livre e Esclarecido (TCLE)

UNIVERSIDADE FEDERAL DE CIÊNCIAS DA SAÚDE DE PORTO ALEGRE (UFCSPA)

PROJETO DE PESQUISA – *RELAÇÃO DA MASTURBAÇÃO COM A SATISFAÇÃO SEXUAL DE MULHERES*

Este é um documento importante. Por favor, leia-o com atenção. Ele contém as informações necessárias para você em relação a este projeto. Se aceitar participar deste estudo, você concordará com este termo de consentimento. Sua aceitação significa que foi informada da natureza do projeto e que você autoriza sua participação.

Você está sendo convidada a responder uma pesquisa para o trabalho de conclusão de curso de fisioterapia da Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), da aluna Renata Fernandes Soares, orientado pela professora Patrícia Rosa, intitulado *Relação da masturbação com a satisfação sexual de mulheres.*

Objetivos do estudo: Você está sendo convidado a participar de uma pesquisa que pretende investigar a relação entre a masturbação com a satisfação sexual de mulheres universitárias brasileiras. Dentro do contexto de estudo sobre práticas sexuais e satisfação sexual, há lacunas de conhecimento sobre a prática da masturbação. Este estudo visa explorar a prevalência da masturbação feminina, identificar o nível de satisfação sexual feminina e analisar o grau de satisfação das mulheres com sua genitália. Além disso, analisar o perfil das mulheres que possuem um índice mais alto de satisfação sexual e de masturbação.

Serão aplicados quatro questionários, sendo o primeiro sobre suas práticas masturbatórias, que inclui frequência, sentimentos e motivações associadas à prática, importância, técnica masturbatória e uso de vibradores. O segundo questionário avalia a função sexual através do Questionário do Índice da Função Sexual Feminina, o qual é composto por 16 questões sobre a sua atividade sexual nas últimas quatro semanas e avalia, neste estudo, cinco domínios, formando pontuações que permitem a medição do desejo, excitação, lubrificação, orgasmo e satisfação. O terceiro questionário avalia sua relação de autoimagem genital pelo Questionário da Autoimagem Genital Feminina, composto de 7 itens que avalia a segurança, satisfação e conforto sobre de sua própria genitália, com relação a sua aparência, cheiro e função. Por fim, serão aplicadas questões acerca de dados sociodemográficos (idade, status de relacionamento, religião, orientação sexual, ciclo de reprodução e método contraceptivo utilizado).

O propósito deste documento é informar sobre a pesquisa e, se assinalada a opção "Li e concordo em participar do estudo conforme os termos apresentados" (ao término do documento), confere a sua concordância em participar no estudo.

I) Procedimentos: Para participar é necessário que você tenha disponibilidade para responder a um questionário sobre masturbação, função sexual, autoimagem genital e perguntas sociodemográficas. Esse questionário será realizado totalmente on-line e pode ser respondido de acordo com a sua disponibilidade de data e horário. O tempo estimado para responder o questionário é de aproximadamente 10 minutos e o termo possui duas vias, você receberá uma via deste Termo de Consentimento Livre e

Esclarecido (TCLE) por e-mail, após a finalização do questionário.

II) Desconfortos e riscos: Um possível risco é sentir-se desconfortável em responder às perguntas. Caso isso ocorra, recomendamos que você pare de responder às perguntas e encerre a sua participação no estudo. São garantidos o ressarcimento de despesas e indenizações por danos comprovadamente decorrentes da pesquisa. Sua decisão em participar deste estudo é voluntária, ou seja, você pode decidir não participar. Uma vez que você decidiu participar do estudo, você pode retirar seu consentimento e participação a qualquer momento. Se você decidir não continuar no estudo e retirar sua participação, não haverá nenhum tipo de prejuízo. Durante todo o período da pesquisa você tem o direito de tirar qualquer dúvida ou pedir qualquer outro esclarecimento, bastando para isso entrar em contato com o pesquisador responsável ou com o Conselho de Ética em Pesquisa (detalhes do contato ao final deste documento).

Em caso de eventual necessidade de assistência durante a pesquisa, as pesquisadoras podem dar o auxílio necessário por meio do telefone e e-mail de contato presentes neste documento.

III) Benefícios: Você não será pago por participar deste estudo e também não terá qualquer custo com os procedimentos realizados. Como benefício, você colaborará com o aumento do conhecimento em relação sexualidade feminina no Brasil.

IV) Confidencialidade: Os pesquisadores responsáveis pelo estudo e sua equipe irão registrar informações levantadas sobre a sua prática clínica, e, ao aceitar participar da pesquisa, você será identificada por um número e seu nome jamais será revelado. As informações desta pesquisa serão confidenciais e serão divulgadas apenas em conjunto com o montante de dados levantados junto aos demais participantes em eventos ou publicações científicas, não havendo identificação dos voluntários, sendo assegurado o sigilo sobre sua participação. Os dados serão tabulados e os questionários ficarão arquivados após a coleta por um período de 5 anos. Todos os procedimentos referentes a esse estudo estão em conformidade com os aspectos éticos e regulamentares em pesquisa com seres humanos elencados na Resolução 466/12 do Conselho Nacional de Saúde, bem como em conformidade com a Declaração de Helsinque.

Em caso de dúvidas a respeito desta pesquisa você poderá entrar em contato com a pesquisadora responsável Patrícia Viana da Rosa pelo telefone (51) 982292289, pelo e-mail patriciarosa@ufcspa.edu.br, no endereço Rua Sarmento Leite, 245, sala 300B, prédio 1, Porto Alegre, e/ou com a acadêmica-pesquisadora Renata Fernandes Soares pelo telefone (51) 997126599 ou pelo e-mail renatafs@ufcspa.edu.br .

O Comitê de Ética em Pesquisa responsável pela apreciação do projeto pode ser consultado, para fins de esclarecimento, através do telefone: (51) 33038804 ou pelo e-mail cep@ufcspa.edu.br, no endereço Rua Sarmento Leite, 245, prédio 3, sala 605, Porto Alegre.

( )Pelo presente Termo de Consentimento Livre e Esclarecido, declaro que aceito participar deste projeto de pesquisa, pois fui informado(a), de forma clara e detalhada, livre de qualquer forma de constrangimento e coerção, dos objetivos, da justificativa e dos procedimentos que serei submetido(a), dos riscos, desconfortos e benefícios, às quais poderei ser submetido(a), todos acima citados.