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Original Article

Association between sexual dysfunction, self-esteem and sexual satisfaction in women

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ABSTRACT

Objective: The main purpose of this study is to investigate the relationships among female sexual dysfunction, self-esteem and sexual satisfaction.
Method: The participants of the study were 321 women who applied for any sexual disorders to the Polyclinics of Gynecology of y Education and Research Hospital, x, Turkey. Their age ranged from 18 to 56. The participants completed a personal information form prepared by researcher, the Coopersmith Self-esteem Inventory developed by Stanley Coopersmith (1986) and the Golombok-Rust Inventory of Sexual Satisfaction validated by Tuğrul (1988). Golombok-Rust Inventory of Sexual Satisfaction ınventory raw scores obtained from the 28 questions can be converted into standard scores ranging from 1 to 9, and scores above 5 indicate the presence of problems in sexual functioning. In other words, an increase in scale scores represents sexual dissatisfaction and sexual dysfunction.
Results: The results indicated that female sexual dysfunction (FSD) and self-esteem were moderately negatively correlated (r= -.598, p<.01). FSD and sexual satisfaction were strongly positively correlated (r= .712, p<.01). Sexual satisfaction and self-esteem were moderately negatively correlated (r= -.472, p <.01). These findings reveal that the higher sexual dysfunction women have the less self-esteem they have and the less sexual satisfaction they experience.
Conclusion: With the proper treatment of sexual dysfunction and interventions for improving the self-esteem, women can evaluate themselves in a more positive way and become more sexually satisfied. Thus, it is very significant to teach sexuality in a correct way and to increase sexual education and awareness among women.
Keywords: female sexuality; female sexual dysfunction; self-esteem; sexual satisfaction

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Introduction

Sexuality has been a key part of human existence throughout history [1].Sexuality encompasses personal emotions, attitudes and behaviours that span over a lifetime and affect thoughts and feelings, social relations and self- and body image [2]. Men and women experience sexuality based on two different sexual response cycles. Understanding the sexual response cycle allows an accurate determination and classification of sexual problem [3]. Masters and Johnson divided the male and female sexual response cycle into four phases [4]. These stages, which describe the sexual response cycle in order of occurrence, are the excitement, plateau, orgasmic, and resolution phases. The desire phase is another crucial phase proposed by Kaplan [5]. Unlike other stages, the sexual desire phase is defined by a number of neuroendocrine, psychological and biological processes [6].
Sexual dysfunction refers to decreased sexual desire and arousal, dyspareunia or a persistent difficulty in achieving orgasm and a recurrent or persistent lack of sex drive [7]. Another definition is the inhibition of sexual satisfaction due to disruptions in the sexual response cycle [8]. Women may experience sexuality as a source of desire and love, and depending on the circumstances, they may experience it as a sensual, pleasant and emotional contact or sometimes as an obligation, which may result in it becoming a source of hesitation and repulsion. Older age has been associated with increased female sexual dysfunction [9]. The prevalence of female sexual dysfunction ranges 20%–73%.

A study conducted in Turkey in 2021 found the prevalence of sexual dysfunction among women to be 68% [7]. Self-esteem, which is synonymous with self-image, self-respect, self-worth, and self-confidence, is an individual's confidence in their own worth and encompasses self-respect and self-acceptance [10]. Self-worth is very important to the concept of sexuality––individuals with self-dissatisfaction are afraid of being rejected or not being liked in an intimate relationship and, thus, may abstain from making themselves visible, attracting attention or engaging in sexual activity [11]. High self-esteem is associated with less distracting thoughts during sexual intercourse and increases in sexual satisfaction [11–13].
Women with sexual dysfunction usually have lower self-confidence and feel more shy, timid and less attractive than women without sexual dysfunction. Thabet et al. reported a significant relationship between sexual satisfaction and self-esteem, and emphasised that obese individuals with low self-esteem may experience a decreased sexual desire [14]. These factors include conflict between the couples, sexual performance anxiety, damaged self-image or self-esteem, loss of sexual confidence and lack of communication [12–15].
The present study investigated whether there is a significant association between sexual dysfunction and self-esteem in women and which factors affect this association.

