

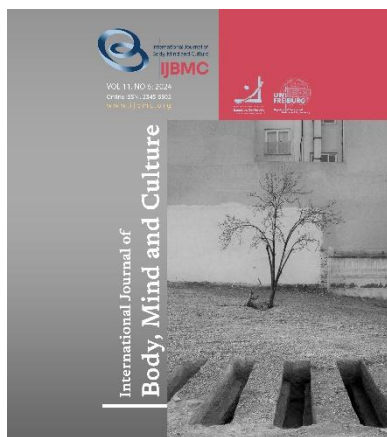
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# Prediction of Marital Satisfaction Based on Sexual Dysfunction in Couples on the Threshold of Divorce

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## Introduction

Several psychological constructs have been studied by psychologists and family counselors in the field of marital relationships, one of which is marital satisfaction (Alitabar et al., 2014; Doustkam et al., 2021; Ebrahimi et al.,

## ABSTRACT

**Objective:** Marital satisfaction is the objective emotion of satisfaction and pleasure experienced by couples. This study aimed to determine the prediction of marital satisfaction of couples on the eve of divorce based on sexual functions in Isfahan.

**Methods and Materials:** The research method was descriptive-correlational, and the statistical population of the study included all couples on the threshold of divorce in Isfahan who referred to the city's legal medicine in 2020. The sample size was obtained using a formula of 374 (187 couples), and finally, 369 persons were selected by convenience sampling based on inclusion and exclusion criteria. Research instruments included the Enrich Marital Satisfaction Questionnaire (Forz & Olson, 1993), Male Sexual Function Assessment Questionnaire (Rosen et al., 1997), Female Sexual Function Questionnaire (Rosen et al., 1997), and Hospital Anxiety and Depression Inventory (Sigmund and Sneith, 1983). Data were analyzed using the Spearman correlation coefficient and linear regression test by SPSS.22.

**Findings:** The findings of the study showed that among the variables of female sexual dysfunction, all variables except pain and humidity had the power to predict marital satisfaction ( $P < 0.01$ ). In multiple regression, only the variables of satisfaction and sexual desire could predict marital satisfaction ( $P < 0.01$ ). Also, among male sexual dysfunction variables, all variables had the power to predict marital satisfaction ( $P < 0.01$ ). In multiple regression, only the sexual function satisfactory could predict marital satisfaction ( $P < 0.01$ ).

**Conclusion:** It can be concluded that satisfaction and sexual desire in females and sexual function satisfactory for males can predict marital satisfaction in couples on the threshold of divorce.

**Keywords:** Divorce, Marriage, Sexual Dysfunction, Spouses.

2018; Pirzadeh & Parsakia, 2023). This construct is one of the most widely used concepts for explaining and demonstrating the level of happiness and stability of the relationship between couples (Baas et al., 2008). Marriage is a relationship based on patience between an adult man and woman as two unique individuals, so the

relationship between these two plays a crucial role in different aspects of their life and affects their way of life, and these relationships become the basis of marital satisfaction. Marital satisfaction is the result of general satisfaction with ordinary life, sexual satisfaction, and emotional satisfaction (Xie et al., 2018). Marital satisfaction is the objective emotion of satisfaction and pleasure experienced by couples. Marital satisfaction is also defined more as the individual's overall attitudes or feelings about the spouse (Xie et al., 2017).

Marital satisfaction can be defined as the correspondence between the individual's expectations of married life and their experiences in life or the parallel between the status quo and the expected situation (Margelisch et al., 2017). Li and Fung (2011) define marital satisfaction as the feeling of a couple's satisfaction, satisfaction, and pleasure when considering all aspects of marriage. Satisfaction is an attitudinal variable and is regarded as an individual characteristic of husband and wife. Also, marital satisfaction is a positive and enjoyable attitude that couples have in different aspects of their marital relationship (Li & Fung, 2011; Moghadamnia & Soleimani Farsani, 2023).

