

## Sexual Satisfaction and its Relation to Marital Happiness in Iranians

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### Abstract

**Background:** Marital satisfaction is affected by many factors. Satisfaction with one's sexual life tends to be a pivotal factor in marital satisfaction. In Iran, Socio-cultural and political limitations are obstacles for sexuality-related studies, therefore, insufficient information is available in the area. Unique in its own, in this paper we report how sexual relationships relate to marital satisfaction among Iranians.

**Methods:** This descriptive-correlation study was conducted in 2007 in Tehran, continuous sampling was used to recruit 292 married men, and women aged 19-58 yr from selected hospitals in Tehran while visiting their hospitalized relatives. Sometimes the participants were couple too. Three questionnaires were used for data collection. The data were analyzed using descriptive and inferential statistics ( $\chi^2$ , Fisher and Anova) with SPSS.

**Results:** Marital satisfaction significantly relates to sexual satisfaction ( $P= 0/00$ ). There was also a significant relation between sexual satisfaction and the following variables: age difference of couples ( $P= 0.04$ ), length of marital life ( $P= 0.05$ ), and a drug abused participant ( $P= 0.007$ ). Of these variables, only the age difference of couples significantly relates to marital satisfaction (0.00).

**Conclusion:** Findings suggest that sexual satisfaction plays a seminal role in marital satisfaction of Iranians. Therefore, we need to develop culturally appropriate practical strategies to improve Iranian couples' awareness in sexuality issues as well as training them in communication skills through their sexual encounters.

**Keywords:** Sexual satisfaction, Sexual relationship, Marital satisfaction, Iran

### Introduction

Preserving a happy family is the main goal of any society (1). Research has indicated that marital distress and destructive marital conflict are major risk factors for many kinds of dysfunction and psychopathology. With such a situation, it is not surprising that many social scientists have vigorously purposed an answer to various forms of the question: "What makes marriage last?" (2)

Marriage is known as the most important incident in everyone's life after birth (1). Marriage in Islam is the only institution where it allows sexual relationships (3). As the most important and divine social custom it has, usually been approved of to achieve an adult's security and emotional needs (1). Satisfaction with one's marriage tends to be a pivotal factor in overall happiness (4). Lack of marital satisfaction at its worst has a negative influence

not only on the spouses' socio-psychological condition but also on the children and juveniles in the family (5). In Iran, the records of judiciary institutions showed 605467 cases of permanent marriage and 604408 cases of divorce in 2004. Comparing these figures reveals that there were only 1161 marriages more than divorces. In some societies, like Iran, marital conflict and divorce are considered as one of the social inconveniences, which create severe mental tensions (6). In Iran, it is believed that divorce range is considerably low. However, the low range of divorce is not a logical justification to ignore the extent of marital discords due to sexual dissatisfaction. In Iran, divorce is not simply possible, particularly for women. Moreover, due to stigmatization, a large number of spouses never file for divorce but are mentally and psychologically disrupted (5).

Sexual satisfaction is an important aspect of marital satisfaction (4). Sexual satisfaction is a pleasurable feeling resulting from individual behaviors or interpersonal interactions (7). In the present study, it is defined as one's judgment and analysis of one's own sexual behavior, which one considers pleasurable, unlike some sources that consider sexual satisfaction as a means of 'orgasm' (8). Several researches have been carried out in this field in Iran. Mirtaki (9) examined the relationship between the experience of orgasm and marital satisfaction in women and reported that only 8.5% of women had experienced orgasm in their entire lives. According to Sadeghi (10) 82% of women filed for divorce due to dissatisfied sexual relations and 61.4% of women were divorced because of their unhappy sexual relations; In this study, sexual dissatisfaction was the main cause for 74% of men who filed for divorce. Women's frigidity and lack of sexual interest were the main reasons for the men's dissatisfaction.

Diplomats of the American Board of Sexology regarding neglected subjects in sex research were surveyed, and it was found that marital sexuality was ranked as the most neglected subject (2). The lack of research investigating sexuality within marriage is, by itself, a compelling reason to explore this topic. In addition, since marriage plays a vital role in the Iranians' life and on the other hand, sexuality issues are unspoken in Iran, so that examining the association of sexual relationships with marital satisfaction seems necessary. This study is unique in its own right because authors are mid-wives who are sources of reference for Iranians when it comes to sexuality issues. This paper focuses on determining the relationships between sexual satisfaction and marital satisfaction in married people.

