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RESEARCH ARTICLE

Marital adjustment and sexual satisfaction in married couples with sexual functioning disorders: A comparative study evaluating patients and their partners

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ABSTRACT

Objective: Sexual satisfaction is a predictor of marital satisfaction, and marital satisfaction is a predictor of sexual satisfaction. This study was an evaluation of the quality of this relationship in Turkish women and men with diagnosed sexual dysfunction (SD).

Method: A total of 65 married couples in which at least 1 partner had diagnosed SD and who had presented at the Eskişehir Osmangazi University Faculty of Medicine Psychiatry Outpatient Clinic were enrolled in the study. Data were collected using a sociodemographic and clinical data form, the Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and the Birtchnell Marital Partner Evaluation Scale (BMPES). The participants were divided into 4 groups according to gender and the presence of SD: SD+ female (n=44), SD- female (n=14), SD+ male (n=23), and SD- male (n=35).

Results: Comparison of the men and women who were SD+ revealed that the BMPES directiveness subscale scores were higher among the males, whereas the detachment and dependency scores were lower. When compared with their SD- partners, the males also had higher BMPES directiveness scores and lower detachment scores. Analysis of the SD+ and SD- female group findings indicated a significant difference only in the GRISS vaginismus subdimension. Among the men, those who were SD+ had higher total GRISS scores than those who were SD-. Correlations between marital adjustment and sexual satisfaction scores demonstrated a significant relationship between dependency and reliability, and dependency and the total GRISS score in the SD+ male group. The SD+ male group responses indicated that a perception of the female partner as dependent was associated with a higher quality sex life and greater sexual satisfaction, in addition to a high reliability score.

Conclusion: Gender and other significant complexities are important considerations for clinicians evaluating sexual satisfaction and marital adjustment in couples with SD. Marital adjustment problems should be examined in couples with SD, and sexual problems should be examined in couples with marital adjustment problems.

Keywords: Gender, marital adjustment, sexual dysfunction, sexual function disorder, sexual satisfaction

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INTRODUCTION

Marriage is a key structure in most societies. It can be broadly defined as a formally recognized partnership of 2 individuals in a personal relationship intended to be one of the most important and long-lasting relationships in life, typically formed with the aim of living together, sharing life experiences, and raising children. Spouses are expected to recognize, understand, and meet each other's needs (1). While the goal of the union is to provide for one another's physical, emotional, and social well-being, achieving an ideal integration with marital satisfaction and marital adjustment is not easy (2).

The concepts of marital adjustment and marital satisfaction are often used interchangeably. However, marital satisfaction is defined by the subjective sense of contentment individuals feel in all aspects of the marriage; marital adjustment encompasses a broader assessment of the quality of the relationship (1). While a complex concept, marital adjustment can be defined as the ability of the couple to create a good relationship schema that includes positive feelings and thoughts about each other and communicating well and resolving conflicts through consensus (2). Several factors can impair marital adjustment, including individual personality structures, attachment characteristics, the quality of the sexual relationship, and their physical and mental condition (3).

The level of sexual satisfaction has been suggested as a key element in relationship satisfaction (2). Sexual satisfaction is a subjective emotional evaluation of the positive and negative aspects of a sexual relationship (4). Although the precise nature is multifaceted, there is thought to be a strong association between marital and sexual satisfaction. Sexual satisfaction is a predictor of relationship satisfaction, and relationship satisfaction is also a predictor of sexual satisfaction. However, this two-way relationship is not causal (5,6). The association between sexual satisfaction and marital satisfaction may be affected by non-sexual factors (4).

Trust, intimacy, and adjustment in a marital relationship generally contribute to sexual desire and satisfaction. Teimourpour et al. (6) observed that healthy sexual function, which is an important component of a feeling of well-being, can help couples to establish a genuine partnership and to cope more effectively with the stresses of daily life. In a study conducted with a nonclinical sample in Turkey, it was found that sexual satisfaction decreased as marital adjustment decreased in both female and male married partners (2). However, sexual dysfunction (SD) and marital problems may occur independently of one another (7).

