

SEXUAL SATISFACTION IN A GROUP OF MARRIED WOMEN IN ERBIL, IRAQ

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ABSTRACT

Background

Healthy sexual relationship leads to achievement of affinity and affection in family in addition to proper satisfaction of sexual instincts.

Objectives

This study was conducted to find out the prevalence of sexual satisfaction and to identify factors that are associated with marital satisfaction in a group of married women in Erbil.

Methods

A cross-sectional study was conducted between October 1, 2014 and March 1, 2015. A convenience sample (of 300 married women aged 15-45 years) was taken from three settings in Erbil, Iraq (the maternity teaching hospital, two schools, and nursing institute and college). Verbal informed consent was obtained from all participants. A Five Point Likert Scale was used to assess the sexual satisfaction of the studied sample.

Results

The majority of women were satisfied most of the time with their sexual partners, and they enjoy the process. The overall sexual satisfaction was 88.7%. There was significant association between high level of satisfaction and the following variables: place of the sample (adult school), religion (Muslim), occupation (high professionals), smoking (non-smokers), contraceptive method (condom and natural method), and women who mentioned “husband have right to make sex any time he want”. Also there was a significant association between level of satisfaction and following variables: family planning (non-users), type of marriage (no previous agreement) and overall satisfaction.

Conclusion

The majority of women were satisfied most of the time with their sexual partners, and they enjoy the process

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INTRODUCTION

“Sex” refers to the biological and physiological characteristics that define men and women ⁽¹⁾. Sex is a bio-psychological drive that is gradually developed among human children and may continue across their life cycle associated with socio-cultural and environmental factors in which they born and live ⁽²⁾.

Sexual satisfaction is an emotional state that occurs with the fulfillment of individual wishes in the area of sexual life ⁽³⁾. Healthy sexual relationships lead to achievement of affinity and affection in family in addition to proper satisfaction of sexual instincts ⁽⁴⁾. Marital sexual behavior refers to the behaviors that eligible adults are organized into marital ties according to marriage norms through which they involve in interpersonal sexual feeling, thinking, attraction, kissing that produce sexual arousal and increase the chance of orgasm intended to sexual satisfaction in their marital life ⁽⁵⁾. The prevalence of sexual satisfaction among women in the United States (married and unmarried) is relatively high (85%) compared with other countries (42%).

Despite the high prevalence of sexual satisfaction in the United States, a considerable portion of American women (43%) experience sexual difficulties including low sexual desire, difficulties with lubrication or orgasm, and painful or un-pleasurable sex. Taken together, these findings suggest that sexual dissatisfaction and sexual difficulties do not always go hand-in-hand ⁽⁶⁾. Results of an Iranian study, done in Isfahan, showed that none of the studied sample was completely satisfied, and the majority (73.8%) was slightly satisfied. Only 10.8% were relatively satisfied ⁽⁷⁾. There is a lack of knowledge about the sexual behavior of women in Erbil/Iraq and the developing countries. Understanding variables that contribute to sexual satisfaction may allow health care providers and educators to help women increase or maximize their sexual satisfaction and subsequently improve overall feelings of satisfaction with their partners. Therefore, variables of sexual satisfaction will be further explored in this study.

Up to the researchers' knowledge no published study was previously carried out in Kurdistan tackling this issue. This study was conducted to find out the prevalence of sexual satisfaction and to identify the factors that are associated with marital satisfaction (dissatisfaction) in a group of married women in Erbil.

METHODS

A cross-sectional study was conducted between October 1, 2014 and March 1, 2015. A convenience sample (of 300 married women aged 15-45 years) was taken from three settings in Erbil city, Iraq: women accompanying patients attending Maternity Teaching Hospital, married students in two adult schools (afternoon schools for adult women), and staff of college and institute of nursing. Pregnant women at the time of the study, and women with crippling health conditions were excluded from the study, in addition to 25 women who refused to participate. After approving the study protocol by the scientific and the ethics committees, and obtaining the official permission for carrying out this study from the directorate of the Maternity teaching hospital, adult schools and college and institute of nursing; a questionnaire was developed for the purpose of data collection from women which included demographic and obstetrical data.

