

# A study of the factors affecting sexual function and satisfaction in middle-aged women in Khousestan, Iran

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## ABSTRACT

**Aim:** This study aimed to determine the factors affecting sexual function and satisfaction in middle-aged women in Khouzestan, Iran. **Methods:** This cross-sectional study was carried out among 437 middle-aged women who visited healthcare centers of Ahvaz, southwest of Iran, during 2015. The subjects were selected by using multistage sampling method. A demographic form, Female Sexual Function Index (FSFI), and Index of Sexual Satisfaction (ISS) were employed for data collection. The data were analyzed by using SPSS, version 21 with descriptive statistics and correlation test. **Results:** The correlation coefficient between sexual function and sexual satisfaction was significant and was calculated at 0.717 ( $P < 0.05$ ), suggesting a significant positive correlation between sexual function and sexual satisfaction. **Conclusion:** Our study showed that the scores of all sexual function domains raised with increasing sexual function scores. In addition, we noted a relationship between sexual function and total sexual satisfaction. Our findings can help identify the factors affecting sexual function and sexual satisfaction. We recommend designing more complex models depicting the long-term relationship between sexual function and sexual satisfaction.

**Keywords:** Sexual partners, Sexual dysfunction, Physiological, Women, Libido.

## Introduction

Sexual satisfaction is an important aspect of women's health that can affect their quality of life and marital relationship <sup>[1, 2]</sup>. According to Study of Women's Health Across the Nation (SWAN), sexual intercourse is an important issue for more than 75% of middle-aged women, such that they reported it to be moderately to extremely critical in their lives <sup>[3]</sup>. Since sexual function is an essential aspect of women's lives, the study of its effective factors has attracted researchers' attention. However, the large number of factors involved in women's

sexual satisfaction cannot fully explain sexual function. Dundon et al. pointed out that menopausal symptoms can affect sexual satisfaction independently from sexual function <sup>[4]</sup>.

The prevalence of sexual dysfunction is greater in the female population than in males. Furthermore, it has been reported that postmenopausal women encounter sexual problems more than younger women do, such that the prevalence of sexual dysfunction is estimated between 25% and 63% in young women, while it is between 68% and 86.5% among postmenopausal women <sup>[5]</sup>.

Normal sexual function is hinged upon the interaction between libido and ability; therefore, disability and aging may be associated with sexual dysfunction <sup>[6]</sup>. Women's self-esteem and quality of life are affected by sexual dysfunction, which in turn, leads to marital problems.

Sexual function among middle-aged women is highly complex, and middle-aged women often refrain from discussing sexual issues with their partners <sup>[5]</sup>, which adds to this complexity. Considering the high prevalence of sexual dysfunction among middle-aged women <sup>[7]</sup> and based on the main role of sexual dysfunction in the women's self-esteem, interpersonal

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relationships, and quality of life [7, 8], the study of different aspects of this issue and the effective factors on sexual function is paramount. However, it seems that this problem has been underestimated in Iran due to the social stigma, shame, and attitudes toward intercourse [9]. Advancing age, duration of relationship, physiological changes, and changing attitudes toward sexuality are the main reasons behind sexual dysfunction in middle-aged women [10, 11]. With this background in mind, understanding and delineating the effective factors on sexual function and sexual satisfaction in middle-aged women is highly essential; however, there is limited information on the issue. Herein, we aimed to determine the relationship between sexual function and sexual satisfaction and identify the factors affecting sexual satisfaction.

## Materials and Methods

This cross-sectional study was carried out among middle-aged women residing in Ahvaz, southwest of Iran, during 2015. The standard sample size was calculated at 437 cases, who were selected from among middle-aged women visiting healthcare centers of Ahvaz.

The inclusion criteria comprised of being aged 45-60 years, married, sexually active, and literate. All the women were literate to be able to complete the questionnaire. The exclusion criteria included being in a polygamous relationship, having a history of cosmetic surgery such as hysterectomy, prinoaphy, and mastectomy in the past three months, having past history of infertility, suffering from depression or other mental disorders, having a partner with mental illnesses or sexual disorders, sustaining chronic diseases such as cardiovascular diseases, diabetes, and asthma, being obese or underweight, and consuming medications affecting sexual activity.

## Data Collection Tools

### Demographic form

A demographic characteristics form, consisting of items on personal information and sexual matters (frequency of sex, ...), was used, the items of which were obtained from a similar form. The validity and reliability of that demographic form were established by Zargar et al. [12] and Zolfaghari et al. [13].

