A Review of Affecting Factors on Sexual Satisfaction in Women

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ABSTRACT
Background: Sex is a complex, important and sensitive issue in human being and interwoven with the whole of human existence. Given the serious changes in attitude, function and behavior in sex, the need to address sexual function, especially sexual satisfaction, is felt completely. Sexual satisfaction has a very important role in creating marital satisfaction and any defect in sexual satisfaction is significantly associated with risky sexual behaviors, serious mental illness, social crimes and ultimately divorce. Aim: The aim of this study was to explore affecting factors on sexual satisfaction in women based on an overview in scientific database. Methods: In this narrative review the researchers searched MEDLINE database, Google Scholar and Science Direct as well as Persian database like Scientific Information Database with search terms of sexual satisfaction and sexual function, restricted to English/ Persian language, during the 20 years ago. Then those articles written by renowned experts were selected. In this regard, 57 articles have been reviewed, which 30 articles related to this research have been extracted. Results: The findings were divided in to four categories including: Demographic factors, Pathophysiological factors, Psychological factors and Sociocultural factors. Conclusions: Sexuality, especially sexual intimacy is sophisticated and yet elegant affair that the other persons has different definitions and different functions. Discrepancies in the results of the studies show that analysis of factors affecting sexual satisfaction regardless of the women’s sociocultural context, religious beliefs, and personal attitudes is undoubtedly inefficient, unscientific and irrational. Key words: Sexual function, Sexual satisfaction, Women.

1. INTRODUCTION
Sexual satisfaction or in another word the satisfaction of that person’s sex claim, is an important indicator of a successful marriage which ensues the survival and health of the family. It can be defined as having the positive and pleasurable sexual experiences such a good and positive feeling and have an excited orgasm. It build up the story of a couple’s relationship as a lover like, express feelings to each other, frequent sexual activity and desire together (1, 2). Due to serious changes in attitudes, functions and behaviors in sex, especially in the young and youth people, need to engage more in sex is felt completely.

Sexual satisfaction has a very important relationship with marital satisfaction and marital satisfaction is essential to build durability and strong family bonds (3, 4). It affects the thoughts and feelings of couples. It undermine relations between them directly and indirectly and enable them to be easily overlooked many inconsistencies and challenges in their lives (4, 5). People who have a degree of sexual satisfaction have considerably better quality of life than those who reported no sexual satisfaction (6, 7). Also sexual satisfaction has an important role in prevention of risky sexual behaviors, serious mental illness, social crimes and ultimately divorce (8). In other hand, women’s sexual dissatisfaction influences on their moods and has a significant relationship with depression and other psychiatric disorders (9).

Sexual dissatisfaction is a more frequent problem in many countries. In this way, it’s reported that 15.2–50.4 percent of women isn’t satisfied with their sexual activity (10, 11) and 50 percent of divorce in couples rooted from sexual dissatisfaction (12, 13). Also lack of sexual satisfaction is more common in women compared to men. False beliefs and cultural taboos in women related to sexual activity and parenting patterns which do not consider any role for them in the appreciation of sexual functions and sexual needs are the main factor (10).

Helping to solve problems resulted in sexual satisfaction can make a strong contribution to a healthy community and can be considered as a main variable in prevention of risky sexual behaviors. In this regard, review of the important factors affecting sexual satisfaction may be helpful. Thus this narrative review was conducted to explore affecting factors on sexual satisfaction in women.

2. METHODOLOGY
In this narrative review the researchers searched MEDLINE database, Google Scholar and Science Direct as well as Persian
databases like Scientific Information Database with search terms of sexual satisfaction and sexual function, restricted to English/ Persian language, during the 20 years ago. Then we selected those articles written by renowned experts. In this regard, 57 articles have been reviewed, which 30 articles related to this research have been extracted.

3. RESULTS

Review of the literature in the field of affecting factors on sexual satisfaction in women was categorized into four general categories and subgroups corresponding to each class are included (Table1). These categories were named as: Demographic factors, Pathophysiological factors, Psychological factors and sociocultural factors. In the first category, factors such as couples’ marriage, age gap between couples, couples’ education, duration of marriage, occupation and number of children were included. The second category consisted of factors such as diabetes, rheumatoid arthritis, menopause, urinary incontinence, genital tract surgeries, obesity and infertility.

