The Effect of Stress, Anxiety, and Depression on Iranian Couples’ Sexual Life Satisfaction

Zohreh Zare Toofal¹*, Pegah Zarif², Mohammad Reza Khodabakhsh³

ABSTRACT
There are many psychological and physical factors which can affect our lifespan to make us being happy or sad. In this study, we investigated the life of 110 Iranian couples who were involved in stress, anxiety, and depression by giving them a 24-item self-administered questionnaire of psychometric property of the depression anxiety stress scale (DASS) to measure three emotional states; depression, anxiety, and stress, Kanzas marital satisfaction (KMS) scale, Larson’s sexual satisfaction scale, and interviewing couples. This study is aimed to find the newest and the most salient symptoms of sexual dissatisfaction in life of human beings. The findings of this study showed that many couples’ life would be affect by these psychological disorders, and it had direct, positive, significant relationship with humans’ life, and their sexual marital satisfaction.

Keywords: Marital satisfaction; Stress; Anxiety; Depression; Sexual satisfaction.

The high degree of marital satisfaction is closely related to mental health. Mental health has main headlines due to the lack of public understanding. We all have our descriptions toward mental health and we normally have our own understanding of this term. We can see many topics about being healthy in many different magazines to read and acknowledge about the most significant issues in humans’ life.

The World Health Organization defines mental health as a dimension of one’s overall condition in conjunction with physical, emotional, and spiritual health. Mental health is the state of well-being, in which every individual realizes his or her potential, copes with everyday stresses, has the ability to work productively, and is able to make a positive contribution to his or her community (Rath, 2009).

1 (Department of English Language and Literature, Islamic Azad University, Ayatollah Amoli Branch, Amol, Mazandaran, Iran.)
2 (Department of Psychology Research, Hakim Toos Higher Education Institute, Mashhad, Iran.)
3 (Department of Psychology Research, Hakim Toos Higher Education Institute, Mashhad, Iran.)

*Responding Author

Received: May 15, 2018; Revision Received: June 10, 2018; Accepted: June 28, 2018

2018 © Toofal, Z Z; Zarif, P & Khodabakhsh, M R; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.
The Effect of Stress, Anxiety, and Depression on Iranian Couples' Sexual Life Satisfaction

There are several illnesses including stress, anxiety, and depression that effect on mental health, and it is a major issue in society for professional healthcare. Mental health starts from childhood to adulthood and it is not stable during life time for many people who carry a lot of pressures and they almost live in hard situations or even in comfortable statues. The bare fact is that many children and adults have mental health problems in any year and it unavoidable to prevent such problems during life time.

Both male and female are in danger by stress, anxiety, and depression in internal bodily conditions. Women are more sensitive than men and it is absolutely confirmed that their physical organs are mostly monitoring the effects of stress, anxiety, and depression. There are many magazines worldwide which show this quality of women’s life in different countries and cultures. There are many situations which are caused more stress, depression, and anxiety especially for women in different ages. We still face to many mental health problems in Middle East countries and those countries that are developing now in men and women especially for young couples that are under lots of pressure during their teenage ages.

**METHODOLOGY**

**Method**

This was a statistical cross sectional study and it is in some part a qualitative study to interview participants for collecting essential data which recorded. We have chosen a population of young and adult couples to investigate the degree of their sexual satisfaction relation to other variables such as stress, depression and anxiety to understand how much satisfaction they have in their marital status. We observed them in time to pack the idea of their satisfaction was remained and how they replied to different scales to examine the relationship between disease and marital sexual satisfaction. All interviewing were recorded and all participants have been informed why we recorded their conversations, and explaining how we were going to use the data to conduct the research. There was no obligatory situation for couples to cooperate in this study, we asked for reliable and comfort to help us collecting data for this study. As much as we observed the situation to drag essential data according to direct part of our study to examine participants.

**Participants**

Participants were reached via convenience sampling, we asked for 110 Iranian couples in Mashad, Khorasan Razavi province to participate who were easy to come and felt free to answer the questionnaires, and they anonymously filled the scales in this study.

