

Sexual Satisfaction Studies in Iran, A Systematic Review

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Abstract

Objective: The purpose of this study was to review the sources and studies on couple's sexual satisfaction and the related factors.

Evidence Acquisition: A systematic review was used in this study. The literature was searched in the following Iranian electronic databases: Google scholar, Iran Medex, Magiran, Scientific Information Database (SID), Iranian Research Institute for Information Science (IRANDOC), Novin Pajouh, and Islamic World Science Citation Center (ISC). After analysis of 117 papers and exclusion of irrelevant articles, 35 full texts were assessed and finally 22 articles were selected for analysis.

Results: The related factors of sexual satisfaction were classified into five groups: physiological, physical, psychological, personal and demographic, communication, and social factors. Most studies are focused on examining the impact of different therapeutic and counseling approaches and few studies are concentrated on the role of macro-structural, social, religious, and cultural factors.

Conclusions: Identifying factors related to sexual satisfaction from different social, religious, cultural, personal, and communicative dimensions help to better understand the subject and guide people for a more sustainable life.

Keywords: Sexual Satisfaction, Association Factors, Iran

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1. Context

Sexual satisfaction is an important indicator of sexual health and is strongly associated with relationship satisfaction and divorce (1-6). Sexual satisfaction is "an effective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (7), and it has been defined as "the degree to which an individual is satisfied or happy with the sexual aspect of his or her relationship" (8). As mentioned, sexual satisfaction depends on one's subjective evaluation and this concept contains a judgmental aspect. The subjective evaluation may be positive or negative. Sexual satisfaction is an important indicator of sexual health and is strongly associated with relationship satisfaction.

One particular area of interest within marriage, as older couples are living longer and are healthier, is sexual satisfaction (9). Research results have shown that across the life course, sexual satisfaction is correlated with higher marital quality and marital stability (2, 10), sexual well-being, and health (11, 12). Sexual satisfaction is a key factor in quality of life (4).

Sexual satisfaction could be affected by individual,

relational, social support, and religion. Ecological approach could be explained and classified variables, which are associated with sexual satisfaction (13).

Fuentesa (2013) in a systematic review of scientific papers published between 1979 and 2012, in which sexual satisfaction was a dependent variable, illustrated that sexual satisfaction was associated with several factors of different levels. Using the ecological theory, they categorized these factors as microsystem, mesosystem, exosystem, and macrosystem. Observation showed that sexual satisfaction is an important factor in individuals' well-being and sexual health.

Psychological interventions (14-18), medical, and biological treatments (19-23) are the most common interventions for improving sexual satisfaction. Permission, limited information, specific suggestions, intensive therapy (PLISSIT) (24), and Ex-PLISSIT (25) models are the common psychological interventions; they include levels of increasing intervention and interaction to improve clients' sexual satisfaction.

The main objective of this study was to classify and summarize the variables associated with sexual satisfaction.

2. Evidence Acquisition

This study is a systematic review, which was conducted in all accessible national electronic databases from 1996 to mid-2016 with no restriction of subject area.

The literature was searched in the following Iranian electronic databases: Google scholar, Iran Medex, Magiran, Scientific Information Database (SID), Iranian Research Institute for Information Science (IRANDOC), Novin Pajouh, and Islamic World Science Citation Center (ISC). The main keywords used were “sexual satisfaction(s)”, “satisfaction(s) sexual”, “sexual gratification”.

The studies were analyzed according to the title and abstract. After electronic and manual search, irrelevant studies were excluded. All abstracts were reviewed by the first author. Then, each author independently assessed articles according to inclusion criteria. After analysis of 117 papers and exclusion of irrelevant articles, 35 full texts were assessed and finally 22 articles were selected for analysis (Figure 1).

3. Results

At first, 117 articles were found during the screening phase. Then, 27 articles were excluded because they were not appropriate for the study because of their

abstracts and titles. After that, 55 selected studies were considered and finally 22 articles were selected after reviewing the full texts. These 22 studies were conducted on 3793 individuals. The information about these articles has been summarized in Table 1.

Related factors of couples’ sexual satisfaction, which have been addressed in Iranian studies were divided in to five categories; they are presented in Table 2. The first group is the physiological and sexual factors that include infertility, menopause, delivery, contraceptive methods, physical illnesses, orgasm experience, and the frequency of sexual activity. The second category is the psychological factors that include depression, Alexei Timmy, general health, addiction, marital satisfaction, and commitment. The third category is communication factors that could be corrected with counseling and education. The fourth category is personal and demographic factors that include a range of variables such as age, gender, occupation, income, couples age, marriage duration, and education. The fifth is the macro-social factors that include the socio-economic status.