In the third category which named psychological factors, mental disorders such as depression, anxiety and mental health being were found as significant influencing factors on sexual satisfaction. Finally in the fourth category factors such as interpersonal communication skills, believes and attitudes, economical level and substance abuse were included.

| Couples’ age (Ziherl, 2010); Couples’ age gap (Ziherl, 2010); Couples’ education (De Graaf, 2014); Duration of marriage (Ramezani, 2012; Yoo, 2014; Ahmadi, 2010); Occupation (Yoo, 2014; Coskun, 2012); Number of children (Ziherl, 2010) | Demographic factors |
| Diabetes (Enzlin, 2002); Rheumatoid arthritis (Coskun, 2012); Menopause (Tramber, 2012); Urinary incontinence (Aslan, 2005); Genital tract surgeries (McQuillan, 2013; Bradford, 2011); Obesity (Esposito, 2007); Infertility (Mohammad-Alizadeh-Charandabi, 2013; Ashdown, 2011) | Pathophysiological factors |
| Depression (Ashdown, 2011); Anxiety (Pelegrin-Sagy, 2013); Mental health being (Syme, 2015; Vanwesenbeeck, 2014; Althof, 2013) | Psychological factors |
| Interpersonal communication skills (Yoo, 2014); Believes and attitudes (Ramezani, 2012; Ruiz-Maíor, 2013); Economical level (Mohammad-Alizadeh-Charandabi, 2013); Substances abuse (Palha, 2002) | Sociocultural factors |

Table 1. Different categories and sub categories of affecting factors on women's sexual satisfaction

4. DISCUSSION

Sexual satisfaction is one of the physiological needs of human beings that can be clearly say it has complexity and yet more harshly than other needs. According to the findings of the literature reviewed in this study, the affecting factors on sexual satisfaction were classified in to four general categories:

1- Demographic factors: Age in terms of marriage duration, age gap between the spouses and the duration of the marriage is one of the important factors on sexual satisfaction in women. It’s reported that there is a decrease in sexual satisfaction associated with age in the general population. It seems by increasing age, sexual activities would be affected by emerging new tasks in women’s life such as their occupation or engagement in care of their children and other responsibilities in family and community as well (4, 10). In another study, it’s reported that if couple’s age gap is less than 10 years, sexual and marital satisfaction is greater (14). Also, the greatest sexual satisfaction is reported in women with 5-6 years difference in age with their spouse or in those less than 15 years of the onset of their marriage (15, 16).

Studies conducted in the field of the relationship between education and sexual satisfaction show women with higher education express more sexual satisfaction. This finding could be due to the increase of individuals’ knowledge which in turn changes person’s attitude toward sex and sexual satisfaction (4, 17). Although another study suggested that women’s education can’t be an affecting factor in marital agreement and sexual satisfaction. It seems sometimes with the rise of the couples’ educational level; they also have higher expectations for marital satisfaction which if not been met, may be interface with sexual satisfaction (5).

This review has shown that women who were at work had sexual satisfaction more than housewives. Working women have financial independence, more self-confidence and consequently feel more satisfied with their sex life as a result of earn money (4, 18). While women with low income or no income feel less sexiness, which may be lead to less sexual activity and sexual satisfaction (16). Paradoxically, the other research expressed housewives have a better quality of sex life than women at work (7). In regard to the relationship between number of children and sexual satisfaction it showed that in those who had two children or less, sexual satisfaction was less of the others and in women who did not have any children, lower sexual satisfaction is anticipated because of more experiencing dyspareunia (14).

2- Pathophysiological factors: Chronic diseases and any variation in hormonal level may effect on different aspects of sexual function like sexual satisfaction. However, inconsistent with most researches, some studies suggest that there isn’t significant relationship between sexual satisfaction and general health (6, 19). Some of the most important pathophysiological conditions in women are discussed below.

Diabetes effects on all aspects of sexual function but its impact on the reduction of libido, defect in vaginal lubrication and finally reduction of sexual satisfaction is more prominent (20). Rheumatoid arthritis is another chronic disease which effects on sexual satisfaction. In a study it has been stated that 31-70 percent of these people have serious problems in sexual performance (18).

The onset of climacteric phase in women, through major bio-hormonal changes, is another affecting factor on sexual satisfaction (21-23). It’s meanwhile in another study, it’s suggested that although by aging the amount and frequency of sexual activity will be decreased, but the sexual satisfaction increases because of the experience of individuals in sexual relationship, loss of fear of pregnancy and greater integration with the couple (10). In other words, menopausal women who have positive evaluations of their partner and more convenience in their lives are more satisfied with their sexual activity, even if intercourse, sexual desire, vaginal lubrication is decreased. Indeed people in this age have a different attitude towards issues such as sexual communication and sexual satisfaction and mental as well as emotional variables influence sexual satisfaction more than just orgasm; arousal or intercourse (9, 23).

