

Original Article

Spousal Support as a Predictor of the Quality of Sexual Life in Women with Polycystic Ovary Syndrome

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Abstract

Background: Polycystic ovary syndrome is a disease that negatively affects women's sexuality. Therefore, it is important to reveal factors that will improve the sexuality of women with polycystic ovary syndrome and to develop care in this direction.

Aim: The aim of this study was to examine the predictive status of partner support on sexual quality of life in women with PCOS.

Methodology: This study has a cross-sectional design. The study included 177 married women aged between 18-49 years, diagnosed with PCOS. The data was collected online via social media in June 2021 and July 2021. Data were gathered a descriptive characteristics form, The Sexual Quality of Life-Female (SQOL-F) and The Spousal Support Scale (SSS). Simple linear regression analysis was performed to determine the predictive status of partner support on sexual quality of life in women with PCOS.

Results: It was determined that partner support predicted 22.7% of sexual life quality in women with PCOS and sexual life quality increased as partner support increased ($R^2: .227$, $B: .904$, $p < .05$).

Conclusion: Spousal support has a positive effect on the quality of sexual life in women with PCOS. Therefore, health professionals should involve spouses in care for women with PCOS and offer counseling to couples together.

Keywords: Polycystic ovary syndrome, Quality of sexual life, Spousal support, Women health

Introduction

Polycystic ovary syndrome (PCOS) is an endocrine disease affecting 4%-20% of all the women at reproductive age (Deswal et al., 2020). Characterized by excessive androgen, PCOS (Escobar-Morreale, 2018) causes health problems like insulin resistance (Joham et al., 2019), obesity, hirsutism, alopecia, amenorrhea and infertility (Escobar-Morreale, 2018). It is also associated with many psychological problems (Drosdzol et al., 2007), low quality of life, sexual problems, negative experiences with marriage and unsatisfying marriage (Yin et al., 2021).

Sexual problems are defined as a risk factor of the low sexual life quality (Maleki et al., 2023; Castelo-Branco & Naumova, 2020;

Koneru & Priyanka, 2019). Other problems considered to affect the sexual life quality are education (Mohamadi et al., 2017), duration of marriage (Shahraki, Tanha & Ghajarzadeh, 2018), high-risk spousal behavior (Sheikhan et al., 2019) and positive spousal behavior (Schoenfeld et al., 2017). There have been studies on sexual problems experienced by women with PCOS (Castelo-Branco & Naumova, 2020; Thannickal, 2020; Koneru & Priyanka, 2019). It is stated in a comprehensive review that women with PCOS can experience sexual dysfunction, a decreased frequency of sexual relationship and sexual problems with their spouses (Castelo-Branco & Naumova, 2020). In another review, women with PCOS were shown to have low sexual drive due to several

symptoms such as infertility and hirsutism (Koneru & Priyanka, 2019). A systematic review and meta-analysis demonstrated that women with PCOS have lower sexual satisfaction (Thannickal et al., 2020). There has been only one study on the sexual life quality of women with PCOS. The study revealed that hirsutism, which appears in women with PCOS, negatively affects the sexual life quality, which must be routinely evaluated (Maleki et al., 2023). The sexual life quality is affected by not only physical symptoms but also social factors. Therefore, the women with PCOS's sexual life quality should be evaluated in terms of social factors as well.

Social support is very important for women diagnosed as PCOS. One of the social support sources for them is their spouses (Amiri et al., 2019). In a qualitative study on women with PCOS, the women emphasized their need for emotional support and admitted that they could not even tell their disease to their spouses (Hadjiconstantinou et al., 2017). Another study on the quality of life of women with PCOS showed that married women had a better quality of life than single ones, which resulted from the presence of a supportive spouse (Amiri et al., 2019). The need of women with PCOS for spousal support and its effect on the quality of their life have been shown in the literature (Amiri et al., 2019; Hadjiconstantinou et al., 2017). However, there is insufficient evidence about the effect of spousal support on the sexual life quality. This may cause disregard for the importance of spousal support for a high sexual life quality women with PCOS. Therefore, this study aimed to examine the predictive status of spousal support on sexual life quality in women with PCOS.

Method

Study design and participants: This study has a cross-sectional design. The study's data collected during June and July 2021. The data form was created through Google forms and transmitted to women via social media. The study was reported according to the STROBE checklist.

Participants: This study included women aged between 18-49 years, diagnosed with PCOS, married, who volunteered to participate in the study. The sample of the

study was calculated based on the calculation of the sample with unknown population. It was determined that at minimum 163 women had to be included. The study was completed with 177 women.