For measuring the sexual satisfaction, the Index of Sexual Satisfaction (ISS) was used as a scale which was modified by the researchers ⁽⁶⁾. Sensitive questions had been paraphrased in order to be acceptable by the participants, and the 7 points Likert scale was made of 5 points by combining the categories. Verbal informed consent was obtained from all participants and they were assured that their participations are voluntary. A Five Point Likert Scale was used to assess the sexual satisfaction of the studied sample. Then the total of the scores obtained from the 25 questions was calculated. The maximum total score for satisfaction was 100 (as the scale starts from 0-4). The total score was divided by 25 to get the mean (out of 4) for each woman. Finally women were categorized into two groups, those with 3/4 score or more were classified as “more satisfied” and those with less than 3/4 were classified as “less satisfied”. Statistical package for social sciences (SPSS, version 18.0) was used for data entry and analysis. Continuous variables were described in terms of Mean \pm SD and categorical variables in terms of frequencies and percentages. P value \leq 0.05 was considered statistically significant.

RESULTS

The sample (n= 300) of the study was taken from 3 settings: Medical technical institute and College of Nursing (19.3%), female adult schools (29.3%), and the maternity teaching hospital (51.3%). The majority of the study sample (96%) was Muslims and the rest were Christians. The highest proportion (35%) was

Sexual Satisfaction in a Goup of Married Women in Erbil

housewives. Eight per cent were smokers. The majority of them had regular menstrual cycle with 4-6 days duration every 26 -30 days. Ninety four percent of them had no history of infertility. 74.3% of them use family planning methods [natural method (55.4%), IUD (18.3%), male condom (8.5), pills (5.8%) and mixed (12%)]. The majority (96.7%) of the marriages was of monogamy type; 53.3% of them married without previous agreement with their partners (unarranged marriage).

Around half (44.7%) of the study sample mentioned that it is a right of husband to make sex with his wife anytime he wants. Table 1 shows that, in general, the majority of women were satisfied most of the time with their sexual partners, and they enjoy the process. The overall sexual satisfaction was 88.7%. Almost half of the study sample was less satisfied and the other half was more satisfied according to the modified ISS (table 2). There was a significant association

between high level of satisfaction and the following variables: place of the sample (adult school), religion (Muslim), occupation (high professionals), smoking (non-smokers), contraceptive method (condom and natural method), and women who mentioned "husband have right to make sex any time he want". Also there was highly significant association between level of satisfaction and following variables: family planning (non-users), type of marriage (no previous agreement) and overall satisfaction (Table 3).

The means of the following variables were significantly higher among those who were more satisfied compared with the less satisfied: years of formal education, age at marriage, number of intercourse per week; while the means of the other variables (age, duration of marriage, gravida, para, abortion, No. of vaginal deliveries, No. of Cesarean sections, and age of husband) were significantly lower among those who were more satisfied.

Table 1. Distribution of sample by feeling satisfied with each item of the index of sexual satisfaction

