



RESEARCH ARTICLE

Exploring the Relationship between PMS Symptoms and Sexual Satisfaction and Personality Traits in Women Aged 18-35

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ABSTRACT

Background: Menstruation affects women for approximately 30-35 years of their lifespan, recurring monthly and signalling fertility during the reproductive age. Premenstrual Syndrome (PMS) presents a complex of physical and behavioural symptoms in the second half of the menstrual cycle, significantly impairing women's quality of life. It is reported that 40% of women in their reproductive years experience PMS, with symptoms such as bloating, anxiety, tension, episodes of crying, depression, and fatigue.

Objective: This study investigates the correlation between personality traits and both PMS symptoms and sexual satisfaction among women aged 18-35. It also examines the influence of sociodemographic factors including age, marital status, economic condition, and education level on these relationships.

Methods: Utilizing a convenience sampling approach, this research focuses on a sample of 150 women residing in Istanbul. The sampling strategy is designed to facilitate the most accessible selection of participants based on time and availability.

Results: The findings suggest that personality traits are significant predictors of both Premenstrual Syndrome severity and levels of sexual satisfaction. Specifically, Neuroticism was identified as the most significant predictor, showing a strong positive association with the severity of PMS symptoms. Additionally, Neuroticism was positively associated with premenstrual symptoms like depressive affect, anxiety, fatigue, and irritability. On the other hand, Extraversion and Lying showed negative associations with both PMS severity and sexual satisfaction, with Extraversion emerging as the most significant predictor of lower sexual satisfaction. These results illuminate the intricate relationships between individual psychological characteristics, menstrual health, and sexual well-being.

Conclusion: The study underscores the importance of considering personality traits and sociodemographic factors in understanding the experiences of PMS and sexual satisfaction among women. By highlighting the role of individual differences, this research contributes to a broader understanding of women's health and well-being during the reproductive years.

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PMS is variably defined across cultural and scientific discussions, lacking a unified definition (Figert, 2005). It is identified as a concept manifesting in the late luteal phase of the menstrual cycle, recurring across many cycles, and characterized by symptoms that alleviate with the onset of menstruation and are absent during the follicular phase for at least one week (Adıgüzel, 2007). This syndrome, characterized by specific symptoms, includes significant depressive moods, anhedonia, anxiety, and functional impairment in academic or professional settings (Anson, 1999).

PMS symptoms not only decrease workplace performance and increase the potential for accidents but also adversely affect interactions within personal relationships and family dynamics; among adolescents, it negatively impacts social relations, academic achievement, and self-esteem (Demir et al., 2006). Addressing PMS symptoms involves both pharmacological and non-pharmacological treatments, with an emphasis on psychoeducation as a preliminary step before considering pharmacological approaches (Taşçı, 2006; Yücel, 2009). Warren and Baker (1992) have highlighted the effectiveness of developing a support system through stress reduction, anger management, regular rest, nutrition, and exercise programs, over pharmacological treatments.

Sexuality

Sexuality is defined through multiple components—physical, social, cognitive, and emotional—that influence an individual's levels of communication and love. It encompasses the right to engage in sexual activities for pleasure or reproduction and access related knowledge, affected by a wide range of factors including psychological, religious, historical, biological, cultural, and social influences (WHO, 2010). Biologically, sexuality's primary role is reproduction and the continuation of the human species. Psychologically, it is considered in terms of satisfying basic human needs such as pleasure in relationships, love, and being loved. Socially, it covers aspects of societal functioning, societal values, production, partner preferences, and marriage choices (İncesu, 1998). Sexuality also influences social structure, cultural values, art, law, production, gender roles, and marriage, determining an individual's mental health and place within society (Şentürk, 2006). The desire for reproduction and the experience of sexuality vary according to individual perspectives and are considered personal and diverse (Lipton, 2002).

In romantic relationships, sexuality plays a crucial role and often serves as a binding factor. A healthy sexual life strengthens intimacy and love between partners, reducing conflicts and tension. It fosters feelings of love, unity, and protection, allowing individuals to freely express their feelings and emotions, thereby renewing and deepening the bond within the relationship (Canel, 2012). The dynamics of romantic relationships are closely intertwined with personality traits, which influence how individuals perceive and engage in these relationships.

Personality

Before explaining or measuring personality, it is necessary to have a model and concepts to define it (Eysenck, 1991). Like many sciences, the study of personality traces back to ancient Greece, which highlighted the significant role of temperament in personality formation (Eysenck, 1991; Chamorro-Premuzic, 2008). Hippocrates, known primarily for his contributions to medicine, was the first to propose a theory of personality, later expanded by the physician Galen into the Hippocratic/Galenic temperament theory. This theory categorized temperament into four primary types, involving psychological and biological variations, significantly contributing to the field of psychology (Chamorro-Premuzic, 2008).

