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Original Article

Correlates of sexual satisfaction among Iranians women attending South Tehran health centers: A cross-sectional study

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Abstract

Introduction: Sexual activity not only is a crucial physiologic need, but also it has been associated with religious, mystical, and historical concepts. The aim of this study was to assess Iranian women's sexual satisfaction and its correlating factors.

Methods: This was a cross-sectional study at South Tehran health centers (STHCs), which were affiliated to Tehran University of Medical Sciences (Tehran, Iran). A convenience sample consist of 405 women who were married, had at least sixth-grade literacy level, were not addicted to opioids or alcohol, had no history of infertility, psychiatric, and physical disorders, and referred to STHCs to receive Primary Health Care services. Main outcome measures were women's demographics, sexual function, and sexual satisfaction were assessed by a questionnaire.

Results: Most women (58.2%) had moderate sexual satisfaction. A significant direct association was shown between sexual satisfaction and couple's educational level ($P < 0.001$), partner's higher income ($P = 0.037$), regular menstruation ($P = 0.005$), and degree of woman's love toward her partner ($P < 0.001$). There was a significant indirect association between sexual satisfaction and gravidity number ($P = 0.029$), and number of offspring ($P = 0.006$). Having sexual intercourse at least once a week ($P = 0.003$), equal sex request ($P = 0.028$), accepting partner's request pleasingly ($P < 0.001$), experiencing sexual arousal ($P < 0.001$), and lubrication ($P < 0.001$) was directly associated with sexual satisfaction. Dyspareunia ($P < 0.001$) and difficulty to reach orgasm ($P < 0.001$) showed significant indirect association.

Conclusion: Women sexual satisfaction associates with interpersonal and sexual factors. Creating opportunity for midwives in health centers to consult with couples, assess their quality of sexual function, educate them, and refer them to specialists if needed, is strongly recommended for healthcare systems of Iran.

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Introduction

Sexual activity not only is a crucial physiologic need, but also it has been associated with religious, mystical, and historical concepts.¹ The human kind requires sexual activity at least for reproduction and permanence of generations.² That is why sexual activity has been an important part of human being life. Individual characteristics, interpersonal relationships, family context, social and cultural factors, physical and mental health condition,

and hormonal status, are all important factors of sexual activity.³

Young et al. defines sexual satisfaction as the degree of mutual enjoy and pleasure of sexual intercourse.⁴ Strength of a couple's relationship is threatened without having a pleasurable sexual relationship; the sexual pleasure makes the difficulties of a couple's life more tolerable.⁵ Based on these assumptions; scientists believe that the sexual pleasure is a must for life satisfaction of couples.⁶⁻¹⁰

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Moreover, there are several adverse consequences of sexual dissatisfaction, including divorce.⁷ Researchers have revealed that 12% of divorce in the European countries has been because of women's sexual abstinence and/or disability.¹¹ Depression is another consequence.¹² Carvalheira and Leal noted that, for a woman, interpersonal factors such as love, partner's attention and concern, and ability to satisfy the partner predicts women's sexual satisfaction.¹³ Other studies have highlighted the association of the number of orgasms per intercourse with sexual enjoy.¹⁴ Therefore, it is to be noted that lack of experiencing orgasm in sexual intercourse is a factor affecting sexual dissatisfaction.¹⁵

Sexual satisfaction is an important aspect of sexual satisfaction. Studies have shown that the level of marital satisfaction affected mental health, physical health, life satisfaction, and job success and communication. Sexual satisfaction is a protective factor against psychological trauma as a result of mishaps in life; life satisfaction is one of the most important indicators. Sexual function consists of different components and orgasm is merely one part of that.

Since women's sexual function and its association with their sexual satisfaction have been less concerned in the literature especially in the context of Iran. Midwives also have a fundamental role in sexual health consultation; this can be done through individual or group consultation sessions, educational classes, and etcetera. Therefore, the aim of this study was to assess Iranian women's sexual satisfaction and its correlating factors.

