

The factors affecting sexual satisfaction and sexual myths in married women: A prospective study

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ABSTRACT

Aim: The cultural differences and taboos of the society affect women's sexual life and sexual relationship qualities and their belief in sexual myths. In addition, women's demographic characteristics and living conditions are also effective on sexual myths. Our aim in this study is to analyze the frequency of believing in sexual myths in married women and to examine the factors affecting sexual life and sexual relationship qualities.

Material and Method: Married women between the ages of 18-55 in the tertiary gynecology and obstetrics clinic were included in the study, prospectively. Demographic characteristics of women such as age, marital status, marriage and employment status, monthly income, family structure and number of children, sexual life and sexual relationship qualities and sexual myths were compared. The Golombok-Rust Inventory of Sexual Satisfaction (GRISS) Scale, which is used to evaluate the quality of sexual intercourse and sexual dysfunctions, and The Sexual Myth Scale to determine the status of having sexual myths were used.

Results: Overall 171 married women were included in the study. The median age was 35 years (IQR 29-43) and 60.8% (n=104) were university graduates and 20.5% (n=35) were graduate/doctoral graduates. The rate of believing in sexual myths among married women was 21.4%. As the age of the women increased, the frequency of sexual intercourse decreased ($p<0.005$); age of married women had no effect on sexual myths. It was determined that both women with an university or higher education and those with a low level of education have myths; it was seen that education level did not make a difference on sexual myths. While unemployed women were more indifferent to sexual life than working women ($p=0.02$); work status had no effect on sexual myths. All of the women with extended family structure stated that only the time allotted for sexual intercourse during making love is sufficient; 27.1% of women with nuclear family structure stated that this period was not enough ($p=0.037$).

Conclusion: Age, family structure, education level and employment status of married women affect their sexual life, sexual relationship qualities and belief in sexual myths.

Keywords: Sexual myth, sexual life, GRISS, sexuality, sexual satisfaction

INTRODUCTION

The satisfactory sexual life is one of the major component of quality of life and health and the factors which affecting the individual's health, negatively affect women sexual life (1,2). It contains the physical and psychological characteristics and social conditions which affect sexuality and human behavior (1,2). The World Health Organization (WHO) has declared sexual health and sexual functions for women as a basic human right. Especially in the recently published reports, it has been reported that sexual disorders seen in women cause morbidity and decrease in women's quality of life (3).

Sexual dysfunctions are defined as sexual desire disorders and psychophysiological changes that occur in the sexual

response cycle (4). Also, it is reported that the frequency of sexual dysfunctions in women varies between 25% and 63% in the literature (5,6). The most important cause of sexual problems is ignorance and/or misinformation about sexual matters and false beliefs about this issue (6). The most common cause of misinformation is sexual myths (7). Although there are social differences, sexual myths that show significant similarities in every society are also widely accepted by societies (8). Sexual satisfaction, on the other hand, can be defined as the mood expressed by people during and after sex. Sexual satisfaction, such as relationship satisfaction and self-esteem, is also considered to be determinant for the continuity of marriage in married individuals.

Our primary aim is to analyze the frequency of believing in sexual myths in married women and to investigate the effect of sexual myths on sexual satisfaction in women.

MATERIAL AND METHOD

This study was approved by the Demiroğlu Bilim University Clinical Researches Ethics Committee (Date: 22.02.2022, Decision No: 2022-04-03). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

Patients Selection

Married women between the ages of 18-55 in the tertiary gynecology and obstetrics clinic were prospectively included in the study. After giving written or verbal information about the study, consent was obtained from the patients who agreed to participation.

Data Collection and Assessment of Patients

Demographic characteristics of women participating in the study such as age, marital status, marriage and employment status, monthly income, family structure and number of children were recorded. The female form of the Golombok-Rust Inventory of Sexual Satisfaction (GRISS) Scale, which consists of 28 questions and is generally used to evaluate the quality of sexual intercourse and sexual dysfunction, was used to measure the variable of sexual satisfaction in women (8). The sexual myth scale (CMI), consisting of 28 questions, was used to determine the participants' status of having sexual myths (9). In this scale, age and sexuality, sexual behavior, masturbation, sexual orientation, sexual violence, sexual intercourse, sexual satisfaction and gender were evaluated. Responses of the participants to both questionnaires were analyzed.