The concept of temperament has been explored through various lenses, leading to distinct categorizations. Sanguine temperament is described as individuals who are generally happy, optimistic, and enjoy life, typically in good health. Choleric temperament encompasses those who are irritable, impulsive, and prone to rapid emotional changes. Phlegmatic temperament is characterized by calm, cool, collected individuals who seldom display their emotions. Lastly, melancholic temperament refers to individuals who are prone to depression, pessimism, and sadness (Chamorro-Premuzic, 2008). While psychologists often generalize human behaviors, they also delve into the intricacies of individual differences, exploring why some people can achieve or cope with certain situations while others cannot (Lawrence, 2015).

Personality theorists examine the differences in individuals' perceptions and how these variations affect functionality in their lives. They aim to understand personality by studying the interactions between different

processes, emphasizing the importance of considering the individual as a whole, including their internal dynamics and observable behavior patterns (Lawrence, 1995; Cervone et al., 2001). Challenges arise in defining personality, as highlighted by Cooper (2002), who noted difficulties in interpreting and comparing descriptive terms for emotions and traits across different studies. This underscores the complexity of measuring personality dimensions and the limitations of current scales in capturing the entirety of an individual's personality.

Study Objective

Menstruation, a physiological event recurring monthly for approximately 30-35 years of a woman's life, signifies fertility during the reproductive years. PMS) is characterized by physical and behavioral symptoms that manifest in the latter half of the menstrual cycle, negatively impacting women's lives. It is estimated that 40% of women experience PMS symptoms, with a minority experiencing severe manifestations such as bloating, anxiety, tension, episodes of crying, depression, and fatigue, typically lasting about a week. The American Psychological Association recognizes the syndrome presenting these symptoms as Premenstrual Dysphoric Disorder (PMDD), suggesting a significant impact on quality of life.

According to Eysenck, personality is the individual's unique adaptation to their environment, encompassing character, cognition, physicality, and emotions. It is proposed that emotions and behaviors influence personality traits, which in turn affect individuals' sexual lives and satisfaction. Sexual life, representing the most intimate aspect of human relationships, includes themes of happiness, satisfaction, pleasure, and achievement.

Mutual expectations in sexual and other life areas significantly influence relationship dynamics. In romantic relationships, expressing needs and sensitivity to those needs enhances relationship motivation, indicating the influence of sexual life on relationship dimensions and individual psychological states. This study aims to investigate the effect of PMS symptoms and sexual satisfaction on personality traits among women, considering the impact of sociodemographic variables. The research is expected to contribute to the literature by providing insights into the relationships among these variables among women aged 18-35, exploring the association between their personality traits, sexual satisfaction, and PMS symptoms, and understanding how sociodemographic characteristics such as age, marital status, economic condition, and education level influence these relationships. Premenstrual Syndrome (PMS)

Methodology

Study Design

The research employs a relational screening model, a survey approach aimed at determining the presence of covariation among two or more variables. Within this model, the study seeks to ascertain whether variables change together and, if so, how this change occurs. The study was approved by the Istanbul Gelisim University Ethical Board, with approval number 2020-26 on 14.10.2020.

The study is guided by two primary hypotheses. The first hypothesis (H1) posits that there is a significant relationship between personality traits—specifically Neuroticism, Extraversion, and Lying—and the level of sexual satisfaction in women aged 18 to 35. The second hypothesis (H2) suggests that there is a significant relationship between these same personality traits and the severity of Premenstrual Syndrome (PMS) symptoms in the same demographic group. These hypotheses aim to explore the connections between psychological characteristics and both sexual and menstrual health in women.

Participants

The study population consists of women aged 18-35 residing in Istanbul. The sample includes 150 women within the same age range. Data collection was conducted through surveys distributed via Google Forms to individuals living in Istanbul, employing a convenience sampling method for data gathering.

Data Collection

The study utilized a Personal Information Form created by the researcher to gather sociodemographic data, along with the Eysenck Personality Questionnaire for personality analysis, the Premenstrual Syndrome Scale, and the Golombok-Rust Inventory of Sexual Satisfaction. These instruments were chosen to comprehensively assess the variables of interest in the context of the study's objectives.

