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Objectives: Female sexual functioning and satisfaction are affected by the presence of sexual difficulties. The current study examines differences in sexual satisfaction according to three groups of women: (i) clinical sexual difficulties assessed by the Female Sexual Functioning Index (FSFI) cut-off; (ii) self-perceived sexual difficulties at a non-clinical level; and (iii) sexually healthy. Methods: A convenience sample of 329 Portuguese women, with a mean age of 28.69 (SD = 8.78), answered a specific question on the presence of self-perceived sexual difficulties, the Sexual Satisfaction Scale for Women and the FSFI. From the 329 women, 56 were assigned to the group with clinical sexual difficulties, 60 were assigned to the group with self-perceived sexual difficulties at non-clinical level, and 213 constituted the sexually healthy group. Results: Sexually healthy women were more sexually satisfied compared with women who self-perceived sexual difficulties and women who had clinical sexual difficulties according to the FSFI. In addition, women who self-perceived sexual difficulties were also more sexually satisfied compared to women with clinical sexual difficulties according to the FSFI. Conclusions: Women's sexual satisfaction was negatively affected by sexual difficulties assessed by the FSFI cut-off. Although with less impact, self-perceived sexual difficulties also negatively affect women's sexual satisfaction.

Keywords: assessment; sexual functioning; sexual problems; sexual satisfaction; women

Introduction

Women’s sexual problems are highly prevalent (Kammerer-Doak & Rogers, 2021; Madbouly et al., 2021; McCool et al., 2016; McCool-Myers et al., 2018; Nappi et al., 2016), with incidence estimates over 39% of women reporting sexual problems (Karakaş-Uğurlu et al., 2020; McCool et al., 2016). In addition, female sexual dysfunction has a well-known negative impact on quality of life (Nappi et al., 2016), well-being (Rosen & Bachmann, 2008), psychological adjustment (Laumann et al., 1999; Rosen et al., 2019), sexual health (Abdolmanafi et al., 2018), sexual satisfaction (Brotto et al., 2008; Haavio-Mannila & Kontula, 1997; Leonard et al., 2008; Rust &

Golombok, 1985), and dyadic adjustment (Peixoto & Nobre, 2016). In the Portuguese context, prevalence studies estimate an incidence of 37.9% of women experiencing sexual problems (Peixoto & Nobre, 2015), with a known negative association between sexual problems and dyadic adjustment (Carvalho & Nobre, 2010), dysfunctional sexual beliefs (Nobre & Pinto-Gouveia, 2006; Pascoal et al., 2018), and psychological adjustment (Carvalho & Nobre, 2010).

Considering women's sexual problems as a relevant health indicator (Kammerer-Doak & Rogers, 2021; Laumann et al., 1999; Rosen et al., 2019), several valid and reliable self-report tools and structured interviews for assessing women's sexual problems have been developed and can be found in the literature. According to a review conducted by Meston and Derogatis (2002), the Golombok Rust Inventory of Sexual Satisfaction (GRISS; Rust & Golombok, 1985), the Brief Index of Sexual Functioning for Women (BISF-W; Taylor et al., 1994), the Changes in Sexual Functioning Questionnaire (CSFQ; Clayton et al., 2009), the Derogatis Interview for Sexual Functioning (DISF/DISF-SR; (Derogatis, 1997), and the Female Sexual Function Index (FSFI; Rosen et al., 2000) constitute reliable self-report measures for assessing female sexual (dys)function, with the GRISS (Rust & Golombok, 1985), the BISF-W (Taylor et al., 1994), and the FSFI (Rosen et al., 2000) allowing to discriminate between women with and without sexual disorders (Meston & Derogatis, 2002). More recently, Velten et al. (2021) examined the psychometric properties of a Self-Report Version of the Sexual Interest and Desire Inventory-Female (SIDI-F; Clayton et al., 2006), developed or use by clinicians and to assess symptoms related to sexual desire and interest problems in women, with promising results. Self-report instruments are extremely important for providing reliable assessments when time and human resources are limited.

The FSFI (Rosen et al., 2000) is the most extensively used assessment measure for sexual problems in women, in research and academic contexts, clinical settings and clinical trials (Meston et al., 2020), described as a valuable screening tool for women's sexual dysfunction (Neijenhuijs et al., 2019). Given its empirically validated cut-off score for discriminating women with and without sexual dysfunction according to DSM-IV-TR criteria (Wiegel et al., 2005) and to DSM-5 criteria (Rincón-Hernández et al., 2021) it is extremely helpful for gynaecological practice (Nappi et al., 2008).

Despite of the extensive use of the FSFI (Rosen et al., 2000) in empirical research, prevalence estimates studies on women's sexual problems relies on a broad range of methodological designs to assess sexual problems. The majority of studies have relied in single questions about sexual difficulties (Hayes et al., 2008), and no studies have compared clinical sexual difficulties according to a valid tool (e.g., FSFI) and self-perceived sexual difficulties at non-clinical level, in terms of sexual satisfaction and distress. According to a review conducted by Hayes et al. (2008), women's sexual problems frequencies have a wide-ranging, mostly because of idiosyncratic questions and time interval selected to assess the main sexual complains. In addition, perceived sexual distress or perceived marked interference in psychosocial functioning are often dismissed in these studies. Thus, empirical data revealed that as a consequence of a sexual complain, about 29 to 58% of women did not feel distress (Hendrickx et al., 2014; Mitchell et al., 2013). In this sense, it is not surprising that the literature has found that a cluster of women did not felt distress about their sexual problems (Burri et al., 2012; Hendrickx et al., 2014; Mitchell et al., 2013; Witting et al., 2008), suggesting that a group of women self-perceived sexual problems without gathering clinical criteria for sexual

dysfunction. Nonetheless, recent findings indicated that women with sexual problems more often reported personal, perceived partner, and relational distress (Hendrickx et al., 2019).