Statistical Analysis

Data were analyzed using the program SPSS 25.0 (IBM, Armonk, NY: IBM Corp.). Mean±standard deviation for parametric tests in presenting continuous variables; For non-parametric tests, the median (interquartile range, IQR) and categorical variables were expressed as numbers and percentages. In comparison of independent group differences, one-way analysis of variance provided parametric test assumptions; Kruskal Wallis analysis of variance was used when parametric test assumptions were not met. The $p < 0.05$ was considered statistically significant in all analyzes.

RESULTS

Overall 171 married women between the ages of 18-55 were included in the study. The median age of the women was 35 years (IQR 29-43) and 60.8% (n=104) were university graduates and 20.5% (n=35) were graduate/

doctoral graduates (Table 1). The family structures, duration of marriage, number of children, employment status and monthly income of the women are shown in Table 1.

The results of the GRISS, which evaluates the sexual life and sexual relationship qualities of married women participating in the study, and the sexual myths evaluation form that evaluates sexual myths are given in Tables 1 and 2.

Table 1. Family structures, educational status and monthly salary of the women participating in the study.

	n	%
Education		
Primary school	2	1.2
Middle School	5	2.9
High school	25	14.6
University	104	60.8
Master's and Doctorate	35	20.5
Working		
Yes	116	67.8
No	55	32.2
Salary / monyhlly (TL)		
1-3000	29	17.0
3000 - 5000	52	30.4
5000 – 10000	60	35.1
>10000	30	17.5
Children		
0	43	25.1
1	68	39.8
2	42	24.6
≥3	18	10.5
Family status		
Core	158	92.4
Large	13	7.6
The duration of marriage (year)		
0-1	21	12.3
1 - 5	44	25.7
5 - 10	39	22.8
10 - 20	40	23.4
> 20	27	15.8

“Do you have sexual intercourse more than twice a week?” It was observed that the answers given to the question “always, often and sometimes” were more frequent as the age of the women got younger ($p=0.005$). However, “do you ever go without sex for a week?” As for the question of “always, often and sometimes” as the age of the women increased, it was determined that the answers were more ($p < 0.001$). Also, “do you avoid having sex with your partner?” In the question, it was observed that as the age of the women got younger, the answers of “never and rarely” were significantly higher ($p=0.005$). The answers to the other questions did not differ significantly according to the age of the women.