Sexual dysfunction (SD) is a common problem, reported to occur in 20% to 30% of adult men and 40% to 45% of adult women (8). The rate is similar in married couples and the general population (9). Sexual function and marital adjustment have generally been studied in the context of conditions such as infertility, traumatic brain injury, depression, and anxiety (10-12). A limited number of studies have investigated this association in a clinical SD sample. Hartman (7) studied SD and marital difficulties, and observed that given the potentially independent nature of problems, effective treatment of marital discord may be neither a necessary nor sufficient condition for improvement in sexual functioning. Eristiren et al. (13) suggested that positive relationship characteristics in couples with SD may in part reflect the couple's focus on solving a common problem. Safak Ozturk et al. (14) studied 101 married couples with SD and found that sexual satisfaction had a mediating effect on personality traits and fostered marital adjustment; however, it should be noted that women and men were analyzed as a single group and gender was not used as a variable. In a comparison of couples in therapy for SD and couples in therapy for other problems in the USA, Woody et al. (15) observed that while sexual satisfaction was lower in the SD group, the groups were similar in the experience of moderate marital distress.

There may be marital problems in couples with SD, and sexual problems in couples with marital adjustment problems. Furthermore, since both marriage and SD may be influenced by the cultural atmosphere and other factors, specific associations among partners living in Turkey merit investigation (16). The objective of this study was to examine the relationship between marital adjustment and sexual satisfaction in couples with SD, and how it manifests in individuals with SD and their partners.

METHOD

This study was approved by the Eskisehir Osmangazi University Clinical Research Ethics Committee on May 7, 2019 (no: 04).

In all, 65 heterosexual couples, a total of 130 individuals, who met the inclusion criteria, presented at the Eskisehir Osmangazi University Faculty of Medicine Psychiatry Outpatient Clinic, and agreed to participate were included in the study as the patient group. The SD was diagnosed according to the

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria (17). All of the participants were informed about the study and provided written, informed consent.

The inclusion criteria used were literacy, absence of a physical illness, absence of an axis I psychiatric disorder, and the absence of mental retardation. The couples enrolled in the study were evaluated by the researchers with a detailed anamnesis to screen for axis I disorders, and completed the sociodemographic and clinical data form, the Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and the Birtchnell Marital Partner Evaluation Scale (BMPES). Spouses completed the forms separately to avoid any influence on the results.

Measures

Sociodemographic and Clinical Data Form

The authors created a form to collect socio-demographic data of age, gender, education level, and the diagnosis of any SD.

Golombok-Rust Inventory of Sexual Satisfaction (GRISS): The GRISS (18) is a tool used to assess the existence and severity of sexual problems. The scale consists of 28 questions answered by the participant using a 5-point measurement. Different versions have been designed for male and female respondents. The subdimensions of avoidance, satisfaction, communication, touching, and frequency of sexual relations are common to both versions; the female form also includes vaginismus and anorgasmia subscales, and the male form includes premature ejaculation and erectile dysfunction. A higher score indicates a lower quality of sexual life. The shared subdimensions can be used in analyses comparing women and men (19). A validity and reliability study of a Turkish scale was conducted by Tuğrul et al. (20). In this study, 2 variables were used in comparisons: the unisex total GRISS score (the sum of the common subdimensions) and a gender-specific total GRISS score, which included the additional subdimensions.

Birtchnell Marital Partner Evaluation Scale (BMPES): The BMPES is a self-report tool for spouses to evaluate each other and the results can be used to assess marital adjustment. The scale provides separate scores for the subdimensions of dependency, detachment, directiveness, and reliability. Kabakçı et al. (21) performed a validity and reliability study of the original developed by Birtchnell (22) for a Turkish population. High scores in the personality dimensions of dependency, detachment, and directiveness are thought to impede marital adjustment, whereas a high score on the reliability dimension generally supports greater adjustment. Dependency is defined as a lack of self-confidence and a constant need for support and attention; directiveness is described a tendency to exert dominance and is characterized by a fear of being controlled; detachment is defined as choosing to be alone and avoiding closeness; and reliability is defined as being supportive, the ability to accept one's spouse, and being able to express feelings (21). Birtchnell (22) suggested that respondents might self-censor information about themself, but would give more objective answers about another person.

While the original scale has 90 items in the male and female forms, the Turkish version has 79 items in the female version and 72 items in the male version. The sum of subdimension scores and a score adjusted for the different possible total of each version were used to make comparisons between men and women in this study.

Statistical Analysis

Seven couples (14 individuals) who did not sufficiently complete the study forms were excluded from the study. The statistical analysis was performed using the data of 116 participants: 58 women and 58 men. Continuous variables with normal distribution were presented as the mean±SD and as the median and quartile values when normal distribution conditions were not met. Categorical variables were described using the number and percentage. A chi-squared test was used to compare categorical variables, with a significance test of the difference between 2 means in the presence of normal distribution and the Mann-Whitney U test when normal distribution was not present. Correlations were calculated using the nonparametric Spearman test since the the distribution was not normal.