Women's sexual satisfaction can be conceptualized as the experience of satisfaction within the sexual relationship along with the absence of sexual distress (Meston & Trapnell, 2005). Women who are satisfied with their own sex lives and with their sexual and dyadic relationships often report higher levels of well-being and better overall health (Gianotten, Alley, & Diamond, 2021; Laan et al., 2021). Sexual satisfaction can also be understood as a multifactorial construct which involves individual, dyadic and interpersonal dimensions, as sexual functioning levels, sexual activity frequency, dyadic cohesion and adjustment, and relational satisfaction (Pascoal et al., 2014). Moreover, sexual satisfaction comprises sexual pleasure, which has been addressed as a sexual right by the World Sexual Health Association (Ford et al., 2019). Interestingly, a recent literature review found limited information between women's sexual pleasure and their sexual functioning (Reis et al., 2021). In sum, women's sexual dysfunction has been strongly associated with sexual dissatisfaction (Brotto et al., 2008; Leonard et al., 2008; Rust & Golombok, 1985), and both play a key role in women's sexual health (Abdolmanafi et al., 2018).

Sexual satisfaction plays a key role in dyadic satisfaction and sexual health (Abdolmanafi et al., 2018; Ford et al., 2019; Pascoal et al., 2019; Pascoal et al., 2014) and includes dyadic and individual dimensions closely related to sexual health, such as pleasure, orgasm, enjoyment, or positive emotions (Pascoal et al., 2019; Pascoal et al., 2014). Considering the multidimensionality of the construct, sexual satisfaction is one of the most important indicators of sexual health (Ford et al., 2019; Pascoal et al. 2019). Thus, sexual satisfaction involves emotional, affective and sexual features within an intimate and dyadic relationship. Emotional,

affective and sexual aspects include easiness to discuss sex-related, intimate and emotional issues with the intimate partner, comfort to communicate during sex and about sex-related aspects, and matching in terms of sexual beliefs and attitudes, and sexual interests and desires (Meston & Trapnell, 2005). Women with sexual problems struggle to engage in erotic, intimate and sexual conversations with their sexual partners, and often report mismatching their sexual partners in terms of sexual desire and sexual beliefs (Offman & Matheson, 2005; Witting et al., 2008), which are expressive indicators of sexual dissatisfaction (Byers & Demmons, 1999; Cupach & Comstock, 1990; Litzinger & Gordon, 2005; Timm & Keiley, 2011). In addition, women's sexual satisfaction implies the absence of distressing personal and relational feelings and emotions (Meston & Trapnell, 2005). Sexually unhealthy women also reported a lack of personal well-being and the presence of relational stress within their intimate relationships (Stephenson et al., 2012).

In the clinical context, spontaneous disclosure of symptoms of sexual problems by women is very rare, but when clinicians ask about it, it is still uncommon (Gott & Hinchliff, 2003; Meystre-Agustoni et al., 2011), with patients fearful of causing discomfort in the consultation (Kingsberg, 2004). A very recent study highlights the presence of symptoms of sexual dysfunction in individuals with chronic medical conditions in primary and routine care, with 91% of women reporting consistent symptoms with female sexual dysfunction (Pretorius et al., 2021), highlighting the relevance of treating sexual problems and sexual discomfort in a clinical context. In the Portuguese context, very little is known about the disclosure of symptoms of sexual problems in the clinical context, but the understanding of women's sexuality as a positive experience is considerably limited. In Portugal, negative attitudes towards female sexuality have been found, even in contexts where there are positive discourses about the

emancipation of female sexuality (Costa, Conceição, & López, 2009). In societies where traditional gender roles persist, as in Portugal, the expression and understanding of sexuality remains complex, and gendered sexual scripts persist, although a slight increase in egalitarian gender roles is observed in young and well-educated Portuguese samples (Alarcão et al., 2015). Exploring the impact of self-perceived sexual difficulties at non-clinical level may help promote disclosure of sexual difficulties in clinical contexts, and increase validation of personal experiences by clinicians, in a country with persistent negative attitudes towards women.

Self-reported sexual satisfaction (Davison et al., 2009) and sexual functioning (Velten et al., 2021) are relevant indicators of women's well-being and should be considered in health services. Although sexual satisfaction and sexual distress are often identified and described as closely and negatively related with women's sexual health in the literature, they are also partially independent dimensions (Stephenson & Meston, 2010). In the present study, we sought to investigate how dimensions of sexual satisfaction [assessed by the SSS-W; (Meston & Trapnell, 2005)] are affected by clinical sexual difficulties, identified by the FSFI cut-off score (Wiegel et al., 2005), and self-perceived sexual problems at non-clinical level, compared to sexually healthy women. According to the state of the art, women's sexual difficulties are positively associated with sexual dissatisfaction (Brotto et al., 2008; Haavio-Mannila & Kontula, 1997; Leonard et al., 2008; Rust & Golombok, 1985), therefore Portuguese women with clinical sexual difficulties, identified by the FSFI cut-off score (Wiegel et al., 2005) are expected to perform significantly worse on all dimensions of sexual satisfaction than women with self-perceived sexual difficulties at non-clinical level, and sexually healthy women. In addition, and given that a number of women who self-perceived having sexual difficulties at non-clinical level, do not feel sexually functional, this study sought to explore and examine differences in sexual satisfaction between

women with self-perceived sexual difficulties at non-clinical level and women who are sexually healthy, as well as women with clinical sexual difficulties identified by the FSFI cut-off score. As an exploratory study, this research will contribute to a better understanding on differences in sexual satisfaction and distress between women with clinical sexual difficulties, women with self-perceived sexual difficulties at a non-clinical level, and sexually healthy women.

