

Original Article

The Relationship Between Sexual Distress and Marital Satisfaction in Women: A Cross-Sectional Study

Dilek Kilicetin, MSc

Dereli District State Hospital, Dereli, Giresun, Turkiye

Nulfer Erbil, PhD

Professor, Department of Gynecologic and Obstetrics Nursing, Faculty of Health Sciences, Ordu University, Ordu, Turkiye

Correspondence: Nulfer Erbil, PhD, Professor (Full), Department of Obstetrics and Gynecologic Nursing, Faculty of Health Sciences, Ordu University, Cumhuriyet Campus, 52200, Ordu Turkiye, E-mail: nerbil@odu.edu.tr nulfererbil@gmail.com

Abstract

Background: Sexual health is a fundamental component of overall well-being and plays a critical role in marital relationships. Sexual distress, defined as negative emotional responses related to sexual problems, can adversely affect interpersonal functioning and relationship quality.

Aim: The aim of this study was to investigate the relationship between sexual distress and marital satisfaction in women.

Methods: This descriptive and cross-sectional study was conducted with 291 women. Data were collected using the Personal Information Form, the Marital Satisfaction Scale (MSS), and the Female Sexual Distress Scale (FSDS).

Results: The mean FSDS score for women was 8.02 ± 9.17 , and the mean MSS score was 50.85 ± 8.89 . Sexual distress was found in 26.1% of the women. Women without sexual distress had significantly higher marital satisfaction scores than those with sexual distress ($p=0.000$). Significant differences in FSDS and MSS scores were observed according to women's and partners' education levels. FSDS scores also varied by marriage type, while MSS scores differed by family type, income level, and marriage type ($p < 0.05$). Women who used modern family planning methods, and had no infections or sexual dysfunction in themselves or their partners reported higher marital satisfaction. Higher sexual distress was associated with urinary and reproductive infections, chronic diseases, pain during intercourse, and partner sexual dysfunctions. A moderate negative correlation was found between FSDS and MSS scores ($r=-0.450$), indicating that increased sexual distress was associated with decreased marital satisfaction. Multiple regression analysis revealed marital satisfaction was the most significant predictor of sexual distress ($\beta=-0.435$, $p=0.000$).

Conclusions: In conclusion, sexual distress in women affects marital satisfaction, and increased sexual distress decreases marital satisfaction.

Keywords: Sexual distress, marital satisfaction, sexual function, women, nursing

Background

Sexual function in women is a complex process involving sexual, vascular, neurological, and endocrine systems (Ozcan & Beji, 2018). It is influenced by various factors, including personality traits, upbringing, marriage, culture, social and family relationships, biological characteristics, and self-perception (Sanchez et al., 2014). Sexual dysfunction, which

involves disruptions in the sexual response cycle, is a common but poorly understood health issue (Balci Aslan et al., 2012). The prevalence of female sexual dysfunction is reported to be between 43.4% and 68.8% (Aslan et al., 2008; Ege et al., 2010; Erbil 2019). Sexual distress is characterized by anxiety or negative feelings about one's sexuality (Witting et al., 2008) and can lead to loss of self-confidence, disrupted

interpersonal relationships, and emotional stress (Ege et al., 2010).

Although high rates of sexual dysfunction are reported in women, relationship dissatisfaction often accompanies sexual function disorders, with 68% of women describing their sexual relationships as very satisfactory (Rosen et al., 1993). If sexual dysfunction is not addressed, it can become a source of distress and negatively impact a woman's health. Sexual distress, resulting from unhappiness, disappointment, and reduced self-esteem, can affect social and professional life and harm marital satisfaction (Stevenson, 2004). Trudel (2002) found a correlation between sexual behavior and marital adjustment. According to Cag and Yildirim (2013), sexual satisfaction, perceived partner support, and education level positively influence marital satisfaction. Studies have shown that couples experiencing sexual problems often lack sufficient knowledge about sexuality (Dogan & Saracoglu, 2009) and have lower marital satisfaction (Khazaei et al., 2011). Witting et al. (2008) found that women experiencing sexual distress or dysfunction reported more marital dissatisfaction. While sexual happiness is vital for maintaining women's individuality, the interaction between sexuality and marriage remains an under-researched topic (Gulsun et al., 2009). Understanding this interplay is essential for addressing the challenges couples face and promoting healthier, more satisfying relationships. There is limited research on sexual distress and marital satisfaction among women in Turkiye, making this an important area of study. The aim of this study is to investigate the relationship between sexual distress and marital satisfaction in women and the factors affecting them.

