

RESEARCH ARTICLE

The effect of women's sexual functioning on quality of their sexual life

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Keywords

Women • Sexual function • Quality of sexual life

Summary

Introduction. Considering the high prevalence of sexual dysfunction among women and the role of quality of sexual life in women's life and health, in addition to the important role of sexual function evaluation in measuring quality of life, this study aimed to determine the effect of female sexual function on the quality of sexual life.

Material and methods. This research was a descriptive and cross-sectional. The population of this study was 420 women from Qazvin in 2020, who were selected by multi-stage sampling. The data collection tool was a demographic questionnaire and Persian version of the Female Sexual Function Assessment questionnaire (FSFI) and Sexual Quality of Life Questionnaire (SQOL-F).

Data were analyzed using SPSS 23, and descriptive statistics and logistic regression were applied.

Results. The mean (SD) of sexual function score was 21.56 (4.83) out of 36, therefore, it was at an unfavorable level. Also, the mean (SD) score of sexual quality of life 59.71 (19.21) was out of 108 (moderate). The results of logistic regression test showed that the variables of sexual function, age and level of education of women were the factors affecting the quality of women's sexual life ($P < 0.05$).

Conclusions. Young women with lower sexual function, and lower level of education had lower quality of sexual life. Hence, it is necessary to pay more attention to these women in designing educational programs for improving the quality of their sexual life.

Introduction

Sexual activity is one of the important aspects of human life that can be influenced by personal characteristics, interpersonal relationships, family and socio-cultural circumstances, surrounding environment, history of sexual activity between spouses, in addition to the physical/mental and hormonal health status [1]. Sexual health is one of the main pillars for the stable marital life, hence, having comfortable sexual relations is highly influential in triggering happiness and improving quality of life [2]. Sexual health is the harmony between body, mind and feeling which contributes in shaping social and intellectual dimensions of one's personality [3, 4].

Sexual function is a part of human life and behavior, and sexual health is strongly intertwined with the individual's personality [5]. Human sexual function is a process that stands for a combination of different parts and requires coordination between the nervous, vascular and endocrine systems [6]. Normal sexual function is a component of a woman's sexual and mental health, and changes in this function due to any reason can cause problems in emotions and interpersonal communication that might affect the other functions of women [1]. Sexual function for women is a state of ability to achieve sexual arousal,

orgasm and satisfaction, which enhances health and status with a good quality of life [6]. Latest research on sexual health in Iran showed that women had poor sexual function [5]. Also, in Ladari et al. [7] and Tabaghdehi et al. [8] studies, 48.5 and 45.2% of women experienced sexual dysfunction, respectively. On the other hand, sexual function is defined as a substantial part of health and an integral part of life in order to achieve sexual pleasure, which leads to better health and promoted quality of life [4]. One of the important physical and psychological dimensions of women's quality of life is their way in practicing sexual life, which is affected by many factors [9].

Quality of sexual life is one of the key issues in the field of sexual and reproductive health. In most studies, sexual dysfunction is the main feature used to investigate the quality of life [10]. In other words, evaluation of sexual function plays a crucial role in measuring quality of life [11, 12]. Nowadays, there is a consensus on the interrelation between the quality of sexual life, and the level of satisfaction, and the level of general quality of life, so that the low quality of sexual life can be an indication to the low general quality of life [10]. The results of studies conducted in Iran and other countries have reported different levels of sexual quality of life among women. Moderate levels of sexual quality of life were reported in the

studies of AJ et al. [13] and Kisa et al. [14], while these levels were good in Samimi et al. [15], Aduloju et al. [16] and Roshan Chesli et al. [17].

Considering the high prevalence of sexual dysfunction among women [10], and its determining role of quality of women's sexual life [9], in addition to its importance in measuring quality of life [11, 12], this study aimed to determine the effect of women's sexual function on their quality of sexual life.