Instruments: Data were gathered online with a descriptive characteristics form, The Sexual Quality of Life-Female (SQOL-F) (Tucut & Golbasi, 2010) and The Spousal Support Scale (SSS) (Yildirim, 2004) recorded on a Google Form.

Descriptive characteristics form: The researchers created the template for descriptive characteristics based on the literature (Maleki et al., 2023; Tucut & Golbasi, 2010; Symonds, Boolell & Quirk, 2005). Eight questions about PCOS symptoms and sociodemographic characteristics make up the questionnaire (Age, education level, employment status, job, income, family type, form of marriage and PCOS symptoms).

The sexual quality of life-female (SQOL-F): The SQOL-F was developed by Symonds et al., (2005). The validity and reliability of the SQOL-F were tested by Tucut and Golbasi in 2010. It is an 18-item and six-point Likert scale: one corresponds to completely agree, two strongly agree, three partly agree, four partly disagree, five strongly disagree and six completely disagree. Items 1, 5, 13 and 18 are scored in the reverse order. The total score on the SQOL-F can range from 18 to 108 and it is expressed out of 100 by using the following formula: $(\text{raw score}-18) \times 100/90$. High total scores indicate a high sexual life quality. Cronbach's alpha on the questionnaire was reported to be 0.83 by Tucut and Golbasi (2010) and found to be 0.966 in the present study.

The spousal support scale (SSS): The SSS was developed by Yildirim (2004). It is a 27-item scale with four subscales; (a) emotional support, (b) financial and information support, (c) appreciation support and (d) social support. The SSS is a three-point Likert scale and three corresponds to true for me, two partly true for me and one not true for me. Items 10, 20 and 24 are scored in the reverse order. The total score on the scale ranges from 27 to 81. High scores show strong spousal support. Cronbach's alpha on the SSS was reported to be 0.95 by Yildirim (2004) and found to be 0.966 in the current study.

Data analysis: The data were analysed in The IBM SPSS 29 programme. The significance level of the data was evaluated as $p < .05$. Skewness and kurtosis (ranging from +1,5 ve to -1,5) values were taken into account in determining the normal distribution (Tabachnick & Fidell, 2013).

The total mean scores obtained from SQOL-F were converted into 100 points and analyses were made on these scores. Women's sociodemographic and PCOS-specific symptoms were analyzed using percentage, frequency, median, min-max score, mean, and standard deviation.

Differences in sexual life quality according to sociodemographic characteristics and PCOS-specific symptoms were determined using One Way Anova, Independent T test and Mann Whitney U test by considering skewness and kurtosis values (+1.5 and -1.5). The predictive status of spousal support on the women with PCOS's sexual life quality was determined by simple linear regression analysis.

Ethical considerations: Ethical approval for the study was obtained from the non-interventional medical ethics committee of the Pamukkale University, Denizli Turkey in Western Turkey (Approval number: E72524; Approval date: 05.07.2021). The women participating in the study were offered information about the study on the front page of the Google Form used for data collection. After clicking the button "I agree to participate in the study", they accessed the data collection tools.

Results

Among the women included in the study, 61.6% were aged between 18-29 years. Of all the women, 41.8% were university graduates, 52.5% were employed, 47.5% were housewives, 67.8% had a middle-income level, 97.2% of the women have a nuclear family and 89.3% had a love marriage (Table 1). Women were questioned about the symptoms specific to PCOS and it was determined that 79.7% had menstrual irregularity, 63.3% had hirsutism, 62.7% had overweight, 54.8% had alopecia, 46.3% had acne problems, 9% had other, 3.4% mood swings, and 1.7% dysmenorrhea (Table 2). The mean total score on the SSS was 69.98 ± 11.91 and the mean score on the SQOL-F was 73.85 ± 25.56 (Table 3). According to the sociodemographic characteristics of the women (Table 1) and the symptoms specific to PCOS (Table 2), the mean total score obtained from the sexual life quality scale was compared. A statistically significant difference was found between age and sexual life quality. It was determined that the total score obtained from the sexual life quality scale decreased with increasing age ($F=3.476$, $p=0.33$) (Table 1). However, no significant difference was found between PCOS-specific symptoms and sexual life quality (Table 2). It was determined that there was a moderate, positive, statistically significant relationship between partner support and sexual life quality in women with PCOS, and that spousal support predicted 20.1% of sexual life quality ($R:.453$, $R^2:.201$, $p < .05$) (Table 4).