Research Questions:

- What is the incidence of sexual distress in women?
- What is the level of marital satisfaction among women?
- Is there a relationship between sexual distress and marital satisfaction in women?
- What factors affect sexual distress and marital satisfaction in women?

Methods

Study design and sample: This descriptive and cross-sectional study was conducted in the gynecology clinic of a research hospital in the Black Sea region of Turkiye from February 1, 2017, to April 28, 2017. The study included 291 women who met the inclusion criteria and volunteered to participate. Inclusion criteria were being married, at least 18 years old, literate, living with a partner, able to communicate verbally, and willing to participate. Exclusion criteria included being single, under 18, illiterate, pregnant, less than six months postpartum, menopausal, or having a mental disability.

Data Collection Instruments

Questionnaire Form: The questionnaire included questions about sociodemographic characteristics, obstetric and gynecological history, and sexual health.

Female Sexual Distress Scale (FSDS): The Female Sexual Distress Scale (FSDS), developed by DeRogatis et al. (2008), measures personal distress related to sexuality in women with sexual dysfunction. The FSDS Turkish adaptation was done by Aydin et al. (2016). Scores range from 0 to 52, with higher scores indicating greater sexual distress. The cutoff point for the scale is ≥ 11.5 (Aydin et al., 2016). The original scale had a Cronbach's alpha of 0.86 (Derogatis et al., 2008), and the Turkish version had a Cronbach's alpha of 0.98 (Aydin et al., 2016). In this study, the Cronbach's alpha was 0.92.

Marital Satisfaction Scale: The Marital Satisfaction Scale (MSS), developed by Celik and Yazgan Inanc (2009), ranges from 13 to 65, with higher scores indicating greater marital satisfaction. The scale includes subdimensions of family, sexuality, and self. The original study reported a Cronbach's alpha of 0.79. In this study, the Cronbach's alpha was 0.80.

Data Collection: Data were collected using a questionnaire form (Witting et al., 2008; Celik & Yazgan Inanc, 2009; Ege et al., 2010; Aydin et al., 2016), the Female Sexual Distress Scale (FSDS), and the Marital Satisfaction Scale (MSS). Data were collected through face-to-face interviews, with participants completing the forms and scales under the researcher's supervision.

Statistical Analysis: Descriptive statistics were used to analyze the data. Differences between groups were tested using the

Student's t-test and one-way ANOVA for parametric variables and the Kruskal-Wallis test for nonparametric variables. The Scheffe test and Mann-Whitney U test were used to identify group differences. Pearson correlation and multiple regression analyses were used to assess relationships between scale scores and other variables. A significance level of $p < 0.05$ was used.

Ethical Considerations: Participants were informed about the study, and written consent was obtained. Permission to use the scales was granted by their authors. Institutional approval was obtained from the hospital administration (27.09.2016-E.356), and ethical approval was granted by the Ordu University Clinical Research Ethics Committee (26.01.2017-2017/112).

Results

The mean age of the women was 33.48 ± 7.31 years (range: 18–52 years), the mean duration of marriage was 12.27 ± 7.86 years, and the mean age at marriage was 21.11 ± 3.73 years. The mean body mass index (BMI) was 26.10 ± 4.53 (range: 14.61–43.70). Among the participants, 55.4% were primary or middle school graduates, 76.3% were homemakers, 48.2% of partners were primary or middle school graduates, 45.7% of partners were laborers, 66.4% lived in urban areas, 71.1% lived in nuclear families, 77.7% had a “moderate” income level, and 69.8% agreed to marry their partners (Table 1).