**Measures**

Three different scales have been used in this study, one is 24-item depression anxiety stress scale (DASS), Larson’s sexual satisfaction scale, and the other was Kanzas marital satisfaction scale (KMS) were administered among participants then interviewing couples who were easy and felt free to interview in this study.
The Effect of Stress, Anxiety, and Depression on Iranian Couples’ Sexual Life Satisfaction

Procedure

110 Iranian couples have been participated in this research via convenience sampling that were easy to come and felt free to answer the questions in different scales, and most of them were young people and few of them were older couples. We firstly used a 24-item property questionnaire which is called depression anxiety stress scale (DASS); The DASS is a 42-item self-administered questionnaire designed to measure the magnitude of three negative emotional states: depression, anxiety, and stress, Kanzas marital satisfaction scale, and we had also Larson’s sexual satisfaction scale then we analyzed the data according to our findings by Pearson correlation. We also interviewed some couples who felt free to answer our questions to pack extra data for analyzing data to better understanding the situations of couples for achieving logical conclusions in this study.

DATA ANALYSIS

A hypothesis has been created to show the efficiency of stress, anxiety, and depression on sexual couples’ life that is significantly underpin their philosophy of existence among young and adult couples. Depression is one of the most mental health problems that is caused to dissatisfaction of marital and sexual life among couples. Depression sometimes leads to suicide or attempt to suicide in many young and older people. It is positively related to other disease such as stress and anxiety, somebody with low stress has low depression and it helps to become less anger. As we have seen participants in this study gave us the statement that the degree of one of them can effect on the other one to become lower or higher. Therefore people who have high pressure of difficulty, they are extremely impose their mental health problems such as stress, anxiety, and depression. Without existence of such mental health problems, there is a desire to become happy and do enjoyable things as one path will show it in sexual satisfaction in life of two partnerships. As we have found in the result of different kinds of questionnaires like DASS and KMS scales, there is a positive significant relation among couples’ life. When their stress is lower, they are not in much depression or anxiety and they will become happy, and it results to feel satisfaction of their own life such as their sexual life. Pearson correlations show that there is still positive significant relation between sexual satisfaction and depression which sig tailed is 0.011 there is another direct significant relation between sexual satisfaction and stress that sig tailed is 0.55 the other significant relation is between sexual satisfaction and anxiety that sig tailed is 0.66 so we can say that somebody who has high depression in marital relationship would have also low sexual satisfaction but they are not directly related, it may sometimes be indirectly. So sexual satisfaction or dissatisfaction among couples has direct connection with their stress, and depression. These mental health problems can effect on sexual satisfaction and it really sometimes determine the situation for couples to maintain their desires to enjoy their life or not. As we understood from our part of information by interviewing some couples, women were more sensitive to reveal more data and most of them had mental health problems in part of their lives and they might still have such conditions that couldn’t solve their problems, and they were satisfied to share their unhappy stories to feel relax and prepare themselves for adaptation to be strong enough to remove all their mental problems or illnesses that they were conflicting for many years of marital situations. As we understood from our data collection
via interviewing some couples, educated couples tried so much to cooperate for revealing such illnesses at least %50 of young couples were willing to consult a family consular to find out new ways for having sexual satisfaction in their lives, and they were satisfied by this interview to make themselves reveal such disease that might ruin many lives of people.

There’s a negative Pearson correlation among sexual satisfaction and the other variables such as depression and stress that is absolutely related to high degree of depression and stress that are caused to low degree of sexual satisfaction, but anxiety did not have a negative correlation like the two other variables as we mentioned above. It indicates that low degree of anxiety will not affect much more on sexual satisfaction, and it moderates this relation between two variables. Couples sometimes might have had a low degree of anxiety and its consequences would not change the result of their sexual satisfaction.