RESULTS

The sociodemographic data of the participants are shown in Table 1. Eight couples had SD diagnosed in both partners and of the remaining 50 couples, only 1 spouse had SD. An SD diagnosis was more common in the women than in the men ($p<0.001$). In all, 34 (58.6%) female participants had vaginismus, 8 (13.8%) had desire and arousal disorder, and 1 (1.7%) had orgasm disorder; among the male participants, 15 (25.9%) were diagnosed with premature ejaculation, 6 (10.3%) with erectile dysfunction, and 2 (3.4%) with sexual anorexia.

Table 1: Distribution of sociodemographic data of the participants by gender

Variable	Female		Male		Statistical values
	Mean	SD	Mean	SD	
Age (years)	29.34	7.10	32.86	7.74	t=-2.548 p=0.012
	n	%	n	%	
Education level					
Primary or secondary school	20	34.5	12	20.7	χ^2=4.719, df=2, p=0.094
High school	14	24.1	24	41.4	
University	24	41.4	22	37.9	
Residency					
Rural	5	8.6	6	10.3	χ^2=0.100, df=1, p=0.751
Urban	53	91.4	52	89.7	
	Mean	SD	Mean	SD	
Average monthly income in TL	1844.00	1370.96	1942.85	1393.69	t=-0.356 p=0.722
	n	%	n	%	
Children					
Yes	20	34.5	22	37.9	χ^2=0.149, df=1, p=0.699
No	38	65.5	36	62.1	
Marriage style					
Arranged	20	34.5	22	37.9	χ^2=0.149, df=1, p=0.699
Voluntary/love	38	65.5	36	62.1	
Diagnosis of sexual dysfunction					
Yes	43	74.1	23	39.7	χ^2=14.061, df=1, p<0.001
No	15	25.9	35	60.3	

SD: Standard deviation

The study group data were examined using 4 groups classified according to gender and the presence of SD: SD+ female (n=44), SD- female (n=14), SD+ male (n=23), and SD- male (n=35). The distribution of the clinical data of the participants according to group is presented in Table 2. The results of binary comparisons of the data are shown in Table 3. When evaluating the GRISS data of SD+ and SD- females, only the vaginismus subscale scores in the SD+ female group demonstrated a significant difference (p=0.001). The premature ejaculation subscale scores, gender-specific GRISS scores, and the unisex GRISS scores of the SDI+ male group were higher than those of the SDI- male group (p<0.001, p<0.001, p=0.033, respectively). There were no other significant statistical differences in the GRISS subscale scores in comparisons of SD+ and SD- males (p>0.05). The frequency subscale scores of GRISS were lower in the women diagnosed with SD, and the avoidance and touch subscale scores were higher than those of the men diagnosed with SD (p=0.021, p=0.003, p=0.014, respectively). No significant difference was found in the BMPES reliability subscale scores in SD+ women compared with the SD+ men (p>0.05). The SD+ women gave their spouses higher scores on the detachment and dependency subscales, and lower scores on the directiveness subscale (p<0.001, p=0.002, p=0.001, respectively). Comparison of the partners of individuals with SD indicated that the touch subscale scores, gender-specific GRISS scores, and BMPES detachment subscale scores were higher in the women than the men (p=0.006, p=0.025, p<0.001, respectively). The BMPES directiveness subdimension scores were higher among the SD- male group than the SD- female group (p=0.001).

The correlations of the groups' unisex and gender-specific GRISS total scores and their adjustment subdimensions are shown in Table 4. The GRISS scores and BMPES subdimension scores were positively correlated, and in the SD+ male group, those who identified their spouse as dependent had lower GRISS scores (p<0.05).