Personality Analysis (Eysenck Scale)

The Eysenck Personality Theory initially encompassed the dimensions of neuroticism-stability and extraversion-introversion, with the dimension of psychoticism added later (Lewis et al., 2002). Extraversion represents sociability and impulsiveness, with individuals scoring high in this dimension being characterized as outgoing, communicative, and preferring the company of others over solitude. The neuroticism dimension indicates emotional instability or reactivity, suggesting that individuals scoring high may exhibit anxious, depressive, tense, shy, overly emotional, and low self-esteem traits. The dimension of psychoticism is associated with being cold, distant, aggressive, insecure, unemotional, peculiar, lacking in empathy, and prone to delinquency (Eysenck & Eysenck, 1975). The Eysenck Personality Inventory (EPI) introduced the "lie scale" (L) for the first time, aiming to identify subjects attempting to present themselves in a favorable light. The lie sub-scale serves as a control scale testing the validity of the entire test (Kilit, 2008). The Turkish validity and reliability of the scale were established by Karancı and others (2007). The questionnaire comprises 24 items assessing personality across four main factors: extraversion, neuroticism, lying, and psychoticism.

Premenstrual Syndrome Scale

Developed by Gençdoğan in 2006 according to DSM III and DSM IV-R criteria, this scale aims to measure the severity of premenstrual symptoms. Commonly used in Turkey, it includes 44 statements reflecting the individual's condition in the week preceding menstruation. The five-point Likert scale evaluates nine subdimensions: depressive affect, anxiety, fatigue, irritability, depressive thoughts, pain, appetite changes, sleep changes, and bloating. Scores range from a minimum of 44 to a maximum of 220, with subscale scores obtained by summing the items in each dimension, and the total PMS score being the sum of the subscale scores. Individuals with a total PMS score exceeding 50% are classified as PMS positive, with higher scores indicating more severe premenstrual symptoms. The original scale reported a Cronbach's alpha (α) of .75, with this study calculating an α of .95.

Golombok Rust Inventory of Sexual Satisfaction

The Golombok Rust Inventory of Sexual Satisfaction (GRISS), developed by Rust and Golombok, is a widely used tool for assessing the quality of sexual relationships and sexual functions (Rust & Golombok, 1986). The scale has demonstrated strong psychometric properties, with reliability and validity established through extensive analyses. The GRISS consists of two versions, one for men and one for women, each comprising 28 items across seven subdimensions. For the female version, the subdimensions include frequency, communication, satisfaction, avoidance, touch, vaginismus, and anorgasmia. Responses are rated on a 5-point Likert scale ranging from "never" to "always," scored from 0 to 4. Higher scores indicate greater impairments in sexual function and relationship quality. The total score provides an overall assessment of the relationship's quality, while subdimension scores offer detailed insights into specific aspects of sexual function and satisfaction.

The Turkish version of the GRISS was standardized, validated, and found reliable by Tuğrul et al. (1993). The Turkish adaptation retained the original scale's structure and psychometric robustness, with analyses confirming its reliability and validity in the Turkish population. The internal consistency of the Turkish version was found to be high, with Cronbach's alpha coefficients for the subdimensions ranging from 0.70 to 0.88, similar to the original scale's coefficients. The scale's validity was supported through confirmatory factor analysis, which demonstrated that the factor structure of the Turkish version closely mirrors that of the original scale.

Data Analysis

Prior to commencing the data analysis, collected data were digitized and statistically analyzed using the SPSS 25 software. The initial step of the analysis involved conducting a normality test, where skewness and kurtosis values were examined. Given that the skewness and kurtosis values ranged between -2 and +2, it was concluded that the data were normally distributed (George & Mallery, 2010). The skewness and kurtosis values for all scales are provided below.

Table.1 Skewness and kurtosis values for the premenstrual syndrome scale, eysenck personality inventory, golombok-rust sexual satisfaction scale, and their subdimensions.

	Skewness	Kurtosis
Premenstrual Syndrome Scale	0.018	-0,276
Depressive Affect	-0.12	-0.34
Anxiety	0.661	-0.125
Fatigue	0.02	-0.656
Irritability	-0.261	-0.77
Pain	0.071	-0.946
Appetite Changes	-0.112	-0.808
Sleep Changes	0.272	-0.838
Bloating	-0.396	-0.884
Extroversion	-1.148	0.446
Deception	-0.218	-1.071
Neuroticism	-0.249	-1.254
Psychoticism	0.475	0.255
Golombok-Rust Inventory of Sexual Satisfaction	0.775	-0.263
Frequency	0.518	-0.056
Communication	0.709	-0.133
Satisfaction	1.06	0.923
Avoidance	0.863	-0.078
Touch	0.966	-0.024
Vaginismus	0.43	-0.005
Anorgasmia	0.967	0.738

Given the data's normal distribution, it was decided to use parametric tests for analysis. The Independent Samples T-Test was applied to analyze the difference between two independent groups. One-Way Analysis of Variance (ANOVA) was utilized for analyzing differences among multiple groups. Pearson Correlation analysis was conducted to examine the relationships between two or more variables. Multiple Linear Regression analysis was applied to test the impact of independent variables on the dependent variable.