Methods

A cross-sectional study was conducted during June-December 2012. A convenience sample of 405 women, referring to South Tehran health centers (STHCs) (Tehran, Iran) was recruited. Women should be married, have at least sixth-grade literacy level, not be addicted to opioids or alcohol, have no history of infertility, psychiatric, and physical disorders diagnosed

by gynecologist, psychiatrist, and physicians, respectively. Women referred to STHCs to receive Primary Health Care services.

In this study, sample size was calculated using by formula $n = z^2pq/d^2$ that $z = 1.96$, $p = 0.50$, $q = 0.50$, and $d = 0.05$. Questionnaire consists of three parts: (1) women's demographic characteristics: including woman and her partner's age, educational level, employment, length of marriage, woman's history of the previous marriage, number of off springs, family income, and housing. (2) Female sexual function in last month: 10 items including number of sexual intercourses, dyspareunia, starter of intercourse, how to response to partner's sexual demand, arousal by eroticisms, lubrication, orgasm, difficulty in achieving orgasm, time to achieve orgasm versus partner, totally experience of orgasm and (3) women's sexual satisfaction: consisted of 21 items, five-point Likert scale questions; each item was scored from 1 to 5. Therefore, the total score ranged from 21 to 105. Score from 21 to 62 ($\leq 50\%$ of the total score) was considered as sexual dissatisfaction, 63-84 (50-75% of the total score) as moderate satisfaction and 85-105 ($\geq 75\%$ of the total score) as complete sexual satisfaction. The content validity of the questionnaire was reviewed and approved by midwives experts. The test-retest Cronach coefficient alpha score for sexual function and sexual satisfaction questionnaire was 94% and 88% respectively in Rezaipour et al. study.¹⁶

Data were analyzed using SPSS for Windows (version 16, SPSS Inc., Chicago, IL, USA). Analyzing data, descriptive (frequency, mean, and standard error) and analytical statistics (t-test, ANOVA, and chi-square test for trend) were used.

Results

Finally, 405 women participated in the study but 10 of them did not answer to sexual satisfaction questions. The mean of sexual satisfaction scores was 77.46 (standard deviation = 14.350); age range of sample was between 20 and 45 ages.

Table 1 represents women's demographic characteristics and table 2 displays the

Table 1. Demographic characteristics of participants

Variable	Options	Frequency	Percentage
Education	Illiterate	1	0.3
	Primary	19	4.7
	Guidance	58	14.7
	Diploma	213	53.9
	Collegiate	97	24.6
	No response	7	1.8
Female employment	Yes	60	15.2
	Ni	330	83.5
	No response	5	1.3
History of previous marriages	Yes	6	1.5
	No	380	96.2
	No response	9	2.3
Spouse education	Illiterate	3	0.8
	Primary	26	6.6
	Guidance	70	17.7
	Diploma	183	46.3
	Collegiate	107	27.1
	No response	6	1.5
Spouse employment	Social affairs	32	8.1
	Health and treatment	13	3.3
	Educational and cultural	21	5.3
	Engineering	45	11.4
	Financial and official	73	18.5
	Banking affairs	11	2.8
	Military	18	4.6
	Other cases	140	35.4
No response	42	10.6	
Spouse's income	< 2 million Rials	21	5.3
	2-4 million Rials	150	38.0
	> 4 million Rials	182	46.1
	No response	42	10.6
The history of spouse's previous marriage	Yes	12	3.0
	No	381	96.5
	No response	2	0.5
The age difference between spouses	< 1 year	40	10.1
	1-3 years	98	24.8
	4-7 years	167	42.4
	8-10 years	65	16.4
	> 10 years	22	5.5
	No response	3	0.8
Housing status	Leased	183	46.4
	Private	186	47.2
	Organizational	3	0.7
	Other cases	14	3.5
	No response	9	2.2
The woman is older than his wife?	Yes	31	7.6
	No	358	91.0
	No response	6	1.4
Relative of couples	Without relative of couples	265	67.2
	Far relative of couples	69	17.4
	Clouse relative of couples	57	14.1
	No response	4	1.0

