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Obstacles of sexual satisfaction in couples: a qualitative study

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Abstract

Sexual functioning is an important part of the marital life. Sexual satisfaction has strong relationship with general marital satisfaction and most of marital problems and divorces caused with sexual dissatisfaction. The objective of this qualitative study was to examination obstacle of sexual satisfaction in couples. This research used qualitative study and content analysis method. 33 married people and psychologists of counseling center of Ardebil through purposely-selected sampling method were selected. Participants interviewed with depth semi structured interviews. Interviews were taped and analysis of the transcripts was guided by qualitative content analysis. Four main categories of obstacles of sexual satisfaction were found. Lack of sexual education courses, Sexual dysfunction, mental and physical diseases, incorrect religious beliefs and cultural factors categories were emerged. Lack of sexual education courses was an important category in sexual dissatisfaction. Lack of enough information about sexual response process, mental disorder and physical problems, sexual disorder, cultural and religious factor caused sexual dissatisfaction. Sexual skills education with focus to remove of these barriers would increase their sexual satisfaction.

Keywords: Qualitative Research, Sexual Behavior, Spouses

Introduction

Sexual function is one of the most crucial components of marital life and [1] there is a strong correlation between sexual satisfaction and overall satisfaction with marital life [2]. In other words, couples' sexual life is an important indicator of their communication performance, i.e. if some problems arise in couples' interpersonal relationships, their sexual function will also be impaired. The reverse is also true, if couples suffer from sexual dysfunction, their interpersonal relationships will also be damaged [3].

It is difficult to define the concept of sexual satisfaction because many factors affect it. Studies shows that satisfactory sexual relationship is a relationship in which both spouses are satisfied with sexual intercourse frequency, none of them suffers from sexual dysfunction, they make love during sex[4], have marital satisfaction [5] and experience less marital conflicts [7]. According to this definition, sexual function is a complicated and multi-dimensional phenomenon and many factors affect the normal sexual response cycle and cause problems and sexual dysfunction.

Normal human sexual response cycle consists of four phases including desire, arousal, orgasm and resolution [7]. Sexual dysfunction can exist at each phase of sexual activity cycle. Thus, sexual dysfunction includes sexual desire disorder, erectile disorder, premature

ejaculation, anorgasmia and dyspareunia [8].

Sexual problems are affected by biological, psychological, communication and cultural factors. Recent studies on the effect of environmental factors suggest the effect of physical diseases on the development of sexual problems [5,9]. Neurological and cardiovascular disorders, liver or kidney disease [10],brain tumors and problems related to male and female reproductive systems can disrupt human sexual response cycle [11].

The second psychological factors are factors which play an important role in the development of sexual problems. Mental diseases such as depression and anxiety may reduce sexual desire in men and women [12]. For example, depression is a mental disorder characterized by lack of interest and energy, low self-esteem, lack of pleasurable experiences, social problems and restlessness. Studies show that the prevalence of sexual dysfunction is two times higher in depressed patients than in the control group. Moreover, with increasing age, body image becomes poorer and the feeling of attractiveness is decreased, so sexual desire is reduced as well [13].

Also, the fear of failure in sexual relationship, troubled family relationships and limiting parental training, feeling guilty about sexual intercourse and its contradiction with religion and communication incompatibilities are other psychological factors affecting the incidence of sexual dysfunction [14].

Attitudes, fears and mental disorders occur in a social context. Thus, social and cultural factors are associated with sexual dysfunction [15]. In Western culture, marriage is often based on love and done after a familiarization period, while in the traditional Islamic countries, this is done by families. So the experience of sexual satisfaction is different in Islamic and Western countries[16], in most Islamic countries, often men first attempt to begin sexual relationships and women do not express their sexual desire [17]. Also, common sexual problems are different in Western and Islamic countries. For example, in Western countries, women visit experts in the field of sexual dysfunction treatment because of orgasmic disorders and hypoactive sexual desire and men due to erectile dysfunction [18]. Meanwhile, studies in Islamic countries such as Turkey show that vaginismus with the frequency of 56-65% is the most common sexual dysfunction in women and premature ejaculation with a frequency of 38.7% is the most common sexual disorder among men [19]. These findings suggest the effect of cultural and social context on the quality of sexual relationship.

Studies show that while in Western countries, the sexual libertinism and its undesirable consequences are problematic [20],in Iran, necessary contexts for training correct sexual relationships are not provided well before marriage or even for couples who have recently married [21]. So couples enter marital life without getting ready for sexual relationships. The results of Foroutan and JadidMilani's study [22] show that 66.7% of male divorce applicants and 68.4% of female divorce applicants were not satisfied with their sexual life.

