Italian Journal of
Gynæcology & Obstetrics
June 2024 - Vol. 36 - N. 2 - Quarterly - ISSN 2385 – 0868

The relationship of perceived social support with sexual satisfaction and marital commitment in Iranian married women

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ARTICLE INFO

History
Received: 18 March 2023
Received in revised form: 15 May 2023
Accepted: 13 June 2023
Available online: 03 June 2024

DOI: 10.36129/jog.2023.131

Key words
Marital commitment; sexual satisfaction; women; perceived social support.

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ABSTRACT

Objective. Perceived social support is another effective factor in sexual satisfaction and marital commitment. This study aimed to determine the relationship of perceived social support with sexual satisfaction and marital commitment in Iranian married women in 2022.
Materials and Methods. This cross-sectional study was conducted on 330 women who attended the Women's Healthcare Clinic in Iran from June to December 2022. The questionnaires were Larsson sexual satisfaction and marital commitment Adams and Sarason's Perceived Social Support were assessed. Data were analysed using Pearson, independent t, one-way ANOVA tests, and descriptive statistics.
Results. The mean age of women was 27.45 ± 5.77 years. There was a significant correlation of perceived social support with sexual satisfaction and marital commitment $p < 0.01$, $r = 0.678$). An adjusted general linear model showed a significant statistical relationship of perceived social support with sexual satisfaction (B: 0.7; 95%CI 0.6-0.8; $p < 0.001$), and marital commitment (B: 0.3; 95%CI 0.2-0.4; $p < 0.001$).
Conclusions. Women with more perceived social support levels had higher sexual satisfaction and marital commitment. Therefore, health planners should adopt strategies to increase perceived social support, sexual satisfaction and marital commitment in married women.

INTRODUCTION

Marital commitment is strongest and the vast majority stable foreseeing component from claiming personal satisfaction and soundness of a marriage [1]. When couples require whole deal perspectives also, they settle on sacrifices with the individual relationship. They settle on every attempt ought to stay with likewise strengthen their bonds also they remain wedded in reality setting of this purpose when fizzles [2]. There might be a join between higher levels of matrimonial commitment, extra need expression, higher flexible and reliability to matrimonial relationship, better issue comprehending abilities, in addition to matrimonial commitment. Additionally, more levels matrimonial guarantee are joined with matrimonial exhaustion. Furthermore, as commitment levels increase in marriage,

there is no risk of marital exhaustion. It seems like the commitment of both partners and additional guarantees will strengthen the relationship and potentially lead to a successful partnership [3]. Despite several investigations, compelling reason has been guided to Iranian amount to be illustrated. This research might be supportive to distinguish a few factors influencing sexual satisfaction. Moving forward, this consciousness might convince social insurance suppliers to create context-based, project to tend to conjugal satisfaction; thereby, higher conjugal fulfilment might lead with crew dependability. Perceived social support is another effective factor in sexual satisfaction and marital commitment [4]. It can be defined as the presence or availability of reliable friends. Those who let us know they care about, envalue and love us [6]. Perceived social support emphasizes the availability and quality of relationship with people who provides us with supportive necessary resources. It consists of emotional, instrumental and informational support [7]. Its existence helps individuals maintain physical health, improves the adjusting and treating of illness, and reduces psychiatric symptoms. It also helps an individual to deal with the anxiety and loneliness following the death of a family member [2]. Couples can reduce stressful events in life or prevent them through perceived social support. It creates positive reinforcement and a sense of belonging and enhances satisfaction in marriage and life. This support acts as a shield or buffer against environmental stresses such as marital issues and loss. Those receiving perceived social support in their marriage are less prone to physical and psychological issues and experience more marital commitment [8, 9]. The quality of sexual relations, the satisfaction level in such relations, and marital commitment are crucial factors in the family and society's health. We found no previous study on the relationship between perceived social support with sexual satisfaction and marital commitment. This study aimed to determine the relationship between perceived social support and both sexual satisfaction and marital commitment in married females referring to health centres in Iran.