Methods

The present study was a descriptive-analytical cross-sectional conducted in 2020 among women referring to health centers in Qazvin. Sampling was done through one-stage cluster method so that at first a list of all comprehensive health centers in Qazvin was prepared. Then, out of these 24 centers, 6 centers from the north, south, and the city center were randomly selected and all women referring to these centers, who met the inclusion criteria, entered the study after obtaining written informed consent, and all eligible women referring to these centers were selected to participate in the study after granting the informed consent.

Regarding inclusion criteria, women who were referring to health centers in Qazvin, having a spouse and living together for at least one year, sexually-active, not having any chronic debilitating disease, not having a spouse suffering from premature ejaculation or impotence, with no diagnosed mental health problems (according to the participant's report), finished at least their basic education, and showed willingness to participate in the study. Suffering from genital diseases and/or genital surgery affecting sexual potency, tubectomy, and use of drugs to reduce libido were exclusion criteria in this study. Moreover, incomplete questionnaires were excluded, and non-willingness to take part was considered as exclusion criteria.

One of the study objectives was to assess women's sexual function. Therefore, according to the results of Maasoumi et al. study [5] and considering $P = 0.52$ for the frequency of sexual function, as well as using the formula of Cochran's sample size and calculating $d = 0.05$, the estimated sample size was 383. However, non-response rate was considered 10%, thereby, the sample size has been increased to 420.

Data were collected in this study using a questionnaire that included the following:

- *demographic and contextual information*: including age of participant, level of education, employment status, age of first child, age of spouse, spouse's educational level, duration of marriage, age at marriage, number of weekly sexual intercours, and use of contraceptives;
- *the Persian version of the Female Sexual Function Questionnaire* (FSFI) was used to assess women's sexual activity in the last four weeks prior to the

study. This questionnaire consists of 19 items; sexual desire (2 items for example: Over the past 4 weeks, how often did you feel sexual desire or interest?), arousal (4 items for example: Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?), orgasm (3 items), sexual pain (3 items for example: Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?), genital softening (4 items for example: Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?) and sexual satisfaction (3 items for example: Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?).

Each item has 6 choices; 'I did not have sexual activity = 0', 'never = 1', 'rarely = 2', 'sometimes = 3', 'often = 4' and 'always = 5.' The minimum score of the questionnaire was 2, the maximum score was 36, and the cut-off point was 28. In other words, scores higher than the cut-off point indicated desirable sexual performance [18]. The validity and reliability of this instrument in Iran have been assured by Mohammadi et al. as they found the Cronbach's alpha coefficient in their study was 0.87 [19]. Also in the present study, Cronbach's alpha coefficient for FSFI was 0.81. Therefore, the Persian version of FSFI is a reliable tool for assessing the sexual performance of Iranian women.

- To evaluate the quality of women's sexual life, the Persian version of the Sexual Quality of Life Questionnaire (SQOL-F) was used. This questionnaire was firstly designed in 1998, and revised and validated in 2005 by Symonds et al. [20]. This questionnaire is composed of 18 questions (for example 3 question: When I think about my sexual life, I find it an enjoyable part of my whole life. I have lost my self-confidence as a sexual partner. When I think about my sexual life, I feel like I have lost something) on a six-point Likert scale (strongly agree = 6, agree = 5, neutral = 4, disagree = 3 and strongly disagree = 2). The minimum score obtained was 18 and the maximum score was 108. The higher scores indicate a better quality of sex life [20]. For judging the results, the references values adopted in that study were classified as follow: (18-36) = poor quality, (37-72) = medium quality and (73-108) = good quality [20-21]. In the present study, the standardized questionnaire in Maasoumi et al. [21] was used. This questionnaire was translated and psychometric in 2013, and the Cronbach's alpha coefficient was 0.73 and the internal correlation coefficient was 0.88. Also, content validity index and content validity ratio have been reported as 0.91 and 0.84, respectively [21]. In the current study, Cronbach's alpha coefficient for this questionnaire was

0.76. According to the researchers of the present study, the quality of sexual life was described as: undesirable when the score was in the range 18-36, and desirable when it was between 37 and 108. Data were analyzed using SPSS software version 23, and the descriptive statistics and logistic regression were applied to show the characteristics of study sample size, and to determine the influential factors on the measures under study, respectively. It should be noted that the quality of sexual life was the dependent variable, and the variables of age, level of education, employment status, age of first child, age of spouse, level of spouse education, duration of marriage, age at marriage, number of sexual intercours per week, contraceptive use and sexual function, were the independent variables. In addition, the level of significance in this study was considered at $p < 0.05$.