Material and Methods

Procedures

The project was approved by the Ethics Committee of X University. Once ethical approval and consent to use Portuguese versions of the self-report measures were given, a web-survey was created. Sample collection occur between October 2016 and March 2017, and the web-survey was advertised through snowball method, using mailing-lists from Universities in the North of Portugal, and Clinical Sexology Societies, and personal social networks (e.g., LinkedIn; Facebook). Participants received a full explanation about the study purpose and the link to fulfil the self-report measures. Participants have to read an information sheet and provide their informed consent. Data were collected and archived at the University server, no IP addresses were recorded, no e-mail or other personal information was collected, and no monetary compensation or other incentives were given. The institutional email of the principal investigator was available for any question raised before, during or after the participation Participants read a participant information sheet, where they received a full explanation of the current study. Once participants provided their informed consent, they were invited to answer the survey, which took about 12 to 15 minutes.

Participants

A total of 329 Portuguese women completed the web-survey, with age ranging between 18 and

63-years-old, and a mean age of 28.69 (SD = 8.78). About 83.9% of women reported 12 or more years of schooling (n = 276), 67.5% were single (n = 222) and 31.0% were married or live in common law (n = 102), and have a mean of relationship length of 63.23 months (SD = 75.50). For the study purpose, the 329 women were assigned to three different groups: (i) clinical group, with sexual difficulties assessed by the FSFI cut-off score (Wiegel et al., 2005); (ii) with self-perceived sexual difficulties according to a list of main sexual complains in the previous six months (lack of sexual desire, arousal difficulties, lubrication difficulties, sexual pain), but with no reference for sexual difficulties according to the FSFI cut-off score (Wiegel et al., 2005); and (iii) sexually health - without any self-identified sexual problem and with no reference for sexual difficulties according to the FSFI cut-off score (Wiegel et al., 2005). From the 329 women, 56 women scored below 26.55 on the FSFI and were assigned to the FSFI clinical group; 60 women self-perceived at least one sexual problem from the sexual complains list, regardless of scoring above the FSFI cut-off score, and were assigned to the self-perceived sexual difficulties group; whereas the remain 213 women were assigned to the sexually healthy group, as no self-perceived sexual problems were identified and FSFI score was above the cut-off suggesting healthy sexual functioning. Table 1 described the sociodemographic characteristics of the sample, according to the three groups of women.

[insert table 1 about here]

Measures

Sociodemographic Screening.

A sociodemographic screening was developed for the study purpose to record personal information, i.e., age, biological sex, educational level, civil status, and relationship length. Additionally, women were asked about current self-perceived sexual difficulties, which

answered according to a yes/no question. After acknowledged current self-perceived sexual problem(s), a list of main sexual problems was presented considering the previous six months (e.g., low sexual interest or desire/absence of sexual interest or desire; difficulties reaching orgasm/absence of orgasm; sexual arousal difficulties; lubrication difficulties; sexual pain/difficulties related to penetration), and women can choose from it.

Female Sexual Functioning Index

The FSFI (Rosen et al., 2000) is a 19-item self-report measure, easily to administered, providing detailed information on sexual function. The measure allows the calculation of specific indexes for each dimension (sexual interest/desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and sexual pain), as well a sexual function index (calculated through the sum of the specific dimensional indexes), with higher scores indicating greater levels of sexual functioning (desire: 1.2-6, arousal: 0-6, lubrication: 0-6, orgasm: 0-6, global satisfaction: 0.8-6, pain: 0-6, total, 2-36). The FSFI presents acceptable test-retest reliability (r = .79 to r = .86), good internal consistency (Cronbach's alpha values of .82 and higher), and validity (demonstrated by significant mean difference scores between a clinical and a control group) (R. Rosen et al., 2000). The Portuguese version also presented good psychometric properties, with good to excellent internal consistency (Cronbach's alpha values between .88 and .93), as well as convergent and discriminant validity (Pechorro et al., 2013). Internal consistency level for current study was .95.

Sexual Satisfaction Scale for Women

The SSS-W (Meston & Trapnell, 2005) is a 30-item self-report measure, which allow to assess different domains of sexual well-being: contentment, communication, compatibility, personal concern, and relational concern. The contentment subscale reflects global satisfaction and

contentment with sexual and emotional aspects of relationship (e.g., "*I feel content with my present sex life*"); the communication subscale describes easiness to approach sexual and intimate topics within the relationship (e.g., "*I usually feel comfortable discussing sex*"); the compatibility subscale refers to compatibility in sexual preferences, sexual beliefs and sexual attitudes in the relationship (e.g. "*Feel partner and I are not sexually compatible enough*"); personal concern subscale describes personal well-being and sexual fulfilment experienced by women (e.g., "*My sexual difficulties affect my well-being*"); and relational concern subscale reflects the women's distress experienced due to sexual difficulties within the relationship (e.g., "*Sexual difficulties will adversely affect relationship*"). Both personal and relational concern reflect sexual distress, and their score can be computed according to the mean of both scores. Items are answered according to a 5-point *Likert* scale, with items that reflect a positive experience of one's sex life being reverse scored (e.g., "*I feel content with the way my present sex life is*."). Items are then summed to comprise a total score, with higher scores indicating higher levels of sexual satisfaction, and scores range from 30 to 150 for total scale, and from 6 to 30 for each subscale. The SSS-W revealed good reliability, temporal stability, as well as concurrent, convergent and divergent validity (Meston & Trapnell, 2005). Portuguese version reported good psychometric properties, with adequate to excellent internal consistency (Cronbach's alpha values between .69 and .95), as well as convergent, concurrent and discriminant validity (Peixoto et al., 2020). The Cronbach's alpha for the present study was .95.