Table 2: Distribution of the clinical data of the participants according to group

	Group 1 SD+ female n=44		Group 2 SD- female n=14		Group 3 SD+ male n=23		Group 4 SD- male n=35	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
	Q2 (Q1, Q3)		Q2 (Q1, Q3)		Q2 (Q1, Q3)		Q2 (Q1, Q3)	
GRISS								
Frequency	3.34	1.84	3.71	2.20	4.52	1.83	3.66	2.03
	3.00 (2.00, 5.00)		3.00 (2.75, 5.25)		4.00 (3.00, 6.00)		3.00 (2.00, 5.00)	
Communication	2.36	1.89	2.29	2.46	2.52	1.97	1.97	1.47
	2.00 (1.00, 4.00)		1.50 (0.00, 5.00)		2.00 (1.00, 5.00)		2.00 (1.00, 3.00)	
Satisfaction	6.43	4.43	6.07	3.50	7.30	3.62	6.37	3.43
	6.00 (3.00, 8.00)		5.00 (4.00, 6.75)		8.00 (5.00, 10.00)		6.00 (4.00, 9.00)	
Avoidance	5.45	3.25	3.86	3.59	2.96	2.65	1.80	2.11
	5.00 (3.00, 8.00)		3.50 (0.00, 6.00)		2.00 (1.00, 4.00)		1.00 (0.00, 3.00)	
Touch	3.59	3.02	4.07	3.67	2.04	2.50	1.34	1.78
	3.00 (1.25, 4.75)		2.50 1.00, 8.00)		1.00 (0.00, 4.00)		0.00 (0.00, 3.00)	
Vaginismus	10.30	4.81	5.21	2.12	-		-	
	11.00 (5.00, 15.00)		5.00 (4.75, 5.50)		-		-	
Anorgasmia	8.16	3.31	7.21	2.01	-		-	
	8.00 (5.00, 11.00)		7.00 (5.75, 9.00)		-		-	
Impotence	-		-		4.22	3.83	2.97	2.39
	-		-		4.00 (1.00, 7.00)		3.00 (1.00, 5.00)	
Premature ejaculation	-		-		9.26	4.31	4.74	3.12
	-		-		10.00 (6.00, 12.00)		5.00 (2.00, 6.00)	
Gender-specific GRISS	39.64	12.48	32.43	13.83	32.83	8.09	22.86	8.81
	38.50 (29.25, 50.50)		31.50 (22.25, 42.25)		32.00 (29.00, 39.00)		21.00 (17.00, 28.00)	
Unisex GRISS	21.18	10.43	20.00	11.89	19.35	7.38	15.14	7.82
	20.00 (12.25, 27.75)		18.00 (11.00, 27.00)		19.00 (14.00, 25.00)		13.00 (9.00, 20.00)	
BMPES								
Reliability	36.61	7.98	38.71	6.74	37.70	5.11	37.60	4.72
	38.50 (34.00, 42.75)		40.00 (37.75, 42.50)		39.00 (34.00, 43.00)		38.00 (34.00, 41.00)	
Detachment	16.09	2.72	15.93	2.09	9.35	2.08	9.80	2.89
	16.00 (15.00, 18.00)		16.00 (14.75, 17.00)		9.00 (8.00, 11.00)		10.00 (8.00, 11.00)	
Dependency	19.66	3.85	20.07	3.75	16.17	3.77	18.06	2.79
	20.50 (16.25, 23.00)		19.50 (17.00, 23.00)		16.00 (14.00, 19.00)		18.00 (16.00, 20.00)	
Directiveness	21.75	4.64	22.79	3.68	26.35	5.42	27.51	4.39
	21.00 (19.00, 26.00)		23.00 (21.00, 26.00)		27.00 (24.00, 30.00)		26.00 (24.00, 30.00)	

SD+: Sexual dysfunction present, SD-: Sexual dysfunction absent, SD: Standard deviation, BMPES: Birtchnell Marital Partner Evaluation Scale, GRISS: Golombok-Rust Inventory of Sexual Satisfaction

The potential impact of an arranged or self-selected, romantic marriage was also examined and all of the participants were divided into 2 groups according to the type of marriage. Comparison of the marital adjustment subdimensions as well as the unisex and gender-specific GRISS totals demonstrated that the directiveness subdimension score was significantly higher in the arranged marriage group (t=2.086, p=0.039). No significant difference was found between the groups in the GRISS total scores or the dependence, detachment, or reliability subdimensions.