Table 1. Sociodemographic characteristics of the women with PCOS (N=177).

Variables	Frequency (N)	Percent (%)	The spousal support scale		The sexual quality of life-female	
			Mean±SD	Test valuable	Mean±SD	Test valuable
18-29 age	109	61.6	71.91±10.29	F=4.509 <i>p=0.12</i>	88.55±20.64	F=4.122 <i>p=0.18</i>
Age ^a 30-39 age	52	29.4	67.78±13.02		80.76±25.07	

	40 age and [†]	16	9.0	64.00±15.56		74.50±22.78	
Education level^a	Primary education	15	8.5	64.93±11.67		82.13±22.78	
	High school or equivalent	26	14.7	62.26±15.81	F=6.721 p=<.05	80.61±25.28	F=1.271 p=.286
	College or Faculty	74	41.8	71.18±10.73		83.50±23.40	
	MSc or PhD	62	35.0	73.01±9.75		89.30±20.14	
Employment	Employed	93	52.5	72.50±9.81	U=2878.5 p=.002	84.59±21.95	U=4020.0 p=.738
	Unemployed	84	47.5	62.20±13.38		95.0±23.43	
Income^a	Low	19	10.7	63.68±13.32		83.73±23.70	
	Middle	120	67.8	70.60±11.73	F=3.085 p=.048	85.50±22.61	F=.093 p=.911
	High	38	21.5	71.18±11.07		84.02±22.59	
Form of marriage	Arranged marriage	19	10.7	64.10±11.06	U=367.5 p=.579	78.78±22.47	U=368.5 P=586
	Love marriage	158	89.3	70.69±11.84		85.74±22.57	

^aOne Way Anova, ^bMann Whitney U Testi, *p*<0.05

Table 2. Symptoms experienced by women regarding polycystic ovary syndrome (N=177).

Symptoms	The spousal support scale				The sexual quality of life-female	
	N	%	Mean ±SD	Test valuable	Mean ± SD	Test valuable
Yes	141	79.7	70.57±10.98	t=1.297	84.14±22.73	t=-.985

Menstrual dysfunction	No	36	20.3	67.69±14.98	<i>p</i> =.002	88.30±22.08	<i>p</i> =.615
	Yes	112	63.3	70.33±11.34		U=3649.5	
Hirshutism^b	No	65	37.3	69.40±12.89	<i>p</i> =.977	84.66±22.92	<i>p</i> =.869
	Yes	111	62.7	70.03±12.05	U=3745	84.74±22.08	U=3772
Overweight^b	No	66	37.3	69.90±11.76	<i>p</i> =.803	85.40±23.62	<i>p</i> =.741
	Yes	97	54.8	68.45±13.36	U=4334	83.97±22.89	U=4334
Alopecia^b	No	80	45.2	71.85±9.62	<i>p</i> =.180	86.22±22.33	<i>p</i> =.464
	Yes	82	46.3	70.43±12.21	U=3788	83.57±22.30	U=4287
Acne^b	No	95	53.7	69.60±11.69	<i>p</i> =.752	86.22±22.91	<i>p</i> =.249
	Yes	16	9.0	69.12±12.94	U=1251	84.56±22.35	U=1360.5
Other^b	No	161	91.0	70.07±11.84	<i>p</i> =.850	85.03±22.69	<i>p</i> =.711
	Yes	6	3.4	72.33±12.48	U=459.5	83.66±22.19	U=578.5
Mood swings^b	No	171	96.6	69.90±11.92	<i>p</i> =.664	85.04±22.68	<i>p</i> =.595
	Yes	3	1.7	68.66±8.14	U=312.5	64.66±24.17	U=408
Dysmenorrhoea^{a,b}	No	174	98.3	70.01±11.98	<i>p</i> =.557	85.34±22.49	<i>p</i> =.095

^cIndependent T test, ^bMann Whitney U Testi, *p*<0.05

Table 3. The mean scores on the spousal support scale and the sexual quality of life

Variables	Mean±SD	Min-Max Scores	Min-Max Scores out of 100
The SSS	69.98±11.91	29-81	- ^a
Emotional support	21.43±3.33	9-24	
Financial and information support	18.16±3.22	7-21	
Appreciation support	20.24±3.93	8-24	

Social support	7.53±1.59	3-9	
The SQOL	73.85±25.56	23-108	5.55-100

^anot having scores out of 100

Table 4. The predictive status of spousal support and types of spousal support on quality of sexual life

