

Correlation Between Sexual Satisfaction and Self-esteem and Stress in Women of Reproductive Age

SAFIEH JAMALI¹, NEDA POORNOWROOZ², ZAHRA MOSALLANEZHAD³, MAHSHID ALBORZI⁴

ABSTRACT

Introduction: Marital satisfaction is one of the factors affecting quality of life, quality of sexual relations, and interpersonal relationships.

Aim: To determine the relationship between marital satisfactions, perceived stress, and self-esteem among reproductive age women in Jahrom City, Iran.

Materials and Methods: This cross-sectional study was conducted on 300 women who attended Women's Healthcare Clinic of Jahrom, Iran from June to December 2017. The tools used were Larsson sexual satisfaction questionnaire, Cohen's perceived stress scale, and Rosenberg self-esteem questionnaire. Data were analysed using ANOVA, Pearson's correlation coefficient, and Spearman test.

Results: The mean age of women was 29.55±6.68 years. In addition, 3(1%), 27(9%), 138(46%) and 132(44%) of subjects showed zero, low, moderate, and high levels of sexual satisfaction. There was a significant correlation between sexual satisfaction with self-esteem ($p<0.05$) and stress ($p<0.05$). In addition, positive significant correlations were found between sexual satisfaction with the women's education ($p<0.05$ $r=0.22$), spouses' education ($p=0.003$ $r=0.17$), Husband Employment status ($p=0.04$ $r=0.11$), and family income levels ($p=0.03$ $r=0.12$).

Conclusion: There were significant correlations between marital satisfaction, self-esteem and stress. Sexual satisfaction improved in individuals with high self-esteem whereas it decreased with increasing stress levels. Therefore, health planners should adopt strategies to increase self-esteem and reduce stress in reproductive age women.

Keywords: Marital satisfaction, Self-esteem, Stress, Women

INTRODUCTION

Sexual and marital satisfaction is the most important factor for the sustainability and durability of a mutual life. Marital satisfaction exists when marital status conforms to the expected situation. If couples can improve the level of satisfaction in marital life, they will protect the family [1]. Several studies have shown significant relationships between sexual satisfaction and gratification with marital interactions and relationships [2]. Iranian experts believe that 50 to 60 percent of divorces are caused by sexual problems and disorders [3]. Sexual dysfunctions occur in all societies that affect the quality of sexual relationships of married people [4]. Sexually disordered people often hide this problem, and the lack of proper treatment results in chronic symptoms, anxiety, individualism, and guilt feeling [5].

The way an individual observes one's sexual characteristics depends on self-esteem, which is defined as a series of feedbacks and beliefs that individuals express in their relationships with the external world. To put it simply, self-esteem is the value that a person considers for oneself [6] as one of the important and influential variables on marital quality [7]. A low self-esteem leads to a relationship in which there is no trust and intimacy with significant reduction in the relationship quality [6]. People with low self-esteem suppress their ability to express sexual desires [8], but a high self-esteem will lead to a healthy sexual behaviour [9]. A study by Ramezani M et al., indicated that self-esteem was correlated with sexual satisfaction and people with low self-esteem levels noted higher sexual dysfunctions [10]. Low self-esteem in individuals gives rise to a variety of psychological disorders such as anxiety and stress.

Stress is another variable affecting marital satisfaction, the impact of which is very evident on marital satisfaction. Stress is perhaps the most common issue of man's everyday life. Stress is so universal and widespread that it is considered as a hallmark of human life, such

that all humans are exposed to and affected by high stress levels in their everyday lives. Studies suggest negative significant relationships between depression, anxiety, and stress with marital satisfaction. In fact, married people who suffer from greater depression, anxiety, and stress are therefore less satisfied with their marital life [7,11,12]. Considering the high prevalence of sexual disorders in women of Iran, and the lack of relevant studies in Iran, this study was conducted with an aim to examine sexual satisfaction and its relationship with self-esteem and stress in reproductive age women.

MATERIALS AND METHODS

This cross-sectional study was conducted using convenience sampling method on 300 women of reproductive age group who attended Women's Healthcare Clinic of Jahrom, Iran from June to December 2017. The formula was utilized for calculation of the sample size, in which the power of study considered was 90% and $\alpha=0.05$ [13]. According to the formula, the sample size was 255, and, by adding 20% for drop-outs, the sample size was increased to 306. Out of the 306 cases, 300 completed the questionnaire, and 6 filled the questionnaire incompletely and were excluded.