According to Olson's multimodal model, correlation, emotional closeness between family members, adaptability, flexibility and change in family management, roles, relationships between family systems, and positive relationships that couples use in interaction can be considered as the determining factors of marital satisfaction. Families that act in extreme family functions have greater marital satisfaction and sexual life satisfaction problems (Martínez-Pampliega et al., 2017). Also, negative affectivity and the relationship between couples (Donnellan et al., 2004), personality and stress (Shackelford et al., 2008), some personality traits and mental disorders play an important role in marital satisfaction (George et al., 2015).

Research on couples confirms that approximately 10 to 15 percent of married people regularly report significant communication problems (DeLongis & Zwicker, 2017). Therefore, paying attention to the needs and understanding of each other's qualitative world leads to improvement in the quality of the relationship, and on the other hand, couples develop a more positive and pleasant perception of themselves, each other, and their marital relationship (Bijan & Behzadipour, 2022). Sex is one of the most essential functions of human life

and the fundamental issues of life. Sex involves physical, psychological, and emotional factors and affects the well-being of a person's life (Lin et al., 2017).

Sexual dysfunction or sexual dysfunction is a disorder or disturbance in sexual desire, arousal, or orgasm. It is usually considered as a group of problems in the field of usual sexual issues that are different from sexual deviance or sexual abnormalities and are investigated as separate clinical dependencies. Sexual dysfunction is one of the most common disorders in both men and women (McCabe et al., 2016). These disorders are a heterogeneous group of conditions that are usually characterized by significant clinical distress in a person's ability to respond sexually or experience sexual pleasure. Also, sexual dysfunction affects the quality of life by creating negative feelings, and this negative feeling also reduces self-esteem as well as stress and anxiety (Tang et al., 2015).

The family is the essential institution of society, and the entry of each escalating factor influences its functions (Marchal et al., 2016). Also, achieving a healthy society depends on the health of the family, and the realization of a healthy family is conditional on its people's mental health and having desirable relationships with each other. Therefore 'the health of family members in their relationships will undoubtedly have positive effects on society. When the family center includes a healthy environment, warm relationships, and intimate interpersonal interaction, it can promote the growth and development of family members. Marital relationship is the central core of the family system, and its disorder is a severe threat to family survival and mental health (Schmidt et al., 2017); therefore, the study in this area is of particular importance because it supports family and community health. Accordingly, this study aims to answer the question of whether sexual functions can predict marital satisfaction of couples on the eve of divorce in Isfahan. This study aimed to determine the prediction of marital satisfaction of couples on the eve of divorce based on sexual functions in Isfahan.

## Methods and Materials

### *Study Design and Participants*

The present study was descriptive correlational. The statistical population included all couples on the threshold of divorce in Isfahan who referred to the city's

legal medicine in 2020—considering that in the present study, there was no exact information about the size of the statistical population. The sample size in this study was 374 (187 couples). Also, 5 questionnaires were removed due to incomplete responses, and finally, 369 questionnaires were analyzed. Inclusion criteria for individuals were: Women and men (couples) were on the threshold of divorce, having a range of 20 to 65 years, having minimum education cycle, and responding to anxiety and depression questionnaires and confirming the absence of acute psychiatric disorders. Exclusion criteria included unwillingness to continue cooperation and inaccuracy in answering questionnaires.

In this study, after referring to the forensic physician in Isfahan and coordinating and obtaining the necessary permissions for the implementation of the research, sampling was performed by the available method among the couples on the threshold of the wardrobe and based on the inclusion and exclusion criteria. A general explanation of how to answer the questionnaires was provided to the subjects, and then the questionnaires were provided to them, and they answered the questionnaires as self-reporting.