MATERIALS AND METHODS

This is a descriptive-analytical cross-sectional study on 330 married women of reproductive referring to health centres in Iran in 2022.

Inclusion criteria

- Married women of 15-49 years.
- Having a tendency to participate in the study.
- Being Iranian.

Exclusion criteria

- Women during breastfeeding.
- Menopausal women.
- Pregnant women.
- Consumption of hormonal drugs.

Ethical approval (IR.TRJUMS.REC.1402.006) for this study was gained from the research Ethics Committee at Iran. Before the enrolment, an informed consent was obtained from all the participants.

The sample size was calculated based on study on perceived social support for women of reproductive age [20]. According to the formula, the sample size was 300, and, by adding 10% for dropouts, the sample size was increased to 330:

$n = [(Z1 - \alpha/2)^2 \times (P \times q)] / d^2 = 0.895/0.003 = 298.33 \sim 330$

where:

$Z1 = 1.96$

$\alpha = 0.05$

$P = 0.63$

$q = 0.37$

$d = 0.1 \times P$

This cross-sectional study was conducted using a convenience sampling method on 330 women. In each selected centre, the appropriate number of samples was calculated as a fraction of the total sample size according to the centre's demographics (number of married female clients of the centre between 15 and 49 years old). The researcher contacted people using their filled contact numbers and gave them a brief explanation of the reasons of the research, the workflow, and the methods. Individuals were evaluated by inclusion and exclusion criteria in the same call. The eligible ones were asked to attend the corresponding health centre on a certain date and time to fill out the questionnaires. The visiting people were provided with comprehensive information regarding the research necessity, benefits, results, workflow, and confidentiality of information. They were then asked to fill out a consent form. Finally, data were collected through study questionnaires via interviews with participants. The instruments for this study are: the socio-demographic character-

istics questionnaire, the Marital Commitment Adams Questionnaire, Marital Commitment Adams scale and The Larsson sexual satisfaction scale.
This consists of questions about age, duration of the marriage, education level, women's job, husband's job, the adequacy of household income, place of residence, marital commitment, and the number of children.
Marital commitment Adams (1997) standard questionnaire was applied. This questionnaire covers three aspects of personal commitment (questions 4, 8, 10, 11, 14, 16, 18, 21, 24, 25, 27, 28, 31, 32 35, 36, 38, 44), moral commitment (questions 6, 9, 13, 20, 22, 23, 26, 29, 30, 34, 37, 41) and structural commitment (questions 5, 7, 12, 15, 17, 19, 33, 39, 40, 42, 43) and consists of 44 questions. 5-level Likert spectrum is used to answer the questions, with 1 being very little and 5 being very much. Most of the items of the questionnaire are scored directly, but questions 11, 12, 16, 23, 28, 29, 30, 32, 34, 35, 36, 38 are scored in reverse order. The general scoring range is between 1 and 172, and the higher scores show higher levels of marital commitment. The instrument's Cronbach's alpha and Interclass Correlation Coefficient (ICC) were 0.84 and 0.9, respectively [20].
The questionnaire contains 25 questions with quintuple-choice answers based on a Likert scale of 1-5 scores. Scores of 25-50, 51-75, 76-100, and 101-125 denote zero, low, intermediate, and high sexual satisfaction levels, respectively. The Cronbach's alphas for perceived social support, sexual satisfaction, and marital commitment were 0.82, 0.92, and 0.95, respectively.
Data collected by questionnaires were entered into SPSS ver. 22. Quantitative and qualitative variables were reported using mean (SD: standard deviation), and frequency (percentage) indices, respectively. The normality of the data was measured using kurtosis and skewness. All the data were normally distributed. Pearson correlation test was used for the univariate analysis of the relationships between perceived social support, and both marital commitment and sexual satisfaction, and a general linear model adjusted by socio-demographic information was used for the multivariate analysis. The socio-demographic variables that had a relationship with marital commitment or sexual satisfaction were entered into the model as possible confounders ($p < 0.2$). A P-value less than 0.05 was considered statistically significant.