Table 2. Golombok - Rust Sexual Satisfaction Scale and women's responses

	Never [n, (%)]	Rarely [n, (%)]	Sometimes [n, (%)]	Often [n, (%)]	Always [n, (%)]
Are you indifferent to sexual life?	37 (21.6)	50 (29.2)	66 (38.6)	16 (9.4)	2 (1.2)
Do you ask your partner what he likes and dislikes about your sexual relationship?	20 (11.7)	26 (15.2)	46 (26.9)	53 (31.0)	26 (15.2)
Do you ever have no sexual intercourse for a week? (except menstrual days, illness)	25 (14.6)	40 (23.4)	60 (35.1)	36 (21.1)	10 (5.8)
Are you easily aroused sexually?	5 (2.9)	22 (12.9)	39 (22.8)	92 (53.8)	13 (7.6)
Do you think the time you and your partner spend for foreplay (such as kissing, caressing) is enough?	11 (6.4)	22 (12.9)	32 (18.7)	76 (44.4)	30 (17.5)
Do you think that your own genitals are too narrow for your partner's genitals to enter?	127 (74.3)	15 (8.8)	22 (12.9)	6 (3.5)	1 (0.6)
Do you avoid having sex with your partner?	74 (43.3)	43 (25.1)	40 (23.4)	10 (5.8)	4 (2.2)
Can you reach satisfaction (orgasm) during sexual intercourse?	12 (7.0)	18 (10.5)	31 (18.1)	77 (45.0)	33 (19.3)
Do you enjoy hugging and stroking your partner's body?	6 (3.5)	14 (8.2)	24 (14.0)	50 (29.2)	77 (45.0)
Do you find your sexual relationship with your partner satisfactory?	11 (6.4)	14 (8.2)	26 (15.2)	72 (42.1)	48 (28.1)
If necessary, can you insert your finger into your genitals without discomfort or pain?	75 (43.9)	19 (11.1)	19 (11.1)	29 (17.0)	29 (17.0)
Do you mind touching and caressing your partner's genitals?	99 (57.9)	26 (15.2)	30 (17.5)	9 (5.3)	7 (4.1)
Do you get annoyed when your partner wants to have sex with you?	88 (51.5)	50 (29.2)	25 (14.6)	5 (2.9)	3 (1.8)
Do you think it is not possible for you to reach satisfaction (orgasm)?	86 (50.3)	49 (28.7)	29 (17.0)	5 (2.9)	2 (1.2)
Do you have sexual intercourse more than 2 times a week?	21 (12.3)	23 (13.5)	70 (40.9)	45 (26.3)	12 (7.0)
Can you tell your partner what you like and dislike about your sexual relationship?	11 (6.4)	15 (8.8)	27 (15.8)	61 (35.7)	57 (33.3)
Can your partner's genitals enter your genitals without discomfort?	4 (2.3)	11 (6.4)	16 (9.4)	75 (43.9)	65 (38.0)
Do you feel that love and affection are lacking in your sexual relationship with your partner?	109 (63.75)	25 (14.6)	20 (11.7)	9 (5.3)	8 (4.7)
Do you enjoy having your partner touch and caress your genitals?	7 (4.1)	12 (7.0)	21 (12.3)	50 (29.2)	81 (47.4)
Have you ever refused to have sex with your partner?	35 (20.5)	75 (43.9)	46 (26.9)	11 (6.4)	4 (2.3)
Can you reach satisfaction (orgasm) when your partner stimulates your clitoris during foreplay?	11 (6.4)	18 (10.5)	59 (34.5)	64 (37.4)	19 (11.1)
Is the time allotted only for sexual intercourse during making love enough for you?	13 (7.6)	5 (2.9)	25 (14.6)	99 (57.9)	29 (17.0)
Do you feel disgusted by what you do during lovemaking?	114 (66.7)	33 (19.3)	22 (12.9)	1 (0.6)	1 (0.6)
Do you think that your own genitals are narrow enough to prevent the penetration of your partner's genitals?	129 (75.4)	14 (8.2)	18 (10.5)	6 (3.5)	4 (2.3)
Do you like when your partner loves and caresses you?	3 (1.8)	2 (1.2)	13 (7.6)	36 (21.1)	117 (68.4)
Do you have wetness on your genitals during lovemaking?	1 (0.6)	3 (1.8)	18 (10.5)	73 (42.7)	76 (44.4)
Do you enjoy the moment of sexual intercourse?	4 (2.3)	3 (1.8)	14 (8.2)	62 (36.3)	88 (51.5)
Do you reach satisfaction (orgasm) at the time of sexual intercourse?	9 (5.3)	20 (11.7)	32 (18.7)	74 (43.3)	36 (21.1)

When the sexual myths and the age of the women were compared, it was found that the answers to the view "homosexuality is a disease" increased significantly as the age of the women increased ($p=0.045$). In contrast, there was no significant difference between other sexual myths and the age of the women.

The education levels of the women, their sexual lives and sexual intercourse qualities were compared. While the majority of women's sexual lives and sexual intercourse qualities do not differ according to their education level; it was observed that only women with a lower education level than university felt the lack of love and affection more during their sexual relations ($p=0.016$).

When sexual myths and education levels of women are compared, 42.4% of those with a university or higher education level do not agree with the myth that "homosexuality should be treated"; 18.8% of those whose education level was below the university did not

agree with this myth ($p=0.016$). In addition, only 6.5% of those with a university education level and above agree with the myth that "housework is the duty of women"; 25.0% of those with an education level below the university agreed with this myth ($p=0.001$) (Table 4).