Urinary incontinence is another disease affecting sexual satisfaction (24) In different types of urinary incontinence,
especially in old age because of the increased risk of urinary tract infections, vaginal atrophy, vaginitis and vulvitis, sexual dissatisfaction is anticipated. Also, surgeries in genital tract as a result of an abnormality or obstetrical conditions disturbs women’s’ sexual performance (25-27). In this way, although, evidences show some women prefer cesarean delivery due to a successful and satisfied sexual relationship in the future, but some studies are opposite it (28).

Obesity is one of the issues that affect women’s sexual function through different aspects. Obesity by reducing orgasm; lubrication and arousal (directly or indirectly) significantly reduces sexual satisfaction (2). Researches show obesity by changing the self-esteem of women and creation a negative image of a person’s body decreases sexual satisfaction in elderly (29). Infertile couples are one of at risk groups for lack of sexual performance too. Due to the presence of mental health problems such as depression and feelings of inadequacy in infertile women; sexual satisfaction intensely has decreased in this group (3, 30, 31).

3- Psychological factors: One of the most important factors in sexual satisfaction is mental health (5, 32, 33). In most studies, mental health has referred as the strongest influencing factor on sexual satisfaction. In this way, it’s stated that mental health refers to the fact that people on personal standards, how to think and feel about their life in general and in specific areas of such as sex, interpersonal relationships, physical and mental status (32, 34). Mental health as factor which has the greatest impact on sexuality, especially sexual satisfaction is so defined, positive and rational evaluation of person from various aspects of life and creates a balance between positive affect such as happiness, will, self-confidence, positive self-image and negative affect like anxiety, stress and depression (35).

4- Sociocultural factors: Satisfaction in sexual relationship requires interpersonal communication skills, social skills and conflict resolution. These skills cause higher self-esteem, self-confidence and increase self-concept in women and determine a successful marriage and subsequent sexual intimacy. Proper and satisfactory life skills education in the field of life sexual activity, will lead to increases in sexual satisfaction (4).

Variants of beliefs and attitudes in different communities based on racial, ethnic, religious, cultural and traditional contexts as well as sociocultural taboos and misunderstanding of sexuality are key affecting factors on sexual satisfaction (10, 35). Factors such as socioeconomic status of couples and their families as well as family connections might work on conflict in families and couples’ marital satisfaction. In this regard, it’s stated that economic pressure is one of the factors causing conflict between couples and can effect on sexual activity (7, 36). Substance abuse is reported among other factors significantly associated with decreased sexual satisfaction in women. Drugs have adversely biological effects on affinity and potency in humans which by creating lower self-esteem lead to negative impact on sexual relationships (14). On the contrary, sexual satisfaction plays an important role in preventing substance abuse and smoking (37).

In conclusion countercurrent and conflicting results of the studies show that sexuality, especially sexual intimacy is sophisticated and yet elegant affair that the other person has different definitions and different functions. Discrepancies in the results of the studies show that analysis of factors affecting sexual satisfaction regardless of the women’s sociocultural context, religious beliefs, and personal attitudes is undoubtedly inefficient, unscientific and irrational. More researches, especially qualitative studies on sexual satisfaction to achieve clear, scientific and rational define of the women’s understanding from sexual satisfaction based on their sociocultural contexts is from our suggestions. Another suggestion is investigating different dimensions of sexual satisfaction in men.

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CONFLICT OF INTEREST: NONE DECLARED.