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In addition, a common practice is to think that the pregnant woman will have a girl baby if the belly is flat, and a boy if it is pointed, and if the pregnant woman has become ugly in this process, it is thought that she will give her beauty to her daughter [9, 10].
In the study that compiles the beliefs about gender prediction in some settlements of the Black Sea Region, it is believed that a pregnant woman who craves bitter food will have a baby girl, a pregnant woman with a sweet craving will have a baby boy, and a pregnant woman whose urine has wheat and barley will be a girl baby if wheat turns green, and a boy baby if barley turns green. It shows that there is a belief that if the salt disperses on the head of the pregnant woman who is thrown salt on her head, she will have a baby boy, and if it does not, she will have a girl baby [11]. The application of superstitions during pregnancy may adversely affect maternal and fetal health. A healthy mother means a healthy baby and society. Recognition and prevention of superstitious practices by health professionals are important for healthy mothers, babies, and society. This study aims to evaluate superstitions during pregnancy.

Material and methods

The study was conducted with the women who presented to the Obstetrics and Gynaecology Outpatient Clinic of Bozyaka Training and Research Hospital in İzmir and those who volunteered to participate in the study. The sample size was found to be 323 people, calculated with 95% confidence level and 5% margin of error, according to the unknown sample formula however, this number was limited to 321 because of loss data. The survey questions are not full filled.This research is a cross-sectional study designed to examine the association between sexual dysfunction, self-esteem and sexual satisfaction in women.
Inclusion criteria were following: having applied to education and research hospital's gynecology and obstetrics outpatient clinic due to any sexual discomfort, being an individual aged 18 or older, volunteering to participate in the study and the exclusion criteria were following; not consenting to participate in the study, being an individual under the age of 18.
Data collection tools; This study used three basic data collection tools, which are as follows: a Personal Data Form prepared by the researcher, the Coopersmith Self-Esteem Inventory (1986) and the Golombok-Rust Inventory of Sexual Satisfaction (1986) [16–18].
Personal Data Form; It inquires about age, educational level, type of marriage (love marriage vs. arranged marriage), spouse status, sexual activity status, income status, sexual orientation, having children and the number of children.
The Coopersmith Self-Esteem Inventory; The 'Coopersmith Self-Esteem Inventory', was developed by Stanley Coopersmith in 1986 and was adapted to Turkish by Turan and Tufan in 1987; it was found to have a Cronbach alpha coefficient of r = 0.62 [18].
Rust and Golombok demonstrated the GRISS to be a valid and reliable scale based on several analyses; the split-half reliability of the scale was found to be 0.94 for women, and internal consistency coefficients for sub-scales were found to range from 0.61 to 0.83 [17]
The form of marriage is asked. In addition to loving and arranged marriages, reasons such as marriages of convenience, marriages for citizenship or other contractual agreements, and marriages due to compelling reasons like pregnancy have been written as "other.

Data Collection and Analysis

Preliminary interviews were held with women who accepted to participate in the study to provide them with information about the study and to hand them the questionnaires in person. During completion of the questionnaires, the researcher remained available to answer participants' questions. Data collection was based on voluntary participation and confidentiality; participants who completed the data collection forms were asked to put them in a closed envelope. Data obtained from the research were analysed using the SPSS for Windows 15, and assessed using various analysis techniques including the Pearson product-moment correlation coefficient, ANOVA and t-test. Statistical significance was set at $p < 0.05$.

Statement of Ethics
Our research was conducted ethically in accordance with the World Medical Association Declaration of Helsinki
Study approval statement: We take ethical approval from X Ethics Committee with number/date 15/30.12.2013
Consent to participate statement: We took written informed consent was obtained from participants to participate in the study.

Results

Descriptive Characteristics

The mean age of the 321 women included in the study was 32.5 ± 8.64 years (18–56). 52% of them had a middle school-high school degree, 47% (151) were in the age group 18–30 years, 33% (106) were in the age group 31–40 years, and 20% were aged 41 and over (Table 1).

Table 1. Demographic Characteristics of Participants

		N	%
Educational level	Primary school	89	28
	Middle–high school	168	52
	University	64	20
Sexual orientation	Homosexual	1	-
	Heterosexual	320	100
Income status	Income more than expenditure	46	14
	Income equal to expenditure	174	54
	Income less than expenditure	101	32
Length of marriage	0–24 months	78	24
	25–132 months	152	48
	133 months +	91	28
Birth given	Yes	202	63
	No	119	37

Participants' demographic characteristics, data relating to sex life, marriage and children are given in Table 1 and Table 2.