The research was approved by the ethics committee of Jahrom University of Medical Sciences (IR.JUMS.REC.1394.036). The samples were enrolled in the study according to the inclusion criteria: age of women between 15-45 years, non-pregnant and literate with Iranian nationality, no chronic conditions like Mental illness, hypertension, diabetes, Cardiovascular problems, Chronic vaginal infection, Renal disorders, no history of smoking, alcohol, and antidepressants, and no history of stressful events like death of relatives and divorce in the past six months. The women were explained the study and informed consent was obtained from them.

Sexual Satisfaction Scale

The sexual satisfaction of the samples was measured by the Larsson sexual satisfaction questionnaire, which has been proven to be of scientific validity and reliability. The questionnaire contains 25 questions with quintuple-choice answers based on a Likert scale of 1-5 scores. Scores of 25-50, 51-75, 76-100, and 101-125 denote zero, low, intermediate, and high sexual satisfaction levels, respectively [14]. In the study of Bahrami N et al., and Azari S et al., (in Iran, the reliability of the Larsson sexual satisfaction questionnaire was calculated by Cronbach's alpha method and reported to be 93% and 82% respectively [15,16]. Also, in the study of Rahmani A et al., reliability of the questionnaire was 0.89 using test-retest methods [17].

Perceived Stress Scale

This test was designed by Cohen et al. for the perceived stress section. The test has 14 phrases scored 0-4 based on a 5-point Likert-type scale ranging from 0 (never) to 4 (mostly). Scores ranged from 0 to 56. A 5-point scale ranging from 0 (mostly) and 4 (never) was used for seven questions. Alsunni A et al., calculated the internal consistency of this test by Cronbach's alpha (0.74) [18]. The validity and reliability of the Perceived Stress Scale in Iran were confirmed in a study by Ezati A et al., and Asghari F et al., [19,20].

Self-Esteem Questionnaire

The Rosenberg self-esteem questionnaire contains 10 questions with agree/disagree choices. A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem [21].

STATISTICAL ANALYSIS

Data were analysed by SPSS18 using ANOVA, and Pearson and Spearman correlation coefficients. ANOVA test utilised to compare level of sexual satisfaction score with stress and Self-esteem score of the participants. Spearman correlation test was used in order to correlate between characteristics of the participants with Sexual Satisfaction and Self-Esteem and Perceived stress. Besides, p-value <0.05 was considered as statistically significant.

RESULTS

The results showed that the subject's average age was 29.55±6.68 years and husband's age was 34.59±7.84 The majority (50.7%) of women aged in the range of 20-30 years. Most of the subjects' education level was diploma 136 (45.5%) and the majority 241(80.3%) were housewives. Most of the subjects' spouses 121 (40.3%) had diploma educations with the majority being self-employed 224 (74.7%) [Table/Fig-1].

The results in [Table/Fig-2] indicate that there is a relationship between stress and self-esteem with women's sexual satisfaction (p<0.05). Women with high sexual satisfaction scores have high self-esteem scores. Moreover, an increase in mean perceived stress score is observed with a decrease in women's sexual satisfaction.

It was also found that there were relationships between sexual satisfaction with the women's education, spouses' education, Husband Employment status and family income levels. Self-esteem also represented positive significant correlations with the women's education levels, occupation, spouses' education, Husband Employment status and family income levels [Table/Fig-3].

Variable	Mean±SD	
Age	29.55±6.68	
Duration of marriage	9.22±6.73	
Age different between couples	5.59±3.77	
Husband age	34.59±7.84	
Family income (tuman) ¹	1,413500±0.07	
Number of deliveries	1.41±1.22	
Number of children	1.39±1.18	
	N (%)	
Educational level (degree)	Primary school	17 (5.7)
	Secondary school	43 (14.4)
	Diploma	136 (45.5)
	College or University	104 (34.4)
Husband Educational level (degree)	Primary school	32 (10.7)
	Secondary school	60 (20)
	Diploma	121 (40.3)
	College or University	87 (29)
Employment status	Housewife	241 (80.3)
	Employed	59 (19.7)
Husband Employment status	Employed	224 (74.7)
	Unemployed	76 (25.3)

[Table/Fig-1]: Demographic characteristics of the participants (n=300).