Despite numerous studies conducted on the factors affecting sexual satisfaction, the amount of extra marital relationships and divorce rates due to sexual dissatisfaction continue to rise and this suggests insufficient understanding of the factors affecting sexual satisfaction.

According to social constructivism perspective, human sexual function occurs in a cultural context and it is the context that makes it meaningful; in other words, sexual behavior is a social product and social processes influence on it through religious ideologies, social class, ethnicity and family. Also, Freud believed that human sexual behavior is a pre-cultural behavior that this behavior should be regulated by society [23].

Thus, in every culture, many factors affect the relationships between couples. In a country like Iran, people share values, traditions and beliefs based on their religious, ethnic and cultural beliefs. These beliefs and values have a significant effect on the interactions and relationships between couples and

their sexual satisfaction, which confirms the importance of investigating the role of cultural-social factors on sexual satisfaction. Spannier [24] also pointed out that the nature of sexual satisfaction and marital interactions is dynamic and process-oriented and therefore a method should be chosen for studying this phenomenon to evaluate the dynamic nature of sexual processes. In this regard, a qualitative study investigates the various aspects of this phenomenon in detail by using different methods of data collection and content analysis provides in-depth review of people's underlying behaviors, attitudes, and experience [25]. The survey conducted by the researcher shows that there is no study on sexual satisfaction based on couples' experiences and attitudes, so this study tries to answer the question: "What are the barriers to couples' sexual satisfaction?"

Method

This qualitative study was conducted using content analysis to describe barriers to experiencing sexual satisfaction among married people in Ardabil, Iran, 2011.

A total of 33 people, including 14 married women and 12 men, 6 counselors or psychologists in counseling centers and 1 family court judge participated in this research. They were selected based on purposive sampling with criteria such as having sufficient experience in the field of sexual relationship (at least two years after marriage) and willingness to express their experience. Thus, some of the participants in the study were those who had experienced at least 2 years of marital life and were satisfied with their sexual relationship.

Data collection was performed by semi-structured interviews. The interview questions were about the participant's sexual experience started with an open-ended question (Please talk about your sexual relationship with your spouse). The interviews also included analysis questions (Please give an example in this regard. How did you act when faced with this issue? Do you always act like this when faced with this situation?). Follow-up questions were also raised based on the information provided by the participants.

To perform the study and interviews, the researcher attended in departments for education, governor, municipality, health, sewing and embroidery classes and invited the people for interview that were willing to participate in the research. To this end, the study objectives were explained for the relevant authority to obtain the necessary permission for interviews with participants. Then a meeting was held separately with married men and women of the department. After explaining the study objectives, those who were willing to talk about their sexual relationship with the researcher were invited. Interview was performed at a place and time determined by the participant. For example, some participants were interviewed in their work place; some in their home and some others in the researcher's counseling office.

Since mostly one of the spouses was willing to participate in the study, interviews were conducted with the husband or wife. To complete the data, the experiences of participants with sexual problems attending counseling centers were also used, if necessary. After the study objectives were explained and necessary coordination was made with the authorities in counseling centers, they agreed to refer clients for interviews to the researcher if they were diagnosed with sexual disorders after consultation with counselors in these centers.The interviews were conducted in a private counseling center in the field of family psychology and sex education. Then, to collect more and more specialized information, psychologists in counseling centers were requested to help. Furthermore, according to married people and consultants in counseling centers, many causes of divorce and marital infidelity were due to sexual dissatisfaction. So to address this issue and to collect more information, consultants in crisis intervention centers and family court judge in Ardebil Province were also interviewed.

Thus, after interviewing 33 people, data saturation was achieved. Data reaches saturation when no new data and code are

added to the previous data by continuing the interview [26].

To achieve sufficient richness in interviews, and given that the researcher had many years of experience to provide family counseling services to couples, the researcher conducted interviews with participants. Also to avoid the influence of the researcher's experience in the interview process, before the interview, he wrote all his subjective perceptions, assumptions and beliefs about the factors influencing sexual satisfaction and continuously reviewed and completed them and followed-up data regarding his own views as an external evaluation. Bias was prevented as most interviews were recorded, and the interviewer could focus on the content of interviews.