Results

This section contains the findings from the analysis of data collected with the Sociodemographic Information Form.

Table 2. Distribution of the sample group according to sociodemographic variables.

		<i>n</i>	%
Gender	Female	150	100.0
Having an active sexual life	Yes	150	100.0
Age	18-24	29	19.3
	25-35	121	80.7
Where have you spent the majority of your life (2/3 of it)?	Village	10	6.7
	District Center	37	24.7
	City Center	103	68.7

Table 2. (Continued)

Educational level	Middle School Graduate	3	2.0
	High School Graduate	12	8.0
	College/University Graduate	86	57.3
	Master's/Postgraduate	44	29.3
	Doctorate	5	3.3
Educational level of the household's primary income earner	Middle School Graduate	14	9.3
	High School Graduate	13	8.7
	College/University Graduate	36	24.0
	Master's/Postgraduate	69	46.0
	Doctorate	14	9.3
Current economic status	Middle School Graduate	4	2.7
	Good	40	26.7
	Average	78	52.0
Current living situation	Poor	32	21.3
	With parents or family members at home	115	76.7
	Alone at home	24	16.0
	With friends at home	10	6.7
	In a dormitory with friends in the same room	1	0.7
Marital status	Married (Officially Wed)	62	41.3
	Single	73	48.7
	Living together	9	6.0
	Divorced	6	4.0

As seen in the table, participants in the sample group are 100% female, 100% believe they have an active sexual life, 100% experience menstruation, 19.3% are aged between 18-24, 80.7% are aged between 25-35, 6.7% have spent the majority of their lives in a village, 24.7% have spent the majority of their lives in a district center, 68.7% have spent the majority of their lives in a city center, 2% have completed middle school, 8% have completed high school, 57.3% have a college/university degree, 29.3% have a master's/postgraduate degree, 3.3% have a doctorate, 9.3% of the households' primary earners have completed elementary school, 8.7% have completed middle school, 24% have completed high school, 46% have a college/university degree, 9.3% have a master's/postgraduate degree, 2.7% have a doctorate, 26.7% report a good economic status, 52% report an average economic status, 21.3% report a poor economic status, 76.7% are currently living with their family, 16% are living alone, 6.7% are living with friends, 0.7% are living in a dormitory with friends, 41.3% are married, 48.7% are single, 6% are cohabiting, and 4% are widowed/divorced.

Table 3. Distribution of the sample group according to sociodemographic variables.

		N	%
Do you smoke?	Yes	69	46.0
	No	81	54.0
Do you engage in exercise for at least 20 minutes, three times a week?	Yes	55	36.7
	No	95	63.3
Do you consume more than one cup of coffee daily?	Yes	106	70.7
	No	44	29.3

Table 3. (Continued)

Do your mother or sisters, if any, experience premenstrual complaints?	Yes	86	57.3
	No	64	42.7
Do you add salt to your food without tasting it first?	Yes	39	26.0
	No	111	74.0
Are you using birth control pills?	Yes	21	14.0
	No	129	86.0
Do you experience pain during your menstrual period?	Yes	110	73.3
	No	40	26.7

As shown in the table, among the participants of the sample group, 46% are smokers, 54% do not smoke, 36.7% engage in at least 20 minutes of exercise three times a week, 63.3% do not exercise, 70.7% consume more than one cup of coffee daily, 29.3% do not consume more than one cup of coffee daily, 57.3% have a mother or sister who experiences premenstrual complaints, 42.7% have a mother or sister who does not experience premenstrual complaints, 26% use salt without tasting the food first, 74% taste the food before adding salt, 14% use birth control pills, 86% do not use birth control pills, 73.3% experience pain during their menstrual period, and 26.7% do not experience pain during their menstrual period.