The mean FSDS score was 8.02 ± 9.17 (range: 0–48), and the mean MSS score was 50.85 ± 8.89 (range: 2–65). Sexual distress was found in 26.1% of the women. Women with sexual distress had a mean FSDS score of 20.30 ± 8.96 , compared to 3.68 ± 3.65 for those without distress, a statistically significant difference. Women with sexual distress also had lower mean MSS scores (45.43 ± 8.51) compared to those without distress (52.77 ± 8.22), a statistically significant difference ($p = 0.000$).

Significant differences in FSDS scores were found based on women's education level ($p = 0.002$) and partner's education level ($p = 0.048$) (Table 1). Similarly, MSS scores varied significantly based on women's education level ($p = 0.001$) and partner's

education level ($p = 0.001$) (Table 1). FSDS scores also differed significantly based on the type of marriage ($p = 0.001$), while MSS scores varied based on family type ($p = 0.017$), income level ($p = 0.017$), and marriage type ($p = 0.008$) (Table 1).

Women who used family planning methods ($p = 0.013$), used modern family planning methods ($p = 0.004$), had no urinary tract infections ($p = 0.015$), had no reproductive system infections ($p = 0.030$), experienced no pain during intercourse ($p = 0.000$), and had partners without premature ejaculation ($p = 0.002$) or erectile dysfunction ($p = 0.013$) had higher mean MSS scores. These differences were statistically significant (Table 2).

Women with urinary incontinence ($p = 0.009$), urinary tract infections ($p = 0.000$), reproductive system infections ($p = 0.000$), chronic diseases ($p = 0.007$), pain during intercourse ($p = 0.000$), or partners with premature ejaculation ($p = 0.026$) or erectile dysfunction ($p = 0.005$) had higher mean FSDS scores, with statistically significant differences (Table 2).

A negative correlation was found between FSDS and MSS scores ($r = -0.450$), while positive correlations were found with partner age ($r = 0.118$) and marriage duration ($r = 0.169$). A weak negative correlation was found with age at marriage ($r = -0.194$). No significant correlations were found between FSDS scores and women's age, number of children, or BMI. A positive correlation was found between MSS scores and age at marriage ($r = 0.173$), but no significant correlations were found with women's age, partner's age, number of children, marriage duration, or BMI (Table 3).

Multiple regression analysis revealed moderate correlations between marital satisfaction, partner age, marriage duration, and age at marriage with sexual distress ($R = 0.481$, $R^2 = 0.231$). These variables explained 23% of the variance in marital adjustment. Marital satisfaction was the most significant predictor of sexual distress ($\beta = -0.435$, $p = 0.000$), while partner age, marriage duration, and age at marriage were not significant predictors ($p > 0.05$) (Table 4).

Table 1. Comparison of the average scores of the FSDS and the MSS according to the socio- demographic characteristics of women (n=291)