Numbers are presented as Mean±SD and N(%)

¹At the time of data collection, US\$1=8,200 Tuman

Level of satisfaction	High sexual satisfaction n=132	Medium sexual satisfaction n=138	Low sexual satisfaction n=27	Lack of sexual satisfaction n=3
Variable				
Self-esteem	6.59±3.54	5.20±4.11	1.18±6.61	1.33±8.32
Perceived stress	24.62±5.70	27.20±5.87	29.51±4.53	37.66±3.21

[Table/Fig-2]: The comparison between level of sexual satisfaction and self-esteem and stress in study participants.

p-value ANOVA test

Variable characteristics		Sexual satisfaction	Perceived stress	Self-esteem
Age	Pearson Correlation	0.02-	0.04	0.02
	Sig	0.7	0.4	0.6
Educational level	Pearson Correlation	0.22	-0.02	0.22
	Sig	0.000	0.88	0.001
Educational of spouse	Pearson Correlation	0.17	-0.04	0.16
	Sig	0.003	0.44	0.01
Employment status	Pearson Correlation	0.05	-0.008	0.21
	Sig	0.3	0.8	p<0.05
Employment of spouse	Pearson Correlation	0.11	0.01	0.12
	Sig	0.04	0.73	0.03
Family income	Pearson Correlation	0.12	0.008	0.12
	Sig	0.03	0.87	0.03

[Table/Fig-3]: Correlation coefficient between characteristics of the participants with Sexual Satisfaction and Self-Esteem and Perceived stress in Women.

DISCUSSION

This study aimed to investigate the relationship between sexual satisfaction with stress and self-esteem among women of reproductive age. Fortunately, a small percentage of subjects had disturbed satisfaction in this study, which is consistent with Bakhshi H et al., [22] but differs from studies by Abedi P et al., and Amidu N [13,23]. The taboos of sexual issues in Iran as well as cultural, social, and educational differences prevent women from easily raising their sexual dissatisfaction issues, which explain the

discrepancy between statistics on disturbed sexual satisfaction in Iran and other countries.

The results of the ANOVA test between sexual satisfaction levels and self-esteem showed that sexual dissatisfaction was higher in people with lower self-esteem than those with greater self-esteem. Shackelford TK also demonstrated significant relationships between sexual satisfaction with all aspects of self-esteem [24]. Muehrer RJ et al., have achieved the same results as well [25]. A study by Taghizadeh M showed that marital dissatisfaction in individual with low self-esteem is 9 times higher than normal people [26]. All of the above studies are in line with present findings. Sexual abnormalities lead to decreased self-esteem and a sense of inefficiency in an individual.

Stress as a variable can also affect women's sexual satisfaction. As seen in this study, women with lower sexual satisfaction levels had higher stress scores, which agrees with Abedi P et al., and Bodenman G et al., [13,27]. Similarly, Lee HH et al., conducted a study on nurses and concluded that occupational stresses could affect marital satisfaction [28]. High levels of occupational stress and the resultant negative effects can lead to conflicts, tension, and distress in family and marital relationships, thereby, increasing the probability of marital problems such as divorce [29,30].

The results showed significant relationships between sexual satisfaction and self-esteem with couples' education levels. The relationship between sexual dysfunction and low educational level was highlighted in various studies [31,32] and it is considered as one of the risk factors for increased sexual dysfunction. This finding is similar to that of the Nobre PJ et al., [33]. It seems that educated people are more engaged in studying and thinking, hence, they can easily look for solutions to their problems resulting in enhanced self-esteem and consequently improved sexual satisfaction.

The results of this study signifies the relationship between sexual satisfaction and income, as was pointed out by Zincir H et al., [34]. In this research, 56.8% of the participants reported to have problems in sexual relation as well. Ramezani M et al., also reported a high chance of dissatisfaction event in low-income spouses suggesting the impact of the economic situation on sexual satisfaction [10]. Apparently, job security and consequently improvements in the family's welfare and economic security can reduce economic-psycho-social stresses on the person and raise the satisfaction of marital relationship between couples.

CONCLUSION

Considering the importance of marital satisfaction in the family and the impacts of self-esteem and stress on sexual relations and satisfaction of couples, health policy makers and family counselors should provide women with ways to achieve self-esteem along with training strategies to deal with stress, so that they can take a step forward towards safe fertility.

STRENGTH AND LIMITATION

One of the strengths of this study is that women of reproductive ages that were not pregnant, in menopause or lactating period were examined, because these situations could have different effects on sexual function. Therefore, it is suggested that effects of stress on sexual function in the mentioned groups can be studied.

This study was conducted only on women referred to public health clinics in Jahrom, so the results may not represent the entire population. Besides, because of the cultural and religious limitations in our society, people may not be able to speak easily about their sexual issues, so the potential insecurity of some people in expressing explicitly their issues was a limitation.

ACKNOWLEDGEMENTS

This study is a research project approved by Jahrom University of Medical Sciences. The authors hereby appreciate the research deputy of the university that sponsored the research.