## Materials and Methods

A descriptive-correlation study was conducted in 2007-08 in Tehran. Approval for the research was obtained from Ethics Committee of Iran University of Medical Sciences and the Steering Committee of School of Midwifery and Nursing. Married men and women (n= 292; 149 women and 143 men) were recruited. Inclusion criteria for participation

were literacy and marriage for more than a year. Using simple continuous sampling, we recruited the participants from selected hospitals in West of Tehran who came to visit their hospitalized relatives. Before completing the questionnaires, the respondents were insured of the confidentiality of their answers and after obtaining consent; three questionnaires were distributed for data collection. The first questionnaire included socio-demographic questions: age, gender, reproductive status, economic status, number of children, age difference of spouses, duration of marriage, education attainment, the spouse's education attainment, drug abuse, contraception method, and type of marriage (permanent, temporary or remarriage).

The second one was Enrich Marital Satisfaction Questionnaire (11). This questionnaire has been used as a valid tool to determine the level of marital satisfaction in many studies (12). It has 47 items, and the answers are categorized in a 1-5 score range. Based on the scores obtained, each participant was categorized in one of the following groups: completely satisfied, relatively satisfied, and slightly satisfied.

A translated questionnaire which was used to assess sexual satisfaction came third (13). This questionnaire consists of 25 items and 5 choices: never, rarely, sometimes, often, and always (1-5). Using this tool the participants were placed into four groups: completely satisfied, relatively satisfied, slightly satisfied, and dissatisfied. All the questionnaires were completed by the participants.

A test-retest was used to determine the reliability of the tools ( $r= 0/86$  sexual satisfaction) and  $r= 0/89$  marital satisfaction). The data were analyzed using descriptive and inferential statistics ( $\chi^2$ , Fisher and Anova) with SPSS.

## Results

The participants' demographic characteristics in the present study demonstrated in the following lines: The mean and standard deviation of the participants' age were 35.16 and 8.8, respectively. Of the participants, 51% were female and 49% male. 2/1% of women and 3.4% of men's spouses were pregnant.

The mean and standard deviation of the children were 1.99 and 0.76 respectively. The education attainment of 28% of the participants was lower than high school diploma, 46.2% were high school diploma, and 25.3% of them were higher than high school diploma. Economically, 15.6% of the participants were good, 75.7% moderate, and 8.7% poor. 6.7% of the participants were addicted; most of them were male and smokers. The mean and standard deviation of duration of the marriages were 20.5 and 0.97, respectively.

The mean and standard deviation of age difference of spouses were 1.41 and 56% respectively. 96.6% of the participants had permanent marriage, 0.7% temporary, and 2.7% remarriage. 57.1% of participants used a contraceptive method; 24.4% of them used condom, 28.2% withdrawal, and 47.4% of them used other contraceptive methods- 5.2% vasectomy, 17% IUD, 8/9% TL, 15.6% OCP (oral contraception).

The results showed that 96.6% of participants were completely satisfied, and 3.4% of them were relatively satisfied with their marital life. The mean and Standard deviation of marital satisfaction were 162 and 32.73 respectively.

The majority of participants (63.4%) showed complete sexual satisfaction, and only a few of them (0.7) were completely dissatisfied. The mean and standard deviation of sexual satisfaction were 102 and 19.68 respectively.

Pearson correlation coefficient showed significant relationship between sexual satisfaction and marital satisfaction ( $P=0.00$ ) (Table 1); also regression analysis showed that sexual satisfaction, the dependent variable, is related to marital satisfaction, the independent variable.

The duration of marriage was significantly related to sexual satisfaction, as those with duration of marriage less than 15 yr were more satisfied with their sexual life (table 1); also the results of the multiple regression analysis showed that there is a relationship between sexual satisfaction and duration of marriage.

Fisher test showed a significant relationship between sexual satisfaction and age difference (Table 1). The results of  $\chi^2$  test suggested that the age

difference is significantly related to marital satisfaction, i.e., those with an age difference less than 10 yr are more satisfied with both their marital and sexual life (Table 1).

In addition, the results of  $\chi^2$  test showed that the level of sexual satisfaction in people who are drug addicted was less, and the result was statistically significant (Table 1).

There was no a significant relationship between sexual satisfaction and other variables- age, gender, reproductive status, economic status, number of children, educational status, the spouse's educational status- tested in the present study.

**Table 1:** Statistical Tests

Marital Satisfaction	Statistic Test	
Sexual satisfaction	$P=0/00$	$r=0/46$
Age difference(year)	$P=0/00$	fisher
Sexual Satisfaction	Statistic Test	
Duration of marriage (yr)	$P=0/05$	$\chi^2=5/69$
Age difference(year)	$P=0/04$	fisher
Substance abuse	$P=0/007$	$\chi^2=9/91$

## Discussion

### Marital Satisfaction

According to our results, the relationship between marital satisfaction and many of the defined variables is not significant, which suggests some possibilities: the participants not being properly in the classified categories, inadequate understanding of the term 'marital satisfaction' by the participants and their hesitation to explore their marital secrets in a public place as in the Iranian culture men and women keep the secrecy of their marital lives. Merghati K (14) in her research found that marital life in Iranian culture is incorporated with in its own sexual concepts and meanings, for which women lack appropriate language and words to express their sexuality throughout marriage. She points out that Iranians believe that talking about their marital lives in public will dishonor them socially.