Table 4. Pearson Correlation Analysis Results for the Relationship Between Scores on the Premenstrual Syndrome Scale, Eysenck Personality Inventory, and Golombok-Rust Sexual Satisfaction Scale in the Sample

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1. PMS Scale	-																				
2. Depressive Affect	.82**	-																			
3. Anxiety	.75**	.62**	-																		
4. Fatigue	.79**	.55**	.48**	-																	
5. Irritability	.85**	.71**	.47**	.64**	-																
6. Depressive Thoughts	.88**	.71**	.69**	.70**	.67**	-															
7. Pain	.69**	.42**	.51**	.50**	.54**	.53**	-														
8. Appetite Changes	.47**	.36**	.13	.27**	.41**	.29**	.28**	-													
9. Sleep Changes	.68**	.39**	.51**	.58**	.48**	.58**	.60**	.19*	-												
10. Bloating	.52**	.33**	.23**	.28**	.57**	.26**	.31**	.42**	.29**	-											
11. Golombok-Rust Sexual Satisfaction Scale	.25**	.28**	.16	.25**	.22**	.25**	.25**	.02	.17*	-.06	-										
12. Frequency	.19*	.23**	-.03	.10	.22**	.13	.26**	.20*	.13	.04	.59**	-									
13. Communication	.14	.16*	.17*	.14	.05	.14	.17*	.01	.09	-.10	.64**	.31**	-								
14. Satisfaction	.22**	.21**	.11	.24**	.19*	.26**	.17*	.07	.16*	-.10	.80**	.37**	.48**	-							
15. Avoidance	.14	.23**	.04	.14	.17*	.17*	.05	.04	.01	-.13	.75**	.47**	.38**	.53**	-						
16. Touch	.12	.12	.02	.22**	.10	.11	.12	-.05	.15	-.10	.83**	.37**	.56**	.61**	.61**	-					
17. Vaginismus	.27**	.24**	.22**	.22**	.27**	.18*	.26**	.01	.20*	.16	.58**	.19*	.31**	.29**	.31**	.40**	-				
18. Anorgasmia	.18*	.21*	.17*	.14	.12	.22**	.20*	-.10	.10	-.06	.78**	.46**	.33**	.59**	.49**	.58**	.28**	-			
19. Extraversion	-.12	-.17*	.00	-.17*	-.14	-.14	.01	-.04	.00	.02	-.24**	-.15	-.18*	-.13	-.32**	-.20*	-.10	-.16*	-		
20. Lying	-.19*	-.17*	-.20*	-.18*	-.13	-.18*	-.09	-.10	-.02	-.19*	-.10	-.04	-.19*	-.14	-.08	-.16*	-.17*	-.04	-		
21. Neuroticism	.53**	.38**	.45**	.38**	.47**	.48**	.38**	.20*	.42*	.23**	.23**	.06	.20*	.19*	.10	.13	.30**	.14	-.27**	-.18*	
22. Psychoticism	.01	-.05	.14	-.10	-.05	.08	.04	.08	-.05	-.04	-.01	-.05	-.15	.06	-.01	-.04	-.15	.19*	.06	-.18*	-.03

**p<0,01, *p<0,05

The Pearson correlation analysis conducted to explore the associations between the Premenstrual Syndrome Scale and its subdimensions with the subdimensions of the Eysenck Personality Inventory yielded insightful patterns regarding relationships, rather than influences or effects, due to the cross-sectional nature of the study. A weak negative association was observed between the Premenstrual Syndrome Scale scores and Lie scores ($r=-.19$, $p<0.05$), indicating that individuals reporting fewer tendencies to lie also reported slightly more severe premenstrual symptoms. Additionally, a moderate positive association was found between the Premenstrual Syndrome Scale scores and Neuroticism scores ($r=.53$, $p<0.05$), highlighting a relationship where higher levels of neuroticism are associated with more pronounced premenstrual symptoms.

Specifically, Depressive Affect showed weak negative associations with both Extraversion ($r=-.17$, $p<0.05$) and Lie scores ($r=-.17$, $p<0.05$), and a moderate positive association with Neuroticism scores ($r=.38$, $p<0.05$).

These patterns suggest that individuals with higher levels of neuroticism, alongside lower tendencies to lie or exhibit extraversion, tend to experience more depressive symptoms in the premenstrual phase. Anxiety displayed a similar trend, with weak negative associations with Lie scores ($r=-.20$, $p<0.05$) and positive associations with Neuroticism scores ($r=.45$, $p<0.05$).

Fatigue's relationship mirrored this pattern, showing weak negative associations with Extraversion ($r=-.17$, $p<0.05$) and Lie scores ($r=-.18$, $p<0.05$), and a moderate positive association with Neuroticism scores ($r=.38$, $p<0.05$). This suggests a relationship between neuroticism and physical symptoms like fatigue during the premenstrual phase. Irritability also demonstrated a moderate positive association with Neuroticism scores ($r=.47$, $p<0.05$).