**Table 1 Descriptive Statistics**

|        | N  | Minimum | Maximum | mean   | St deviation |
|--------|----|---------|---------|--------|--------------|
| Depression | 110 | 6.00 | 24.00 | 12.8455 | 3.83175      |
| Stress    | 110 | 8.00 | 36.00 | 17.8273 | 6.50033      |
| Anxiety   | 110 | 1.00 | 18.00 | 9.2364  | 3.04380      |
| Sexual    | 110 | 25.00 | 85.00 | 60.7273 | 14.91315     |
| N (listwise) | 110 |       |       |        |              |

**Table 2 Pearson correlation depression stress anxiety sexual satisfaction**

|        | Depression | Stress | Anxiety | Sexual |
|--------|------------|--------|---------|--------|
| Depression | Pearson correlation | 1      | .154    | .060   | -.243*    |
| Sig. (2-tailed) |                      | .109   | .535    | .011   | .535      |
| N       | 110        | 110    | 110     | 110    |            |
| Stress | Pearson correlation | .154   | 1       | .372** | -.057     |
| Sig. (2-tailed) |                      | .109   | .000    | .555   | .555      |
| N       | 110        | 110    | 110     | 110    |            |
| Anxiety | Pearson correlation | .060   | .372**  | 1      | .042      |
| Sig. (2-tailed) |                      | .535   | .000    | .666   | .666      |
| N       | 110        | 110    | 110     | 110    |            |
| Sexual | Pearson correlation | -.243* | -.057   | .042   | 1         |
| Sig. (2-tailed) |                      | .011   | .555    | .666   | 1         |
| N       | 110        | 110    | 110     | 110    |            |

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).
**RESULT**

As we understood by our collecting data, severe people are more in exposure to so many diseases or illnesses especially they may have problems in their mental health.

As we revealed in this study girls and women are in more danger than other populations because of their stricken situations toward their struggling with own mental health problems and so many factors from families and society, they are much more in pressure to pose themselves upright to sand regularly and defend for their rights of being a woman.

By Pearson correlation in table 3 you can see there is significant relations among variables that are in corporately connected with each other but we can see some negative correlation between sexual satisfaction and depression that it follows by this conclusion there is a negative relation, when depression goes up sexual satisfaction will be down and vice versa. So this situation will happen by another variable such as stress, when it comes down or it is decreased the degree of sexual satisfaction will increase on that time. That’s why we see a negative correlation between these two variables. Pearson correlation between sexual satisfaction and depression is -0.243 and it is also a negative relation between stress and sexual satisfaction that is -0.057

**Table 3 Correlations**

|                  | Depression | Stress | Anxiety | Sexual | Marital |
|------------------|------------|--------|---------|--------|---------|
| **Depression**    | Pearson Correlation | 1      | .154    | .060   | -.243*  | .013    |
| Sig. (2-tailed)   |            | .109   | .535    | .011   | .891    |
| N                | 110        | 110    | 110     | 110    | 110     |
| **Stress**        | Pearson Correlation | .154   | 1       | .372** | -.057   | .137    |
| Sig. (2-tailed)   | .109       | .000   | .555    |        | .153    |
| N                | 110        | 110    | 110     | 110    | 110     |
| **Anxiety**       | Pearson Correlation | .060   | .372**  | 1      | .042    | -.025   |
| Sig. (2-tailed)   | .535       | .000   | .666    |        | .794    |
| N                | 110        | 110    | 110     | 110    | 110     |
| **Sexual**        | Pearson Correlation | -.243* | -.057   | .042   | 1       | -.190*  |
| Sig. (2-tailed)   | .011       | .555   | .666    |        | .047    |
| N                | 110        | 110    | 110     | 110    | 110     |
| **Marital**       | Pearson Correlation | .013   | .137    | -.025  | -.190*  | 1       |
| Sig. (2-tailed)   | .891       | .153   | .794    |        | .047    |
| N                | 110        | 110    | 110     | 110    | 110     |

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).
The Effect of Stress, Anxiety, and Depression on Iranian Couples' Sexual Life Satisfaction

IMPLICATIONS
In many lives of couples there is still some kinds of medications toward their problematic situations for marital satisfactions. There are so many young people who have mental health problems are following prescriptions of their family doctors. We live in a society with so many pressures such as economic, cultural, social issues, and mostly fundamental pressures that lead us to become unhealthy, with health care we need so relieve circumstances to find a balance not to be under so much pressure not to be so lazy to do any activities. We should develop specific treatment toward mental health problems by informing the mind of people to produce a health care by themselves which face in real life to battle all those barriers from their dispositions.