Considering the purpose of 'Determining the relationship between sexual satisfaction and marital satisfaction', the findings of the present study in-

icated that sexual satisfaction was significantly related to marital satisfaction; A number of studies reported similar results (15) (2). Gue and Huang (15) carried out examining the relationship between marital satisfaction and sexual satisfaction in Chinese families. Sampling was random interviews with one of the current residents in each household in two cities (Tianjjin and Shanghai). It was found that impact of sexual satisfaction on marital satisfaction was moderated by gender and education attainment. Given that all of the other conditions were the same, every unit of increase in sexual satisfaction would result in a faster increase in marital satisfaction for women than for the men. In addition, it was found when everything else is equal; every unit of change in sexual satisfaction would result in a greater change in marital satisfaction for respondents who are better educated than for those with a lower level of education. In the present study, multiple regression analysis showed that sexual satisfaction, as a dependent variable, is related to marital satisfaction, as an independent variable.

The results of Fisher test showed that age difference of spouses is related to marital satisfaction; as spouses whose age difference was less than 10 yr were more satisfied with their marital life. Darjazi found no significant relationship between these two variables (16). Socio-cultural similarities (e.g. the spouses' age differences) lead to more stable families due to similarities in their life styles (17). Age difference is not an issue that can be generalized, there cannot be a single rule saying that women must always be younger. This issue should be considered in the cultural context as it may vary in various nations based on their social criteria, customs and traditions (18). In Iran, these days, cultural transition in new generation has made age difference between wife and husband controversial.

### ***Sexual Satisfaction***

The results showed that sexual satisfaction is related to the length of marriage; those with marital life less than 15 yr were more satisfied with their sex lives than spouses living together for many years (>15). Chien (19), Jos (20) et al. found the

same results too. Hoseini and Hajkazemi (21) in a study with women in Sari city found that the highest frequency of sexual disorders is related to spouses with marriage length of 16-20 yr. However it was not significant association.

Frequency of sexual activity strongly interweaved with sexual satisfaction (22). Frequency of sexual activity decreases by passing years from marriage (23); this decline can be related to: lessening sexual attractiveness among intimate partners, becoming older, marital related concerns, job preoccupations, rearing children. Longer the marital life becomes, sexual satisfaction decreases because of reduction in frequency of sexual activities.

The results of Fisher test indicated that there is a link between sexual satisfaction and age difference; as spouses whose age difference was more than 10 yr reported lower levels of sexual satisfaction. The highest level of satisfaction was seen in spouses with an age difference of 5-10 yr. Muler et al. (24) also found the same results in infertile spouses. On the contrary, Leitenberg et al. (2) found that there is no significant relationship between sexual satisfaction and age difference among spouses. Bernard, cited in Arno, asserts 'women who get married to men 5-6 yr older than them are the most satisfied with their sexual life' (25). Sexual desires change with ageing, and spouses have different sexual desires from each other. Then this disagreement in sexual activities leads to dissatisfaction among spouses who have a high age difference (26). It seems age difference can be an important factor in mutual understanding among spouses, especially in sexual issues. Of course, 'age' and 'age difference' both are culturally defined issues; thus, they affect sexual satisfaction differently in various societies.

Significant association of drug abuse and sexual satisfaction in the present study suggests that sexual satisfaction in drug-abused participants was less than that non drug-abused ones. Lessening sexual satisfaction can be due to the effect of narcotics on sexual activities, sexual performance, or libido of the drug user. Psychologically, addicted people do not have self-confidence, and their addiction can have significantly unfavorable influ-

ence on their sexual relationship. Addicted people may even not be able to regain their sexual ability completely after quitting narcotics; as drunken men may experience erection disorders because of organic injuries due to long-term consumption of alcohol (26).

Addis et al. (27) found that woman who had never smoked reported frequent sexual intercourse as well as great sexual satisfaction. Emil et al. (28) study revealed that erection disorders in men who smoke 30 or more cigarettes a day are 1.5 to 2 times more than in ordinary ones.

One of the seminal objectives of the present research is its implication in improving family health. Authors hope the results of the present study may promote awareness of spouses as well as quality of their marital lives. The findings will inform family and marital health related programs in order to implement them efficiently and effectively. Given that Iranian culture limits couples to unveil their sexual problems, emphasis must be placed on the marital counseling and their education. Programs may include topics concerning women empowerment, teaching skills for attaining healthy sexual relationship for the drug-abused partners and rising awareness about the determinants influencing sexual satisfaction in marital life. As sexuality-related topics are as unspoken matters in Iranian culture we suggest exploration of some other determinants more deeply using qualitative methods.