### Female Sexual Function Index (FSFI)

FSFI is a proper instrument for gathering data on sexual function in women. It is a 19-item, self-report, multi-dimensional questionnaire designed specifically for assessing the six domains of sexual functioning (i.e., sexual desire, arousal, orgasm, lubrication, satisfaction, and pain). The total scores are obtained by adding up the domain scores (i.e., desire, arousal, lubrication, orgasm, satisfaction, and pain).

The possible scores can range between 0 and 36 (the highest score in each domain is 6), with zero indicating lack of sexual intercourse. Total scores less than 26.55 signify sexual dysfunction [14]. According to the study by Fakhri et al., the Cronbach's coefficients of FSFI scale and its subscales are within

the range of 0.73-0.90, and its internal consistency was calculated to be between 0.72 and 0.90. Also, its validity was calculated at 91% by Receiver Operating Characteristic (ROC) curve [15].

### Index of Sexual Satisfaction (ISS)

ISS is a questionnaire developed to assess the level of sexual satisfaction. In this 25-item questionnaire rated using a 5-point Likert scale (i.e., never, rarely, sometimes, often, and always), the minimum and maximum possible scores are 25 and 125, respectively. The total scores demonstrate sexual dissatisfaction (less than 50), low satisfaction (75-51), mild satisfaction (100-76), and high satisfaction (more than 100). The test-retest reliability of this questionnaire was established in the context of Iran (98%) [16].

### Framework and design

Before the initiation of the study, due to lack of similar study conducted in Iran, a pilot study was conducted on 67 randomly selected women who were eligible to enter the study. The final sample size was calculated 437 based on the pilot study.

A multistage sampling method was used to randomly select subjects. At first stage, Ahvaz city was divided into two different regions, west and east regions and a total of ten health centers were randomly selected from these two regions (five health centers from each region). Then, subjects were randomly selected from each health center using convenience sampling. If the volunteers did not meet the inclusion criteria, they were excluded from the study.

First, of 750 subjects, 500 eligible women were selected through phone calls and were invited to participate in the study. Incomplete questionnaires were excluded and a total of 437 complete questionnaires were obtained. An Arabic-speaking individual assisted us with the data collection because the majority of the women were Arabs. This study was approved by the Ethics Committee of Ahvaz Jundishapur University of Medical Sciences. Before data gathering, informed consents were obtained from all the subjects, and all of them were assured of confidentiality of the data. Also, the objectives of the study were explained to all the participants. In the next step, the demographic characteristics form, FSFI, and ISS were completed by all the participants. Finally, 63 incomplete questionnaires were excluded and 437 questionnaires remained. To analyze the data, Chi-squared test, Fisher's exact test, and Spearman's rank correlation coefficient were run, using SPSS, version 21. P-value less than 0.05 was considered statistically significant.

## Results

The majority of the subjects were within the age range of 45-50 years and the average length of marriage was less than 20 years. The demographic characteristics of the participants and their partners are presented in Table 1.

In addition, the relationships of sexual function with sexual satisfaction and other variables are demonstrated in tables 2 and 3, respectively. According to Table 2, there was a significant

link between sexual function and age, occupation, and educational level of the subjects and their husbands, couples' age difference, menopausal status, private bedroom, initiative in sexual intercourse, frequency of sexual intercourse, time elapsed since menopause, attitude toward sex, mental condition during sex, contraceptive methods, number of children, and sexual behaviors during sex. Table 3 exhibits a significant correlation between sexual satisfaction and all the mentioned variables.

The mean score of sexual desire was  $4.45 \pm 0.68$  in women with optimal sexual function and  $3.12 \pm 0.97$  in women with poor sexual function. The correlation coefficient between sexual desire and sexual function was calculated at 0.557, which indicates a direct linear correlation between sexual desire and sexual function ( $P < 0.05$ ). In addition, the mean score of sexual arousal was  $5.01 \pm 0.65$  in women with optimal sexual function and  $3.26 \pm 1.38$  in women with poor sexual function. The correlation coefficient between sexual arousal and sexual function was calculated at 0.51, pinpointing a direct linear correlation between sexual arousal and sexual function ( $P < 0.05$ ).

The mean scores of lubrication were  $4.82 \pm 0.6$  and  $3.09 \pm 1.17$  in women with optimal and poor sexual function, respectively. Also, the mean numbers of orgasms were  $5.14 \pm 0.53$  and  $3.12 \pm 1.21$  in women with optimal and poor sexual function, respectively. The correlation coefficient between sexual function and lubrication was 0.586, and the correlation coefficient between sexual function and orgasm was 0.685, revealing a direct linear correlation between these variables ( $P < 0.05$ ).