ETHICAL CONSIDERATIONS

Ethical approval was granted by the Vice Chancellor for Research and Technology at Qazvin University of Medical Sciences (IR.QUMS.REC.1399.077). An introductory letter was sent to the health centers in Qazvin explaining the nature and study objectives, and presenting the study questionnaires. Confidentiality of collected information was assured for the officials of the comprehensive health centers as well as the participating women.

Results

A total of 420 women with mean (SD) age 33.14 (4.59) years were included in the study (the response rate was 100%). Of them, 59.5% ($n = 250$) were under 30 years old, 43.8% ($n = 184$) were housewives, and 47.4% ($n = 199$) were holding bachelor degree or higher. Table I shows the other sociodemographic characteristics of the participating women.

The results showed that the mean (SD) score of sexual performance of female participants was 21.56 (4.83) out of 36, and this indicated an unfavorable level. Also, 59.3% ($n = 249$) and 40.7% ($n = 171$) experienced poor and good sexual function, respectively. The mean (SD) score of quality of sexual life of the participants was 59.71 (19.21) was out of 108 points, and lied in the moderate level. In addition, 25.5% ($n = 107$) had poor quality of sex life, while, 60% ($n = 252$) and 14.5% ($n = 61$) reported moderate and good quality of sexual life, respectively.

Table II illustrates the results of logistic regression which sought to determine the factors affecting the quality of sexual life of women in the study. The results revealed that age, level of education and sexual function were the most influential factors on the quality of women's sexual life ($p < 0.05$):

Age variable was one of the factors affecting the quality of women's sexual life ($p = 0.024$); so that

the chance of having a desirable quality of sex life in women aged ≥ 30 was 1.104 times higher than women < 30 years old. Also, the level of education was also an influential factor on the quality of women's sexual life ($p = 0.017$); so that the women with bachelor's and higher education, and post-diploma education had a desirable quality of sex life 1.586 and 1.258, respectively, higher than those with elementary education. Meantime the variable of sexual functioning significantly affected the quality of women's sexual life of ($p = 0.009$), thus, the women with good sexual performance was 3.221 times better than women with poor sexual performance regarding quality of sexual life.

Unlike, employment status, age of the first child, age of spouse, level of spouse education, duration of marriage, age at marriage, number of sexual intercours per week and use of contraceptives have led to statistically non-significant differences in the quality of women's sexual life.

Tab. I. Demographic and contextual characteristics of the study participants.

| # | Variable | Frequency | | |
|-----|-----------------------------|---------------------|-----|------|
| | | (n) | (%) | |
| 1. | Age (years) | Under 30 | 170 | 40.5 |
| | | 30 or above | 250 | 59.5 |
| 2. | Educational level | Elementary | 45 | 10.7 |
| | | Middle school | 32 | 7.6 |
| | | Diploma | 47 | 11.2 |
| | | Associate degree | 97 | 23.1 |
| | | Bachelor and higher | 199 | 47.4 |
| 3. | Employment status | Housewife | 184 | 43.8 |
| | | Unemployed | 47 | 11.2 |
| | | Employee | 131 | 31.2 |
| | | Self-employed | 58 | 13.8 |
| 4. | Age of first child (years) | < 10 | 150 | 35.7 |
| | | 10-20 | 139 | 33.1 |
| | | > 20 | 131 | 31.2 |
| 5. | Age of spouse (years) | < 35 | 196 | 46.7 |
| | | ≥ 35 | 224 | 53.3 |
| 6. | Educational level of spouse | Elementary | 44 | 10.5 |
| | | Middle | 31 | 7.4 |
| | | Diploma | 59 | 14 |
| | | Associate degree | 89 | 21.2 |
| | | Bachelor and higher | 197 | 46.9 |
| 7. | Marriage duration (years) | < 10 | 149 | 35.5 |
| | | 10-20 | 140 | 33.3 |
| | | > 20 | 131 | 31.2 |
| 8. | Age at marriage (years) | < 25 | 188 | 44.7 |
| | | 25-35 | 162 | 38.6 |
| | | > 35 | 70 | 16.7 |
| 9. | Sexual intercours per week | 0 | 82 | 19.5 |
| | | 1 | 113 | 26.9 |
| | | 2-3 | 134 | 31.9 |
| | | ≥ 4 | 91 | 21.7 |
| 10. | Use of contraceptives | Yes | 226 | 53.8 |
| | | No | 194 | 46.2 |