RESULTS

The mean (SD) of participants' age and marriage durations were 36.1 (10.7) and 14.3 (9.5). A little more than half of them (50.7%) were high school graduates and most of their husbands were either college graduates (48.3%) or high school graduates (43.2%). The reported occupation of about half of their husbands was self-employment (48.3%) and the reported household income was somewhat sufficient (70.2%). Nearly half of them (44.5%) had two or more children and were somewhat satisfied with their marriage (62.3%).
There was a significant correlation between sexual satisfaction with age ($p = 0.659$) and marriage duration ($p = 0.830$). According to one-way ANOVA results, mean sexual satisfaction and marital commitment scores were significantly associated with the woman's and husband's education ($p < 0.05$), husband's occupation, household income and place of residence ($p < 0.001$) (B: 0.4; 95%CI 0.2-0.4; $p < 0.001$) (**Table 1**). The mean (SD) of scores for perceived social support, sexual satisfaction, and marital commitment was 100 (18.8), 50.2 (18.5), and 145.9 (11.8), respectively. The score ranges for the same variables were 25-175, 0-100, and 40-160, respectively. Perceived social support had an average positive correlation with marital commitment ($p < 0.001$; $r = 0.57$) and a good positive correlation with sexual satisfaction ($p < 0.001$; $r = 0.83$) (B: 0.4; 95%CI 0.2-0.4; $p < 0.001$) (**Table 2**).
In order to determine the relationship between perceived social support and marital commitment based on the general linear model with the adjustment of basic characteristics, the variables of the woman's education, husband's education and occupation, family income, and place of residence were entered into the model. Perceived social support and marital commitment were significantly related after this adjustment ($p < 0.001$). An increase in the perceived social support score would increase the marital commitment score (B: 0.4; 95%CI 0.2-0.4; $p < 0.001$) (**Table 3**). The variables including the woman's age and education, marriage duration, husband's education and occupation, household income, and place of residence entered into the model in order to determine the relationship between perceived social support and sexual satisfaction based on the general linear model. There was a significant relationship between sexual satisfaction and perceived social support ($p < 0.001$). An increase in the perceived social support score

Table 1. *Demographic characteristics of women and their relationship perceived social support with sexual satisfaction and marital commitment in Iranian women.*

Characteristics	Number (Percent) or Mean (SD)	Sexual satisfaction Mean (SD)	P-value	Marital commitment Mean (SD)	P-value
Age (years)	35.1 (10.7)*	0.03[a]	0.659[b]	0.08[a]	0.254[b]
Marriage age (month)	11.3 (9.5)*	0.01[a]	0.830[b]	0.05[a]	0.282[b]
Women's educational level			0.014[c]		0.003[c]
Illiterate and Primary	14 (4.24)	36.4 (16.2)		133.0 (6.6)	
Secondary school	12 (6.68)	43.6 (17.5)		129.8 (6.7)	
High school	30 (9.09)	48.0 (21.8)		9.9))130.0	
Diploma	167 (50.6)	53.2 (19.2)		135.5 (12.0)	
University	97 (29.39)	54.5 (18.9)		138.9 (11.9)	
Husband's education level			0.004[c]		0.025[c]
Primary and Secondary school	7 (2.4)	34.9 (14.9)		135.7 (12.4)	
High school	18 (6.2)	55.7 (19.8)		134.2 (10.1)	
Diploma	126 (43.2)	49.0 (19.8)		133.8 (11.7)	
University	179 (54.24)	55.4 (18.5)		135.9 (11.8)	
Women's occupation			0.111[d]		0.114[d]
Housewife	197 (59.69)	50.5 (18.9)		135.1 (11.5)	
Employed	133 (45.5)	54.2 (19.9)		136.8 (12.1)	
Husband's occupation			< 0.001[c]		< 0.001[c]
Unemployed	28 (9.6)	41.2 (16.4)		130.7 (8.7)	
Employee	93 (31.8)	54.6 (19.9)		138.9 (11.6)	
Worker	30 (10.3)	42.6 (18.6)		128.3 (9.3)	
Self-employment	179 (54.24)	54.7 (18.6)		136.5 (12.0)	
Sufficiency of income for family expenses			< 0.001[c]		< 0.001[c]
Sufficient	23 (7.9)	62.8 (13.6)		143.4 (9.3)	
Somewhat sufficient	205 (70.2)	55.7 (18.4)		137.3 (11.9)	
Insufficient	102(30.90)	36.9 (16.5)		128.4 (8.6)	
Place of residence			< 0.001[c]		< 0.001[c]
Private house	91 (31.2)	58.2 (16.0)		140.4 (12.3)	
Rented house	120 (41.1)	51.8 (19.5)		135.4 (11.3)	
The house of the woman's parents	87 (26.36)	44.6 (21.8)		132.0 (9.4)	
The house of the husband's parents	32 (11)	47.7 (20.4)		130.7 (11.4)	
Satisfaction with married life			< 0.001[c]		< 0.001[c]
Completely satisfied	18 (6.2)	66.6 (10.0)		145.7 (10.0)	
Somewhat satisfied	220 (66.66)	60.15 (15.6)		139.3 (10.6)	
Dissatisfied	92 (31.5)	33.5 (13.6)		127.2 (9.2)	
The number of children			0.898[c]		0.393[c]
1	100 (34.2)	52.42(19.9)		136.6 (10.7)	
2	168 (50.9)	52.43(20.0)		134.9 (12.5)	
3 ≤	62 (21.2)	51.1(18.0)		136.6 (12.1)	