The working status had an effect on women's sexual life and sexual relationship qualities. Only 8.6% of working women state that they are mostly indifferent to sexual life; this rate was 14.5% in unemployed women ($p=0.020$) (Table 5). However, the frequency of not reaching orgasm during sexual intercourse was found to be 18.9% in working women and 10.9% in non-working women ($p=0.038$) (Table 5). Also, "Have you ever refused to have sex with your partner?" 10.3% of working women answered the question "often and always"; this rate was 5.4% in unemployed women ($p=0.010$) (Table 5).

Table 3. Sexual myths evaluation form and women's responses.

	Never [n, (%)]	Disagree [n, (%)]	Indecisive [n, (%)]	Partially agree [n, (%)]	Absolutely agree [n, (%)]
Homosexuality is a disease.	38 (22.2)	26 (15.2)	40 (23.4)	37 (21.6)	30 (17.5)
Homosexuality should be treated.	33 (19.3)	32 (18.7)	47 (27.5)	29 (17.0)	30 (17.5)
Homosexuals are harmful to society.	59 (34.5)	43 (25.1)	37 (21.6)	13 (7.6)	19 (11.1)
Homosexual men act like women.	20 (11.7)	35 (20.5)	45 (26.3)	51 (29.8)	20 (11.7)
The sexual orientation of the individual can be understood from his external appearance (clothing, speech, behavior).	20 (11.7)	35 (20.5)	22 (12.9)	77 (45.0)	17 (9.9)
Men are more successful than women in tasks that require intelligence, such as math.	72 (42.1)	56 (32.7)	11 (6.4)	21 (12.3)	11 (6.4)
Housework is women's duty.	115 (67.3)	36 (21.1)	3 (1.8)	15 (8.8)	2 (1.2)
Men's decisions are more realistic/logical than women's.	83 (48.5)	56 (32.7)	5 (2.9)	23 (13.5)	4 (2.3)
Men are more competitive than women	65 (38.0)	46 (26.9)	31 (18.1)	22 (12.9)	7 (4.1)
Women need help	110 (64.3)	41 (24.0)	1 (0.6)	17 (9.9)	2 (1.2)
Being a man is more valuable than being a woman.	131 (76.6)	32 (18.7)	2 (1.2)	2 (1.2)	4 (2.3)
It is not right for older people to have sexual intercourse.	86 (50.3)	58 (33.9)	16 (9.4)	7 (4.1)	4 (2.3)
Sex life ends with aging	66 (38.6)	57 (33.3)	21 (12.3)	22 (12.9)	5 (2.9)
Entering menopause (cessation of menstruation) ends a woman's sexual life.	85 (49.7)	55 (32.2)	17 (9.9)	13 (7.6)	1 (0.6)
Being young is essential for a satisfying sex life.	66 (38.6)	63 (36.8)	19 (11.1)	19 (11.1)	4 (2.3)
Every stage of sexual intercourse should be under the control of the man.	91 (53.2)	60 (35.1)	8 (4.7)	11 (6.4)	1 (0.6)
A woman should act according to her husband's wishes during sexual intercourse.	95 (55.6)	52 (30.4)	7 (4.1)	16 (9.4)	1 (0.6)
It is a woman's duty to please her husband in sexual intercourse.	101 (59.1)	51 (29.8)	6 (3.5)	9 (5.3)	4 (2.3)
Masturbating leads to the development of physical diseases.	70 (40.9)	56 (32.7)	31 (18.1)	9 (5.3)	5 (2.9)
Masturbating causes psychological problems.	72 (42.1)	48 (28.1)	27 (15.8)	21 (12.3)	3 (1.8)
Sexual intercourse without the consent of one of the spouses is not considered "rape"	87 (50.9)	43 (25.1)	23 (13.5)	12 (7.0)	6 (3.5)
Boys do not become victims of rape.	129 (75.4)	34 (19.9)	2 (1.2)	3 (1.8)	3 (1.8)
Raped boys become homosexual when they grow up	66 (38.6)	50 (29.2)	42 (24.6)	12 (7.0)	1 (0.6)
Women cause sexual violence with their appearance / clothing	102 (59.6)	44 (25.7)	11 (6.4)	13 (7.6)	1 (0.6)
Sexuality means sexual intercourse (sexual intercourse).	47 (27.5)	68 (39.8)	18 (10.5)	30 (17.5)	8 (4.7)
Sexual intercourse is essential for spouses to experience sexual pleasure.	27 (15.8)	52 (30.4)	25 (14.6)	39 (22.8)	28 (16.4)
Sexual intercourse must necessarily result in orgasm (pleasure / satisfaction).	21 (12.3)	43 (25.1)	22 (12.9)	48 (28.1)	37 (21.6)
Women can reach orgasm only through "sexual intercourse"	47 (27.5)	68 (39.8)	22 (12.9)	25 (14.6)	9 (5.3)