Socio-demographic Characteristics	n	%	FSDS Mean±SD	MSS Mean±SD
Age groups				
18-24 years	30	10.3	8.90±8.65	47.50±9.44
25-32 years	103	35.4	6.71±8.57	51.54±8.46
33-40 years	102	35.1	8.10±9.65	50.86±9.71
41 years and older	56	19.2	9.82±9.46	51.39±7.53
Test and p value			F=1.515/p=.211	F= 1.708/p=.166
Education level*				
Primary-secondary school ^a	161	55.4	9.69±10.27	49.29±8.74
High school ^b	89	30.5	6.35±7.70	52.10±8.89
University ^c	41	14.1	5.09±5.52	54.31±8.28
Test and p value			F=6.463/p=.002	F= 6.715/p=.001
Working status				
Housewife	222	76.3	8.57±9.58	50.51±8.90
Officer	13	4.5	4.23±3.24	55.15±6.61
Worker	54	18.5	6.85±8.25	51.31±9.32
Retired	2	0.7	4.00±2.82	49.00±4.24
Test and p value			KW=3.450/p=.327	KW =3.387/p=.336
Husband education level **				
Primary-secondary school ^a	140	48.2	9.33±10.11	48.96±8.75
High school ^b	111	38.1	7.14 ± 7.49	51.92±9.02
University ^c	40	13.7	5.90 ± 9.44	54.52±7.45
Test and p value			F=3.059/ p=.048	F=7.711/p=.001
Husband working status				
Officer	26	8.9	6.15±7.10	53.19±7.53
Worker	133	45.7	8.21±9.75	50.30±9.31
Retired	15	5.2	10.06±11.25	52.26±6.18
Self-Employment	102	35.1	7.30±8.52	51.18±8.93
Farmer	15	5.1	12.46±8.20	48.06±9.05
Test and p value			KW=8.459/p=.076	KW=3.577/p=.466

* The difference in FSDS scores according to the education level of the woman among the groups a-b, b-c; the difference in MSS scores is between groups a-c.

** The difference in MSS scores according to the education level of the husband is between groups a-c, b-c.

Table 1. (Continue) Comparison of the average scores of the FSDS and the MSS according to the socio-demographic characteristics of women (n=291)

Socio-demographic Characteristics	n	%	FSDS Mean±SD	MSS Mean±SD
Longest living place				
Village	90	30.9	9.56±10.29	49.50±8.65
Town	8	2.7	11.62±9.45	49.87±10.19
City	193	66.4	7.16±8.50	51.53±8.93
Test and p value			KW=4.470/p=.107	KW=2.580/p=.275
Family type				
Nuclear Family	207	71.1	7.65±8.99	51.64±9.00
Extended Family	84	28.9	8.94±9.58	48.91±8.37
Test and p value			t=-1.08/p=.280	t=-2.39/p=.017
Economic status*				
High ^a	49	16.8	5.77±7.23	53.48±9.06
Middle ^b	226	77.7	8.32±9.12	50.64±8.67
Low ^c	16	5.5	10.75±13.57	45.87±9.44
Test and p value			KW=4.655/p=.098	KW=8.187/p=.017
Type of marriage**				
Agreement ^a	203	69.8	7.03±8.58	51.82±9.18
Arranged	85	29.2	10.07±10.11	48.87±7.70
Family pressure ^c	3	1.8	17.33 ± 6.50	41.66± 8.38
Test and p value			KW=13.319/p=.001	KW=9.667/p=.008

*The difference in MSS scores according to the income level of women is between groups a-b, a-c.

**The difference in FSDS scores according to the marriage type of the woman between a-b, a-c groups; difference in MSS scores between groups a-b, a-c.

Table 2. Comparison of the FSDS and MSS mean scores of women according to obstetric, gynecological, urinary system and sexual problems (n=291)

Obstetric, Gynecological, Urinary System-Related Variables	n	%	FSDS Mean±SD	MSS Mean±SD
Type of last birth (n=270)				
Vaginal delivery	100	37.0	9.38±10.74	50.04±9.08
Cesarean Abdominalis	170	63.0	7.48±8.30	51.21±8.69
Test and p value			t=1.51/p=.131	t=-1.05/p=.294
Using the family planning method				
Yes	211	72.5	7.43±8.55	51.65±9.05
No	80	27.5	9.58±10.53	48.76±8.28
Test and p value			t=-1.63/p=.105	t= 2.49 /p=.013
Family planning method (n=213)				
Modern method	145	68.1	7.22±8.09	52.82±8.68
Traditional method	68	31.9	8.17±9.56	49.00±9.12