Data Analysis

Considering the purposes of the current study, an a priori power analysis using G * Power suggested a sample size of 323 participants to detect a medium-size effect (f = 0.25) with 95% power.

For the purpose of this study, data were analyzed using IBM SPSS version 26.0. Descriptive statistical analyzes were performed to present the socio-demographic characteristics of the sample and subsamples. Chi-square tests were conducted to examine differences between the groups of women in terms of educational level, civil status, and relationship duration, and a univariate analysis of variance was conducted to examine differences between the groups of women in terms of age. For the multivariate analysis all assumptions were met, with normality distribution, equality of variance, and univariate outliers checked, with only small deviation form normality found (Field, 2018). According to Levene's test ($p < .05$), homogeneity of variance was also confirmed. A multivariate analysis of covariance was conducted to examine differences between groups of women on indexes of sexual satisfaction, controlling for age and marital status, with pairwise comparisons with Bonferroni corrections.

Results

To assess the effects of type of sexual difficulties (clinical, self-perceived at non-clinical level, and no sexual difficulties) on Sexual Satisfaction, a Multivariate Analysis of Covariance was performed, with Indexes of Sexual Satisfaction (as assessed by the SSS-W subscales; Meston & Trapnell, 2005) as dependent variables, controlling for age and civil status. Significant main effects were found for type of sexual difficulties, *Wilks' lambda* = 0.47, $F(10,640) = 29.70$, $p < .001$, partial $\eta^2 = .32$, and for age *Wilks' lambda* = 0.92, $F(5,320) = 5.34$, $p < .001$, partial $\eta^2 = .08$, but not for civil status, *Wilks' lambda* = 0.97, $F(5,320) = 2.08$, $p = .068$, partial $\eta^2 = .03$. As shown in Table 2, the univariate analysis indicated that significant main effects were found for Contentment, $F(2,329) = 109.39$, $p < .001$, partial $\eta^2 = .40$, for Personal Concern, $F(2,329) = 98.20$, $p < .001$, partial $\eta^2 = .38$, for Relational Concern, $F(2,329) = 65.66$, $p < .001$, partial $\eta^2 = .29$, for Compatibility, $F(2,329) = 53.62$, $p < .001$, partial $\eta^2 = .25$, and for Communication,

$F(2,329) = 16.20$, $p < .001$, partial $\eta^2 = .09$. Univariate analysis suggests that women with clinical sexual difficulties, with self-perceived sexual difficulties at non-clinical level, and with no sexual difficulties scored significantly different on the Contentment, Compatibility, Communication, Personal Concern, and Relational Concern subscales.

According to the Pairwise Comparisons, with Bonferroni correction, the sexually healthy group scored significantly higher on all variables when compared to the clinical sexual difficulties group. More specifically, women without sexual difficulties reported higher scores on the Contentment, Compatibility, Communication, Personal Concern, and Relational Concern subscales, when compared with women with clinical sexual difficulties. The self-perceived sexual difficulties at non-clinical level group scored significantly higher on all variables when compared to the clinical sexual difficulties group. Particularly, women with self-perceived sexual difficulties at non-clinical level reported higher scores on the Contentment, Compatibility, Communication, Personal Concern, and Relational Concern subscales, when compared with women with clinical sexual difficulties. Finally, the sexually healthy group scored significantly higher on all variables except for Compatibility ($p = .256$) and Communication ($p = .999$), when compared to the self-perceived sexual difficulties at non-clinical level group (see Figure 1). Specifically, women without sexual difficulties reported higher scores on the Compatibility and Communication subscales, compared to women with self-perceived sexual difficulties at non-clinical level, but no significant differences were observed between women without sexual difficulties and women with self-perceived sexual difficulties at non-clinical level regarding Contentment, Personal Concern, and Relational Concern subscales.

[insert figure 1 about here]

Discussion

The current study sought to investigate, at an exploratory level, the role of clinical, self-perceived at non-clinical level, and absence of sexual difficulties, on sexual satisfaction among Portuguese women. More specifically, this study aims to understand how dimensions of sexual satisfaction (assessed by the SSS-W; Meston & Trapnell, 2005) are affected by clinical sexual difficulties identified by the FSFI cut-off score (Wiegel et al., 2005) and self-perceived sexual difficulties at non-clinical level, compared to sexually healthy women. Overall, main findings revealed that clinical sexual difficulties assessed through the FSFI cut-off score (Wiegel et al., 2005) or self-perceived sexual difficulties at non-clinical level were negatively associated with Portuguese women's sexual satisfaction dimensions, which is, in part, consistent with the literature about the association between sexual dysfunction and sexual satisfaction in women (Brotto et al., 2008; Haavio-Mannila & Kontula, 1997; Leonard et al., 2008; Rust & Golombok, 1985).

Sexually healthy Portuguese women reported being more satisfied with their sex lives than the group of women with clinical sexual difficulties according to the FSFI cut-off score, as expected (Brotto et al., 2008; Haavio-Mannila & Kontula, 1997; Leonar et al., 2008; Rust & Golombok, 1985). Specifically, sexually healthy Portuguese women reported being more satisfied with their sex lives, more satisfied with their level of communication and sexual compatibility with their sexual partners, and reported worrying less about personal and relationship problems in their sex lives, when compared to the group of women with clinical sexual difficulties. Previous research has shown that sexually healthy women engage easily in intimate and sexual conversations and have greater compatibility in sexual desire and interest, as well as sexual beliefs and attitudes with their sexual partners (Offman & Matheson, 2005; Witting et al., 2008). Sexually healthy women were also found to have higher scores for personal

well-being and lack of relationship distress, compared to sexually dysfunctional women (Stephenson et al. 2012), which is consistent with the current findings. A deeper analysis of effect sizes revealed that levels of satisfaction and personal concerns within the sexual relationship were the dimensions with strong differences between women with clinical sexual difficulties according to the FSFI cut-off score and sexually healthy women.