Table 4. The comparison of married women's education levels and attitudes towards sexual myths

	Education levels		*p
	<University	≥University	
Homosexuality should be treated			0.016
Agree	15	44	
Disagree	6	59	
Women need help			0.033
Agree	7	12	
Disagree	25	126	
Women should act according to the wishes of the man in sexual intercourse			0.044
Agree	6	11	
Disagree	23	124	
Housework is women's duty			0.001
Agree	8	9	
Disagree	23	128	
It is a woman's duty to please her husband in sexual intercourse			0.049
Agree	4	9	
Disagree	25	127	
Masturbating causes physical illness			0.040
Agree	5	9	
Disagree	18	108	
Women get orgasm through intercourse			0.021
Agree	11	23	
Disagree	17	98	

*p value <0.05 is considered significant.

Table 5. The effect of working status on women's sexual life and sexual relationship qualities.

	Working status		*p
	+	-	
Indifferent sexual life, [n, (%)]	10/116 (8.6)	8/55 (14.5)	0.020
Not reaching orgasm during sexual intercourse, [n, (%)]	22/116 (18.9)	6/55 (10.9)	0.038
"often and always" refused to have sex with your partner? [n, (%)]	12/116 (10.3)	3/55 (5.4)	0.005

*p value <0.05 is considered significant.

The monthly income of the women and their sexual life and sexual relationship qualities were compared. To the question posed to the women, "Is the time allotted only for sexual intercourse during lovemaking is sufficient for you", none of those with a monthly income of 10000 TL or more received the answer "never and rarely"; 16.3% of women whose income was less than 10000 TL gave the answer "never and rarely" (p=0.011). No difference was found between other sexual life and sexual intercourse statuses and monthly income differences of women. In addition, it was observed that there was no relationship between women's monthly income levels and their attitudes towards sexual myths.

When the sexual life and sexual relationship characteristics and whether the women have children or not, the rate of indifference towards sexual life of women without children is 25.6%; 58.6% of women with at least one child were found to be indifferent to sexual life ($p=0.048$) (Table 6). However, “do you ever go without sex for a week?” 27.9% of women without children and 10.2% of women with at least one child answered “never” ($p=0.032$) (Table 6). In addition, the frequency of having sexual intercourse more than twice a week is 62.8%, often or always; this rate was 23.4% in women with at least one child ($p<0.001$) (Table 6). It was observed that there was no relationship between women’s having children and their attitudes towards sexual myths.

	Women with children		P
	-	+	
Indifference of towards sexual life of women, [n, (%)]	11/43 (25.6)	75/128 (58.6)	0.048
“always/often” having sexual intercourse more than twice a week, [n, (%)]	27/43 (62.8)	30/128 (23.4)	<0.001
“never” go without sex for a week? [n, (%)]	12/43 (27.9)	13/128 (10.2)	0.032

*p value <0.05 is considered significant.

The effect of family structure on sexual life and sexual myths was examined. All of the women with extended family structure stated that only the time allotted for sexual intercourse during making love is sufficient; 27.1% of women with nuclear family structure stated that this period was not enough ($p=0.037$). The family structure did not have an effect on other sexual life and sexual relationship qualities. While 34.2% of women with a nuclear family structure agree with the myth that “homosexual men act like women”; 7.6% of women with extended family structure agreed with this myth ($p=0.039$).