The mean scores of sexual satisfaction were  $3.32 \pm 1.15$  in women with poor sexual function and  $5.42 \pm 0.60$  in women with optimal sexual function. The correlation coefficient between sexual satisfaction and sexual function was calculated at 0.676, which shows a direct linear correlation between these two variables ( $P < 0.05$ ). In addition, the mean pain scores were  $5.05 \pm 1.05$  and  $3.37 \pm 1.38$  in women with optimal and poor sexual function, respectively. The correlation coefficient between pain and sexual function was calculated at 0.433, revealing a direct linear correlation between sexual function and pain ( $P < 0.05$ ).

The frequency of sexual function was optimal in 17% of women, while it was poor in about 83% of them. Moreover, the rates of sexual satisfaction were low, moderate, and high in 40%, 46%, and 14% of the women, respectively. The correlation coefficient between sexual function and sexual satisfaction was calculated at 0.717, demonstrating a significant correlation between sexual function and sexual satisfaction ( $P < 0.05$ ).

## Discussion

According to this study, sexual desire elevated with boosting sexual function. Also, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain scores raised with increasing sexual function scores. Additionally, our study showed a relationship

between sexual function and total sexual satisfaction score. Investigation of the effective factors on sexual satisfaction is of great significance as there is a relationship between sexual satisfaction and function<sup>[17]</sup>.

Furthermore, we found a significant association between sexual function and age. The rate of low sexual function was 50.2% in women aged 40–49 years in a study by Aslan et al.<sup>[18]</sup>, while it was estimated at 69% in our study. Also, they estimated the rate of low sexual to be 71.3% in women aged 50–59 years and 82.9% in the age group 60–64 years, whereas it was higher than 90% in our study<sup>[18]</sup>. This discrepancy might be due to the differences in the mean age of the subjects. Since one-third of sexual function problems are reported by middle-aged and older women, our study can help with the identification of these problems in this population.

In accordance with our study, Hayes et al. showed that women's sexual function decreases with advancing age; they also found that this downward trend begins in the late twenties to thirties. Additionally, desire, frequency of orgasm, and frequency of intercourse reduces with age, but the relationship between age and arousal was not significant. That study showed that sexual problems increased with age, except for pain, which may reduce<sup>[19]</sup>. Moreover, one study indicated that the prevalence of sexual dysfunction increases with age<sup>[20]</sup>. In a study by Addis et al., one-third of middle-aged women suffered from sexual function problems and the remainder were satisfied with their sexual activity<sup>[5]</sup>. Sexual function was optimal in less than one-fifth of women in our study. This difference may be due to higher mean age of the participants in the study by Addis et al.

Few studies have previously investigated contraceptive problems in middle-aged women. We observed a significant relationship between sexual function and contraceptive use, which was confirmed by the findings of Aslan et al.<sup>[18]</sup>. Healthy sexual relationship is influenced by some factors such as social status, sexual information, and access to contraceptive services. Since men can effectively take part in family planning, employment of male contraceptives is recommended<sup>[21]</sup>.

In addition, our study showed that sexual function is related to educational level, occupational status, and menopause status. According to a study by Cayan et al., sexual dysfunction was more frequent in women with lower educational level, who were unemployed and had experienced menopause<sup>[20]</sup>, which was confirmed by our findings. Also, Aslan et al. proposed that low sexual function in women was associated with low educational level, menopause, and presence of sexual dysfunction in their partner<sup>[18]</sup>. Another study found age, marital status, parity, and history of smoking as the main factors associated with sexual dissatisfaction<sup>[22]</sup>. According to a study by Addis, high education and income levels were correlated with enhanced sexual activity. However, in another study, increased educational status was correlated with sexual dysfunction<sup>[5]</sup>. This discrepancy might be attributed to differences in sample characteristics or differences in research design.

Sexual function among middle-aged women is highly complex, which could be due to advancing age, duration of relationship, physiological changes, and altered attitudes toward sexuality. Furthermore, previous community-based studies showed that the wide spectrum of changes in sexual mores and contraceptive methods may have different impacts on the sexual functioning of this population<sup>[10, 11]</sup>.