REFERENCES

- [1] Ashoori N, Atefi Karajvandani S, Janalizadeh Kokaneh S. Investigating the relationship between sexual intimacy and quality of life with positive attitudes toward marital infidelity among married women. *International Journal of Humanities and Cultural Studies (IJHCS)*. 2015;2015:697-708.
- [2] Manohar SJ, Sathyanarayana Rao TS, Chandra S, Maheshwari S, George M, et al. Sexual Dysfunctions in Depression. *Clin Depress*. 2017;3(3):125.
- [3] Asghari F, Sadeghi A, Aslani KH, Saadat S, Khodayari H. The survey of relationship between perceived stress, coping strategies and suicide ideation among students at University of Guilan, Iran. *International Journal of Education and Research*. 2013;1(11):1-8.
- [4] Sadat Z, Kafaei-Atrian M, Abbaszadeh F, Karimian Z, Mirbagher N. Female sexual dysfunction and related factors among reproductive age women in Kaskan, Iran. *Health Education and Health Promotion (HEHP)*. 2015;3(3):53-64.
- [5] Adawiyah J, Moonyza AAK, Hatta S, Mohd Rizal AM, Felix BBY, Nik Ruzyanei NJ, et al. The risk and associated Factors of Female Sexual Dysfunction (FSD) in women with psoriasis. *International Medical Journal Malaysia*. 2017 Jun 1;16(1):107-114.
- [6] Jonovska S, Jengic VS, Zupancic B, Klaric M, Klaric B, Marinovic M, et al. The relationships between self-esteem, emotional reactions and quality of life in pediatric locomotory trauma patients. *Coll Antropol*. 2009;33(2):487-94.
- [7] Yadalijamaloye Z, Khaledian M, KamarZarin H, Shoshtari M, Ahrami R. Relationships between self esteem and marital satisfaction among women. *Psychol Behav Sci*. 2013;2(3):124-29.
- [8] Durmala J, Blicharska I, Drosdzol-Cop A, Skrzypulec-Plinta V. The level of self-esteem and sexual functioning in women with idiopathic scoliosis: a preliminary study. *Int J Environ Res Public Health*. 2015;12:9444-53.
- [9] Suter B, Seegmiller BR, Dunivant N. Effects of age, sex, and income level on sex-role differentiation in preschoolers. *J Psychol*. 1980;104(2):217-20. <https://europepmc.org/abstract/med/7365703>
- [10] Ramezani M, Dolatian M, Shams J, Alavi H. The relationship between self-esteem and sexual dysfunction and satisfaction in women. *Arak Medical University Journal (AMUJ)*. 2012;14(59):57-65.
- [11] Salimi SH, Tayebi A. A survey on relationships between mental health related factors (stress, depression, anxiety) and marital satisfaction in hemodialysis patients. *Nephro-Urology Mon*. 2010;2(2):335-44.
- [12] Ahsan N, Abdullah Z, Yong Gun Fie D, Alam S. A study of job stress on job satisfaction among university staff in Malaysia: empirical study. *European Journal of Social Sciences*. 2009;8(1):121131.
- [13] Abedi P, Afrazeih M, Javadifar N, Saki A. The relation between stress and sexual function and satisfaction in reproductive-age women in Iran: a cross-sectional study. *J Sex Marital Ther*. 2015;41(4):384-90.
- [14] Larson JH, Anderson SM, Holman TB, Niemann BK. A longitudinal study of the effects of premarital communication, relationship stability and self esteem on sexual satisfaction in the first year of marriage. *J Sex Marital Ther*. 1998;24(3):195-206.
- [15] Bahrami N, Yaghoobzadeh A, SharifNia H, Soliemani MA, Haghdoost A. Psychometric properties of the persian version of Larson's sexual satisfaction questionnaire in a sample of Iranian infertile couples. *Iranian Journal of Epidemiology*. 2016;12(2):18-31.
- [16] Azari S, Shahnazi M, Farshbaf Khalili A, Abbasnejad O. Sexual satisfaction in women using medical methods of contraception to prevent pregnancy in Tabriz The Medical Science. *Journal of Islamic Azad University*. 2014;24(1):54-60.
- [17] Rahmani A, Safavi S, Jafarpour M, Merghati-Khoei EA. The relation of sexual satisfaction and demographic factors. *Iran Journal of Nursing*. 2010;23:14-22.
- [18] Alsunni A, Latif R. Perceived stress among medical students in preclinical years: A Saudi Arabian perspective. *Saudi J Health Sci*. 2014;3(3):155-59.
- [19] Ezzati AEzzati A, Jiang Jjiang J, Katz MJKatz MJ, Sliwinski MJSliwinski MJ, Zimmerman MEZimmerman ME, Lipton RBLipton RB. Validation of the perceived stress scale in a community sample of older adults. *International Journal of Geriatric Psychiatry*. 2014;29(6):645-52.
- [20] Asghari F, Sadeghi A, Aslani K, Saadat S, Khodayari H. The survey of relationship between perceived stress coping strategies and suicide ideation among students at university of Guilan, Iran. *International Journal of Education and Research*. 2013;1(11):111-18.
- [21] Little BG, Williams VSL, Hancock TD. An item response theory analysis of the rosenberg self-esteem scale. *Personality and Social Psychology Bulletin (PSPB)*. 1997;23(5): 443-51.
- [22] Bakhshi H, Asadpour M, Khodadadizadeh A. Marital satisfaction and depression among couples. *J Qazvin Univ Med Sci*. 2007;11(2):37-43.
- [23] Amidu N, OwireduWk, Woode E, AddaiMensah O, Quaye L, Alhassan A, et al. Incidence of sexual dysfunction: A prospective survey in Ghanaian Female. *Reproductive Biology & Endocrinology*. 2010;8:106-12.
- [24] Shackelford TK. Self-esteem in marriage. *Pers Individ Dif*. 2001;30(3):371-90.
- [25] Muehrer RJ, Keller ML, Powwattana A, Pornchaikate A. Sexuality among women recipients of a pancreas and kidney transplant. *West J Nurs Res*. 2006;28(2):137-50.
- [26] Taghizadeh M, Kalhori E. Relation between self esteem with marital satisfaction of employed women in Payam-e-Noor University. *Mediterranean Journal of Social Sciences*, 2015;6(6):41-45.
- [27] Bodenmann G, Atkins DC, Schär M, Poffet V. The association between daily stress and sexual activity. *J Fam Psychol*. 2010;24(3):271-79.