In examining the associations between the Golombok-Rust Sexual Satisfaction Scale and its subdimensions with the Eysenck Personality Inventory subdimensions, a distinct pattern was identified. The Golombok-Rust Scale was weakly negatively associated with Extraversion ($r=-.24$, $p<0.05$) and Lie scores ($r=-.19$, $p<0.05$), and weakly positively associated with Neuroticism scores ($r=.23$, $p<0.05$). This indicates that individuals with higher extraversion and lower honesty tend to report slightly lower sexual satisfaction, whereas a higher level of neuroticism is associated with a slight increase in sexual satisfaction.

Table 5. Findings from the linear regression analysis of the relationship between the eysenck personality inventory and the premenstrual syndrome scale.

	<i>B</i>	<i>S.E</i>	β	<i>t</i>	<i>p</i>	R^2	<i>F</i>	<i>p</i>
(constant)	98.91	11.47		8.63	0.000	0.27	14.62	0.000
Extraversion	0.40	1.44	0.02	0.28	0.780			
Lying	-1.69	1.26	-0.10	-1.34	0.181			
Neuroticism	8.53	1.24	0.51	6.90	0.000			
Psychoticism	0.05	1.81	0.00	0.03	0.980			

As indicated in the table, the subdimensions of the Eysenck Personality Inventory significantly predict the Premenstrual Syndrome Scale ($R^2=.27$, $p<.05$). These variables account for 27% of the total variance in the Premenstrual Syndrome Scale scores. According to the beta coefficient values, the strengths of influence are as follows: Neuroticism ($\beta=.51$, $p=.000$) has the most significant positive impact, while Lying ($\beta=-.10$, $p=.181$), Extraversion ($\beta=.02$, $p=.780$), and Psychoticism ($\beta=.00$, $p=.980$) show minimal to no impact. This result indicates that Neuroticism is the variable that most significantly explains the scores on the Premenstrual Syndrome Scale.

Table 6. Findings from the linear regression analysis of the relationship between the eysenck personality inventory and the golombok-rust sexual satisfaction scale.

	<i>B</i>	<i>S.E</i>	<i>B</i>	<i>t</i>	<i>p</i>	R^2	<i>F</i>	<i>p</i>
(constant)	34.38	5.27		6.53	0.000	0.09	4.75	0.001
Extraversion	-1.69	0.66	-0.21	-2.56	0.012			
Lying	-1.23	0.58	-0.17	-2.13	0.035			
Neuroticism	0.97	0.57	0.14	1.71	0.090			
Psychoticism	-0.26	0.83	-0.03	-0.35	0.752			

As indicated in the table, the subdimensions of the Eysenck Personality Inventory significantly predict the Golombok-Rust Sexual Satisfaction Scale ($R^2=.09$, $p<.05$). These variables explain 9% of the total variance in the Golombok-Rust Sexual Satisfaction Scale scores. Based on the beta coefficient values, the strengths of influence are as follows: Extraversion ($\beta=-.21$, $p=.012$) has the most significant negative impact, followed by Lying ($\beta=-.17$, $p=.035$), with Neuroticism ($\beta=.14$, $p=.090$) showing a positive but not statistically significant

influence, and Psychoticism ($\beta = -.025$, $p = .752$) having negligible impact. This result suggests that Extraversion is the variable that most significantly explains the scores on the Golombok-Rust Sexual Satisfaction Scale.

Discussion

This study explored the complex relationships between Premenstrual Syndrome (PMS) symptoms, sexual satisfaction, and personality traits among women aged 18 to 35. The findings reveal significant associations, particularly highlighting the roles of Neuroticism and Extraversion as predictors of PMS severity and sexual satisfaction, respectively.

The study found that Neuroticism, as measured by the Eysenck Personality Inventory, is a significant predictor of PMS severity. This finding aligns with previous research, which has demonstrated that individuals with higher levels of neuroticism are more susceptible to experiencing severe PMS symptoms due to their heightened emotional reactivity and vulnerability to stress (Gümüş et al., 2012; Woods et al., 1982). Neuroticism's influence on emotional instability may exacerbate the psychological and physical symptoms associated with PMS, leading to more pronounced experiences of this condition among women with higher neuroticism scores.