Table 3: Binary comparisons of the clinical data

		Groups 1-2	Groups 3-4	Groups 1-3	Groups 2-4
GRISS					
Frequency	U	284.00	301.00	334.00	243.00
	p	0.659	0.102	0.021	0.964
Communication	U	292.00	344.00	484.00	243.50
	p	0.767	0.343	0.768	0.973
Satisfaction	U	297.00	337.00	402.50	228.00
	p	0.841	0.296	0.169	0.705
Avoidance	U	222.00	296.00	280.00	165.50
	p	0.117	0.084	0.003	0.071
Touch	U	302.50	338.00	322.50	125.50
	p	0.920	0.275	0.014	0.006
Vaginismus	U	132.00			
	p	0.001	-	-	-
Anorgasmia	U	256.00			
	p	0.341	-	-	-
Impotence	U	-	345.50		
	p		0.361	-	-
Premature Ejaculation	U	-	166.00		
	p		<0.001	-	-
Gender-specific GRISS	U	213.00	166.50	361.50	144.00
	p	0.084	<0.001	0.056	0.025
Unisex GRISS	U	278.00	268.50	465.50	191.00
	p	0.585	0.033	0.592	0.231
BMPES					
Reliability	U	254.00	395.50	502.00	192.50
	p	0.325	0.911	0.958	0.243
Detachment	U	294.50	373.50	24.50	26.00
	p	0.804	0.642	<0.001	<0.001
Dependency	U	301.50	294.0	273.00	165.50
	p	0.906	0.083	0.002	0.076
Directiveness	U	241.50	372.00	247.00	98.00
	p	0.225	0.626	0.001	0.001

BMPES: Birtchnell Marital Partner Evaluation Scale, GRISS: Golombok-Rust Inventory of Sexual Satisfaction

DISCUSSION

Married couples with a diagnosed SD in least 1 spouse were evaluated in 4 groups based on the presence of SD and gender in order to examine characteristics of marital adjustment and sexual satisfaction and the association between them.

The men and women diagnosed with SD had higher GRISS avoidance and touch subdimension scores, women had lower frequency subdimension scores, the directiveness subdimension score was higher in the men, and the detachment and dependency scores were lower in men. The fact that the SD+ female group was predominantly diagnosed with vaginismus and the presence of premature ejaculation and erectile dysfunction SD+ male group likely contributed to reduced sexual relationship frequency. The SD+ women often categorized their partners as detached and dependent, while the SD+ men frequently described their spouses as directive. Gender-related interpersonal dynamics in a heterosexual couple may influence the development of SD. Nonetheless, there was no difference

Table 4: Correlations between unisex and gender-specific GRISS total scores and marital adjustment subdimensions

Group	Reliability (I)	Detachment (II)	Dependency (III)	Directiveness (IV)	Unisex GRISS (V)	Gender-specific GRISS (VI)
SD+ female, n=44						
I		-0.100	-0.022	0.094	-0.292	-0.155
II			0.415**	0.535**	0.160	-0.007
III				0.455**	0.093	0.043
IV					-0.084	-0.026
V						0.881**
SD- female n=14						
I		0.249	0.358	0.091	0.102	0.106
II			0.764**	0.443	-0.185	-0.072
III				0.380	-0.070	0.074
IV					0.018	0.066
V						0.960**
SD+ male, n=23						
I		0.212	0.465*	0.263	-0.382	-0.238
II			0.110	0.175	-0.011	-0.084
III				0.702**	-0.509*	-0.462*
IV					-0.366	-0.368
V						0.892**
SD- male, n=35						
I		-0.079	0.201	0.082	-0.183	0.004
II			0.220	0.470**	0.019	-0.025
III				0.511**	-0.300	-0.227
IV					0.056	0.134
V						0.858**

*: p<0.05, **: p<0.001. GRISS: Golombok-Rust Inventory of Sexual Satisfaction

in the sexual satisfaction total scores between men and women diagnosed with SD.

Comparing the couples who were not diagnosed with SD revealed that the GRISS touch subscale scores and the gender-specific sums were higher in women and that the directiveness and detachment scores of the BDRS were higher in men than women. Many female partners of men diagnosed with SD described discontent in terms of touch contact and general sexual satisfaction and classified their partners as detached. Fisher et al. (23) found that sexual desire, arousal, and orgasm had decreased in women who had male partners with erectile dysfunction. A fear of harm among women with vaginismus was likely a factor (24).

A significant increase was observed only in the GRISS vaginismus subdimension in the female group with SD when compared with the female participants without an SD diagnosis. Men diagnosed with SD had a higher unisex GRISS score and a gender-specific total GRISS score than male partners without SD, and they also had a higher GRISS premature ejaculation subdimension score. Among partners of those with SD, the sexual function of women was lower than that of men.