Independent Variables	Dependent Variable (Quality of Sexual Life)				
	R	R ²	F	B	p
Age	.212	.040	8.259	-7.297	p<0.05
Emotional support	.459	.211	46.710	3.111	p<0.05
Financial and information support	.473	.224	50.515	3.314	p<0.05
Appreciation support	.473	.224	50.456	2.717	p<0.05
Social support	.332	.110	21.703	4.706	p<0.05
SSS	.476	.227	51.317	.904	p<0.05

Discussion

The present study was directed towards examining the ability of spousal support to predict women with PCOS's sexual life quality. The results of the study showed that emotional, appreciation, social, financial and information support provided by spouses increased women with PCOS's sexual life quality. However, as the age of the women with PCOS increased, the quality of their sexual life decreased.

It is reported in the literature that women with PCOS experience sexual problems due to various symptoms like hirsutism, acne, infertility and obesity (Loh et al., 2020; Pastoor et al., 2018). A systematic review and meta-analysis revealed that a higher rate of the women with PCOS have dyspareunia and sexual dysfunction compared to those without PCOS (Loh et al., 2020). Another systematic review and meta-analysis about sexual

dysfunction in women with PCOS revealed that a low rate of these women had sexual drive, orgasm and vaginal lubrication (Koneru & Priyanka, 2019). Although women with PCOS experience sexual problems, research has mostly focused on the quality of their life in general rather than the quality of their sexual life (de Lima Nunes et al., 2019; Rzońca et al., 2018). The only study concentrating on the women with PCOS's sexual life quality was performed by Maleki et al., (2023) in Iran. Maleki et al., (2023) examined sexual compatibility and hirsutism as predictors of the sexual life quality. Therefore, their study did not yield evidence about spousal support as a predictor of the women with PCOS's sexual life quality. However, there have been studies on the effects of spousal support on some components of the sexual life quality (Alinejad Mofrad et al., 2021a; Alinejad Mofrad et al., 2021b; Tang, Lai & Chung,

2010). In a study performed with Chinese women recovering from gynecological cancers, spousal support was found to have a positive effect on sexual satisfaction (Tang, Lai & Chung, 2010). Another study on sexual problems in gynecological cancer survivors showed that insufficient spousal support was one of the most important factors of the lack of sexual desire and difficulty in maintaining sexual life (Alinejad Mofrad et al., 2021a). A systematic qualitative study performed with women undergoing mastectomy revealed that the women experienced anxiety about their relationships with their spouses and had to change their sexual behaviors (Alinejad Mofrad et al., 2021b). The evidence from the literature mentioned above indicates that spousal support can have a positive effect on the sexual life quality and components of sexual life. The finding of the present study that spousal support was predictive of the sexual life quality is consistent with the literature.

The study performed by Maleki et al., (2023) to determine the factors predictive of the sexual life quality of women with PCOS suggested that age had an indirect effect. The limited number of the studies on sexual life of women with PCOS creates difficulty in explaining the relation between age and the sexual life quality in these women. However, there have been studies explaining the relation between age and the sexual life quality in other groups. A study carried out with women aged 65 years or older and having chronic diseases did not show a relation between age and the sexual life quality (Hacikoylu & Docan, 2022). Besides, a study examining the sexual life quality in postpartum breastfeeding women did not show a significant relation between age and the sexual life quality (Selimoclu & Beydac, 2020). However, in a study performed to evaluate sexual functioning and the sexual life quality in women during COVID-19 pandemic, age was found to be effective in the sexual life quality (Mamuk, Celik & Sekizler, 2023). Moreover, a study examining the sexual life quality in reproductive women showed that the women aged 24-35 years had the highest sexual life quality (Sevinc, Korkut & Oral, 2021). As shown above, evidence from the literature about the effect of age on the sexual life quality is conflicting.

Therefore, the finding of the present study explaining the effect of age on spousal support and the sexual life quality in the women with PCOS will contribute to the relevant literature. Furthermore, the present study suggested that age is a parameter that must be taken into account while women with PCOS are provided with care and counseling.

Conclusion: It was concluded that spousal support has a favorable effect on the women with PCOS's sexual life quality, but that as age increases, the sexual life quality decreases. Therefore, health professionals should involve spouses in care for women with PCOS and offer counseling to couples together. Furthermore, age of the women should be taken into consideration during caregiving and counseling services. The women and their spouses should be provided with counseling for decreased vaginal lubrication, distorted body image and decreased sexual drive due to increasing age. Male (SQOL-F) and The Spousal Support Scale (SSS). Simple linear regression analysis was performed to determine the predictive status of partner support on sexual quality of life in women with PCOS.