Questions: ISS scale	None or little of the time No (%)	Some of the time No (%)	Most or all of the time No (%)
1 I feel that my partner enjoys our sex life	34 (11.3)	84 (28)	182 (60.7)
2 Our sex life is very exciting	45 (15)	101(33.7)	154 (51.3)
3 Sex is fun for my partner and me	93 (31)	94 (31.3)	113 (37.7)
4 My partner is sexually very exciting	29 (9.7)	80 (26.7)	191 (63.7)
5 I enjoy the sex techniques that my partner likes to use	60 (20)	105 (35)	135 (45)
6 I think that our sex is wonderful	42 (14)	109 (36.3)	149 (49.7)
7 My partner is a wonderful sex mate	60 (20)	96 (32)	144 (48)
8 I feel that sex is a normal function of our relationship	30 (10)	47 (15.7)	223 (74.3)
9 I feel that our sex life really adds a lot to our relationship	22 (7.3)	36 (12)	242 (80.7)
10 It is easy for me to get sexually excited by my partner	87 (29)	105 (35)	108 (36)
11 I feel that my partner is sexually pleased with me	32 (10.7)	75 (25)	193 (64.3)
12 My partner is very sensitive to my sexual needs and desires	78 (26)	76 (25.3)	146 (48.7)
13 Sex with my partner has become a chore for me	234 (78)	30 (10)	36 (12)
14 I feel that our sex is dirty and disgusting	254 (84.6)	35 (11.7)	11 (3.7)
15 Our sex life is monotonous	230 (76.7)	46 (15.3)	24 (8)
16 When we have sex it is too rushed and hurriedly completed	228 (76)	49 (16.3)	23 (7.7)
17 I feel that my sex life is lacking in quality	218 (72.7)	52 (17.3)	30 (10)
18 I feel that my partner wants too much sex from me	144 (48)	60 (20)	96 (32)
19 My partner dwells on sex too much	179 (59.7)	59 (19.7)	62 (20.7)
20 I try to avoid sexual contact with my partner	229 (76.3)	41 (13.7)	30 (10)
21 My partner is too rough or brutal when we have sex	267 (89)	24 (8)	9 (3)
22 My partner does not want sex when I do	251 (83.7)	34 (11.3)	15 (5)
23 My partner seems to avoid contact with me	268 (89.3)	22 (7.3)	10 (3.3)
24 My partner does not satisfy me sexually	248 (82.7)	27 (9)	25 (8.3)
25 I feel that my sex life is boring	258 (86)	30 (10)	12 (4)

Table 2. Distribution of women by level of satisfaction.

Level of satisfaction	No.	%
Less satisfied	153	51
More satisfied	147	49

Table 3. Association between level of satisfaction and some variables.

Variables	Less satisfied No.(%)	More satisfied No.(%)	P- value
Place of the sample			
- adult school	36(40.9)	52(59.1)	0.037
- college and institute	28(48.3)	30(51.7)	
- hospital	57.8(89)	65(42.2)	
Religion			
- Muslim	143(49.7)	145(50.3)	0.022
- Christian	10(83.3)	2(16.7)	
Occupation			
- high professional	6(35.3)	11(64.7)	0.016
- non-manual worker	41(52.6)	37(47.4)	
- manual worker	1(100)	0(0)	
- housewife	65(61.9)	40(38.1)	
- student	40(40.4)	59(59.6)	
Smoking			
- non smoker	96(46.4)	111(53.6)	0.007
- passive smoker	38(55.1)	31(44.9)	
- smoker	19(79.2)	5(20.8)	
Menstrual cycle			
- regular	125(51.4)	118(48.6)	0.753
- irregular	28(49.1)	29(50.9)	
Duration of menstruation			
- 1-3 days	12(54.5)	10(45.5)	0.558
- 4-6 days	95(48.7)	100(51.3)	
- 7-9 days	46(55.4)	37(44.6)	
Menstrual pattern			
- every 15-20 days	6(60)	4(40)	0.839
- every 21-25 days	28(57.1)	21(42.9)	
- every 26-30 days	84(49.1)	87(50.9)	
- every 31-36 days	7(53.8)	6(46.2)	
- unknown	28(49.1)	29(50.9)	
Infertility			
- No	143(50.7)	139(49.3)	0.690
- Yes	10(55.6)	8(44.4)	
Hormonal therapy for infertility			
- No	2(66.7)	1(33.3)	1.000
- Yes	7(58.3)	5(41.7)	
Family planning			
- No	25(32.5)	52(67.5)	<0.001
- Yes	128(57.4)	95(42.6)	
Contraceptive method			
- Pills	10(76.9)	3(23.1)	0.011
- natural method	61(49.6)	62(50.4)	
- IUD	32(78)	9(22)	
- Condom	9(47.4)	10(52.6)	
- mixed	16(59.3)	11(40.7)	
Type of marriage			
- Monogamy	145 (50)	145(50)	0.104
- Polygamy	8(80)	2(20)	
Agreement between couples before marriage			
- previous agreement	62(50.4)	61(49.6)	<0.001
- no previous agreement	74(46.3)	86(53.8)	
- forced to marry	17(100)	0(0)	
Husband have right to make sex any time he want			
- No	95(57.2)	71(42.8)	0.016
- Yes	58(43.3)	76(56.7)	
Overall sex satisfaction			
- No	29(85.3)	5(14.7)	<0.001
- Yes	124(46.6)	142(53.4)	

Table 4. Means of different variables by levels of satisfaction.