#### *Data Collection Tools*

**Enrich Marital Satisfaction Questionnaire:** Enrich the marital satisfaction questionnaire that Forez and Elson used to study the overall married life and believe that this scale is sensitive to changes that occur in the family. The Cronbach's alpha coefficient for this questionnaire was 0.93 (Forz & Olson, 1993). The questionnaire consists of 15 questions, which are measured on two scales of 10 and 5. The scope of 10 questions measures marital relations (such as the category of communication and sexual categories), and the other five questions constitute idealistic deviant questions. This questionnaire measures marital satisfaction based on five Likert options (Totally Agree = 5 Disagree = 1). Also, questions 2, 5, 8, 9, 12, and 14 are scored inversely. The Cronbach's alpha coefficient for this questionnaire was estimated to be 0.7. Also, the content, face, and criterion validity of this questionnaire have been evaluated appropriately (Moghadamnia & Soleimani Farsani, 2023). Cronbach's alpha coefficient for this questionnaire was calculated at 0.86.

**Male Sexual Function Assessment Questionnaire (IIEF):** This scale was developed by Rosen et al. (1997)

and is divided into 5 areas: erectile function (questions 1, 2, 3, 4, 5, and 15), performance to achieve ultimate pleasure (questions 9 and 10), sexual desire (questions 11 and 12), satisfying intercourse (questions 6, 7 and 8) and satisfying total sexual function (questions 13 and 14). The scoring of questions is based on the scoring system from zero to five, and by the sum of the questions' scores of each dimension, the score is achieved, with a higher score indicating more desirable sexual performance. In Barghi Irani's study (2013), the validity of the content of this questionnaire has been confirmed, and Cronbach's alpha is 0.85 (Amiri et al., 2023). Cronbach's alpha coefficient for this questionnaire was calculated at 0.80.

**Female Sexual Function Questionnaire (FSFI):** This scale was developed by Rosen et al. (1997). This questionnaire measures women's sexual function by the female sexual function index with 19 questions in 6 independent domains of desire, psychological stimulation, humidity, orgasm, satisfaction, and sexual pain. The score of the questionnaire is based on the Likert spectrum. Based on the co-weighting of the domains, the maximum score for each field was 6, and for the whole scale, it was 36. The minimum score for the sexual desire domain (1.2), sexual excitement, vaginal moisture, orgasm, and pain is (0), and satisfaction domain (0.8), and for the whole scale is 2. Cronbach's alpha coefficient for each of the parts and the total scale was 0.89 or higher. Also, the retest reliability of the whole scale was 0.88, and subscales from 0.79 to 0.86 were reported. In the research of Mohammadi, Heidari, and Faghihzadeh (2008), the reliability of the scale was calculated using stability analysis or the internal consistency coefficient of the questions. Cronbach's alpha coefficient was 0.70 and higher for each domain, and there was a significant difference between the total scores of the scale and each of its parts in two groups with and without sexual dysfunction, which indicated the validity of this instrument (Moghtaderi Esfahani et al., 2024; Nezamalmolki, 2023). Cronbach's alpha coefficient for this questionnaire was calculated at 0.72.

#### *Data analysis*

The data analysis of this research was performed using a statistical package for social sciences version 23. To analyze the data, mean and standard deviation and inferential statistics, correlation coefficients, and

multivariate regression tests were used. In the present study, before submitting the questionnaires, individual consent was obtained, and the subjects were assured that this information remained wholly confidential and that the results would be used in groups and only for academic research.

## Findings and Results

Out of 369 statistical samples, the number of subjects at the level of diploma education was 81 or 44.5%; at the level of associate degree, 21 or 11.5%; at the

undergraduate level, 63 or 34.6% and at the postgraduate level, it was 17 or 9.3%. Also, for the age variable of 369 years, the number of people between the ages of 20 to 25 years is equal to 23 or 12.3%, in the ages of 26 to 30 years is equal to 40 or 21.4%, ages between 31 and 35 years is equal to 47 or 25.1%, ages 36 to 40 years old equal to 47 or 25.1% and those older Out of 40 years, they made up 30 people or 16 percent. In the table of descriptive findings, the variables of the research are presented separately for male and female participants (Table 1).