Sexually healthy women and women who self-perceived sexual difficulties at non-clinical level reported differences in contentment with the sexual relationship and in personal and relational concerns, but no differences were found in satisfaction with compatibility and communication within their sexual relationship. In addition, sexually healthy women were more satisfied with their sexual relationship and were less concerned about personal and relational issues related to sexual interaction and satisfaction, compared to women with self-perceived sexual difficulties at non-clinical level. Surprisingly, sexually healthy women and women who self-perceived sexual difficulties at non-clinical level were more satisfied with their level of communication and compatibility with their intimate partners. This particular finding may explain why this group of women achieved good levels of sexual functioning on the FSFI (Rosen et al., 2000). It is possible that feelings of compatibility in terms of desire and attitudes toward sexuality, as well as feelings of satisfaction with sexual communication, act as buffers to levels of sexual functioning assessed with the FSFI (Rosen et al., 2000). Given this finding, clinicians should promote openness and assertiveness in sexual communication among couples and help couples develop skills to achieve higher levels of sexual compatibility.

Despite the relevance of the current results, the limitations of the study should be acknowledged. This was a pilot study; therefore, no groups of women with clinical diagnoses of sexual dysfunction or women with distressing sexual problems were included in the analyses.

Future studies should examine differences in dimensions of sexual satisfaction across a wide range of groups of women with sexual dysfunction, distressing sexual problems, and sexual problems. In addition, an online sample was used for the study, with young women who are well educated and have easy access and comfort in using online platforms. Although the sample size meets the requirements for the statistical procedures performed, future studies should consider larger samples with more heterogeneity, such as sexual orientation, schooling, and relationship duration.

Although the current study has some methodological limitations that may affect the generalizability of the results, its strengths and implications should be highlighted. Considering the exploratory aim of the study, it approaches sexual function and sexual satisfaction among Portuguese women, allowing to extend the findings on the relationship between these dimensions to this specific cultural context. Moreover, previous studies focused on women with sexual difficulties using only (semi)structured measures (Brotto et al., 2008; Haavio-Mannila & Kontula, 1997; Leonard et al., 2008; Peixoto & Nobre, 2015; Rust & Golombok, 1985), whereas the current study used groups of women with sexual difficulties using structured measurement and their own perception and evaluation of their own performance. This raises the debate about spontaneous disclosure of perceived sexual difficulties and sexual dissatisfaction in health services (Gott & Hinchliff 2003; Pretorious et al., 2021), and the need for validation of self-perceived sexual difficulties at non-clinical levels according to assessment tools. Considering the negative impact of self-perceived sexual difficulties at non-clinical levels on sexual satisfaction and distress, clinicians should promote self-disclosure of self-perceived sexual difficulties, to investigate sexual satisfaction and couples distress, and promote sexual health. There is a great need to include human sexuality in medical and psychological curricula and to provide these

health professionals with specific skills to address, assess and intervene in women's sexual difficulties and dissatisfaction. Future studies should consider including groups of women with sexual dysfunction with clinical criteria and examine subgroups of women according to specific sexual dysfunction and indexes of sexual functioning.

In addition, recent findings also highlight the mind-body connection in women's sexuality (Reis et al., 2021) by demonstrating the negative impact of self-perceived sexual difficulties on sexual satisfaction to a similar extent as actual clinical sexual difficulties. Health professionals working clinically with women with sexual and couple problems should be aware of women's perceptions of their own difficulties and validate women's complaints. Professionals should be conscious and responsive to the link mind-body in women's sexuality, and explore women's perceptions of their sexual experience and expression.

In general, the current exploratory findings highlight the role of clinical and self-perceived at non-clinical level sexual difficulties on sexual satisfaction experienced by Portuguese women. Not surprisingly, experiencing sexual difficulties, as assessed by an empirically validated cut-off score (Wiegel et al., 2005) influenced negatively sexual satisfaction on women. A novel finding was the negative impact on women's sexual satisfaction, even when sexual difficulties were not identified by the FSFI (Rosen et al., 2000), but only self-perceived by women. For clinicians working with women and/or couples, it is of utmost importance to explore the definition and personal experience of a sexual difficulty, for women, and its impact on their experience of sexual satisfaction, regardless of clinical significance. The present results, although preliminary and exploratory, may provide an interesting topic of discussion for women's expectations of sexual function and performance, particularly in cultural contexts where women's emancipation in relation to their sexuality is ongoing, such as the Portuguese context.

Declarations

Conflict of Interest statement: The authors have no conflicts of interest to declare that are relevant to the content of this article.

Ethical Statement: All procedures performed were in accordance with the ethical standards of the institutional ethics committee and with the 1964 Helsinki declaration and its later amendments. The current study is part of a research project approved by University Ethics Committee.

Informed Consent: Informed consent was obtained from all individual participants included in the study.

Data availability: The datasets generated during and/or analyzed during the current study are not publicly available due to confidentiality of the data but are available from the corresponding author on reasonable request.