Factors Affecting Sexual dysfunction

Calculation of sexual dysfunction scores by type of marriage shows that those who had a love marriage have significantly lower SD scores than those who had an arranged marriage. (t-value and p-value: t:−3.2; $p < .01$). Women with regular sexual intercourse were found to have significantly lower SD scores than women with irregular intercourse (t: −8.1; $p < .01$).

Table 2. Participant Characteristics Relating to Sex Life

		N	%
Sex life status	Regular sexual intercourse	179	56
	Irregular sexual intercourse	135	42
	No sexual intercourse	7	2
Partner status	Never had a partner	2	1
	Currently has no partner	22	7
	Has a partner but living in separate houses	11	3
	Legally married and living together	275	86
	Cohabiting	11	3
Type of marriage	Love marriage	193	60
	Arranged marriage	115	36
	Other	13	4
Having children	Have a child/children	202	63
	Have no children	119	37
Number of children	0	119	37
	1	85	27
	2	79	25
	3	30	9
	4+	8	2

Similarly, women with children were found to have significantly higher SD scores than women without children (t: 3.8; $p < .01$). The older the women were, and the lower their educational level and income level were, the lower their SD scores were (Table 4).

Factors Affecting Self-Esteem

Comparison of women's self-esteem scores by the type of marriage shows that those who had an arranged marriage had significantly lower self-esteem scores than those who had a love marriage (t: 5.2; $p < .01$). Similarly, women with children were found to have significantly lower self-esteem scores than women without children (t:−4.2; $p < .01$). Comparison of women's self-esteem scores by frequency of sexual intercourse showed that women with regular sexual intercourse had significantly higher self-esteem scores than women with irregular sexual intercourse (t: 5.1; $p < .01$). Self-esteem increased as age and length of marriage decreased, and as income and education level increased (Table 5).

Association between Self-esteem and Sexual Dysfunction

Participants with sexual dysfunction achieved significantly lower scores from the self-esteem inventory than those without sexual dysfunction ($t = 14.25$; $p = 0.000$).

Table 4. Association between demographic characteristics and sexual dysfunctions

		SD Total Score				
		N	Mean	SD	F	p
Educational level	Primary school	89	48.8	18.88	15.84	.000
	Middle school-high school	168	41.2	16.98		
	University	64	33.1	14.84		
Income Level	Income more than expenditure	46	39.8	20	4.31	.014
	Income equal to expenditure	174	39.7	16.4		
	Income less than expenditure	101	45.9	18.8		
Length of marriage	0–24 months	78	38.7	18.1	2.75	.065
	25–132 months	152	41.2	17.4		
	133+ months	91	45.1	18.3		
Age	18–30 years	151	39.4	17.7	2.33	.098
	31–40 years	106	42.6	18.4		
	41+ years	64	45	17.4		

Discussion

Our study found that sexual dysfunction in women differed significantly depending on the number of children. "Having children has been shown to be associated with lower sexual function and greater self-esteem" This result is similar to the results of some studies [3]. A study published in 2019 found significantly higher SD rates in those with three or more children and those with a marriage length of 15 years or more [19]. Women who have given birth and have children were found to have more sexual dysfunction than women who have not given birth and have no children. This may be due to the fact that increased number of children caused increased workload, and resulting time constraints caused increased stress, causing women to be unable to spare enough time for themselves, their husband and thereby for their sex life. It has been found that as occupation, number of children, economic dependency and women's traditional roles such domestic labour increased, sexuality became less important, sexual dysfunctions increased and sexual satisfaction decreased [20].