Table 1. Demographic characteristics of participants (continue)

Variable	Options	Frequency	Percentage
Length of marriage	< 1 year	11	2.7
	1-3 years	61	15.4
	4-7 years	94	23.8
	8-10 years	75	19.1
	> 10 years	151	38.3
	No response	3	0.7
Couple's native language is common	Yes	325	82.5
	No	65	16.3
	No response	5	1.2

Table 2. History of menstruation and parity of participations

Variable	Option	Frequency	Percentage
Having regular menstrual?	Yes	286	72.4
	No	105	26.6
	No response	4	1.0
Pregnancy status	Nulligravida	24	6.0
	1 time	159	40.1
	2 times	145	36.4
	3 times	47	11.5
	4 times and more	16	4.0
	No response	4	2.0
	Without baby	27	6.8
Number of children	1 baby	192	48.6
	2 babies	135	34.2
	3 babies	24	6.1
	4 babies and more	8	2.0
	No response	9	2.3
History of abortion	Yes	85	21.5
	No	305	77.2
	No response	5	1.3
Methods of contraception	Withdrawal	179	45.3
	Barriers	119	30.3
	IUD	46	11.5
	Sterilizations	30	7.6
	No response	21	5.3

IUD: Intrauterine devices

history of menstruation and parity of participations. Most participants (58.2%) had moderate sexual satisfaction. The results showed a significant direct association between sexual satisfaction and women's and their partner's educational level ($P < 0.001$), regular menstruation ($P = 0.005$), partners' higher income ($P = 0.037$), and eagerness of women toward their partner ($P < 0.001$) (Figure 1). There was a significant indirect association between sexual satisfaction and gravidity number ($P = 0.029$), and number of offspring ($P = 0.006$). In contrast, there was no significant association between sexual satisfaction and partners' age ($P = 0.213$),

women's age ($P = 0.289$), women's employment ($P = 0.251$), kind of partners' job ($P = 0.455$), women's income ($P = 0.553$), duration of joint life ($P = 0.251$), difference between couple's age ($P = 0.592$), consanguineous marriages ($P = 0.976$), having same ethnicity with partner ($P = 0.966$), being owner of their house ($P = 0.159$), history of miscarriage ($P = 0.778$), and use of contraceptives ($P = 0.745$).

Considering sexual function, the results showed that most women (76.3 %) had sexual intercourse at least once a week that had a significant association with sexual satisfaction ($P = 0.003$). About 40% did not