Extraversion was identified as a significant predictor of sexual satisfaction, with a notable negative association observed. This finding adds complexity to the existing literature, where the relationship between extraversion and sexual satisfaction has shown mixed results. While some studies suggest that extroverted individuals may experience higher sexual satisfaction due to their sociability and outgoing nature (Işık, 2020), our study indicates a negative association. This negative relationship may reflect cultural or societal expectations, where extroverted behaviors might conflict with prevailing norms about sexual relationships, potentially leading to dissatisfaction (Tunç, 2019). This divergence underscores the need for further research to explore how these dynamics vary across different cultural contexts.

The relationship between sexual satisfaction and the personality traits of Lying and Neuroticism also warrants attention. A weak negative relationship was found between sexual satisfaction and both Extraversion and Lying, while a weak positive relationship was noted with Neuroticism. These findings suggest that individuals who score higher on Neuroticism may experience lower sexual satisfaction due to their emotional instability, which can negatively impact their sexual relationships. Conversely, those who score higher on Extraversion and Lying may experience more conflicts or dissatisfaction in their sexual lives, potentially due to discrepancies between their behavior and societal or personal expectations.

The societal discomfort in discussing sexuality and women's menstrual cycles, influenced by cultural, social, and psychological factors, was reaffirmed. These subjects continue to be unchallenged or stigmatized taboos within society, posing difficulties for individuals lacking knowledge or comfort in discussing these topics (Özkan, 2014). This research segment illuminates the intricate relationships between PMS symptoms, sexual satisfaction, and various demographic and psychological factors among women aged 18 to 35.

In particular, the significant findings regarding the frequency subdimension of the Golombok-Rust Sexual Satisfaction Scale among younger women (18-24 years) suggest that puberty, adolescence, and early adulthood are periods of higher sexual satisfaction, potentially due to biological readiness for reproduction, health, and higher energy levels. This trend parallels Tunç's (2019) findings, where vaginismus also had a high score average among married individuals.

Further, the study revealed that marital status plays a role in sexual satisfaction, with significant differences observed in the frequency and communication sub-scores. Unmarried individuals reported higher frequency scores, while married individuals had higher communication scores. This suggests that being in a marital relationship might enhance communication but not necessarily the frequency of sexual activities. These findings resonate with the broader literature that suggests different aspects of sexual satisfaction are influenced by marital status (Csikszentmihalyi, 1997; İncesu, 2014).

The relationship between PMS symptoms and factors such as dysmenorrhea (painful menstruation) was profound, with a significant portion of women experiencing intense and debilitating cramps, primarily affecting the abdomen and lower back regions (Kızılkaya, 1994; Çıtak & Terzioğlu, 2002). These findings align with studies by Silva et al. (2006), Moos (1968), Woods et al. (1982), and Gökçe (2006), which highlight the varied prevalence and intensity of PMS symptoms across different age groups and suggest that hormonal fluctuations associated with the onset of menstruation may contribute to more severe symptoms in younger

women.

Moreover, the study confirmed that individuals with a family history of PMS symptoms reported higher average scores, underscoring the potential genetic or environmental influence on PMS (Michelle et al., 2006; Güneş et al., 1997). Economic status also emerged as a significant factor, with those in lower income brackets experiencing more severe PMS symptoms compared to their higher-income counterparts. This finding supports the idea that financial stability may play a role in the management or perception of PMS symptoms, possibly due to better access to healthcare or less stress related to financial concerns (Woods et al., 1982).

Overall, this study contributes to a deeper understanding of how personality traits, PMS symptoms, and sexual satisfaction are interrelated. The significant findings related to Neuroticism and Extraversion highlight the importance of considering personality in the context of women's health. By integrating these findings with existing literature, this study provides a more comprehensive understanding of the factors that influence women's experiences of PMS and sexual satisfaction, paving the way for more targeted interventions and future research.

The findings of this study should be interpreted within the context of Turkish cultural norms, where traditional gender roles and societal expectations around modesty and privacy significantly influence how women experience and report PMS symptoms and sexual satisfaction. The pressure to conform to these norms might exacerbate conditions like PMS, particularly among women with higher levels of Neuroticism, while also leading to conflicts for more extroverted individuals whose behaviors may not align with societal expectations. Additionally, the strong emphasis on family and marriage in Turkish culture may explain the observed differences in sexual satisfaction between married and unmarried women, with marriage often encouraging better communication but not necessarily increasing the frequency of sexual activities. The cultural taboos surrounding discussions of sexuality and menstruation may contribute to internalized stress, limited access to information, and increased severity of PMS symptoms, especially among those in lower income brackets. These findings suggest a need for culturally sensitive health interventions and educational campaigns in Turkey to address both the psychological and physical aspects of women's health within this cultural framework.