References

- Alinejad Mofrad, S., Nasiri, A., Mahmoudi Rad, G. H., & Homaei Shandiz, F. (2021). Spousal sexual life issues after gynecological cancer: a qualitative study. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, 29(7):3857–3864. <https://doi.org/10.1007/s00520-020-05912-0>
- Alinejad Mofrad, S., Fernandez, R., Lord, H., & Alananzeh, I. (2021). The impact of mastectomy on Iranian women sexuality and body image: a systematic review of qualitative studies. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, 29(10):5571–5580. <https://doi.org/10.1007/s00520-021-06153-5>
- Amiri, M., Bidhendi Yarandi, R., Nahidi, F., Tohidi, M., & Ramezani Tehrani, F. (2019). The relationship between clinical and biochemical characteristics and quality of life in patients with polycystic ovary syndrome. *Clinical endocrinology*, 90(1): 129–137. <https://doi.org/10.1111/cen.13858>
- Castelo-Branco, C., & Naumova, I. (2020). Quality of life and sexual function in women with polycystic ovary syndrome: a

- comprehensive review. *Gynecological endocrinology : the official journal of the International Society of Gynecological Endocrinology*, 36(2): 96–103. <https://doi.org/10.1080/09513590.2019.1670788>
- de Lima Nunes, R., Dos Santos, I. K., Cobucci, R. N., Pichini, G. S., Soares, G. M., de Oliveira Maranhão, T. M., & Dantas, P. M. S. (2019). Lifestyle interventions and quality of life for women with polycystic ovary syndrome: A systematic review and meta-analysis protocol. *Medicine*, 98(50): e18323. <https://doi.org/10.1097/MD.00000000000018323>
- Deswal, R., Narwal, V., Dang, A., & Pundir, C. S. (2020). The Prevalence of Polycystic Ovary Syndrome: A Brief Systematic Review. *Journal of human reproductive sciences*, 13(4):261–271. https://doi.org/10.4103/jhrs.JHRS_95_18
- Drosdzol, A., Skrzypulec, V., Mazur, B., & Pawlińska-Chmara, R. (2007). Quality of life and marital sexual satisfaction in women with polycystic ovary syndrome. *Folia histochemica et cytobiologica*, 45 Suppl 1: S93–S97.
- Escobar-Morreale H. F. (2018). Polycystic ovary syndrome: definition, aetiology, diagnosis and treatment. *Nature reviews. Endocrinology*, 14(5): 270–284. <https://doi.org/10.1038/nrendo.2018.24>
- Hacıoğlu, K., & Doğan, N. (2022). Determination of sexual quality of life in women over 65 with chronic disease. *Andrology Bulletin*, 24(2):97-102. <https://doi.org/10.24898/tandro.2022.24572>
- Hadjiconstantinou, M., Mani, H., Patel, N., Levy, M., Davies, M., Khunti, K., & Stone, M. (2017). Understanding and supporting women with polycystic ovary syndrome: a qualitative study in an ethnically diverse UK sample. *Endocrine connections*, 6(5):323–330. <https://doi.org/10.1530/EC-17-0053>
- Joham, A. E., Norman, R. J., Stener-Victorin, E., Legro, R. S., Franks, S., Moran, L. J., Boyle, J., & Teede, H. J. (2022). Polycystic ovary syndrome. *The lancet. Diabetes & endocrinology*, 10(9):668–680. [https://doi.org/10.1016/S2213-8587\(22\)00163-2](https://doi.org/10.1016/S2213-8587(22)00163-2)
- Koneru, A., & Priyanka, S. (2019). Polycystic ovary syndrome (PCOS) and sexual dysfunctions. *Journal of Psychosexual Health*, 1(2):154-158. <https://doi.org/10.1177/2631831819861471>
- Loh, H. H., Yee, A., Loh, H. S., Kanagasundram, S., Francis, B., & Lim, L. L. (2020). Sexual dysfunction in polycystic ovary syndrome: a systematic review and meta-analysis. *Hormones (Athens, Greece)*, 19(3):413–423. <https://doi.org/10.1007/s42000-020-00210-0>
- Maleki, A., Jenabi, E., Fereidooni, B., & Abdoli, S. (2023). Predictive factors of Sexual Quality of Life in women with polycystic ovary syndrome: a path analysis. *International journal of impotence research*, 35(8): 748–752. <https://doi.org/10.1038/s41443-022-00630-z>
- Mamuk, R., Celik, S. Y., & Sekizler, E. T. (2023). Evaluation of sexual function and sexual quality of life in women during the COVID-19 Pandemic: the Turkish case. *African health sciences*, 23(1):349–361. <https://doi.org/10.4314/ahs.v23i1.37>
- Mohamadi, S., Ozgoli, G., Alizadeh, S., Borumandnia, N., & Abbas, A. (2017). The effect of modification of dysfunctional sexual beliefs on promotion of quality of pregnant women sexual life in Besat Hospital. *Research in Medicine*, 41(3):166-174
- Pastoor H, Timman R, de Klerk C et al. Sexual function in women with polycystic ovary syndrome: a systematic review and meta-analysis. *Reproductive biomedicine online* 2018;37(6):750-760. <https://doi.org/10.1016/j.rbmo.2018.09.010>
- Rzońca E, Bień A, Wdowiak A, et al. Determinants of quality of life and satisfaction with life in women with polycystic ovary syndrome. *International journal of environmental research and public health* 2018;15(2):376. <https://doi.org/10.3390/ijerph15020376>
- Selimoğlu ES, Beydaci KD. The impact of breastfeeding of sexual life quality in postpartum periods. *Acibadem University Health Sciences Journal* 2020;(1):174-180. <https://doi.org/10.31067/0.2020.257>
- Sevinc N, Korkut B, Oral B. Genital Hygiene Behavior and Quality of Sexual Life in Married Women of Reproductive Age. *Journal of Harran University Medical Faculty* 2021;18(2):256-261. <https://doi.org/10.35440/hutfd.932253>
- Schoenfeld EA, Loving TJ, Pope MT, et al. Does Sex Really Matter? Examining the connections between spouses' nonsexual behaviors, sexual frequency, sexual satisfaction, and marital satisfaction. *Archives of sexual behavior* 2017;46:489–501. <https://doi.org/10.1007/s10508-015-0672-4>
- Shahraki Z, Tanha FD, Ghajarzadeh M. Depression, sexual dysfunction and sexual quality of life in women with infertility. *BMC Women's Health* 2018;18:92 <https://doi.org/10.1186/s12905-018-0584-2>
- Sheikhan, Z., Ozgoli, G., Zahiroddin, A., Khodakarami, N., Nasiri, M., & Kavosi, F. (2019). Effective factors on sexual quality of