Tab. II. Factors affecting the quality of women's sexual life based on logistic regression analysis.

| # | Variable | Significance level | OR | |
|-----|------------------------------|---------------------|-------|--------|
| 1. | Age | 0.025 | 0.104 | |
| 2. | Educational level | Elementary | 0.017 | |
| | | Middle school | 0.447 | 0.217 |
| | | Diploma | 0.258 | 0.616 |
| | | Associate degree | 0.031 | 0.258 |
| | | Bachelor and higher | 0.021 | 1.586 |
| 3. | Employment status | Housewife | 0.366 | |
| | | Unemployed | 0.744 | 0.584 |
| | | Employee | 0.599 | 0.249 |
| | | Self-employed | 0.312 | 0.125 |
| 4. | Age of first child (years) | < 10 | 0.325 | |
| | | 10-20 | 0.086 | 12.288 |
| | | > 20 | 0.586 | 4.347 |
| 5. | Age of spouse | 0.181 | 1.214 | |
| | Educational level of spouse | Elementary | 0.753 | 0.133 |
| | | Middle | 0.512 | 0.222 |
| | | Diploma | 0.799 | 0.219 |
| | | Associate degree | 0.847 | 0.334 |
| | | Bachelor and higher | 0.745 | 0.211 |
| 7. | Marriage duration (years) | < 10 | 0.788 | |
| | | 10-20 | 0.941 | 0.447 |
| | | > 20 | 0.957 | 1.458 |
| 8. | Age at marriage (years) | < 25 | 0.081 | |
| | | 25-35 | 0.093 | 2.111 |
| | | > 35 | 0.884 | 0.254 |
| 9. | Sexual intercourses per week | 0 | 0.061 | |
| | | 1 | 0.873 | 0.258 |
| | | 2-3 | 0.071 | 3.245 |
| | | ≥ 4 | 0.062 | 2.554 |
| 10. | Sexual activity | 0.009 | 3.221 | |
| 11. | Use of contraceptives | 0.588 | 2.471 | |
| 12. | Intercept | 1.000 | 6.23 | |

Discussion

The aim of this study was to determine the effect of women's sexual function from in Qazvin, Iran on their quality of sexual life. The results of the present study showed that the quality of sexual life of participating women was moderate, and was in line with the results of Kisa et al. [14], Aj et al. [13] and Sezgin et al. [22] studies, but inconsistent with the results of Samimi et al. [15], Maasoumi et al. [21] and Roshan Chesli et al. [17] and Ahmadian Chashemi et al. [23] and Aduloju et al. [16]. In the abovementioned studies, the quality of women's sexual life was at a good level. The potential reasons for this discrepancy could be attributed to the difference in the research community, context and employment status of women in these studies compared to the present one, in which the majority of women were housewives, while in the aforementioned studies, most of them were employees. The nature of work is also one of the important factors that can affect the quality of life and, consequently, the quality of sexual life [15].