Variables	More satisfied		Less satisfied		P
	Mean	SD	Mean	SD	
Age	28.48	6.60	30.99	7.72	0.003
years of formal education	10.72	5.16	8.24	5.67	< 0.001
If smoker no. of cigarette per day	7.20	4.55	7.53	9.69	0.943
Age at menarche	13.48	1.47	13.27	1.31	0.211
age at marriage	21.44	4.44	19.97	4.39	0.004
Years of marriage	6.87	6.89	10.90	8.38	< 0.001
Gravida	2.22	2.26	3.82	3.19	< 0.001
Para	1.78	1.81	3.05	2.59	< 0.001
Abortion	.46	.94	.84	1.34	0.004
Vaginal delivery	1.35	1.78	2.34	2.66	< 0.001
Cesarean section	.46	.86	.65	1.00	0.088
Number of intercourse per week	3.71	1.70	3.04	1.53	< 0.001
Age of husband	32.31	7.87	34.69	8.85	0.015

DISCUSSION

The rate of overall satisfaction in the present study was 88.7% which are in agreement with the prevalence of sexual satisfaction among women in the United States (85%)^(8, 9). In the present study more than half of the sample (51%) was less satisfied with their sexual life which is almost in agreement with the results of a cross-sectional epidemiologic survey which was conducted in 2005 in six geographic regions: the America, Europe, Asia, Oceania, the Middle East and Africa on 6272 women (76% of them were married) revealed that more than half (58%) of them were not fully satisfied with their sex life⁽⁹⁾. The low level of sexual satisfaction may be due to the fact that, psychosocial factors have been suggested as important motivators towards sexual experiences; however, studies suggest that there are many females who have limited or no sexual desire, especially when compared to their male counterparts⁽¹⁰⁾. In the current study, significant association was found between level of sexual satisfaction with age, duration of marriage, and attitude of women regarding rights of men. Sexual satisfaction of older adults has been linked to their physical and emotional health as well as their general satisfaction with life^(11, 12). Long term relationship between men and women seem to be of greater importance for sexual satisfaction for women than for men, other factors such as age and personality

characteristics play a major role⁽³⁾. Moore reported that sex-positive attitudes increase women's sexual satisfaction⁽¹³⁾. Married couples are more satisfied than unmarried ones. Among older adults, relationship quality (marriage vs. extra marital relationship) seems to play more important role in determining sexual satisfaction⁽¹⁴⁾. Results of a study on 641 women in USA which indicated a higher frequency of sexual activity tended to have higher levels of sexual satisfaction. Blumstein and Schwartz (1983) found that the degree of sexual satisfaction was directly correlated with the frequency of sex⁽¹⁵⁾. A non-significant, negative correlation was obtained between age and sexual satisfaction⁽¹⁶⁾.

Results also revealed that frequency of intercourse and frequency of orgasm are shown to be associated with older adults' sexual satisfaction^(16, 17). Zihelr and Masten in their study on undergraduate students (174 female and 74 male) found that frequency of sexual intercourse as significant predictors of sexual satisfaction⁽³⁾. The significant association between sexual satisfaction and religion in the current study was inconsistent with the findings of other studies, religion is largely unrelated with sexual frequency and satisfaction, religious integration in daily life has a positive association with physical pleasure from sex among older adults. Some studies suggest that cultural norms and values

exert greater influence on women's interpretations of their sexual responses than on men's interpretations of their own sexual response^(18,19). Toorzani, et al (2010) revealed that there is no significant association between mean scores of women's sexual satisfaction and common contraceptive methods. The highest mean scores of sexual satisfaction in women was seen in those with vasectomy in their husbands and those who used low dose estrogen pills⁽⁴⁾.

An important limitation of the study was the non-random sample taken from different institutions, and the majority of women were relatively educated compared with the general population. This could be attributed to the nature of the studied issue (sexual satisfaction) which a sensitive issue in Erbil community, accordingly, the researchers had chosen the sample from three settings that they expected a high response rate.

In conclusion, the majority of women were satisfied (most of the time) with their sexual partners, and they enjoy the process.

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