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### References

1. Kaplan H, Benjamin S (2001). *A summary of Kaplan psychology*. Tehran, Arjmand, p.: 324-41.
2. Litzinger S, Gordon KC (2005). Exploring relationships among communication, sexual satisfaction and marital satisfaction. *Journal of Sex & Marital Therapy*, 31: 409-24.
3. Saroukhani B (1991). *An introduction to the sociology of the family*. Tehran, Soroush. P. 243
4. Michael Y, George D, Tamera Y, Raffy L (2000). Sexual satisfaction among married women. *American Journal of Health Studies*. March. 22
5. Sadeghy S (2000). Exploring personality factors influencing marital satisfaction. [MS thesis]. School of Nursing and Midwifery, Iran University of Medical Sciences, Iran.
6. Ahmadi MM (2004). *Exploring marriage and divorce indicators changing rate during 1996-2001*. Tehran, Nasim-e-Saba, pp.16
7. Kavyani M (1999). *Health Psychology*. Tehran, Tehran University, pp. 401.
8. Jahanfar SH, Moulayee Nejad M (2001). *Sexual disorders*. Tehran, Salemi. p. 15-23.
9. Mirtaki M (2004). Exploring the relationship between orgasm experience and marital satisfaction in the women referring to health-care centers. [MS thesis]. School of nursing and midwifery, Tehran University of Medical Sciences, Iran.
10. Sadeghi F (1997). Exploring socio-psychological causes of divorce in Iran. [MA thesis]. Tehran University.
11. Grandon JRR, Myer JE, Hattie JA (2004). The relationship between marital characteristics, marital interaction processes, and marital satisfaction. *Journal of Counseling and Development*, 82 (1): 58.
12. Mirkheshti F (1996). Exploring the relationship between marital satisfaction and mental health. [MA thesis]. Roodehen Azad University. Iran.
13. Corcoran K, Fischer J (2000). *Measures for Clinical Practice: A Sourcebook*. New York, NY: The Free Press.
14. Merghati Khoei E, Richters J, Whelan A (2005). Language of love in culture of silence: Socio-cultural context of Iranian women's sex-

- ual understandings. [PhD thesis], Sydney; Australia.
15. Gue B, Huang J (2005). Marital and sexual satisfaction in chins families. *Journal of Sex & Marital Therapy*. 31: 21-9
  16. Darjazini S, Ganji T (2006). Exploring the relationship between marital satisfaction and the recognition and expression of feelings in the women referring to health-care centers. [MS thesis]. School of nursing and midwifery, Iran University of Medical Sciences, Iran.
  17. Groot W, Brink HMVD (2002). Age and education differences in marriages and their effects on life satisfaction. *Journal of Happiness Studies*, 3: 153-65.
  18. Maslahati H (2003). *Marriage and marriage therapy*. Tehran, Alborz, pp.:67-74.
  19. Chien L (2003). Does Quality of Marital Sex Decline with Duration? *Archives of Sexual Behavior*, 32(1): 55-60.
  20. Jose O, Alfons V (2007). Do demographics affect marital satisfaction? *Journal of Sex and Marital Therapy*, 33(1): 73-85.
  21. Hosseini Tabaghdehi M, Hajkazemi E (2006). Exploring the factors related to the frequency of sexual function disorder in the women referring to health-care center. [MS thesis]. School of nursing and midwifery, Iran University of Medical Sciences, Iran.
  22. Gerhardstein G (1997). Sex and marital satisfaction. Available from: [www.google.com](http://www.google.com)
  23. Dietrich Klusmann (2002). Sexual motivation and the duration of partnership. Available from: [www.google.com](http://www.google.com)
  24. Müller MJ, Schilling G, Haidl G (1999). Sexual satisfaction in male infertility. *Arch Andrology*. 42(3): 137-43.
  25. Potten S (1986). *Divorce its causes and consequences in Hindu society*. Vikas, South Asia Books, pp. 220.
  26. Shirmohamadi HR (2004). *Sexual disorders diagnosis*. Tehran, Jame-e-Negar, p.128-40.
  27. Addis IB, Stephen K, Eeden VD, Christina L, Vittinghoff E, Jeanette S, et al. (2006). Sexual Activity and Function in Middle-Aged and Older. *Obstetric & Gynecology*, 107(4): 755-64.
  28. Emil MLNg, Jackie YWC (2007). Prevalence and Biopsychosocial Correlates of Erectile Dysfunction in Hong Kong: A Population-Based Study July. *Urology*, 70(1):131-36.