The results of the present study demonstrated that the sexual performance of participating women was an unfavorable. Considering the average level of quality of sexual life and its relationship between with sexual function in this study, it was assumed that sexual functioning will be also moderate. Thereby, this indicates that in addition to sexual functioning, there are some other confounders might influence the quality of sexual life of women under study. In the study of Maasoumi et al., the sexual performance of the participating women was also unfavorable [5]. The results of Kingsberg [24] and Aslan [25] studies were consistent with the results of the present study as well. Conversely, Sahebalzamani et al. [26] and Karamidehkordi [27] stated that the majority of participants in their studies had good sexual functioning. One of the reasons for this difference can be owned to the variation in the statistical population, cultural conditions and tools used. Furthermore, embarrassment of women to talk about sexual issues, lack of clear understanding sexual-related issues, and the paucity of studies in this domain, can be other reasons for this discrepancy.

In the current study, age was one of the factors affecting the quality of sexual life of women. It is noteworthy that age can led to differences in couples' sexual performance and, consequently, the quality of women's sexual life by making changes in sexual feelings and desires, sexual harmony, body shape, sexual ability and health status. These results were consistent with the studies of Beigi et al. [28] and Shahraki et al. [29]. Similarly, Samimi et al. believed that the role of age is prominent in the sexual functioning and quality of sexual life, and this role cannot be ignored [15].

The educational level of women was one also an influential factor on the quality of women's sexual life. Science and knowledge play a role in the growth and intellect of individuals. It also affects the way people behave and how they socially interact with each other in general and with their family members in particular. Therefore, this can justify the contribution of education level in improving the quality of women's sex life, which in turn were consistent with the results of various studies in the literature [28, 30-33].

The effect of sexual functioning on the quality of sexual life of women was also notable. This can be associated with the relationship between sexual desire and the impact on individual, social and family relationships; and this ultimately affects the quality of life of women and consequently the quality of their sexual life. Moreover, both sexual functioning and quality of sexual life focus on sexual issues, therefore, existence of this relationship is conceivable. These results were in line with the results of studies carried out by Nazarpour et al. [34], Chedraui et al. [35], Nappi et al. [36], Nicolosi et al. [37] and Ambler et al. [38].

To the best of our knowledge, the present study was the first to examine the relationship between sexual functioning and quality of women's sexual life. The most important limitation of this study was the lack of previous which in turn limited the comparability, and drew attention toward

the necessity of conducting further studies in the future. Additionally, self-report in completing the questionnaire is not expected to provide accurate information about the participant. Also, the relatively small sample size was another limitation. Furthermore, the results of the study cannot be generalizable as it was conducted only among selected women of several comprehensive health centers in one province, Qazvin. Accordingly, further researches on a larger scale are recommended on women in this city and other cities, especially in rural areas.

Conclusions

Overall, the results of the present study showed that the quality of sexual life and sexual functioning among the participating women were moderate and unfavorable, respectively. Also, variables including; age, level of women's education and sexual performance were factors affecting the quality of women's sexual life. Therefore, there is a compelling need to design and implement the necessary training to improve the quality of sexual life among these women, especially those younger women with weak sexual functioning, and lower level of education.

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Conflict of interest statement

The authors declare no conflict of interest.

Authors' contributions

This study substantial contributions to the conception design of the work LD and RP, the acquisition, analysis and interpretation of data RP and LD, MA, EJ, KHJ; the creation of new software used in the work LD, and MA, EJ, KHJ; have drafted the work or substantively revised it LD and RP. All authors have read and approved the manuscript.

References

- [1] Nezal AJ, Samii Rad F, Kalhor M, Hasanpour K, Alipour M, Montazeri A. Sexual quality of life in pregnant women: A cross sectional study. *IHSR* 2019;17:421-9.
- [2] Setoudeh S, Motaghi M, Mosavi M. Survey of sexual satisfac-

tion in women referred to public health centers of Mashhad in 2017. *JSUMS* 2019;26:73-80.