This research has been devoted to explore a kind of treatment for such illnesses that are definitely are part of our society to imply. Due to negative impact of stress, anxiety, and depression on the lives of so many people in their marital positions, we need academic performance to spread main causes of stress, anxiety, and depression that are exclusive barriers toward sexual satisfaction, and this dissatisfaction may have been in parts of social and cultural status to show malfunction of a big society that needs underpinning solutions for these mental health problems.

CONCLUSION
Due to our findings of this study, we made this conclusion that we have seen so many research have been done in this field to highlight how much help we need to remove suffering disease in our life such as depression, stress, anxiety for achieving more pleasure from life to be satisfied especially with our partnerships. So many scientists and scholars are in agreement with social, political, economic, and cultural issues are the main reasons to be considered in a life of human beings so seriously, we need an excellent academic life to give a hand to those who are suffering from diseases, mental health care is essential for living in relation with other people.

Comparing people with mental health with those who have mental health problems is revealed awareness about the best way of living and combating malfunction situations are main reasons to arose our feelings to have much more pleasure and the life become enjoyable, that is of course theoretically applicable, but not in practical. So many reasons are involved to acknowledge people to the health care way of living, we need to explore the ideological philosophy of humans’ mind to push them toward a format of right way of living by caring them, and giving academic performance help for their illnesses. Parents are the most important part of this system to gain their experiences for getting help among their children to show the way and spotlight in the way of so many people like them as humanity grows, we need to have much care about this matter.

This study highlights different perspectives have been remained in the mind of people strictly and they have to choose something unwillingly, we need academic knowledge to overcome all those problems which threaten mental health. Culture organization, and leaderships in
The Effect of Stress, Anxiety, and Depression on Iranian Couples’ Sexual Life Satisfaction

society will come up with this conclusion that mental health problems need to be removed because of social health care. So, sexual satisfaction makes this view salient that we need to be up to date with any information to be armed to main problems such as stress, anxiety, and depression to go away. Sexual satisfaction needs a lot of awareness in many parts as partners try to have such pleasure to continue their life upon understanding of each other and caring. Humans’ ambition to become success and having desire to exhibit talents and abilities need to improve those psychological and physiological problems, and carry out incorporation system in society handling each other.

REFERENCES

Ahmed, A., Shaheryar, N. & Ramsha, A. (2017). Factors causing stress among Pakistani working women. Pakistan Administrative Review, Vol. 1, No.3.

Alacacioglu, A., Ulger, E., Varol, U., Yildiz, I., Salman, T., Bayoglu, V., Drican, A., Demir, L., Akyol, M., Yaldiz, Y., Kucukzyeybek, Y., Atman, G., Can, H. & Tarhan, M. O. (2014). Depression, anxiety and sexual satisfaction in breast cancer patients and their partners-Izmir Oncology Group study. Asian Pacific Journal of Cancer Prevention, 15(24):10631-6.

Alidost, F., Dolatian, M., Shams, J., Nasiri, M. & Sarkhoshpour, E. (2017). The correlation of sexual dysfunction with prenatal stress and quality of life: A path analysis. Iran Red Crescent Med J. 19(7), 1-8.

Arslan, N. (2017). Investigating the relationship between educational stress and emotional self-efficiency. Universal Journal of Educational Research, 5(10).

Averett, S. A. & Wang, Y. (2011). Identification of the effect of depression on risky sexual behavior: Exploiting a natural experiment. Department of Economics Lafayette College.

Breidenstein, J., Przyborowski, C. & Walther, A. (2017). Commentary: Sex differences in the peripheral immune system in patients with depression. Frontiers in Psychiatry, 8.

Chen, Y., Yang, H. & Fang, R. (2017). Effects of mindfulness-based stress reduction on the anxiety, depression and quality of life of patients with intrauterine adhesion: a randomized controlled trial. Int J ClinExp Med, 10(2).

Djukanovic, I. (2017). Depression in older people. Linnaeus University Press. Results of a household survey. (2009). Adult psychiatric morbidity in England. The Health & Social Care Information Centre

Ebrahim, S. M. & Masry, S. E. (2017). Effect of relaxation therapy on depression, anxiety, stress, and quality of life among diabetic patients. Clinical Nursing Studies, 5(1).