**Table 1**

*Descriptive findings of research variables for male and female participants*

Gender	Variables	M	SD	Min.	Max.
Female	Sexual desire	3.90	1.16	1.20	6
	Arousal	3.19	1.31	0	7.80
	Wetness	2.84	0.82	0	4.20
	Orgasm	3.09	0.99	0	5.60
	Satisfaction	3.13	1.45	0	6
	Pain	3.25	1.45	0	6
	Sexual Dysfunction	19.41	4.52	2.60	28.60
	Sexual satisfaction	30.85	8.54	15	65
	Erectile function	29.01	8.29	6	92.29
	Satisfying intercourse	12.25	3.14	3	17
Male	Ultimate Pleasure Performance	9.01	2.77	2	38
	Sexual desire	7.94	1.45	2	10
	Satisfaction of sexual function	6.92	2.40	2	10
	Sexual dysfunction	65.14	13.76	15	133.29
	Sexual satisfaction	47.13	11.22	21	78

The correlation coefficient of research variables for female participants was significant in all variables except marital satisfaction and humidity, marital satisfaction and pain, humidity and satisfaction, orgasm, pain and pain, and total score of sexual dysfunctions ( $p < 0.05$ ). It can be said that there is a direct significant relationship between marital satisfaction and sexual desire, arousal, orgasm, satisfaction, and total score of sexual dysfunctions ( $p < 0.05$ ), so increasing the amount of sexual desire, arousal, orgasm, satisfaction and total score of sexual dysfunctions in women also increases marital satisfaction. There was also no relationship between marital satisfaction and moisture and pain ( $P > 0.05$ ). Also, there is a direct significant relationship between sexual desire and stimulation, orgasm, humidity, satisfaction, and total score of sexual dysfunctions ( $p < 0.05$ ), so increasing the amount of motivation, orgasm, humidity, satisfaction, and total score of sexual dysfunction in women also increases

sexual desire. Also, there is a significant inverse relationship between libido and pain, in a way that increases libido with pain reduction ( $p < 0.05$ ). There was a significant direct relationship between arousal and orgasm, humidity, satisfaction, and total score of sexual dysfunctions ( $p < 0.05$ ), and also there was a significant inverse relationship between arousal and pain ( $p < 0.05$ ). There is a direct significant relationship between moisture and orgasm and total score of sexual dysfunctions ( $p < 0.05$ ), and there is a significant inverse relationship between moisture and pain ( $p < 0.05$ ). There was no relationship between humidity and satisfaction ( $P > 0.05$ ). There was also a direct significant relationship between orgasm and satisfaction and total score of sexual dysfunctions ( $p < 0.05$ ), and there was no relationship between orgasm and pain ( $P > 0.05$ ). There was a direct significant relationship between satisfaction and total score of sexual dysfunctions ( $p < 0.05$ ), and there was a significant inverse relationship between

satisfaction and pain ( $p < 0.05$ ). Also, there was no relationship between pain and the total score of sexual dysfunctions ( $P > 0.05$ ).

The correlation coefficient of research variables for male participants was significant in all variables ( $p < 0.05$ ). There was a significant and direct correlation

between the variables of the male sexual dysfunction questionnaire with each other and with marital satisfaction. In fact, in addition to the fact that increasing each of the male sexual dysfunction variables improves and increases the other variables, increasing them has also increased marital satisfaction.

**Table 2**

*Regression analysis to investigate the role of sexual dysfunction in female participants (confirmed variables)*

Variable	Regression coefficient	Standard Error	P-value
Intercept	19.563	1.94	0.001
Satisfaction	2.33	0.383	0.001
Sexual desire	1.01	0.477	0.034

**Table 3**

*Regression analysis to investigate the role of sexual dysfunction in female participants (excluded variables)*

Variables	Beta	t	P-value	Partial Correlation	Collinearity Statistics
Sexual arousal	-0.030	-0.295	0.768	-0.021	0.363
Wetness	-0.050	-0.784	0.434	-0.055	0.943
Orgasm	-0.054	-0.674	0.501	-0.047	0.604
Pain	-0.012	-0.184	0.854	-0.013	0.946

The results of regression analysis in [Table 2](#) and [Table 3](#) show that all variables of female sexual dysfunctions were analyzed, and among them, satisfaction and sexual desire variables with a significance level of 0.0001 and 0.034, respectively, can predict marital satisfaction ( $p < 0.05$ ). In fact, by increasing 1 unit in the marital satisfaction variable, 2.336 units are added to marital

satisfaction, and also with 1 unit increase in the sexual desire variable, 1.018 units increase to marital satisfaction. Also, the variables of stimulation, humidity, orgasm, and pain do not predict marital satisfaction ( $P > 0.05$ ). Therefore, among the sexual dysfunction variables of women, only satisfaction and sexual desire could predict marital satisfaction.