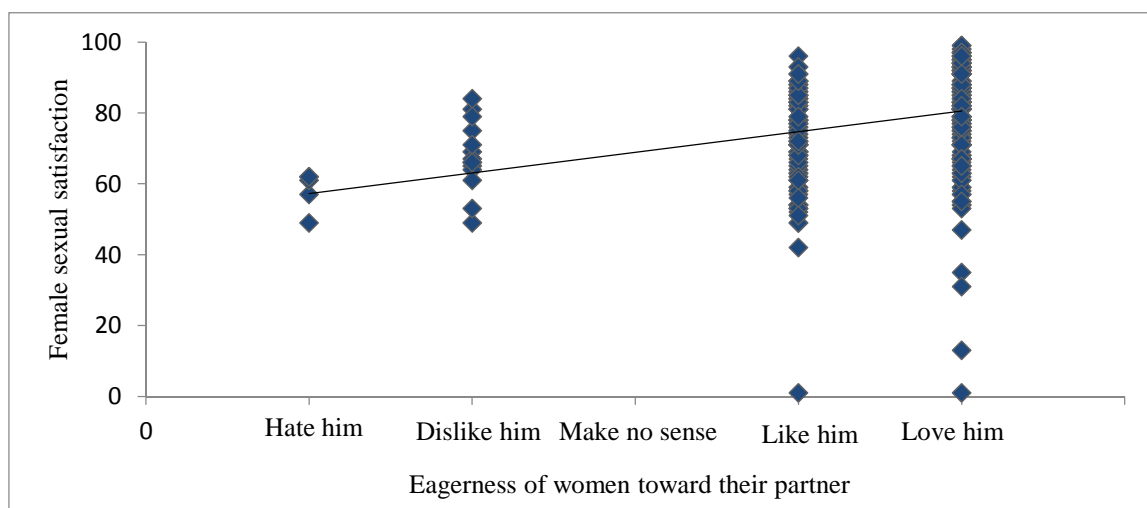


Figure 1. Relationship between sexual satisfaction and eagerness of women toward their partner

complaint of dyspareunia during intercourse; in this regard, trend analysis showed that the less women experience dyspareunia, the more they report sexual satisfaction ($P = 0.002$). In most cases, partners requested for sexual intercourse (63.8%); sexual satisfaction was better, whereas man and woman equally requested for sexual intercourse ($P = 0.028$). Most participants (55.3%) reported that they accepted their partners' request pleasingly; which was associated with higher sexual satisfaction ($P < 0.001$). About 32.2% of women reported that sometimes during the month, they experience sexual arousal. ANOVA showed a significant association between sexual arousal and sexual satisfaction ($P < 0.001$). Lubrication before intercourse was reported by 34.5% of participants and significantly associated with sexual satisfaction ($P < 0.001$). About 36.2% of women reported difficulty in experiencing orgasm that was associated with lower sexual satisfaction ($P < 0.001$). Bonferroni test showed that that experience

orgasm simultaneously with their partner have higher sexual satisfaction ($P < 0.001$).

We performed linear regression method for assessment of the relationship between sexual satisfaction and sexual function items. The results are showed in table 3. As shown in this model five items had a significant relationship with sexual satisfaction. Among them two items (the frequency of intercourse with dyspareunia and the frequency of problem in orgasm during last month) had a negative association with sexual satisfaction.

Discussion

Our results showed that the majority of participants had moderate sexual satisfaction (Figure 2); this finding is congruent with that of Rezaipour et al.¹⁶ Auslander et al. reported that most women in their study (85%) had appropriate sexual satisfaction.¹⁷ In our study, couples' educational level was associated with women's sexual satisfaction. Rezaipour et al. found that there is a statistical significant association between

Table 3. Relationship between sexual function and female sexual satisfaction in women referred to health center

Variable	Linear regression coefficient	Confidence interval		P
		Low	High	
The frequency of intercourse during last month	1.80	0.33	3.28	0.016
The frequency of intercourse with dyspareunia during last month	-1.39	-2.62	-0.18	0.025
How to respond to partner's sexual demand	2.39	1.08	3.70	0.000
The frequency of orgasm during last month	1.50	-0.004	3.00	0.051
The frequency of difficulty in achieving orgasm during the last month	-1.91	-3.16	-0.66	0.003

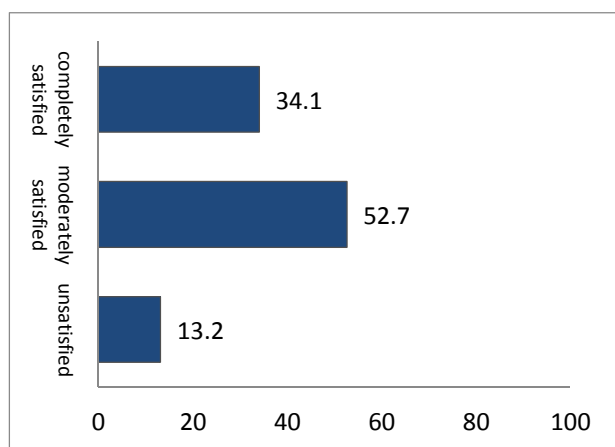


Figure 2. Levels of female sexual satisfaction

experiencing orgasm, and couples' educational level.¹⁶ Direct association between women's sexual satisfaction and their partners' higher income is also found in Rezaipour et al.¹⁶ study.