Table 5. Association between demographic characteristics and self-esteem

		SEI total score				
		N	Mean	SD	F	p
Educational level	Primary school	89	53.9	16.99	27.62	.000
	Middle school-high school	168	61.2	20.04		
	University	64	76.3	16.11		
Income level	Income more than expenditure	46	66.9	23.8	7.15	.001
	Income equal to expenditure	174	64.3	18.4		
	Income less than expenditure	101	56.2	19.6		
Length of marriage	0–24 months	78	67	19.2	5.34	.005
	25–132 months	152	62.7	19.7		
	133+ months	91	57.1	20.1		
Age	18–30 years	151	64.5	19.3	3.58	.029
	31–40 years	106	62.1	20.9		
	41+ years	64	56.6	19.2		
Number of children	0	119	68.1	18.6	8.1	.000
	1	85	63.7	18.9		
	2	79	56.9	19.8		
	3	30	53.1	20.1		
	4+	8	43.5	16.2		

The study found that sexual dysfunctions in women differed significantly depending on the type of marriage; women who had an arranged marriage were found to have more sexual problems than women who had a love marriage. This result is in line with Öztürk's study. This result can be attributed to better communication, sharing and satisfaction in couples who had a love marriage [21,22].

This study found a significant association between women's educational levels and sexual dysfunctions; women with a primary school degree were found to have a lower sex life quality and more sexual dysfunctions than women with a university degree. This result is in line with other studies in the literature. A study conducted with married female healthcare professionals found that as the educational level decreased, problems of sex life increased [23]. Erenel et al. reported that a low educational level was a risk factor for sexual dysfunction [24]. A study by Nogratlı that examined the sexual functioning, marital satisfaction and sexual satisfaction in women concluded that women with high school degrees had lower marital satisfaction scores than those with a university degree or a higher educational level [25].

Our study found that as women's educational level decreased, their self-esteem decreased in parallel. Another study that investigated self-esteem in individuals in different age groups ranging from young adulthood to old age found higher self-esteem in participants with high educational levels of all ages [26]. Sexual satisfaction can decrease with increasing age due to several factors, both physical and psychological. However, it is essential to note that this is not a universal rule, and many people experience satisfying sexual lives as they age. Several studies have investigated these factors, and some key findings from the literature include Physical changes, reduced hormone levels, decreased blood flow, and age-related health issues can affect sexual function and satisfaction, age-related medical conditions, such as heart disease, diabetes, arthritis, and neurological disorders, can impact sexual function and satisfaction,some medications taken for chronic illnesses may have side effects that can negatively affect sexual function and enjoyment, stress, anxiety, and depression can contribute to decreased sexual satisfaction, and older individuals may experience these issues more frequently due to age-related life changes ,changes in relationship dynamics can impact sexual satisfaction in older couples [27–31] Çam et al. reported that there was a statistically significant relationship between increased educational level and self-esteem, and they concluded that self-esteem increased with increasing age [32]. As for why this might be different from the literature, there could be several reasons.The literature might focus on specific populations or age groups that are not representative of the general population, studies that find significant results are more likely to be published, which may lead to an overemphasis on age-related declines in sexual satisfaction, cultural and social norms around sexuality and aging have evolved over time, and the literature may not reflect these changes. Different studies may use different methods and measures to assess sexual satisfaction, making it difficult to draw consistent conclusions. Sexual satisfaction is a highly individual experience, and the literature may not capture the diversity of experiences people have as they age.It is essential to keep in mind that individual experiences may vary, and many older adults can continue to have satisfying sexual lives with appropriate support, communication, and medical care.

This study also revealed that women with regular sexual intercourse had higher self-esteem than women with irregular sexual intercourse. Women with regular sexual activity were found to have higher sexual satisfaction than women with irregular sexual activity. It is known that regular and thus frequent sexual activity leads to higher levels of sexual satisfaction [33].

Our study found that as women grew older, their sexual satisfaction decreased. A study conducted by Türkseven et al. in 2020 found that age did not affect sexual satisfaction in women [34].

Our research showed that as women's sexual dysfunctions increased, their self-esteem decreased. It also revealed a significant difference between self-esteem in women with sexual dysfunction and self-esteem in women without sexual dysfunction; women

with sexual dysfunction had lower and negative self-esteem. This finding is supported by other studies in the literature. Indeed, women without sexual dysfunction have been found to have more positive self-perceptions than women with sexual dysfunction [35]. High self-esteem can help individuals be more confident in what they want and express their desires openly, thereby affecting behaviours and sexual attitudes as well. This can provide a more satisfactory and regular sexuality.

Strengths and Limitations of the Study

Strengths of our study is a new and original study in the field, as it examined multiple variables in combination such as sexual dysfunction, self-esteem and sexual satisfaction in women. The article is a comprehensive and detailed study aimed at examining the relationship between sexual dysfunction, self-esteem, and sexual satisfaction among women. The study takes into account various demographic and socioeconomic variables in order to analyze how different factors affect sexual dysfunction and self-esteem. The results of the study are consistent with existing literature and support previous research on this topic.