**Table 4**

*Regression analysis to investigate the role of sexual dysfunction in male participants (confirmed variables)*

Variable	Regression coefficient	Standard Error	P-value
Intercept	28.25	1.92	0.001
Satisfaction of sexual function	2.072	0.26	0.001

**Table 5**

*Regression analysis to investigate the role of sexual dysfunction in male participants (excluded variables)*

Variables	Beta	t	P-value	Partial Correlation	Collinearity Statistics
Erectile function	0.062	1.014	0.312	0.070	0.851
Satisfying intercourse	0.154	1.936	0.054	0.133	0.493
Ultimate Pleasure Performance	-0.033	-0.568	0.571	-0.039	0.956
Sexual desire	0.084	1.424	0.156	0.098	0.905

The results of regression analysis in [Table 4](#) and [Table 5](#) show that all variables of male sexual dysfunctions were analyzed by regression; among them, the total sexual function satisfaction variable with a significance level of 0.0001 has the power to predict marital

satisfaction ( $p < 0.05$ ). In fact, by increasing 1 unit in the total sexual function satisfactory variable, 2.728 units are added to marital satisfaction. Also, the variables of erectile function, sexual satisfaction, eventual pleasure performance, and sexual desire have no predictive effect



on marital satisfaction ( $P > 0.05$ ); therefore, among male sexual dysfunction variables, only total sexual function satisfaction was able to predict marital satisfaction. According to the results of this chapter, among female sexual dysfunction variables, all variables except pain and humidity had the power to predict marital satisfaction. However, in multiple regression, when all variables were analyzed simultaneously, only satisfaction and sexual desire could predict marital satisfaction. Also, among male sexual dysfunction variables, all variables could predict marital satisfaction, although, in multiple regression, all variables entered the analysis simultaneously; only the total sexual function satisfactory variable had the power to predict marital satisfaction.

### Discussion and Conclusion

This study aimed to determine the prediction of marital satisfaction of couples on the eve of divorce based on sexual functions in Isfahan. The results of regression analysis show that all variables of female sexual dysfunctions were analyzed by regression analysis. Among them, satisfaction and sexual desire variables have the power to predict marital satisfaction. Also, the variables of stimulation, humidity, orgasm, and pain do not predict marital satisfaction, so among the variables of sexual dysfunction, only satisfaction and sexual desire could predict marital satisfaction. This result is consistent with the results of some researchers (Ashkinazi et al., 2024; Christopher & Sprecher, 2000; Lee et al., 2001; Luo & Yu, 2022; Meltzer, 2022; Mosadegh et al., 2023; Zare & Roshan, 2020) in the relationship between marital satisfaction and sexual desire with marital satisfaction.

In explaining this hypothesis, it can be stated that marital dissatisfaction can lead to relational, sexual, and emotional dissatisfaction and ultimately make it difficult to resolve conflicts. Also, 50 percent of the reasons for the breakdown of marriages are sexual dissatisfaction of couples (Samakoush, 2023). Marital satisfaction is a multidimensional factor that depends on many factors. One of the most critical factors affecting marital satisfaction is the sexual relationship between husband and wife. The woman has an essential role in strengthening the family foundation and raising children, and any physical and spiritual deference from

her husband affects her health and well-being. Somehow, her energy for being a good wife increases, and this cycle progresses positively, and marital satisfaction is achieved.