In our study, the rate of postmenopausal women with high sexual satisfaction was lower than that of premenopausal women, which was confirmed by the findings of Davison et al. That study demonstrated that about half of postmenopausal women were dissatisfied with their sexual life<sup>[23]</sup>. However, one study by Laumann et al. demonstrated a non-significant difference between pre- and post-menopausal women in attitudes towards sexual relationship<sup>[24]</sup>. Our study showed that attitude towards sexual intercourse is an effective factor in sexual function and satisfaction. Generally, individual and relationship variables play important roles in the prediction of female sexual satisfaction<sup>[25]</sup>.

Considering the importance of identifying the factors affecting sexual satisfaction, which directly affects the quality of life, our findings can be helpful in recognizing the impact of sexual factors on sexual satisfaction. According to our study, occupational and educational status, couples' age difference, menopause, private bedroom, initiative in sex, frequency of sexual intercourse, time elapsed since menopause, attitude toward sex, psychological condition during intercourse, and contraceptive methods are the effective factors on sexual function and sexual satisfaction. In addition, there is a significant association between sexual satisfaction and sexual function.

Our study has some limitations that should be considered before interpreting the findings. These limitations include small sample size, lack of a control group, not examining sexual hormones, and failure to control some of the intervening variables. Further, the quality of intimate communication as a main factor in relationship and sexual satisfaction was not assessed in this study, which is suggested to be investigated in future studies.

## Conclusion

In summary, sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain scores raised with increasing sexual function scores. Also, we found a relationship between sexual function and sexual satisfaction. The practical significance of these findings is the identification of effective factors on sexual function and sexual satisfaction. This study highlights the need for more complex models depicting the long-term relationship between sexual function and sexual satisfaction. We also recommend conducting further studies on the relationship between sexual function and sexual satisfaction in the Iranian society.

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**Table1. Personal information of women and their partners**

Variables					
Age (years)	45-50	50%	Household income	Moderate	93%
	51-55	27%		Poor	7%
	56-60	23%		Self-employed	54%
Age of marriage (years)	<20	56%	Occupational status of husband	Employee	27%
	20-30	38%		Retired	13%
	>30	6%		Unemployed	6%
	≤ 5 (older partner)	54%		Primary level or lower	39%
Couples' age gap (years)	5-10 (older partner)	28%	Educational level of husband	Secondary school	18%
	>11 (older partner)	6%		High school	27%
	Woman older	12%		Academic education	16%
Educational level	Primary level or lower	17%	Residential status	Owner	78%
	Secondary	67%		Rental	19%
	High school	16%		Living with the spouse's family	3%
Occupational status	Housewife	70%	Having a bedroom	Yes	78%
	Employee	20%		No	22%
	Self-employed	10%		Postmenopausal	53%
Types of housing	private	78%	Menopausal status	Premenopausal	47%
	Rental	19%			
Number of children	Living with relatives	3%	Sexual behavior during sex	Nice	49%
	≤4	54%		Selfish	49%
Menopause duration (years)	>4	46%	Attitude toward sex	Duty	35%
	1-5	36%		Pleasure	14%
	6-10	14%		Duty and pleasure	43%
	>11	3%		Other	8%
Psychological conditions during sex	Premenopausal	47%	Contraceptive methods	Hormonal	11%
	Anxiety	19%		Condom	22%
	Feel guilt	38%		Tubal Ligation	3%
	Hostility to men	2%		IUD	9%
Frequency of intercourse	Shame	9%	Initiative in sex	Menopause	55%
	Other	32%		Husband	64%
	Once a day	5%		Woman	6%
	Once a week	88%		Both	30%
	Once or twice a month	7%			
	Without sex	0			

**Table 2. The frequency of quality of Sexual function based on different variables**

Variables	Sexual function		P-value	Variables	Sexual function		P-value
	Poor	Optimal			Poor	Optimal	
Age (years)	45-50	69%	31%	Types of housing	Owner	82%	18%
	51-55	96%	4%		Rental	82%	18%
	56-60	98%	2%		Living with relatives	100%	0
Age of marriage (years)	<20	86%	14%	Occupational status	Housewife	92%	8%
	20-30	78%	22%		Self-employed	57%	43%
	>30	81%	19%		Employee	71%	29%
Couples' age gap (years)	≤ 5 (older partner)	78%	22%	Occupational status of husband	Employee	65%	35%
	5-10 (older partner)	85%	15%		Self-employed	88%	12%
	>11 (older partner)	96%	4%		Unemployed	100	0
Educational level of husband	Woman older	92%	8%	Educational level of woman	Retired	91%	9%
	Primary level or lower	95%	5%		Primary level or lower	99%	1%
	Secondary school	92%	8%		Secondary	83%	17%
Household income	High school	73%	27%	Menopausal status	High school	64%	36%
	Academic education	60%	40%		Postmenopausal	96%	4%
	Low	91%	9%		Premenopausal	68%	32%
Initiative in sex	Middle	82%	18%	Having a bedroom	Yes	80%	20%
	Husband	91%	9%		No	93%	7%
Frequency of sex	Once a day	70%	30%	Frequency of sex	Once a day	70%	30%
	Woman	96%	4%		once a week	82%	18%