References

Abdolmanafi, A., Nobre, P., Winter, S., Tilley, P. J. M., & Jahromi, R. G. (2018). Culture and Sexuality: Cognitive–Emotional Determinants of Sexual Dissatisfaction Among Iranian and New Zealand Women. *Journal of Sexual Medicine, 15*(5), 687-697. https://doi.org/10.1016/j.jsxm.2018.03.007

Alarcão, V., Virgolino, A., Roxo, L., Machado, F. L., & Giami, A. (2015). Exploring Gender in Portuguese Bedrooms: Men's and Women's Narratives of Their Sexuality through a Mixed Methods Approach. *Sociological Research Online, 20*(2), 103-121. https://doi.org/10.5153/sro.3619

Brotto, L. A., Heiman, J. R., Goff, B., Greer, B., Lentz, G. M., Swisher, E., et al. (2008). A psychoeducational intervention for sexual dysfunction in women with gynecologic cancer. *Archives of Sexual Behavior*, *37*(2), 317–329. https://doi.org/10.1007/s10508-007-9196-x

Burri, A., Rahman, Q., Santtila, P., Jern, P., Spector, T., & Sandnabba, K. (2012). The relationship between same-sex sexual experience, sexual distress, and female sexual dysfunction. *Journal of Sexual Medicine*, *9*(1), 198-206. https://doi.org/10.1111/j.1743-6109.2011.02538.x

Byers, E. S., & Demmons, S. (1999). Sexual satisfaction and sexual self-disclosure within dating relationships. *Journal of Sex Research*, *36*(2), 180-189. https://doi.org/10.1080/00224499909551983

Clayton, A. H., Goldfischer, E. R., Goldstein, I., Derogatis, L., Lewis-D'Agostino, D. J., & Pyke, R. (2009). Validation of the decreased sexual desire screener (DSDS): a brief diagnostic instrument for generalized acquired female hypoactive sexual desire disorder (HSDD). *Journal of Sexual Medicine*, *6*(3), 730-738. https://doi.org/10.1111/j.1743-6109.2008.01153.x

Clayton, A. H., Segraves, R. T., Leiblum, S., Basson, R., Pyke, R., Cotton, D., et al. (2006). Reliability and validity of the Sexual Interest and Desire Inventory-Female (SIDI-F), a scale designed to measure severity of female hypoactive sexual desire disorder. *Journal of Sex and Marital Therapy*, *32*(2), 115-135. https://doi.org/10.1080/00926230500442300

Costa, C., Nogueira, C., & López, F. (2009). 'My sexual self, I stifled it': sexual subjectivities among young Portuguese women. *Culture, Health & Sexuality, 11*(4), 431-442. https://doi.org/10.1080/13691050802710253

Cupach, W. R., & Comstock, J. (1990). Satisfaction with Sexual Communication in Marriage: Links to Sexual Satisfaction and Dyadic Adjustment. *Journal of Social and Personal Relationships*, *7*(2), 179-186. https://doi.org/10.1177/0265407590072002

Davison, S. L., Bell, R. J., LaChina, M., Holden, S. L., & Davis, S. R. (2009). The relationship between self-reported sexual satisfaction and general well-being in women. *Journal of Sexual Medicine*, *6*(10), 2690–2697. https://doi.org/10.1111/j.1743-6109.2009.01406.x

Derogatis, L. R. (1997). The Derogatis interview for sexual functioning (Disf/disf-sr): An introductory report. *Journal of Sex and Marital Therapy*, *23*(4), 291-304. https://doi.org/10.1080/00926239708403933

Field, A. (2018). Discovering statistics using IBM SPSS statistics (5th ed.). SAGE.

Ford, J. V., et al. (2019). Why pleasure matters: Its global relevance for sexual health. Sexual rights and wellbeing. *International Journal of Sexual Health, 313*, 217-230. https://doi.org/10.1080/19317611.2019.1654587

Gianotten, W. L., Alley, J. C., & Diamond, L. M. (2021). The Health Benefits of Sexual Expression. *International Journal of Sexual Health*. https://doi.org/10.1080/19317611.2021.1966564

Gott, M., & Hinchliff, S. (2003). Barriers to seeking treatment for sexual problems in primary care: A qualitative study with older people. *Family Practice, 20*(6), 690-695. https://doi.org/10.1093/fampra/cmg612

Haavio-Mannila, E., & Kontula, O. (1997). Correlates of increased sexual satisfaction. *Archives of Sexual Behavior, 26*(4), 399-419. https://doi.org/10.1023/A:1024591318836

Hayes, R. D., Dennerstein, L., Bennett, C. M., Sidat, M., Gurrin, L. C., & Fairley, C. K. (2008). Risk factors for female sexual dysfunction in the general population: exploring factors

associated with low sexual function and sexual distress. *The Journal of Sexual Medicine*, *5*(7), 1681-1693. https://doi.org/10.1111/j.1743-6109.2008.00838.x

Hendrickx, L., Gijs, L., & Enzlin, P. (2014). Prevalence rates of sexual difficulties and associated distress in heterosexual men and women: results from an Internet survey in Flanders. *Journal of Sex Research*, *51*(1), 1-12. https://doi.org/10.1080/00224499.2013.819065

Hendrickx, L., Gijs, L., & Enzlin, P. (2019). Who's Distressed by Sexual Difficulties? Exploring Associations Between Personal, Perceived Partner, and Relational Distress and Sexual Difficulties in Heterosexual Men and Women. *Journal of Sex Research*, *56*(3), 300–313. https://doi.org/10.1080/00224499.2018.1493570

Kammerer-Doak, D., & Rogers, R. (2021). Female Sexual Dysfunction. In *Pelvic Floor Disorders* (pp. 909-921). Springer International Publishing. https://doi.org/10.1007/978-3-030-40862-6_74

Karakaş Uğurlu, G., Uğurlu, M., & Çayköylü, A. (2020). Prevalence of Female Sexual Dysfunction and Associated Demographic Factors in Turkey: A Meta-Analysis and Meta-Regression Study. *International Journal of Sexual Health*, *32*(4). https://doi.org/10.1080/19317611.2020.1819503