*Mean (SD); [a]correlation coefficient; [b]Pearson correlation test; [c]one-way ANOVA; [d]independent t-test.

Table 2. *Correlation of perceived social support with marital commitment and sexual satisfaction.*

Variable	Mean (SD)	Obtained score range	Obtainable score range	Correlation with perceived social support [a]r ([b]P-value)
Perceived social support	100.0 (18.8)	57 to 141	25 to 175	-
Sexual satisfaction	50.2 (18.5)	4 to 89	0 to 100	0.78 (< 0.001)
Marital commitment	145.9 (12.8)	101 to 166	40 to 160	0.59 (< 0.001)

[a]Correlation coefficient; [b]Pearson correlation test.

would increase the sexual satisfaction score (B: 0.7; 95%CI 0.6-0.8; p < 0.001) (**Table 4**).

Table 3. *Relationship of perceived social support with marital commitment based on the general linear model.*

Variable	β (95%CI)	P-value*
Perceived social support	0.4 (0.2 to 0.4)	< 0.001

*Statistically significant < 0.001.

Table 4. *Relationship of perceived social support with sexual satisfaction based on the general linear model.*

Variable	β (95%CI)	P-value*
Perceived social support	0.8 (0.6 to 0.8)	< 0.001

*Statistically significant < 0.001.

DISCUSSION

This study aimed to determine the relationship between perceived social support and both marital commitment and sexual satisfaction in married women referring to health centres in Iran. The results indicates that the mean perceived social support and marital commitment scores of participants are high, and sexual satisfaction is average. The positive correlation is moderate between perceived social support and marital commitment, and good between perceived social support and sexual satisfaction. An adjusted general linear model showed a significant relationship between perceived social support and both sexual satisfaction and marital commitment.

The study demonstrated a significant statistical correlation between perceived social support and marital commitment. Theoretical models of perceived social support emphasize the priority of support received from spouses to improve marital performance [25]. Such support acts as a psychological distress alleviation tool in couples' relationships. It is correlated negatively with depression and anxiety and positively with marital adjustment [19]. Supportive measures initiate several cognitive and emotional development in couples. These developments enhance the marital relationship and prevent marital conflict, distress, and deterioration [26]. Our findings are consistent with Rafiee *et al*.'s [27] results, showing that lifestyle and perceived social support predict marital commitment in the elderly. Khodabakhshi *et al*. [28] results also indicated a positive significant correlation between family, friends, and other people's perceived social support components and sexual satisfaction [28]. Abbasi *et al*. [19] observed a significant correlation between perceived social support and marital commitment in nurses. Marital commitment also increases with the husband's support, as the most significant source, in mothers suffering breast cancer (Baheiraei *et al*.'s [20] study).