Fadardi, J. S. & Ziaee. S. S. (2009). A comparative study of anxiety, stress, and depression in physically abused and non-abused Iranian wives. Iranian Journal of Psychiatry and Behavioral Sciences (IJPBS), 3(2).

Findley, L. (2017). Depression and suicidal ideation among Canadians aged 15 to 24. Statistics Canada.

Garrity, A. (2016). An analysis of mental health in women’s magazines. Elon Journal of Undergraduate Research in Communications, 7(2).
The Effect of Stress, Anxiety, and Depression on Iranian Couples' Sexual Life Satisfaction

Houle, J. N., Staff, J., Mortimer, J. T., Uggen, C. & Blackstone, A. (2011). The impact of sexual harassment on depressive symptoms during the early occupational carrier. *American Sociological Association, 1*(2).

Nomejko, A. & Zygmunt, G. D. (2014). The sexual satisfaction questionnaire-psychometric properties. Polish Journal of Applied Psychology, *12*(3).

Pourakbaran, E. & Yazdi, S. A. A. (2015). The study of sexual functioning and Marital satisfaction in women with and without history of labor. *Journal of Fundamentals of Mental Health, 17*(4).

**APPENDIX**

**DASS21 Name: Date:**

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s) I found it hard to wind down
2 (a) I was aware of dryness of my mouth
3 (d) I couldn’t seem to experience any positive feeling at all
4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)
5 (d) I found it difficult to work up the initiative to do things
6 (s) I tended to over-react to situations
7 (a) I experienced trembling (e.g. in the hands)
8 (s) I felt that I was

© The International Journal of Indian Psychology, ISSN 2348-5396 (e)| ISSN: 2349-3429 (p) | 122
|   |   |   |   |
|---|---|---|---|
| 9 (a) | using a lot of nervous energy | I was worried about situations in which I might panic and make a fool of myself | 0 | 1 | 2 | 3 |
| 10 (d) | I felt that I had nothing to look forward to | 0 | 1 | 2 | 3 |
| 11 (s) | I found myself getting agitated | 0 | 1 | 2 | 3 |
| 12 (s) | I found it difficult to relax | 0 | 1 | 2 | 3 |
| 13 (d) | I felt down-hearted and blue | 0 | 1 | 2 | 3 |
| 14 (s) | I was intolerant of anything that kept me from getting on with what I was doing | 0 | 1 | 2 | 3 |
| 15 (a) | I felt I was close to panic | 0 | 1 | 2 | 3 |
| 16 (d) | I was unable to become enthusiastic about anything | 0 | 1 | 2 | 3 |
| 17 (d) | I felt I wasn’t worth much as a person | 0 | 1 | 2 | 3 |
| 18 (s) | I felt that I was rather touchy | 0 | 1 | 2 | 3 |
| 19 (a) | I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat) | 0 | 1 | 2 | 3 |
| 20 (a) | I felt scared without any good reason | 0 | 1 | 2 | 3 |
| 21 (d) | I felt that life was meaningless | 0 | 1 | 2 | 3 |
The Effect of Stress, Anxiety, and Depression on Iranian Couples' Sexual Life Satisfaction

DASS-21 Scoring Instructions
The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional. Depression, Anxiety and Stress Scale - 21 Items (DASS-21). The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items. The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:  

| Depression | Anxiety | Stress |
|------------|---------|--------|
| Normal     | 0-9     | 0-7    | 0-14  |
| Mild       | 10-13   | 8-9    | 15-18 |
| Moderate   | 14-20   | 10-14  | 19-25 |
| Severe     | 21-27   | 15-19  | 26-33 |
| Extremely Severe | 28+  | 20+    | 34+   |

Acknowledgements
The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper is in place. Their contributions are acknowledged however their names cannot be able to be mentioned.

Conflict of Interest
The authors colorfully declare this paper to bear not conflict of interests

How to cite this article: Toofal, Z Z; Zarif, P & Khodabakhsh, M R (2018). The effect of stress, anxiety, and depression on iranian couples’ sexual life satisfaction. International Journal of Indian Psychology, 6(2), 115-124. DIP:18.01.092/20180602, DOI:10.25215/0602.092