4. Discussion

According to the methodology used, 7(31.81%) were quasi-experimental, 13(59.09%) were descriptive, and 2(9.10%) were Randomized Controlled Clinical Trial (RCT). According to the sampling method, 12 studies

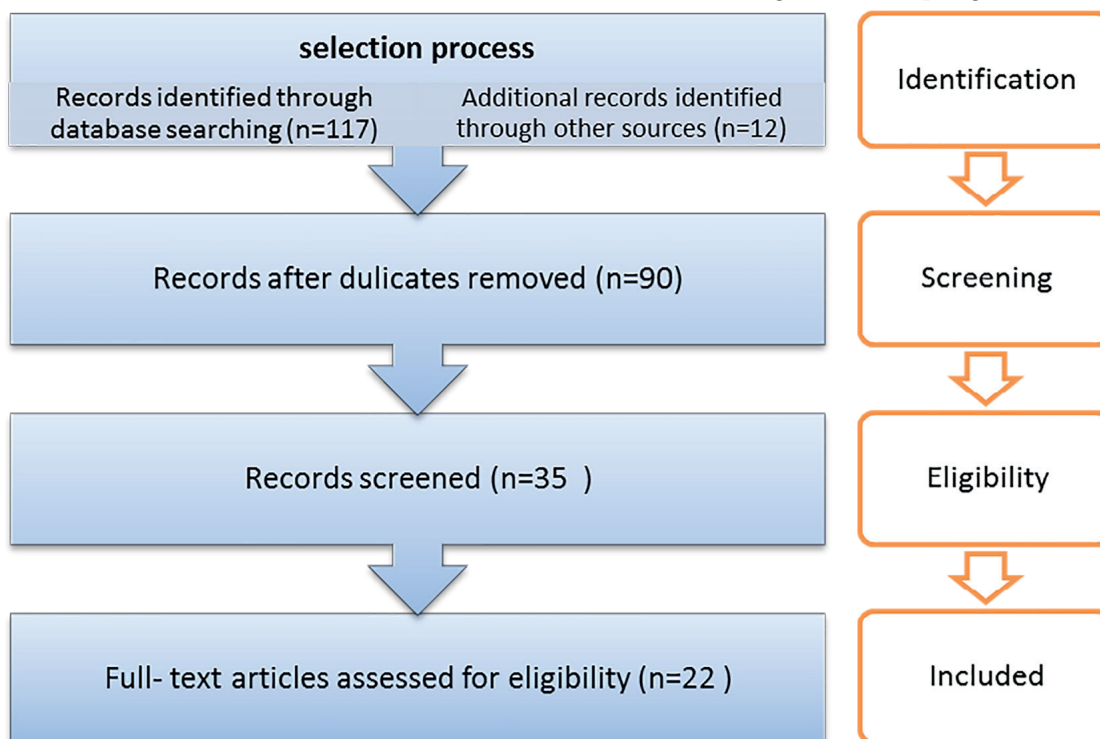


Figure 1: The Flowchart of Systematic Search Results and Selection Strategy

Table 1: Characteristics of the 22 Reviewed Studies

Primary author	Year	Sample size	Study design	Study place	Sampling method
Bahrami et al.	1385	300	Descriptive study	Tabriz	Simple random sampling
Bahrami et al.	1385	600	Descriptive study	Tabriz	Simple random sampling
Shahverdi et al.	1385	104	Descriptive study	Gachsaran	Available sampling
Shahsiah et al.	1387	120	Quasi-experimental	Shiraz	Available sampling
Noorani et al.	1388	200	Descriptive study	Mashhad	Purposive sampling
Moshk haghghi et al.	1388	120	Randomized controlled clinical trial (RCT)	Shiraz	Available sampling
Sheykhan et al.	1388	270	Descriptive study	Tehran	Available sampling
Honarparvaran et al.	1389	32	Quasi-experimental	Shiraz	Available sampling
Botlani et al.	1389	60	Quasi-experimental	Esfahan	Available sampling
Bakhshayesh et al.	1389	100	Descriptive study	Yazd	Available sampling
Shariati et al.	1389	100	Descriptive study	Tabriz	Simple random sampling
Rahmani et al.	1390	292	Descriptive study	Tehran	Continuous sampling
Asgari et al.	1390	300	Descriptive study	Ahvaz	Cluster sampling
Molaei Yarandi et al.	1390	230	Descriptive study	Tehran	Continuous sampling
Karimi et al.	1391	72	Randomized controlled clinical trial (RCT)	Mashhad	Simple random sampling
Javidi et al.	1391	60	Quasi-experimental	Tehran	Available sampling
Nayinian et al.	1391	88	Descriptive study	Tehran	Purposive sampling
Golkamani et al.	1392	105	Descriptive study	Mashhad	Available sampling
Dostkam et al.	1392	72	Quasi-experimental	Mashhad	Available sampling
Molavi vardanjani et al.	1393	128	Quasi-experimental	Ahvaz	Available sampling
Sasanpoor et al.	1393	240	Quasi-experimental	Esfahan	Simple random sampling
Nasiri Deh Sorkhi et al.	1394	200	Descriptive study	Esfahan	Available sampling