	Both	61%	39%			Once or twice a month	100%	0	
	1-5	95%	5%			Duty	96%	4%	
Menopause duration (years)	6-10	98%	2%	<0.005	Attitude toward sex	Pleasure	66%	34%	<0.005
	>11	100%	0			Duty and pleasure	73%	27%	
	Premenopausal	68%	32%			Other	94%	6%	
	Anxiety	92%	8%			Hormonal	68%	32%	
Psychological conditions during sex	Feeling guilty	98%	2%			Condom	69%	31%	
	Hostility toward men	100	0	<0.005	Contraceptive methods	Tubal Ligation	81%	19%	<0.005
	Shame	89%	11%			IUD	58%	42%	
	Other	58%	42%			Menopause	95%	5%	
Number of children	≤4	71%	29%	<0.005	Sexual behavior during sex	Nice	78%	22%	0.001
	>4	96%	4%			Selfish	91%	9%	

### 3. The frequency of quality of Sexual satisfaction based on different variables

Variables	Sexual satisfaction			P-value	
	Low	Average	High		
Age (years)	45-50	26%	49%	25%	<0.005
	51-55	48%	46%	6%	
	56-60	60%	38%	2%	
Age of marriage (years)	<20	44%	45%	11%	0.106
	20-30	35%	46%	19%	
	>30	27%	54%	19%	
Couples' age gap (years)	≤ 5 (older partner)	31%	51%	18%	<0.005
	5-10 (older partner)	52%	37%	11%	
	>11 (older partner)	77%	23%	0	
Educational level	Woman older	33%	53%	14%	<0.005
	Primary level or lower	64%	34%	2%	
	Secondary	38%	50%	12%	
Educational level of husband	High school	20%	43%	37%	<0.005
	Primary level or lower	56%	39%	5%	
	Secondary school	46%	52%	2%	
Occupational status	High school	32%	46%	22%	<0.005
	Academic education	8%	54%	38%	
	Housewife	49%	45%	6%	
Occupational status of husband	Self-employed	14%	48%	38%	<0.005
	Employee	21%	50%	29%	
	Employee	19%	51%	30%	
Household income	Self-employed	43%	47%	10%	<0.005
	Unemployed	81%	19%	0	
	Retired	50%	38%	12%	
Having a bedroom	Low	50%	44%	6%	0.267
	Middle	39%	46%	15%	
Types of housing	Yes	37%	46%	17%	0.001
	No	52%	45%	3%	
Menopausal status	Owner	39%	44%	17%	0.419
	Rental	41%	48%	11%	
	Living with relatives	55%	45%	0	
Initiative in sex	Postmenopausal	51%	46%	3%	<0.005
	Premenopausal	27%	46%	27%	
Menopause duration (years)	Husband	49%	42%	9%	<0.005
	Woman	61%	36%	3%	
	Both	15%	56%	29%	
Attitude toward sex	1-5	46%	51%	3%	<0.005
	6-10	56%	42%	2%	
	>11	79%	21%	0	<0.005
	Premenopausal	28%	44%	28%	
	Duty	59%	38%	3%	<0.005
	Pleasure	27%	44%	29%	

	Duty and pleasure	24%	52%	24%	
	Other	55%	42%	3%	
	Hormonal	15%	53%	32%	
	Condom	30%	45%	25%	
Contraceptive methods	Tubal ligation	56%	31%	13%	<0.005
	IUD	21%	45%	34%	
	Menopause	50%	46%	4%	
Sexual behavior during sex	Nice	28%	51%	21%	<0.005
	Selfish	61%	35%	4%	
	Anxiety	37%	61%	2%	<0.005
	Feeling guilty	54%	44%	2%	
Psychological conditions during sex	Hostility toward men	100	0	0	<0.005
	Shame	38%	49%	13%	
	Other	22%	40%	38%	
Number of children	≤4	28%	48%	24%	<0.005
	>4	54%	43%	3%	
Frequency of sex	Once a day	17%	48%	35%	<0.005
	Once a week	39%	47%	14%	
	Once or twice a month	70%	30%	0	