REFERENCES
1. Pascoal PM, Narciso IdSB, Pereira NM. What is Sexual Satisfaction? Thematic Analysis of Lay People’s Definitions. Journal of sex research. 2014; 51(1): 22-30.
2. Esposito K, Ciotola M, Giugliano F, Bisogni C, Schisano B, Autorino R, et al. Association of body weight with sexual function in women. International Journal of Impotence Research. 2007; 19(4): 355-357.
3. Ashdown BK, Hackathorn J, Clark EM. In and out of the bedroom: Sexual satisfaction in the marital relationship. Journal of Integrated Social Sciences. 2011; 2(1): 40-57.
4. Yoo H, Bartle-Haring S, Day RD, Gangamma R. Couple communication, emotional and sexual intimacy, and relationship satisfaction. Journal of Sex & Marital Therapy. 2014; 40(4): 275-293.
5. Bakhshayesh A, Moruzavl M. The relationship between sexual satisfaction, general health and marital satisfaction in couples. Journal of Applied Psychology. 2010; 3(4): 73-85.
6. Venegods S. Sex and the quality of life in Denmark. Archives of sexual behavior. 1998; 27(3): 295-307.
7. Mohammad-Allizadeh-Charandabi S, Mirhafourvand M, Aghari-Jafarabadi M, Tavananezhad N, Karkhanesh M. Modeling of socio-demographic predictors of sexual function in women of reproductive age. Journal of Mazandaran University of Medical Sciences 2014; 23(110): 237-242.
8. Hajivosough N-S, Tavakolizadeh J, Rajayi A, Atarodi A. The Effect of Cognitive-Behavioral Teaching on Improvement of Women’s Sexual Function with Hypoactive Sexual Desire Disorder. Zahedan Journal of Research in Medical Sciences. 2012; 14(10): 100-102.
9. Peleg-Sagy T, Shahar G. The prospective associations between depression and sexual satisfaction among female medical students. The Journal of Sexual Medicine. 2013; 10(7): 1737-1743.
10. Ramezani TF, Farahmand M, Mehrabi Y, Malekafzali H, Abedini M. Prevalence Of Female Sexual Dysfunction and its Correlated Factors: A Population Based Study. Payesh. 2012; 11(6): 869-875.
11. Siddi H, Puth E, SEW, Abdullah N, Midin M. The Prevalence of Sexual Dysfunction and Potential Risk Factors That May Impair Sexual Function in Malaysian Women. The journal of sexual medicine. 2007; 4(2): 311-321.
12. Askari M, Noah SBM, Hassan SAB, Baba MB. Comparison the effects of communication and conflict resolution skills training on marital satisfaction. International Journal of Psychological Studies. 2012; 4(1): 182.
13. Shams Mofarah Z, Shahsiah M, Mohebi S, Tabarace Y. The Effect of Marital Counselling on Sexual Satisfaction of Couples in Shiraz City. Health System Research. 2010; 6(3): 417-424.
14. Ziherl S, Masten R. Differences in predictors of sexual satisfaction and in sexual satisfaction between female and male university students in Slovenia. Psychiatry Danubina. 2010; 22(3): 425-429.
15. Rahmani A, Khoei EM, Gholi LA. Sexual satisfaction and its relation to marital happiness in Iranians. Iranian Journal of Public Health. 2009; 38(4): 77-82.
16. Ahmadi Z, Malekzadegan A, Hosseini A. Sexual Satisfaction and its Related Factors in Primigravidas. Iran Journal of Nursing. 2011; 24(71): 54-62.
17. De Graaf H, Vanwesenbeeck I, Meijer S. Educational Differences in Adolescents’ Sexual Health: A Pervasive Phenomenon in a National Dutch Sample. The Journal of Sex Research. 2014 (ahead-of-print): 1-11.
18. Coskun B, Coskun BN, Atis G, Ergenekon E, Dilek K. Evaluation of Sexual Function in Women with Rheumatoid Arthritis. Urology Journal. 2014; 10(4): 1081-1087.
19. Olsenbruch S, Hahn S, Kowalsky D, Offner AH, Schedlowski M, Koenig H, et al. Quality of life, psychosocial well-being, and sexual satisfaction in women with polycystic ovary syndrome. The Journal of Clinical Endocrinology & Metabolism. 2003; 88(2): S801-S807.
20. Enzlin P, Mathieu C, Van den Bruel A, Bosteels J, Vanderueren D, Demuyttereae K. Sexual dysfunction in women with type 1 diabetes a controlled study. Diabetes Care. 2002; 25(4): 672-677.
21. Addis IB, Van Den Eeden SK, Wassel-Fyr CL, Vittinghoff E, Brown JS, Thom DH, et al. Sexual activity and function in middle-aged and older women. Obstetrics and gynecology. 2006; 107(4): 755.
22. Lindau ST, Schumm LP, Laumann EO, Levinson W, O’Muircheartaigh CA, Waite JJ. A study of sexuality and health among older adults in the United States. New England Journal of Medicine. 2007; 357(8): 762-774.
23. Trompeter SE, Bettencourt R, Barrett-Connor E. Sexual activity and satisfaction in healthy community-dwelling older women. The American journal of medicine. 2012; 125(1): 37-43.
24. Aslan G, Koseo H, Sadik O, Gimen S, Cihan A, Esen A. Sexual function in women with urinary incontinence. International Journal of Impotence Research. 2004; 17(3): 248-251.
25. Yean C, Benau EM, Dakanalas A, Hormes JM, Perone J, Timko CA. The relationship of sex and sexual orientation to self-esteem, body shape satisfaction, and eating disorder symptomatology.