Ethical considerations were observed including taking informed consent, the right to withdraw from the study, preserve anonymity and information confidentiality. Prior to the interview, the written consent form was provided for informed and voluntary participation of participants. When the study process and objectives were explained to participants, they signed the form and they were reminded that they could withdraw at any time; they were also assured that their demographic information would remain confidential; in addition, all interviews were recorded with their consent. Also, after the semi-structured interviews, the researcher provided counseling to participants who were referred to him because of their sexual problems. The duration for each interview was between 60 to 120 minutes. Then, all interviews were recorded, transcribed verbatim and analyzed before the next interview was conducted. Data analysis was conducted using qualitative content analysis.

Qualitative content analysis is a process in which raw data are converted to categories based on researcher's accurate interpretation and inference. This process is conducted by inductive logic and is extracted from raw data by researcher's accurate review and continuous comparing of data, categories and themes. In this study, qualitative content analysis was conducted based on conventional content analysis method [26] that the steps included: 1) transcribing interviews and reviewing them several times to achieve a correct understanding of them; 2) extraction of meaning units and categorizing them as compact units; 3)summarizing and classifying compact units and selecting an appropriate name for them; 4) arranging subcategories based on comparing similarities and differences in subcategories, and 5) choosing an appropriate name which can cover all categories [27]. Thus, the recorded interviews were transcribed and read line to line and a code was given to any sentence or notion after factors influencing sexual satisfaction or dissatisfaction were identified; these codes are called open or initial codes. These codes were the exact words of participants or codes made based on the concepts in information from the interviews. The resulting codes were divided into various categories based on similarities or differences. Classification was done in such a way that any code was placed in a category (this step is called axial coding); finally, a general name was assigned to each category and abstract interpretation was applied to categories in order to identify their connotations.

To evaluate the validity and reliability of qualitative data and to enhance the credibility, the researcher was involved with the studyfor 9 months and attempted to establish proper communication with participants and sometimes it was necessary to interview with some participants several times so that proper relationship and space were provided for deep and open interview. Data dependability was evaluated by external review (member check). For conformability of the findings, the researcher tried to maintain documentation related to the study, his interest in the study subject and long-term engagement and attempt to obtain opinions of others. Transferability of data was conducted through a full description of the existing category, participants' characteristics, data collection method and data analysis along with providing quotes from the participants so that other researchers can follow up a similar study.

Results

A total of 33 interviews led to data saturation. Fourteen married women and 12 men, 6 counselors or psychologists in counseling centers and 1 family court judge participated in the study.The mean age of married women and men was 34.3 and 37.7, respectively. 23.19% of participants were high school dropouts, 30% had high school diploma, 30%had bachelor's degree, and 23.19% had master's degree or higher.

After data analysis and merging similar codes, 210 open codes and 4 axial codes were extracted. Coding of the findings revealed that following barriers will lead to sexual dissatisfaction.

1) Lack of sex education: Lacking sex education program for couples at the beginning of marriage and during marital life, lacking knowledge or poor information of couples about marital problems and painful sexual experiences at the beginning of marital life will lead to sexual dissatisfaction.

Female participant 8 said:

"At the time of my marriage, I was a 23-year-old student, yet didn't know anything about sex, so the first experience scared me so much; I was so much in pain that I promised myself not to even think about it again."

Lack of access to a knowledgeable person and lack of proper training in this field were among the barriers to access sexual information that participants referred to.

Female participant 6 said:

"When I got married, I didn't know anything [about sex] and there was no one to ask to. I wish there were someone or somewhere to teach us these things before marriage."

Male participant 10 said:

"We had a unit of population and family planning in the faculty, but the teacher talked about sexual relationship implicitly and gave us little useful information."

The judge participating in the study said:

"There is no organization responsible for sex education for couples.Many divorce applicants have problems in this regard."

2) Sexual dysfunction: According to participants, reluctance or unwillingness of women to have sex, difficulty in sexual arousal and erection problems, inability to achieve orgasm in women and premature ejaculation in men were common problems in their sexual relationships.

One of the psychologists participating the study said:

"Most women attendingthe centerhave no desire to have sex."

Male participant 7 said:

"I think women are cold natured, my wife never has any desire for doing this, she is either tired or sleepy or make sex causes that the kid is awake."

Male participant 2 said:

"Newly married, I had no problem, but now after 5 years, every time I want to have sex, I ejaculate too soon and this has annoyed my wife."

Female participant 7 said:

"Married for 10 years, I've heard from my friends that women, like men, should enjoy sex, but I haven't enjoyed it so far that I have 2 kids, many times I fake enjoying it to let my husband enjoy it, many of my friends, like me,don'tenjoy this relationship, I think it's only trouble."

3) Mental illness and physical problems

According to participants, physical problems of one of the spouses such as genital infections, migraine headaches, heart disease and diabetes, pregnancy and spouses' mental diseases such as anxiety, depression etc. are some factors that may disrupt pleasurable sexual relationship in couples.