Test and p value				t= -.752/p=.453	t=2.94/p=.004
Urinary incontinence					
Yes	46	15.8	12.41±12.59	50.08±7.99	
No	245	84.2	7.20±8.14	51.00±9.06	
Test and p value				t=2.70/p=.009	t=-.641/p=.522
Urinary tract infection					
Yes	165	56.7	9.78±10.03	49.75±8.72	
No	126	43.3	5.72±7.32	52.30±8.95	
Test and p value				t=3.99/p=.000	t=-2.43/p=.015
Reproductive system infection					
Yes	167	57.4	9.58±10.07	49.88±8.81	
No	124	42.6	5.93±7.32	52.16±8.87	
Test and p value				t=3.57/p=.000	t=-2.17/p=.030
Presence of chronic illness					
Yes	70	24.7	11.02±11.14	49.95±8.56	
No	221	75.3	7.07±8.25	511.14±9.00	
Test and p value				t=2.73/p=.007	t=-.973/p=.331
Pain in sexual intercourse					
Yes	93	32.0	11.96±11.28	48.00±8.79	
No	198	68.8	6.17±7.31	52.20±8.64	
Test and p value				t=4.52/p=.000	t=-3.84/p=.000
Premature ejaculation problem in husband					
Yes	69	23.7	10.75±12.34	47.92±8.98	
No	222	76.3	7.18±7.77	51.77±8.69	
Test and p value				t=2.26/p=.026	t=-3.18/p=.002
Husband erection problem					
Yes	39	13.4	13.43±12.86	47.58±10.24	
No	252	86.6	7.19±8.17	51.36±8.58	
Test and p value				t=2.94/p=.005	t=-2.48/p=.013

Table 3. Correlations between women and their husband's age, age and duration of marriage, number of children, BMI and FSDS, MSS scores

Variables	FSDS	MSS	Age of husband	Age of marriage	Duration of marriage	Number of children	BMI
	r	r	r	r	r	r	r
FSDS	1						
MSS	-.450**	1					
Age of husband	.118*	.030	1				
Age of marriage	-.194**	.173**	-.128*	1			
Duration of marriage	.169**	-.030	.859**	-.399**	1		
Number of children	.096	-.106	.377**	-.322**	.530**	1	
BMI	-.059	.074	.225**	-.052	.249**	.141*	1

r: Pearson correlation analysis test, * $p < 0.05$ ** $p < 0.01$

Table 4. Predictors of female sexual distress

	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Standard error	β		
Constant	31.542	4.392	-	7.181	.000
Marriage Satisfaction Scale	-.449	.054	-.435	-8.244	.000
Age of husband	.069	.129	.061	.533	.594
Age of marriage	-.203	.158	-.083	-1.288	.199
Duration of marriage	.082	.144	.070	.565	.573

R=.481, R²=.231, F(4, 287) = 21.392, p=.000

Discussion

This study found that 26.1% of women experienced sexual distress, and those with sexual distress had significantly lower marital satisfaction than those without distress. A moderate negative correlation was found between FSDS and MSS scores ($r = -0.450$), and marital satisfaction was a significant predictor of sexual distress ($p = 0.000$). Aydin et al. (2016) reported a 12.5% incidence of sexual distress in healthy women, while other studies reported rates of 22–24% (Shifren et al., 2008; Bancroft et al., 2003). The findings of this study align with some previous research but differ from others.

Sexual distress, resulting from poor sexual quality, can harm marital relationships and lead to divorce, family breakdowns, and social issues (Gülsün et al., 2009). Breznsnyak and Whisman (2004) found a positive correlation between sexual satisfaction and marital satisfaction. Ojo (2017) reported that married couples with low sexual satisfaction had significantly lower marital satisfaction scores than married couples with high sexual satisfaction ($p < 0.01$). Similarly, Bal et al. (2018) reported a moderate negative correlation between marital adjustment and sexual satisfaction ($r = -0.45$). Activities that promote sexual and social sharing within marriage and open communication about

problems may reduce sexual distress and improve marital satisfaction.