Weaknesses of or study are due to the cross-sectional design of the study, causal relationships cannot be determined. Therefore, we can only gain information about relationships and trends from the study results. The sample of the research consists of women who applied to the gynecology outpatient clinic of a hospital in a single province in Turkey. This may limit the generalizability of the results and may not be valid for women in different cultural and geographical regions. The scales and questionnaires used in the study are based on self-reporting methods. This means that participants' responses may be affected by factors such as social desirability or recall bias. Although the research examines the effect of some factors on sexual dysfunction and self-esteem, other potential factors (e.g., psychological status, lifestyle factors) have not been considered. This may limit the scope of the study and further research may be needed to complete the results.

Conclusion and Recommendations

This study aims to investigate the relationships among sexual dysfunction in women, self-esteem, and sexual satisfaction. The study has shown that women with sexual dysfunction have lower self-esteem and various factors influence this relationship. For instance, factors such as education level, having children, and type of marriage have been found to create significant differences in women's levels of sexual dysfunction and self-esteem.

The findings of the study suggest that with proper treatment of sexual dysfunction and interventions for improving self-esteem, women can evaluate themselves more positively and achieve greater sexual satisfaction. Therefore, it is of great importance to teach sexuality accurately and to increase sexual education and awareness among women.

Based on the findings of this study, the following recommendations can be made to address the issues related to sexual dysfunction, self-esteem, and sexual satisfaction among women.

Increase access to information and education: Provide women with accurate information and education about sexuality, sexual health, and sexual dysfunction, in order to dispel myths and misconceptions and promote a healthy attitude towards sexuality.

Encourage open communication: Promote open communication about sexual issues between partners, as well as between healthcare providers and patients. This can help address concerns and find appropriate solutions to sexual dysfunction.

Provide comprehensive healthcare services: Healthcare providers should be trained to diagnose and treat sexual dysfunction in women, and to provide appropriate referrals to specialists when needed. This includes addressing both the physical and psychological aspects of sexual dysfunction.

Develop targeted interventions: Design and implement interventions that specifically address the unique needs of women with sexual dysfunction, such as improving self-esteem and increasing sexual satisfaction. This could involve individual or group counseling, workshops, or support groups.

Foster a supportive environment: Create a social environment that supports women's sexual health and well-being by challenging stigmas and stereotypes related to female sexuality and sexual dysfunction.

Conduct further research: Further research is needed to better understand the complex relationships among sexual dysfunction, self-esteem, and sexual satisfaction, as well as the impact of various factors such as education level, having children, and type of marriage. This can inform the development of more effective interventions and policies to improve women's sexual health and well-being.

Disclosure

Authors have no potential conflicts of interest to disclose.

References

1] Ventriglio A, Bhugra D. Sexuality in the 21st Century: Sexual Fluidity. East Asian Arch Psychiatry. March 2019;29(1):30-4.

[2] Oğuz Y. INVESTIGATION OF SEXUAL DUNCTIONAL DISORDERS IN MARRIED WOMEN IN TERMS OF ANXIETY LEVEL AND EARLY PERCEIVED PARENTAL ATTITUDE [Internet]. NEAR EAST UNIVERSITY INSTITUTE OF SOCIAL SCIENCES CLINICAL PSYCHOLOGY DEPARTMENT; 2019. Access address: http://docs.neu.edu.tr/library/6782658313.pdf

[3] Özdemir Ö, Yilmaz M. Determination of Health Professionals' Belief in Sexual Myths. Adnan Menderes University Faculty of Health Sciences Journal [Internet]. 30 September 2020 [v. 29 June 2022];4(3):221-32. Access address: https://dergipark.org.tr/tr/doi/10.46237/amusbfd.654371

[4] Titchener JL. Human sexual inadequacy. By W. H. Masters and V. E. Johnson. Little, Brown, Boston. 487 pp. 1970. Teratology. November 1971;4(4):465-7.

[5] Kaplan HS. The new sex therapy: Active treatment of sexual dysfunctions. Oxford, England: Brunner/Mazel; 1974. xvi, 544 p. (The new sex therapy: Active treatment of sexual dysfunctions).