DISCUSSION

In this study, the attitudes of married women on sexual life and relationship qualities and sexual myths, for which there is a limited data in the literature, were examined. Sexuality, which is one of the important parts of a happy and permanent marriage, is seen as a taboo in our country as it is in many societies. Therefore, ignorance, misinformation and sexual myths about sexuality negatively affect the marriage process. Due to both religious and cultural differences in developing countries, very few studies are published on women’s sexual life, sexual problems and sexual satisfaction (10). In this study, sexual life qualities and perspectives on sexual myths, which are considered taboo in our country, were investigated in married women.

In the few studies that analyzed the rate of believing in sexual myths among women in our country, it was reported that this rate was between 18-44% (11, 12). In our study, more than half of the respondents gave the answer “I disagree” in 22 of 28 sexual myths (78.6%). With this result, the rate of believing in sexual myths was found to be 21.4%, similar to the literature. The fact that the women included in our study are married and that they talk more freely about sexuality after marriage and obtain more accurate information can explain this rate.

Sexual dysfunction in women occurs when they have problems such as low arousal, low desire, dyspareunia and orgasm difficulties. The resulting sexual dysfunction includes physiological, medical, anatomical, social and psychological causes (13, 14, 15). Approximately 30-50% of women suffer sexual dysfunctions which are progressive, very common and increase with age (16). The frequency of having sexual intercourse decreases as the age of women increases. Estrogen and testosterone hormones, which decrease with age, are shown as the most important reason for this situation (17, 18). In our study, women had sexual intercourse more than twice a week as their age decreased; As age increases, it has been shown that he does not have sexual intercourse for more than a week. In addition, it has been reported that with increasing age in married women, women avoid sexual activity and have hypoactive sexual lives (19, 20). In this study, similar to the literature, it was seen that women never or rarely avoid having sex with their spouses as their age gets younger. There are studies reporting that the state of believing in sexual myths increases as women’s age increases, and there are studies showing that as women’s age increases, their life experiences increase and their belief in opposite sexual myths decreases due to the fact that they realize false information about sexuality (21). In addition, Ekmen BU et al. (22) stated that the age of the women did not have any effect on their beliefs in sexual myth. In our study, as the age of women increased, the belief in the myth of homosexuality as a disease increased; there was no relationship between other myths and the age of the women. It can be thought that the different results in the literature and in our study are due to the regional cultural differences of the women participating in the studies.

Due to the increase in the education level of women, access to healthy and accurate information about sexuality increases. As a result, it is thought that women’s sexual satisfaction is also positively affected. However, it has been stated in the literature that the education level of women also affects their beliefs about sexual myths (22). It has been reported that the rate of believing in myths is higher among women with lower education levels than

those with higher education levels (22). On the other hand, Hofstadt et al. (23) reported that there was no relationship between education level and belief in sexual myths; even those with a high level of education have been shown to have sexual myths. In our study, similar to the literature, it was determined that both those with a high level of education (university and higher education) and those with a low level of education had myths. This result shows that women have sexual myths regardless of their education level, due to the characteristics of the society, culture and taboos in our country.

In our study, as a contribution to the literature, it has been shown that working in any job does not affect the belief in sexual myths and that unemployed women are more indifferent to sexual life than working women.

It has been reported that the level of belief in sexual myths is higher than women with a nuclear family structure, since women with an extended family structure are not free in their marriage life and cannot experience sexual intercourse more comfortably (22, 24). In our study, the family structure is effective on sexual life and sexual relationship qualities and sexual myths. Moreover, the fact that women had children affected both their sexual life and sexual relationship qualities and their belief in sexual myths.

Limitations of the study; (1) the fact that our study was carried out in a single-center and high-level center constitutes an important limitation in the generalization of our results; (2) insufficient number of women participating in the study; (3) that it only includes married women.

CONCLUSION

Sociocultural characteristics and taboos affect women's sexual intercourse qualities and their belief in sexual myths. With this study, it has been shown that the age, family structure, education level and employment status of married women affect their sexual lives and belief in sexual myths. In particular, increasing the education level of married women and making them more knowledgeable about sexuality can reduce the rate of believing in sexual myths.

ETHICAL DECLARATIONS

Ethics Committee Approval: This study was approved by the Demiroğlu Bilim University Clinical Researches Ethics Committee (Date: 22.02.2022, Decision No: 2022-04-03).

Informed Consent: Informed consent form was obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

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