Lower dependency, detachment, and directiveness BDRS scores, which suggest reduced adjustment, correlated as expected in groups with results indicating good marital adjustment and sexual satisfaction. A significant correlation was found between the dependency subscale and sexual satisfaction, and between the dependency and reliability subdimensions in the male participants diagnosed with SD. The perception of the female partner as dependent by a man with SD, as well as a high perception of reliability, was found to be associated with greater male sexual satisfaction.

Kabakci et al. (21) found that the reliability scores of the BDSR subdimensions were relatively high in those who were satisfied with their marriage and that the dependency, directiveness, and detachment scores were relatively high in those who were dissatisfied with their marriage. No culture or gender-specific difference was

found in the associations between the variables. In Turkey, greater dependency negatively affected marital satisfaction, as has also been reported in Western countries. In their study, dependency, directiveness, and detachment were negative characteristics in terms of marital adjustment for both women and men.

The fact that the reliability subdimension, which typically reflects marital adjustment, was not associated with a better sexual life (with the exception of male SD+ group) may have been related to the small sample size. Leonhardt et al. (25) found that the marital satisfaction of men and women was related to the quality of the sexual relationship. Longitudinal studies have shown that sexual satisfaction and marital satisfaction mutually affect each other (5). It may be that there is a similar relationship in couples with SD (26).

It is noteworthy that in the couples with SD in our study, male partner characterization of the female as dependent was associated with greater sexual satisfaction. Taycan and Kuruoglu (3) reported that men in couples with marital problems rated their female partners as more dependent than men in the control group. The authors suggested that describing the partner as dependent might be associated with avoidant attachment. In the present study, the men did not identify women as more dependent, however, we found that the perception of the female partner as dependent was associated with better sexual functioning in the male partner. This association may be related to attachment styles as well as traditional gender roles that identify masculinity with attributes such as independence, assertiveness, and superiority, while femininity is associated with submissiveness and passivity. The dependent characteristics attributed to the wife may reduce the stress of the masculine role and add to sexual satisfaction for a man with SD. However, the same roles and beliefs can also have a great impact on the emergence of SD. Couples who reject the traditional gender scenario have more rewarding relationships and achieve more sexual satisfaction (27). Sexuality and marriage are linked to culture and gender dynamics; it is therefore important that research in this area include careful analysis of the role of gender.

A study of Indian-American couples in the US that compared arranged marriages with those that resulted from a love match yielded no significant difference in marital adjustment (28). Similarly, no significant difference was seen in a study that examined the marital adjustment of comparable couples in Pakistan (29). However, it was reported in a Chinese study of married women that marriage satisfaction was lower in those with arranged marriages (30). In a study conducted with female participants in Turkey, arranged marriage was associated with low sexual function (31). Doğan and Saracoglu (32) also found that women with vaginismus more frequently reported a history of arranged marriage. It has also been noted that premature ejaculation was more common in men who entered arranged marriages (33). Our results revealed no significant difference in sexual function, or the dependency, detachment, and reliability scores based on marriage type. The fact that male and female participants with arranged marriages described their spouses as more directive may reflect patriarchal power relationships that contribute to beliefs and customs, including the practice of arranged marriage.

This study is limited by the relatively small sample size, the lack of a control group, a cross-sectional design, and the lack of additional analysis of specific SD groups. In addition, variables such as personality traits and attachment type were not examined. Strengths of the study include the examination of marital adjustment in couples with SD using data that were not solely self-reported, but encompassed partner descriptions. All of our participants were married and there was a confirmed SD diagnosis, which provided a valuable framework for analysis. Gender-specific assessment is also beneficial to the existing literature related to sexual satisfaction and marital adjustment.

In conclusion, the complex nature of the subject matter makes it clear that it is important to include SD and gender dynamics in evaluations of sexual satisfaction and marital adjustment and that problems often have multiple influences and do not exist in isolation.

Contribution Categories		**Author Initials**
Category 1	Concept/Design	G.G.
	Data acquisition	H.O.S.
	Data analysis/Interpretation	I.G.Y.K.
Category 2	Drafting manuscript	H.O.S.
	Critical revision of manuscript	G.G.
Category 3	Final approval and accountability	I.G.Y.K.
Other	Technical or material support	N/A
	Supervision	G.G.

Ethics Committee Approval: This study was approved by the Eskisehir Osmangazi University Clinical Research Ethics Committee on May 7, 2019 (No: 04).

Informed Consent: Written informed consent of all patients was obtained.

Peer-review: Externally peer-reviewed.

Conflict of Interest: None declared.

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