[6] Çali D. THE EFFECT OF SEXUAL MYTHS AND RUMINATION ON SEXUAL SATISFACTION IN WOMEN.

[7] Zobar E, Kahyaoğlu Süt H. Relationships among Increasing Age, Sexual Dysfunction, and Sexual Quality of Life in Married Women of Reproductive Age. Bezmialem Science [Internet]. 14 Oct 2021 [v. 29 Jun 2022];9(4):399-406. Access address: http://cms.galenos.com.tr/Uploads/Article_49237/BezmialemScience-9-399-En.pdf

[8] noAcikBilim_10203642.pdf [Internet]. [v.a. 15 April 2023]. Access address: https://acikbilim.yok.gov.tr/bitstream/handle/20.500128 12/710411/yokAcikBilim_10203642.pdf?sequence=-1&isAllowed=y

[9] 2692011154421-Research_results_File_1.pdf [Internet]. [v.a. 15 April 2023]. Access address:

https://www.cetad.org.tr/CetadData/Books/10/2692011154421-Arastirma_sonuclari_Dosyasi_1.pdf
[10] Błachnio A, Przepiorka A, Rudnicka P. Narcissism and self-esteem as predictors of dimensions of Facebook use. Personality and Individual Differences. February 01, 2016;90:296-301.
[11] Kiliçlar M. THE RELATIONSHIP BETWEEN SEXUAL SATISFACTION AND BODY IMAGE AND SELF-RESPECT.
[12] Barrada JR, Castro Á, Río E, Ramos-Villagrasa PJ. Motives to Have Sex: Measurement and Correlates With Sociodemographic, Sexual Life, and Psychosexual Characteristics. Frontiers in Psychology. Jul 01, 2021;12:645493.
[13] Ishak WW, Bokarius A, Jeffrey JK, Davis MC, Bakhta Y. Disorders of orgasm in women: a literature review of etiology and current treatments. JSexMed. Oct 2010;7(10):3254-68.
[14] Thabet JB, Sallemi R, Bouali MM, Charfi N, Charfi N, Zouari L, et al. 2330 – Obesity, Self-esteem And Sexuality: a Comparative Study About 40 Cases. European Psychiatry [Internet]. ed 2013 [v. 29 June 2022];28(S1):1-1. Access: https://www.cambridge.org/core/journals/european-psychiatry/article/abs/2330-obesity-selfesteem-and-sexuality-a-comparative-study-about-40-cases/3DAC2043275FC237B811E711E344C6F7
[15] Wu T, Zheng Y. Effect of Sexual Esteem and Sexual Communication on the Relationship Between Body Image and Sexual Function in Chinese Heterosexual Women. The Journal of Sexual Medicine [Internet]. 01 March 2021 [v. 29 June 2022];18(3):474-86. Access address: https://www.sciencedirect.com/science/article/pii/S1743609520311255
[16] Roberson TG, Miller E. The Coopersmith Self-Esteem Inventory: A Factor Analytic Study. Educational and Psychological Measurement [Internet]. March 01, 1986 [ibid. June 29, 2022];46(1):269-73. Access address: https://doi.org/10.1177/0013164486461033
[17] golombok_a.pdf [Internet]. [v. 29 June 2022]. Access address: https://www.bilisseldavranisci.com/uploads/golombok_a.pdf
[18] TURAN N TB. Validity-reliability study of the Coopersmith Self-Esteem Inventory (SEI). In 1987. p. 816-7. Access address: https://alpha-psychiatry.com/Content/files/sayilar/90/161-168.pdf
[19] Günaydın D, Tiryaki A, Aykut DS, Arslan FC. The Frequency of Sexual Dysfunction in Married Patients aged 18-65 years who applied to the Psychiatry Outpatient Clinic and its Relationship with Sociodemographic Data. Konuralp Medical Journal [Internet]. 23 October 2019 [v. 29 June 2022];11(3):416-23. Access address: https://dergipark.org.tr/tr/pub/ktd/issue/49753/476231
[20] Şafak Öztürk C, Arkar H. Temperament and character dimensions, marital adjustment, and sexual satisfaction in couples with sexual dysfunction (eng). Journal of Clinical Psychiatry [Internet]. 2018 [v. 29 June 2022];21(3):231-44. Access address: https://klinikpsychiatry.org/jvi.aspx?un=KPD-86548&volume=21&issue=3