Table 2: Association Factors with Couple's Sexual Satisfaction

Association factors with couple sexual satisfaction		Frequency (%)	Frequency	Percent
Physiological factors	Infertility	3(3.29%)	25	27.47%
	Menopause	1(1.09%)		
	Type of delivery	2(2.19%)		
	Method of contraception	2(2.19%)		
	Physical illness	4(4.39%)		
	Experience of orgasm	5(5.49%)		
	Frequency of sexual activity	5(5.49%)		
	Arousal	2(2.19%)		
	Surgery	1(1.09%)		
Psychological factors	Depression	2(2.19%)	10	10.98%
	Alexi Timmy	1(1.09%)		
	General health and well-being	1(1.09%)		
	Addiction	1(1.09%)		
	Marital commitment	5(5.49%)		
Communication factors	Consultation	5(5.49%)	9	9.89%
	Education	4(4.39%)		
Individual and demographic factors	Occupation	5(5.49%)	45	49.45%
	Income	3(3.29%)		
	Age	8(8.79%)		
	Sex	7(7.69%)		
	Age gap	8(8.79%)		
	Duration of marriage	8(8.79%)		
	Education	6(6.59%)		
Social factors	Social situation	1(1.09%)	2	2.19%
	Economic Situation	1(1.09%)		
Total			91	100%

(54.55%) used available sampling, 5 (22.72%) applied simple randomization, 2 (9.09%) used purposive sampling, 2 (9.09%) used continuous sampling and one (4.54%) study used cluster sampling. Regarding gender, 63.63 % of studies ($n=14$) included men and women, 36.37% ($n=8$) included only women.

Associated variables of sexual satisfaction included personal and demographic variables (49.45%), physiological, and sexual variables (27.47%), psychological variables (10.98%), communication variables (9.89%), and macro- social variables (2.19%).

The study results of Shafi and other colleagues showed that excitement intervention was effective in enhancing sexual satisfaction of couples, especially in women (26). Azizi and co-workers concluded that couples therapy is based on attachment increase satisfaction and sexual intimacy (27). The study results of Karimi and co-workers indicated that sexual health education and life skills training increased the sexual satisfaction (28).

Bahrami and other colleagues concluded that there is a significant relationship between marriage duration, economic status, and infertility diagnosis with sexual satisfaction. In another study, it was indicated that there is a negative significant correlation between sexual satisfaction and depression in infertile couples (29). There are also some studies that achieved similar results. They concluded that factors such as pregnancy, menopause, and infertility affected sexual satisfaction (30-33).

Of the articles reviewed, all articles were published from 2006 to 2015. The findings of most reviewed studies demonstrate that low levels of sexual satisfaction reduce the stability of marital life and increase divorce (1, 34, 35). Sexual satisfaction is a positive evaluation of the total sex (36, 37). Sexual satisfaction has a complex and multi- dimensional structure. In this study, the related factors of sexual satisfaction were classified into five groups that include: physical, psychological, individual, communicational, and social factors. A review of Iranian studies showed that most of the studies were focused on the impact of counseling approaches and few on the role of structural, social, religious, and cultural factors and social factors have contributed only 2.33%.

The reviewed articles revealed that both physical and psychological health were associated with sexual satisfaction. Also there were association between anxiety, stress, depression, infertility and decreased

sexual satisfaction (38) and conflicts in couples' communication.

It is essential for clinical practitioners, especially for social workers to pay attention to the negative impact of physical disease, psychological disorders, and drug abuse on sexuality. They should enhance communication between couples regarding their sexual concerns and expectations. Couples who had a satisfactory relationship and greater amount of sexual communication reported greater sexual satisfaction (39, 40). In social theories such as social changes, the satisfactory in relationship leads to higher sexual satisfaction (7, 41). Marital therapy and family counseling have a positive impact on increasing communication, intimacy, and relationship satisfaction (27, 42).

Results on socio-demographic variables showed that old ages were associated with less frequent sexual activity and have a negative impact on sexual satisfaction and increased sexual dysfunction.

One study addressed the relationship between social and economic status and sexual satisfaction. High socio- economic level is related to sexual satisfaction. In fact, income and work have a negative effect on sexual satisfaction.

In this research, we could not find any study related to religious and sexual satisfaction whereas Woo (2012) indicated that religious prejudice was associated with decrease in sexual satisfaction (43). Similarly, Sierra (2009) found that lower religious practice was associated with erotophilia (44).

Although there were different approaches to couples' treatment and counseling by correction of communication and interaction, attention to the role of social and cultural structures as well as counseling and educational interventions could be important.

Although sexual satisfaction is affected by several factors at different levels, most of the interventions for improving sexual satisfaction are focused on limited aspects, and combined interventions (45, 46) are rare. Promotion of sexual satisfaction requires a multi-dimensional intervention that pay attention to all of the forces created the problem (47).

Conclusion

This systematic review showed that sexual satisfaction can be affected by many factors and multi-

dimensional approach is required for intervention, so all effected factors should be considered in the assessment. The main limitation was unavailability of databases for the Iranian researchers. Another limitation was related to the selected criteria.

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