Regular menstruation was another factor relating to sexual satisfaction. It may be due to normal levels of sexual hormones or the adverse psychological effect caused by irregular menstruation (e.g., irregular menstruation, anxiety regarding pregnancy, or having gynecological disorders may decrease women's sexual interest). Women's love toward her husband was also associated with sexual satisfaction; Sprecher notes that the more people love their partner, the more they enjoy their sexual activity.⁹ In this regard, Auslander et al. notes that couples who have a desirable mutual relationship, report higher satisfaction of their sexual activity.¹⁷ In a study conducted by Carvalho and Leal in Portugal, interpersonal factors such as interest to the sexual partner and winning his attention was showed to be effective in women's sexual satisfaction.¹³ Based on our results; the relationship between sexual satisfaction and gravidity number and number of offspring was inverse. This is congruent with results of Rezaipour et al. Although our results revealed that younger participants report higher sexual satisfaction; this finding was not statistically significant which is in contrast to other investigations' results.¹⁶ About 40 participants (10.12%) did not report

their age, and this may be a reason of finding such a result.

Other variables including women's employment, income, history of miscarriage, history of previous marriage, consanguineous marriage, being older than the partner, being with same ethnic origin with the partner, being owner of the house, and duration of marriage did not show a significant association with sexual satisfaction. Rezaipour et al. reported that marriage duration was an effective factor in sexual satisfaction. They also reported that type of contraceptive drugs did not associate with women's sexual satisfaction; however, condom use showed a direct association with sexual satisfaction.¹⁶ In a study conducted by Haavio-Mannila and Kontula in Finland, results showed that women's sexual satisfaction is related to various factors including partners' character and behavior, age, and social factors.¹⁸ Other factors reported in this study included younger age, initiating sexual activity in younger ages, higher educational level, being open-minded in sexual matters, being passionate, number of intercourses per month, use of sexual stimulants and the number of orgasms per month.¹⁸

In our investigation, number of intercourses was associated with sexual satisfaction. This is congruent with Litzinger and Gordon. We also found that experiencing orgasm and its frequency were associated with sexual satisfaction.¹⁴ Dunn et al. stated that inability to experience orgasm may lead to sexual dissatisfaction.¹⁵ Different investigations have concluded that women, who report experiencing orgasm more than once in a sexual intercourse, have higher sexual satisfaction than that experience orgasm only once.¹⁹

Carvalho and Leal stated that while a woman feels that she can satisfy her partner in sexual activities, she feels sexual satisfaction as well.¹³ Young et al. in their investigation on sexual satisfaction of 2500 American married women concluded that factors such as age, satisfaction of mutual relationship with a partner, frequency of

intercourse, and even religious beliefs are influential factors on sexual satisfaction.⁴

Conclusion

Our results showed that demographic, interpersonal and sexual function factors can affect sexual satisfaction. Neglecting these factors especially interpersonal issues may adversely affect couples' sexual relationship. Improper sexual activity adversely affects couple relationship, and whole family's mental health. Midwives have a central role in promoting women sexual health especially through consultation and educational activities.²⁰ Midwives can assess the quality of couples' sexual function, consult, educate, and refer them to specialists if needed. Therefore, creating an opportunity for midwives in health centers to fulfill these activities is strongly recommended for healthcare systems of Iran.

Since the sexual relationship is the most

private matters, talk and information on these cases is hardly possible and the possibility, dishonest may be exist. However, in considering cultural issues, women expressing their sexuality to others more often refused, we will consider the limitations of our study. Age, education, occupation, income level, family income and number of children were considered as confounding factors, and the data were collected through a questionnaire.

Conflict of Interests

Authors have no conflict of interest.

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