[21] Akpinar B, Kirlioğlu M. Investigation of Marriage Adjustment in terms of Some Variables and The Effect of Gender Roles Attitude on Marriage Adjustment. Selcuk University Social Sciences Vocational School Journal [Internet]. 30 November 2020 [v. 29 June 2022];23(2):736-46. Access address: https://dergipark.org.tr/tr/pub/selcuksbmyd/issue/57972/664571
[22] Nur ARAS E. EXAMINATION OF WOMEN'S MARRIAGE SATISFACTION WITHIN THE CONTEXT OF SEXUAL QUALITY OF LIFE AND COGNITIVE DISTORTIONS. JOSHAS [Internet]. January 01, 2020 [v. September 24, 2022]; 6(22):70-87. Access address: http://www.journalofsocial.com/DergiTamDetay.aspx?ID=243
[23] Cin G. The relationship between sexual myths and homo satisfaction and sexual functions in married individuals [Master's Thesis]. Social Sciences Institute; 2018.
[24] Erenel AŞ, Kitiş Y. A Study on the Determination of Female Sexual Function. J Clin Obstet Gynecol [Internet]. 2011 [v. 29 June 2022];21(4):251-9. Access address: https://www.jcog.com.tr/article/en-women-sexual-function-determination-yonelik-bir-calisma-61302.html
[25] Nograt MT. Investigation of the relationship between women's sexual function levels, marital satisfaction and sexual satisfaction levels. Examination of the relationship between sexual function levels, marriage satisfaction and sexual satisfaction levels for women [Internet]. 2019 [st. 29 June 2022]; Access address: http://openaccess.maltepe.edu.tr/xmlui/handle/20.500.12415/8267
[26] Intervention Outcomes, Anxiety, Self-Esteem, and Self-Efficacy With DHH Students in Universities | The Journal of Deaf Studies and Deaf Education | Oxford Academic [Internet]. [v. 29 June 2022]. Access address: https://academic.oup.com/jdsde/article/26/1/58/5903690?login=true
[27] DeLamater JD, Sill M. Sexual desire in later life. J Sex Res. May 2005;42(2):138-49.
[28] Woloski-Wruble AC, Oliel Y, Leefsma M, Hochner-Celnikier D. Sexual activities, sexual and life satisfaction, and successful aging in women. JSexMed. Jul 2010;7(7):2401-10.
[29] Lindau ST, Gavrilova N. Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of aging. BMJ. March 09, 2010;340:c810.
[30] Avis NE, Colvin A, Karlamangla AS, Crawford S, Hess R, Waetjen LE, et al. Change in sexual functioning over the menopausal transition: results from the Study of Women's Health Across the Nation. menopause April 2017;24(4):379-90.
[31] Rosen RC, Bachmann GA. Sexual well-being, happiness, and satisfaction, in women: the case for a new conceptual paradigm. J Sex Marital Ther. 2008;34(4):291-7; discussion 298-307.
[32] Yalçıner N, Çam O, Demir B, İnce Ş, Koçoğlu Z, Sağlam B. PROFESSIONAL SELF CONCEPT IN STUDENT NURSES AND ITS AFFECTING FACTORS. Journal of Ege University Faculty of Nursing [Internet]. 26 April 2018 [v. 29 June 2022];34(1):66-78. Access address: https://dergipark.org.tr/tr/pub/egehemsire/issue/36787/341636
[33] Yucel D, Gassanov MA. Exploring actor and partner correlates of sexual satisfaction among married couples. Social Science Research. 2010;39(5):725-38.
[34] Türkseven A, Söylemez İ, Dursun P. THE RELATIONSHIP BETWEEN SEXUAL FUNCTIONAL DISORDERS AND MARRIAGE HARMONY. Crisis Journal [Internet]. 25 April 2020 [v. 29 June 2022];28(1):9-20. Access address: https://dergipark.org.tr/tr/pub/kriz/issue/53911/621232
[35] Uzunoğlu S. The relationship between sexual self-schemas and sexual function levels of married women. 2021 [st. 29 June 2022]; Access address: http://acikerisim.kent.edu.tr/xmlui/handle/20.500.12780/408.
.