- life in Iranian women: a path model. *Advances in Nursing & Midwifery*, 28(3):15-21.
- Symonds, T., Boolell, M., & Quirk, F. (2005). Development of a questionnaire on sexual quality of life in women. *Journal of sex & marital therapy*, 31(5):385–397. <https://doi.org/10.1080/00926230591006502>.
- Tabachnick, BG, Fidell LS. Using multivariate statistic. Boston: Pearson; 2013.
- Tang, C. S., Lai, B. P., & Chung, T. K. (2010). Influences of mastery, spousal support, and adaptive coping on sexual drive and satisfaction among chinese gynecologic cancer survivors. *Archives of sexual behavior*, 39(5):1191–1200. <https://doi.org/10.1007/s10508-009-9528-0>
- Thannickal, A., Brutocao, C., Alsawas, M., Morrow, A., Zaiem, F., Murad, M. H., & Javed Chattha, A. (2020). Eating, sleeping and sexual function disorders in women with polycystic ovary syndrome (PCOS): A systematic review and meta-analysis. *Clinical endocrinology*, 92(4):338–349. <https://doi.org/10.1111/cen.14153>
- Tucut, N., & Golbasi, Z. (2010). A validity and reliability study of Turkish version of the Sexual Quality of Life Questionnaire-Female. *Cumhuriyet Medical Journal*, 32:172-180.
- Yildirim, I. (2004). Development of spousal support scale. *Turkish Psychological Counseling and Guidance Journal*, 3(22):19-26. Retrieved from <https://dergipark.org.tr/tr/pub/tpdrd/issue/21442/229709> (In Turkish).
- Yin, X., Ji, Y., Chan, C. L. W., & Chan, C. H. Y. (2021). The mental health of women with polycystic ovary syndrome: a systematic review and meta-analysis. *Archives of women's mental health*, 24(1):11–27. <https://doi.org/10.1007/s00737-020-01043-x>