- [3] Birnbaum GE. Attachment orientations, sexual functioning, and relationship satisfaction in a community sample of women. *JSPR* 2007;24:21-35. <https://doi.org/10.1177/0265407507072576>
- [4] Ahmadiania E, Haseli A, Karamat A. Therapeutic interventions conducted on improving women's sexual satisfaction and function during reproductive ages in Iran: a systematic review. *J Mazandaran Univ Med Sci* 2017;27 :146-62.
- [5] Masoumi S.Z, Alavipour N, Parsa P, Kazemi F. Demographic factors affecting sexual dysfunction in postmenopausal women. *IJECH* 2020;7:5-12.
- [6] Hajnasiri H, Aslanbeygi N, Moafi F, Mafi M, Bajalan Z. Investigating the relationship between sexual function and mental health in pregnant females. *IJPN* 2018;6 :33-40.
- [7] Ramezani Tehrani F, Farahmand M, Mehrabi Y, Malek-afzali H, Abedini M. Sexual dysfunction and its influencing factors: population -based study among women living in urban areas in four provinces. *Payesh* 2012;11:869-75.
- [8] Hoseini Tabaghdehi M, Haji Kazemi E, Hoseini F. The relative frequency of sexual dysfunction and some related factors in the women referred to the health centers of Sari City (2006). *J Mazandaran Univ Med Sci* 2012;22:102-7.
- [9] Nejat S. Quality of life and its measurement. *JHIPH* 2008;2:57-62.
- [10] Lamyian M, Zarei F, Montazeri A, Hajizadeh E, Maasoumi R. Exploring the factors affecting Iranian women's quality of sexual life. *HAYAT* 2016;22:185-200.
- [11] Daker-White G, Donovan J. Sexual satisfaction, quality of life and the transaction of intimacy in hospital patients' accounts of their (hetero) sexual relationships. *Sociol Health Illn* 2002;24:89-113. <https://doi.org/10.1111/1467-9566.00005>
- [12] Hisasue S, Kumamoto Y, Sato Y, Masumori N, Horita H, Kato R, Kobayashi K, Hashimoto K, Yamashita N, Itoh N. Prevalence of female sexual dysfunction symptoms and its relationship to quality of life: a Japanese female cohort study. *Urology* 2005;65:143-8. <https://doi.org/10.1016/j.urology.2004.08.003>
- [13] Nezal AJ, Fatemi Samii Rad, Mehri Kalhor, kobra hasanpour, Mahmood Alipour, Ali Montazeri. Sexual quality of life in pregnant women: a cross sectional study. *Payesh* 2018;17:421-9.
- [14] Kisa S, Zeyneloğlu S, Yilmaz D, Güner T. Quality of sexual life and its effect on marital adjustment of Turkish women in pregnancy. *J Sex Marital Ther* 2014;40:309-22. <https://doi.org/10.1080/0092623X.2012.751071>
- [15] Samimi K, Mokarami HR, Tontab Haghghi S, Taban E, Yazdani Aval M, Maasoumi R. Assessment of affecting factors on women's sexual quality of life among hospital employees. *GOUMS* 2016;18:128-34.
- [16] Aduloju OP, Olaogun OD, Aduloju T. Quality of life in women of reproductive age: a comparative study of infertile and fertile women in a Nigerian tertiary Centre. *J Obstet Gynaecol* 2017;18:1-5. <https://doi.org/10.1080/01443615.2017.1347916>
- [17] Roshan Chesli R, Soleymani Z, Tahoori E, Mantashloo S, Hashemi A. Evaluate the psychometric properties of sexual quality of life questionnaire (SQOL-F). *CPAP* 2019;17:213-24.
- [18] Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R, D'Agostino R. The female sexual function index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther* 2000;26:191-208. <https://doi.org/10.1080/009262300278597>
- [19] Mohammadi K, Heidari M, Faqihzadeh S. The validation of female sexual function index (FSFI) in the women: Persian Version. *Payesh Journal* 2008;7:270-8.
- [20] Symonds T, Boolell M, Quirk F. Development of a questionnaire on sexual quality of life in women. *J Sex Marital Ther* 2005;31:385-97. <https://doi.org/10.1080/00926230591006502>
- [21] Maasoumi R, Lamyian M, Montazeri A, Azin SA, Aguilar-