Female participant 13 said:

"Since I got rheumatoid arthritis, my husband has to do all chores alone from housekeeping, child rearing and cooking to taking me to the bathroom, somy husband often makes me feel ashamed for his kindness, for months we have no sex."

Male participant 9 said:

"Pregnancy is too long, my wife and I don't know whether we can have sex during this time, or our baby would be hurt, but having no relationship is also very hard for me and can't bear it."

Female participant 14 said:
"My husband is skeptic, most often he comes home intrusively and asks if I'm sure I'm alone and no one's here, then he beats me harshly. I took him to a psychiatrist insistently and he was given some medication, but he says I'm mad, and doesn't take his medicine.He doesn't know love, let alone having sex."
4) False religious beliefs and cultural factors: According to participants, factors such as female shame and modesty and not to express sexual desire by women, the change of concept and quality of sexual relationship compared to past, the role of the media in increasing couples' sexual awareness and false religious beliefs were factors affecting sexual relationship.
Female participant 3 said:
"We women have been always been taught to have shame and modesty, especially in sex, and we think if we begin having sex, it'll down grade us. Thoughts should change."
Male participant 8 said:
"My wife says if we have sex whenever you want, then I can't do my worship and prayer."Or this participant at another time said:"In the months of Muharram, Safar and Ramadan my wife isn't willing to have sex telling what others are thinking about and what you're thinking of? We just have to pray in these months; otherwise we'll face the wrath of God."
Female participant 10 said:
"It's said we shouldn't treatment lavishly in sex for they'll be rudeand they'd like to have sex every night, so whenever I realize my husband wants to have sex at that night,I turn my back to him and sleep, so do many other women."
According to participants, today, couples' sexual awareness has increased due to the proliferation of new media such as satellite, video and mobile. Some problems of couples are due to modeling of the media. Some couples expect their marital life would be according to what they watch in movies. Male Participant 10 said:
"Now most homes have a satellite or video player, most people have mobiles and their information has increased and couples can watch any movie they want,so this has led to more variety in their marital relationship. Sometimes they expect to have sex exactly as they watched it in the movie and that'll make disagreement between them."
Counselor participating in the study, in this regard said:
"I think seeking sexual variety in men is because of watching satellite movies, in many movies couples don't have obligation to each other and have open relationships."

Discussion

The current study was conducted to investigate the barriers to couples' sexual satisfaction. The results showed that lack of sex education is one of the main barriers to couples' sexual satisfaction. The finding is consistent with the results of Lee Bloom [14] and Janing and Cogan [3]. The results of these studies show that most couples do not access to good resources for understanding marital issuesand sexual function. Lack of information, lack of sexual skills and unrealistic expectations and performance play an important role in the development of sexual problems.
Furthermore, most couples have little information about sexual response cycle; they often do not know that expressing sexual excitement increases the intimacy and love between them. Couples often do not allocate enough time for love affair and do not give opportunity to themselves to get sufficiently excited before sexual intercourse. Most of them are not aware of physiological mechanisms involved in arousal and orgasm [3,28]. In societies in which boys have not had sex before marriage, the quality of the first sexual relationship after marriage has a significant effect on the subsequent attitudes and sexuality. Some men who do not have any experience or accurate sex information at first intercourse may cause so much pain and injuries to their wives by clumsy intercourse or uncontrolled emotions that lead to their hatred or fear of sexual relationships for a long time [29]. Therefore, successful sex should be taught with planning and education for couples and false beliefs should be

challenged that sex is natural and that people should inherently be skillful [30].

Another finding was that sexual disorders are factors that will lead to sexual dissatisfaction which is consistent with the results of Mouratidise al. [31] and Palacios et al. [13]. Based on the findings of this study, some male participants suffered from premature ejaculation or erectile dysfunction.Study [31] suggests that erectile dysfunction and premature ejaculation are two common sexual complaints among men. The study of Ghavam and Tasbihsazan [32] suggests that erectile dysfunction in men with 49.1% and anorgasmy in women with frequency of 38.7% are the most common sexual problems and premature ejaculation in men and vaginismus in women are also the second major sexual dysfunctions in clients attending family health clinics.

According to participants, mental illness and physical problems are the third leading cause of sexual dissatisfaction, which is consistent with the results of other studies.The relationship between mental health and sexual function has been shown in several studies [33]. The study of Hamen[33] shows that mental illness can disturb sexual relationship. For example, women with obsessive-compulsive disorder compared to healthy women experience greater sexual aversion, sexual desire disorder, and sexual arousal problems and achieve orgasm less likely. In addition, the prevalence of sexual dysfunction in patients with anxiety disorders is very high [34].