Our study also showed a positive correlation between sexual satisfaction and marital commitment. Marital commitment components are personal (such as affection expression by the spouses toward each other), environmental (such as equative decision-making and financial income management and sharing tasks and issues) [25]. According to existing studies, the couples' ability to express sexual desire is one of the most effective factors in sexual function and marital commitment [29]. Peixoto and Lopes [30] confirmed that lower sexual satisfaction can cause marital despair. It is mostly due to the more frequent sexual relations of women who share their sexual desires and feelings with their husbands and have high sexual intimacy with them. This leads to improved marital commitment [15]. According to Lee *et al*. [31], lack of sexual satisfaction in female university students was a predictive factor for not being maritally satisfied. Woerner and Abbey [32] observed that couples' sexual satisfaction could predict sexual pleasure. This is associated with positive emotions in marital relationships. Dehghani Champiri and Dehghani [5] in a cross-sectional study also indicated a positive correlation between marital commitment and sexual satisfaction in married women and men. In Shamspour *et al*.'s [33] interventional study, providing sexual counselling increased sexual satisfaction, which in turn improved the couples' marital commitment.

Healthy sexual relations and desires positively affect marital commitment. This enhances mental health and creates healthy families. Extensively, promoting sexual satisfaction education, particularly in societies where women generally suffer low sexual satisfaction and patriarchal gender stereotypes prevail – including many Asian countries such as Iran – seems essential [33, 34].

Accumulating evidence suggests that postpartum period and psychology are strongly associated with female sexual dysfunction (FSD). Also, pregnancy and the postpartum period are associated with sexual dysfunction in women. Both the health professionals (nurses/midwives) who su-

pervise the stages of pregnancy as well as health institutions should play their part in promoting this care [35, 36].
The experience of gynaecologic cancer and treatment with surgery, chemotherapy and/or radiation affects the sexual function and psychological well-being of patients [37, 38].
Women with provoked vestibulodynia (PVD) suffer from experiencing high levels of sexual dysfunction and associated distress, including difficulties with desire, arousal, orgasm and satisfaction [39].
One of the strengths of this study was that women of reproductive ages that were not pregnant, cancer, menopause, provoked vestibulodynia or lactating period were examined, because these situations could have different effects on sexual function. Therefore, it is suggested that effects of stress on sexual function in the mentioned groups can be studied.
This study was conducted only on women referred to public health clinics in Iran, so the results may not represent the entire population. Besides, because of the cultural and religious limitations in our society, people may not be able to speak easily about their sexual issues, so the potential insecurity of some people in expressing explicitly their issues was a limitation. Provoked vestibulodynia investigation is not done and was limitation of study.

CONCLUSIONS

This study showed a moderate positive correlation between perceived social support and marital commitment in married women referring to health centres. It also indicated a good positive correlation between perceived social supported sexual satisfactions in the same group.
Considering the importance of sexual satisfaction in the family and the impacts on marital commitment and satisfaction of couples, health policy makers and family counsellors should provide women with training strategies, so that they can take a step forward towards safe fertility.

COMPLIANCE WITH ETHICAL STANDARDS

Authors contribution

S.P. and Z.J. entirely contributed to this work.

Funding

None.

Study registration

N/A.

Disclosure of interests

The authors declare that they have no conflict of interests.

Ethical approval

All procedures performed on human samples were conducted following the relevant guidelines and regulations of the Helsinki Declaration. The study protocol was approved by the Research Ethics Committee in Iran.

Informed consent

Written informed consent was obtained from the participants for the publication of this research.

Data sharing

Data are available under reasonable request to the corresponding author.

ACKNOWLEDGMENTS

The authors would like to thank of Torbat Jam Faculty of Medical Sciences and all the participants who kindly cooperated in the process of the study.

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