- Vafaie ME, Hajizadeh E. The sexual quality of life-female (SQOL- F) questionnaire: translation and psychometric properties of the Iranian version. *Reprod Health* 2013;10:25. <https://doi.org/10.1186/1742-4755-10-25>
- [22] Sezgin H, Hocaoglu C, Guvendag-Guven ES. Disability, psychiatric symptoms, and quality of life in infertile women: a cross-sectional study in Turkey. *Shanghai Arch Psychiatry* 2016;28:86-94. <https://doi.org/10.11919/j.issn.1002-0829.216014>
- [23] Ahmadian Chashemi N, Mirrezaie SM, Nouhi Sh, Khastar H. Evaluating the relationship between sleep disturbances and sexual quality of life among female shift working nurses. *JKH* 2018;13:19-25.
- [24] Kingsberg SA. The impact of aging on sexual function in women and their partners. *Arch Sex Behav and sexual function in menopausal age; a population based cross-sectional study. Iran J Reprod Med* 2013;11:631-6.
- [25] Aslan E, Beji NK, Gungor I, Kadioglu A, Dikencik BK. Prevalence and risk factors for low sexual function in women: a study of 1,009 women in an outpatient clinic of a university hospital in Istanbul. *J Sex Med* 2008;5:2044-52. <https://doi.org/10.1111/j.1743-6109.2008.00873.x>
- [26] Sahebalzamani M, Mostaedi Z, Farahani H, Sokhanvar M. Relationship between health literacy and sexual function and sexual satisfaction in infertile couples referred to the Royan Institute. *Int J Fertil Steril* 2018;12:136-41. <https://doi.org/10.22074/ijfs.2018.5185>
- [27] Karamidehkordi A, Roudsari RL. Body image and its relationship with sexual function and marital adjustment in infertile women. *Iran J Nurs Midwifery Res* 2014;19(7-1):S51-58.
- [28] Beigi M, Fahami F, Hassan-Zahraei R, Arman S. Sexual dysfunction in menopause. *JIMS* 2008;26:294-300.
- [29] Shahraki Z, Tanha FD, Ghajarzadeh M. Depression, sexual dysfunction and sexual quality of life in women with infertility. *BMC* 2018;18:92. <https://doi.org/10.1186/s12905-018-0584-2>
- [30] Kim JS, Kang S. A study on body image, sexual quality of life, depression, and quality of life in middle-aged adults. *Asian Nurs Res (Korean Soc Nurs Sci)* 2015;9:96-103. <https://doi.org/10.1016/j.anr.2014.12.001>
- [31] Ramezani Tehrani F, Farahmand M, Mehrabi Y, Malek Afzali H, Abedini M. Prevalence of female sexual dysfunction and its correlated factors: a population based study. *Payesh* 2012;11:869-75.
- [32] Mirzaei H, Aghayari T, Katebi M. A study on life quality among married women in family institution. *SSI* 2014;1:71-93.
- [33] Santelli JS, Abma J, Ventura S, Lindberg L, Morrow B, John A, Lyss SH, Hamilton B. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *JAH* 2005;35:80-90.
- [34] Nazarpour S, Simbar M, Ramezani Tehrani F, Alavi Majd H. Relationship between sexual function and quality of life in post-menopausal women. *J Mazandaran Univ Med Sci* 2016;26:90-8.
- [35] Chedraui P, San Miguel G, Avila C. Quality of life impairment during the female menopausal transition is related to personal and partner factors. *Gynecol Endocrinol* 2009;25:130-5. <https://doi.org/10.1080/09513590802617770>
- [36] Nappi RE, Lachowsky M. Menopause and sexuality: prevalence of symptoms and impact on quality of life. *Maturitas* 2009;63:138-41. <https://doi.org/10.1016/j.maturitas.2009.03.021>
- [37] Ambler DR, Bieber EJ, Diamond MP. Sexual function in elderly women: a review of current literature. *Rev Obstet Gynecol* 2012;5:16-27.
- [38] Nicolosi A, Laumann EO, Glasser DB, Moreira ED Jr, Paik A, Gingell C, Gingell C. Sexual behavior and sexual dysfunctions after age 40: the global study of sexual attitudes and behaviors. *Urology* 2004;64:991-7. <https://doi.org/10.1016/j.urolgy.2004.06.055>

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