Participants emphasized that physical health is an important component for having a pleasurable sex. For example, 30% to 60% of women with cervical cancer deal with sexual problems after treatment [35].

Pregnancy is another factor affecting participants' experience of sexual satisfaction. The study of Heidari et al. [36] shows that about 54.4% of men and 57.7% of pregnant women have negative attitude toward sex during pregnancy, and about 60% of men and 75% of pregnant women were not aware of sexual relationships during pregnancy. According to pregnant women, the fear of hurting the fetus, painful relationship, fear of miscarriage, fear of preterm rupture of membranes, fear of preterm labor were the reasons for decreased sexual desire. Negative attitudes toward sexual issues during pregnancy can result in decrease or in many cases loss of sexual relationships between spouses.

Participants noted that false religious beliefs and cultural factors are the fourth cause of sexual dissatisfaction. This finding is consistent with other studies [15,37] .Studies indicate that sex between men and women is influenced by social and cultural factors, and these factors affect women's sexuality more than men's. For example, women are affected by education and religious teachings on sexuality more than men. Educated women compared to women with primary education enjoy more varied sexual practices and use birth control methods [38].

On the other hand, some studies [37] show that the emphasis on women's tolerance as a cultural value, disregarding women's sexuality, religious beliefs such as female sexual obedience and women's shame to express sexual problems create vicious cycle of sexual relationships that will continue and finally lead to separation and divorce. For these reasons, sexual problems are more acute in Iranian women, yet they are less noted [22].

Participants pointed out the role of media such as satellite, erotic movies and mobile in their lives. Participants believed that incorrect use of media has endangered couples' relationships generally and their sexual relationship particularly.

Studies show that sexual knowledge, attitudes and values can be achieved through the process of sexual socialization. Sexual socialization is a complicated and multidimensional process acquired over the years. People learn sexual information from parents in childhood and then from their peers; though parents and peers are important sources of learning sexual information [39]. Today, the media such as TV, mobile and magazines are also major sources of sex education for adolescents and young adults. One of the main reasons for the

importance of media in sex education is that people spend many times to watch them [40].

In summary, sexual satisfaction plays a crucial role in marital satisfaction. The findings showed that many participants have no sufficient information about sexual response process and do not know many sexual dysfunction problems and do not know they can refer to a specialist for treatment; they do not know that sometimes mental and physical diseases prevent them experiencing satisfactory sexual relationship and false cultural and religious beliefs have destructive effects on sexual relationship. Identifying barriers to satisfactory sexual experience will help family consultants and experts in the field of treatment for sexual disorders design programs in this regard and educate sexual issues at the beginning of marriage and thereby prevent the occurrence of marital problems and divorce.

The importance of the current study lies in its theoretical, practical and methodological aspects. Identifying barriers to sexual satisfaction provides the context for further experimental and interventional studies. Furthermore, the role of sexual dissatisfaction in the increase of divorce rates, forming extramarital relationships and couples infidelity requires preventive interventions to prevent marital problems and reduce the divorce rate. In addition, based on factors and barriers affecting sexual dissatisfaction, couple therapists and family experts can design a sexual empowerment program for couples.

Furthermore, in terms of methodology, this study deeply investigated couples' sexual experiences by using qualitative study and content analysis method and evaluated sexual satisfaction from the perspective of those who experienced it or were somehow involved with it.

This study had also some limitations: despite all efforts made to improve accuracy and rigor of the study, the current study had limitations that can be observed in most qualitative studies. In qualitative studies, the sample size is usually small and this makes it difficult to generalize the results to the community. The current study examined the experiences of couples who agreed to participate in the study that their experiences might be somewhat different from those who did not agree to tell their experiences.

Sexual issues are the most private issues of marital life. Not telling the whole truth is another limitation related to individuals' cultural and educational issues in the field of sexuality; especially that during the interview, the individual is face-to-face with the interviewer. Although the researcher tried to attract participants' trust during the interview, this limitation needs to be considered when interpreting the results.

This study was conducted among married people in Ardebil Province. So the experiences stated were assessed in terms of certain cultural conditions in this province. If participants were also selected from other provinces, to reach saturation, larger sample size would be used and other challenges would be perceived based on their experiences.

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Contributions

Study design; Data collection and analysis; Manuscript preparation: FP

Conflict of interest

"The author declares that they have no competing interest."

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