- [28] Lee HH, Lung FW, Lee PR, Kao WT, Lee YL. The relationship between sex life satisfaction and job stress of married nurses. *BMC Res Notes*. 2012;19(5):1-5.
- [29] Arefi M, Ghahramani M, Taheri M. Levels of burn out and its relationship with certain demographic factors among faculty members of Shahid Beheshti University. *Journal of Applied Psychology*. 2010;4(2):72-86.
- [30] Berek SJ. *Berek and Novak's Gynecology*. 15th edition. Philadelphia, Lippincott, Williams & wilkins; 2012.
- [31] Jamali S, Javadpour Sh, Alborzi M, Haghbeen M, Mosallanezhad Z. A study of men's sexuality and their attitude during their wives' pregnancy. *Journal of Clinical and Diagnostic Research*. 2018;12(5):24-28.
- [32] Jamali S, Zarei H, Rasekh Jahromi A. The relationship between body mass index and sexual function in infertile women: A cross-sectional survey. *Iran J Reprod Med*. 2014;12(3):189-98. <http://journals.ssu.ac.ir/ijrmnew/article-1-519-en.pdf>
- [33] Nobre PJ, Pinto-Gouveia J. Dysfunctional sexual beliefs as vulnerability factors for sexual dysfunction. *Journal of Sex Research*. 2006;43(1):68-75. DOI:10.1080/00224490609552300
- [34] Zincir H, Özkan F, Erten ZK, Seviğ EÜ. Sexual lives and family function of women with family member with disability: educational status and income level. *Sex Disabil*. 2011;29:197. <https://doi.org/10.1007/s11195-011-9218-4>

PARTICULARS OF CONTRIBUTORS:

1. MS, Department of Reproductive Health, Research Center for Social Determinants of Health, Jahrom University of Medical Sciences, Jahrom, Iran.
2. MS, Department of Nursing, Faculty of Nursing, Jahrom University of Medical Sciences, Jahrom, Iran.
3. Professor, Department of Gynaecology and Obstetrics, Jahrom University of Medical Sciences, Jahrom, Iran.
4. Professor, Department of Gynaecology and Obstetrics, Jahrom University of Medical Sciences, Jahrom, Iran.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Mahshid Alborzi,
Professor, Department of Gynaecology and Obstetrics, Main Campus, Jahrom University of Medical Sciences,
Motahari Bolvard, Jahrom-7414846199, Iran.
E-mail: Alborzimah@gmail.com

Date of Submission: **Jun 04, 2018**Date of Peer Review: **Jul 19, 2018**Date of Acceptance: **Aug 03, 2018**Date of Publishing: **Oct 01, 2018****FINANCIAL OR OTHER COMPETING INTERESTS:** None.