Women who married due to “family pressure” had higher FSDS scores and lower MSS scores compared to those who married by “agreement” or “arrangement,” with statistically significant differences ($p = 0.001$, $p = 0.008$, respectively) Arranged marriage is a generally accepted form of marriage in Turkish society and occurs as family or relatives observe the suitability of individuals and decide on marriage (Kublay & Oktan, 2015). Studies stated that the arranged marriage form has significant degree of effect on women’s sexuality (Ozerdogan et al., 2009; Yildiz & Buyuksahin, 2016). Ozerdogan et al. (2009) found that arranged marriages were a significant risk factor for sexual dysfunction compared to marriages by agreement. Erbil (2011) indicated that the prevalence of sexual dysfunction is significantly higher among women in arranged marriages than among those who married by personal choice. Individual autonomy in the partner selection process contributes positively to marital and sexual adjustment through increased emotional intimacy and partner compatibility.

Family type and income level also influenced marital satisfaction. Women living in nuclear families had higher MSS scores ($p = 0.017$), and those with higher income levels had higher MSS scores ($p = 0.017$). However,

some studies found no significant differences in marital satisfaction based on income (Cag & Yildirim, 2013; Yildiz & Buyuksahin, 2016), possibly due to cultural and social factors.

The family planning method used is considered one of the factors affecting sexuality and sexual health (Kilic et al., 2009; Gabalci and Terzioğlu, 2010). In this study, there was no significant difference in sexual distress scores based on whether women used modern or traditional family planning method. The use of family planning methods was associated with higher MSS scores ($p = 0.013$), particularly modern methods ($p = 0.004$). Ertop and Altay (2012) stated that family planning increases marital harmony, and that women using modern family planning methods have greater marital harmony and marital satisfaction. Family planning can reduce pregnancy-related fears, allow for planned family sizes, and improve marital satisfaction.

Genital infections, which cause symptoms like pain, itching, and frequent urination, negatively affect women's sexual health (Yagmur, 2007). Women with urinary tract or reproductive system infections had higher FSDS scores ($p = 0.000$) and lower MSS scores ($p = 0.015$, $p = 0.030$). These findings align with previous research (Kostu & Beydag, 2009; Erbil et al., 2013). Sexual problems in partners, such as premature ejaculation and erectile dysfunction, were associated with higher FSDS scores ($p = 0.026$, $p = 0.005$) and lower MSS scores ($p = 0.002$, $p = 0.013$). These findings are consistent with previous studies (Valadares et al., 2008; Ege et al., 2010).

Study Limitations: This study has several limitations. First, it was conducted in a single city and was hospital-based. Second, it included only married women aged 18 or older, who were literate, not menopausal or pregnant, at least six months postpartum, living with their partners, able to communicate verbally, and willing to participate. Third, data were self-reported, and no medical examinations were conducted to confirm sexual distress. These limitations mean the results may not be generalizable to all women.

Conclusion and Recommendations: This study found that 26.1% of women experienced sexual distress, which negatively affected marital satisfaction. A moderate negative correlation was found between sexual distress and marital satisfaction. Factors such as education level, type of marriage, family type, income level, and health conditions significantly influenced FSDS and MSS scores. Women with urinary incontinence, infections, chronic diseases, or partners with sexual problems had higher FSDS scores, while those using family planning methods and without health issues had higher MSS scores. These findings highlight the importance of addressing sexual distress to improve marital satisfaction and overall quality of life. Health professionals should receive training on sexual health, and further research is needed to develop interventions for sexual dysfunction and distress.

Acknowledgments: The authors are very grateful participants of this study. This study was produced from Dilek Kilicetin (Urkmez)'s master thesis conducted under the supervision of Professor Nulufer Erbil. This study was submitted as oral presentation in 11th Athens Congress on Women's Health and Disease, September 6-8, 2018, Athens, Greece.

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