Regarding the relationship between satisfaction and marital satisfaction in women, it can be said that when total pleasure and excitement is created in the sexual relationship, and the woman reaches the peak in terms of mental and psychological level, the satisfaction of her husband and cohabitation is created, and marital satisfaction increases. Also, if a woman does not receive all the mental and physical factors in sexual relations, dissatisfaction with the relationship and consequently sexual dysfunctions are created, and often the woman believes that her desires and desires are not valued; this is a cause of mood and psychological disorders, dissatisfaction with her husband and ultimately marital dissatisfaction. Sexual desire is also a biological need and varies among individuals. When a woman has a higher sex desire, the importance of sex also increases. The development of sexual desire in a woman encourages her to be sexually active and gives more prominence to her and her husband's sexual needs, which lays the groundwork for this marital satisfaction. Variables such as stimulation, humidity, orgasm, and pain were not able to predict marital satisfaction, which may be because sexual desire and satisfaction were more than this because they cover other factors.

The results of regression analysis also show that all variables of male sexual dysfunctions were analyzed by regression; among them, the total sexual function satisfactory variable has the power to predict marital satisfaction. Also, the variables of erectile function, sexual satisfaction, eventual pleasure performance, and sexual desire have no predictive power of marital satisfaction. Therefore, among male sexual dysfunction variables, only total sexual function satisfaction was able to predict marital satisfaction. No research has been found that the results of which are entirely aligned or inconsistent with the results of the present study, but the results of this hypothesis can be in some aspects (relationship between marital satisfaction and sexual function) in line with some studies (Radmehr & Kakoujoybari, 2020; Zare & Roshan, 2020).

The sexual response cycle in males and females consists of four phases of desire, arousal, orgasm, and reduction, which disrupts each of these stages, creates

feelings of deprivation and frustration, and can be the source of mental and physical problems and sexual dysfunction (Moghtaderi Esfahani et al., 2024; Rostami, 2023). Sex plays a crucial role in the relationship between spouses, and in fact, it can be said that the relationship between husband and wife is based on it. To have a normal sexual function, interaction and understanding of the opposite sex are required. Constant anxiety and nervousness, workplace stresses, marital disputes, fear of spouse's reactions, and lack of self-confidence are among the things that cause impaired sexual function in men. This trend will change the quality of marital life, and problems in marital quality of life will exacerbate problems in sexual function (Morovati, 2021; Nezamalmolki, 2023; Samakoush, 2023). A vicious sequence is formed, but in explaining why the variables of erectile function, sexual satisfaction, final pleasure, and sexual desire cannot predict marital satisfaction and only the total satisfaction of sexual function has the power to predict marital satisfaction, it can be explained that men's view towards general problems and unlike women is not comprehensive, so the whole sexual function is considered.

Since the present study was conducted on couples on the threshold of divorce, the results of this study cannot be generalized to all couples. This study only applies to couples in the age range of 20-65 years with minimum education in Isfahan City, so the results can only be extended to couples on the threshold of divorce who have this level of education and reside in Isfahan City in this age range. Based on the type of research, it is not possible to derive a causal relationship from the findings of the research, such as experimental studies. The measurement in the research has been done as a self-report, and this type of measurement may, in some cases, accompany relationships with social exponentiality. It is suggested that this study be carried out on other age, ethnic, cultural, and educational groups in different parts of the country, and the results be compared. Since it was not possible to randomly select the sample in this study, it is recommended that this study be carried out on larger samples for further validation of the results. This study is also conducted on couples to determine the possible change in outcomes, if any. For the researcher, it was determined that marital satisfaction could be influenced by factors other than sexual satisfaction, such as economic issues, having children, beliefs and

cognitions, religion, and cultural issues; therefore, these factors may have overcome the element of sexual satisfaction, which is now suggested for future researchers to investigate these variables. It is recommended that further investigation of marital satisfaction and sexual dysfunction constructs be investigated in future studies, mainly by controlling the type of marital problem and demographic variables such as age, length of marriage, and number of children.

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### Declaration of Interest

The authors of this article declared no conflict of interest.

### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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### Authors' Contributions

All authors equally contributed to this study.

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