Kingsberg, S. (2004). Just ask! Talking to patients about sexual function. *Sexuality, Reproduction and Menopause*, *2*(4), 199-203. https://doi.org/10.1016/j.sram.2004.11.007

Laan, E. T. M., Klein, V., Werner, M. A., van Lunsen, R. H. W. & Janssen, E. (2021). In Pursuit of Pleasure: A Biopsychosocial Perspective on Sexual Pleasure and Gender. *International Journal of Sexual Health*. https://doi.org/10.1080/19317611.2021.1965689

Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual Dysfunction in the United States. *JAMA*, *281*(6), 537-544. https://doi.org/10.1001/jama.281.6.537

Leonard, L. M., Iverson, K. M., & Follette, V. M. (2008). Sexual Functioning and Sexual Satisfaction Among Women Who Report a History of Childhood and/or Adolescent Sexual Abuse. *Journal of Sex & Marital Therapy*, *34*(5), 375-384. https://doi.org/10.1080/00926230802156202

Litzinger, S., & Gordon, K. C. (2005). Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *Journal of Sex and Marital Therapy*, *31*(5), 409-424. https://doi.org/10.1080/00926230591006719

Madbouly, K., Al-Anazi, M., Al-Anazi, H., Aljarbou, A., Almannie, R., Habous, M., & Binsaleh, S. (2021). Prevalence and Predictive Factors of Female Sexual Dysfunction in a Sample of Saudi Women. *Sexual Medicine*, *9*(1), 100277. https://doi.org/10.1016/j.esxm.2020.10.005

McCool, M. E., Zuelke, A., Theurich, M. A., Knuettel, H., Ricci, C., & Apfelbacher, C. (2016). Prevalence of Female Sexual Dysfunction Among Premenopausal Women: A Systematic Review and Meta-Analysis of Observational Studies. *Sexual Medicine Reviews*, *4*(3), 197-212. https://doi.org/10.1016/j.sxmr.2016.03.002

McCool-Myers, M., Theurich, M., Zuelke, A., Knuettel, H., & Apfelbacher, C. (2018). Predictors of female sexual dysfunction: a systematic review and qualitative analysis through gender inequality paradigms. *BMC Women's Health*, *18*(1), 108. https://doi.org/10.1186/s12905-018-0602-4

Meston, C. M., & Derogatis, L. R. (2002). Validated instruments for assessing female sexual function. In *Journal of Sex and Marital Therapy*, *28*(1), 155-164. https://doi.org/10.1080/00926230252851276

Meston, C. M., Freihart, B. K., Handy, A. B., Kilimnik, C. D., & Rosen, R. C. (2020). Scoring and Interpretation of the FSFI: What can be Learned From 20 Years of use? *Journal of Sexual Medicine*, *17*(1), 17-25. https://doi.org/10.1016/j.jsxm.2019.10.007

Meston, C., & Trapnell, P. (2005). Development and validation of a five-factor sexual satisfaction and distress scale for women: The Sexual Satisfaction Scale for Women (SSS-W). *Journal of Sexual Medicine*, *2*(1), 66-81. https://doi.org/10.1111/j.1743-6109.2005.20107.x

Meystre-Agustoni, G., Jeannin, A., de Heller, K., Pécoud, A., Bodenmann, P., & Dubois-Arber, F. (2011). Talking about sexuality with the physician: Are patients receiving what they wish? *Swiss Medical Weekly*, *141*, 13178. https://doi.org/10.4414/smw.2011.13178

Mitchell, K. R., Mercer, C. H., Ploubidis, G. B., Jones, K. G., Datta, J., Field, N., et al. (2013). Sexual function in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Lancet*, *382*(9907), 1817-1829. https://doi.org/10.1016/S0140-6736(13)62366-1

Nappi, R. E., Cucinella, L., Martella, S., Rossi, M., Tiranini, L., & Martini, E. (2016). Female sexual dysfunction (FSD): Prevalence and impact on quality of life (QoL). *Maturitas*, *94*. https://doi.org/10.1016/j.maturitas.2016.09.013

Nappi, R. E., Albani, F., Vaccaro, P., Gardella, B., Salonia, A., Chiovato, L., et al. (2008). Use of the Italian translation of the Female Sexual Function Index (FSFI) in routine gynecological practice. *Gynecological Endocrinology*, *24*(4), 214-219. https://doi.org/10.1080/09513590801925596

Neijenhuijs, K. I., Hooghiemstra, N., Holtmaat, K., Aaronson, N. K., Groenvold, M., Holzner, B., et al. (2019). The Female Sexual Function Index (FSFI): A Systematic Review of

Measurement Properties. *Journal of Sexual Medicine*, *16*(5), 640-660. https://doi.org/10.1016/j.jsxm.2019.03.001

Offman, A., & Matheson, K. (2005). Sexual compatibility and sexual functioning in intimate relationships. *The Canadian Journal of Human Sexuality*, *14*(1-2), 31-40.