Overall, the findings of this study underscore the intricate interplay between personality traits, PMS symptoms, and sexual satisfaction, mentioning the importance of a culturally sensitive approach in both research and interventions aimed at improving women's health and well-being.

Limitations

This study acknowledges several limitations that may influence the interpretation of its findings. First, the Premenstrual Syndrome Scale used in this research was developed in 2006 based on DSM-III and DSM-IV criteria. Given the release of DSM-5 in 2013, there have been updates in diagnostic criteria that may not be fully captured by the scale utilized, which could affect the alignment of our results with the most current definitions and classifications of premenstrual syndrome. Additionally, the concept of neuroticism, as measured by the Eysenck Personality Inventory, is interpreted within the context of Eysenck's theoretical framework and does not imply a pathological condition. It is important to consider that neuroticism in this study refers to emotional reactivity and instability rather than a personality disorder.

Another limitation relates to the classification of marital status, which was broadly categorized as married, single, living together, or divorced. This approach may not fully capture the complexities of relationship dynamics, particularly the duration of relationships, which could have a significant impact on the study's findings. For instance, comparing individuals who are single but in long-term relationships with those who are newly married might introduce variability that was not accounted for in this study. Future research should consider incorporating relationship duration as a variable to provide more nuanced insights into how relationship status interacts with the variables studied.

Additionally, it is acknowledged that the conclusions drawn in relation to "Marriage" status may at times extend beyond the specific context of this study. While marital status was used as a significant variable, the broader implications and comparisons with other research examples may lead to inferences that are less directly tied to the specific data presented. Future research should aim to explore these relationships in more detail to ensure that conclusions remain tightly aligned with the study's data.

Furthermore, the study's sample is limited to women aged 18-35, which may restrict the generalizability of our findings to other age groups or populations with different cultural and regional backgrounds. The cross-sectional design of the study also limits our ability to draw causal inferences or observe changes in PMS symptoms, sexual satisfaction, and personality traits over time. Lastly, reliance on self-reported measures introduces the potential for biases such as social desirability or recall bias, despite the inclusion of a "lie scale" to control for response biases.

It is also important to consider that topics such as family, marriage, and sexuality are areas often influenced by gender inequality, which may have introduced demographic limitations in this study. The demographic information collected may not fully capture the complexities and nuances associated with these areas, potentially impacting the interpretation of the results.

Another limitation of this study is the definition and measurement of an "active sex life." While the term "active" typically refers to the frequency of sexual activity, our study does not specify a threshold or frequency that constitutes an active sex life. This ambiguity may affect the interpretation of results, as participants' perceptions of what is considered "active" can vary widely. Future research should aim to establish a clear and consistent definition of an active sex life to enhance the comparability and reliability of findings.

These limitations suggest areas for future research, including the use of updated diagnostic tools, longitudinal studies to assess changes over time, and broader sample populations to enhance the generalizability of the findings. Additionally, future studies might benefit from a more detailed examination of relationship dynamics, including relationship duration, to better understand the interactions between marital status and the psychological variables under investigation.

Implications

The findings of this study have several important implications for mental health, education, and future research. In the context of mental health, understanding the relationship between premenstrual syndrome (PMS) symptoms, sexual satisfaction, and personality traits can inform the development of more tailored interventions for women, particularly those in the 18-35 age group. Mental health professionals could use these insights to create more effective therapeutic approaches that address both the psychological and physical aspects of PMS, thereby improving overall well-being.

For educational purposes, this research highlights the importance of incorporating gender-sensitive content into curricula that address the biopsychosocial aspects of health. Educational institutions could benefit from integrating these findings into health education programs, which could help in raising awareness and reducing stigma associated with PMS and related issues.

In terms of future research, while this study utilized quantitative methods, there is a significant opportunity to explore the same or similar topics using qualitative and innovative research methods. We recommend future researchers consider using methodologies such as Online Photovoice (OPV), Online Interpretative Phenomenological Analysis (OIPA), and Community-Based Participatory Research (CBPR). These approaches allow participants to express their experiences with minimal manipulation, offering a more grounded understanding of the subject matter. Specifically, OPV, which has been recognized as an effective method for capturing the lived experiences of participants, could provide deep insights into the relationship between PMS symptoms, sexual satisfaction, and personality traits. Studies using OPV could explore themes such as "Understanding PMS through OPV" or "Exploring the Relationship Among PMS Symptoms, Sexual Satisfaction, and Personality Traits through OPV," offering a more nuanced view that complements quantitative findings.

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