Pascoal, P. M., Shaughnessy, K., & Almeida, M. J. (2019). A thematic analysis of a sample of partnered lesbian, gay, and bisexual people's concepts of sexual satisfaction. *Psychology & Sexuality*, *10*(2), 101-118. https://doi.org/10.1080/19419899.2018.1555185

Pascoal, P. M., Narciso, I. de S. B., & Pereira, N. M. (2014). What is Sexual Satisfaction? Thematic Analysis of Lay People's Definitions. *The Journal of Sex Research*, *51*(1), 22-30. https://doi.org/10.1080/00224499.2013.815149

Pechorro, P., Diniz, A., Almeida, S., & Vieira, R. (2013). Validação portuguesa do índice de Funcionamento Sexual Feminino (FSFI). *Laboratório de Psicologia*, *7*(1), 33-44. https://doi.org/10.14417/lp.684

Peixoto, M. M., Correia, A., Gomes, H. S., & Machado, P. P. P. (2020). Sexual Satisfaction Scale for Women: a study with Portuguese women with and without sexual difficulties. *Sexual and Relationship Therapy*, *35*(3), 304-319. https://doi.org/10.1080/14681994.2018.1497789

Peixoto, M. M., & Nobre, P. (2016). Distressing Sexual Problems and Dyadic Adjustment in Heterosexuals, Gay Men, and Lesbian Women. *Journal of Sex & Marital Therapy*, *42*(4), 369-381. https://doi.org/10.1080/0092623X.2015.1053020

Pretorius, D., Couper, I. D., & Mlambo, M. G. (2021). Neglected sexual dysfunction symptoms amongst chronic patients during routine consultations in rural clinics in the North West province. *African Journal of Primary Health Care & Family Medicine*, *13*(1), 7. https://doi.org/10.4102/phcfm.v13i1.2850

Reis, J., de Oliveira, L., Oliveira, C., & Nobre, P. (2021). Psychosocial and Behavioral Aspects of Women's Sexual Pleasure: A Scoping Review. *International Journal of Sexual Health*. https://doi.org/10.1080/19317611.2021.1910890

Rincón-Hernández, A. I., Parra-Carrillo, W. C., Álvarez-Muelas, A., Peñuela-Trujillo, C., Rosero, F., Espitia de la Hoz, F., et al. (2021). Temporal stability and clinical validation of the Spanish version of the female sexual function inventory (FSFI). *Women & Health*, *61*(2), 189-198. https://doi.org/10.1080/03630242.2020.1819940

Rosen, N. O., Dubé, J. P., Corsini-Munt, S., & Muise, A. (2019). Partners Experience Consequences, Too: A Comparison of the Sexual, Relational, and Psychological Adjustment of Women with Sexual Interest/Arousal Disorder and Their Partners to Control Couples. *Journal of Sexual Medicine*, *16*(1), 83-95. https://doi.org/10.1016/j.jsxm.2018.10.018

Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., et al. (2000). The female sexual function index (Fsfi): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex and Marital Therapy*, *26*(2), 191-205. https://doi.org/10.1080/009262300278597

Rosen, R. C., & Bachmann, G. A. (2008). Sexual Well-Being, Happiness, and Satisfaction, in Women: The Case for a New Conceptual Paradigm. *Journal of Sex & Marital Therapy*, *34*(4), 291-297. https://doi.org/10.1080/00926230802096234

Rust, J., & Golombok, S. (1985). The Golombok-Rust Inventory of Sexual Satisfaction (GRISS). *British Journal of Clinical Psychology*, *24*(1), 63-64. https://doi.org/10.1111/j.2044-8260.1985.tb01314.x

Stephenson, K. R., Hughan, C. P., & Meston, C. M. (2012). Childhood sexual abuse moderates the association between sexual functioning and sexual distress in women. *Child Abuse and Neglect*, *36*(2), 180-189. https://doi.org/10.1016/j.chiabu.2011.09.015

Stephenson, K. R., & Meston, C. M. (2010). Differentiating Components of Sexual Well-Being in Women: Are Sexual Satisfaction and Sexual Distress Independent Constructs? *Journal of Sexual Medicine*, *7*(7), 2458-2468. https://doi.org/10.1111/j.1743-6109.2010.01836.x

Taylor, J. F., Rosen, R. C., & Leiblum, S. R. (1994). Self-report assessment of female sexual function: Psychometric evaluation of the brief index of sexual functioning for women. *Archives of Sexual Behavior*, *23*(6), 627-643. https://doi.org/10.1007/BF01541816

Timm, T. M., & Keiley, M. K. (2011). The effects of differentiation of self, adult attachment, and sexual communication on sexual and marital satisfaction: A path analysis. *Journal of Sex and Marital Therapy*, *37*(3), 206-223. https://doi.org/10.1080/0092623X.2011.564513

Velten, J., Hirschfeld, G., Meyers, M., & Margraf, J. (2021). Psychometric Properties of a Self-Report Version of the Sexual Interest and Desire Inventory-Female (SIDI-F-SR). *The Journal of Sexual Medicine*, *18*(5), 990-995. https://doi.org/10.1016/j.jsxm.2021.03.001

Wiegel, M., Meston, C., & Rosen, R. (2005). The Female Sexual Function Index (FSFI): Cross-validation and development of clinical cut off scores. *Journal of Sex and Marital Therapy*, *31*(1), 1-20. https://doi.org/10.1080/00926230590475206

Witting, K., Santtila, P., Varjonen, M., Jern, P., Johansson, A., von der Pahlen, B., & Sandnabba, K. (2008). Female sexual dysfunction, sexual distress, and compatibility with partner. *Journal of Sexual Medicine*, *5*(11), 2587-2599. https://doi.org/10.1111/j.1743-6109.2008.00984.x

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Table 1. Sociodemographic characteristics of the sample (N = 329)

Variables	Sexually Health Group (n = 213)	Self-perceived Sexual Difficulties at non-clinical level Group (n = 60)	Clinical Sexual Difficulties Group (n = 56)	Differences between groups
	M(SD)	*M*(SD)	*M*(SD)	*F*(2,326)
Age	28.99 (8.892)	27.32 (8.05)	29.05 (9.14)	0.90, $p = .407$
	n (%)	n (%)	n (%)	$\chi^2(2)$
Educational Level (years)				.33
0 to 9	1 (0.5)	-	-	$p = .850$
9 to 12	31 (14.6)	12 (20.0)	9 (16.1)	
12 or more	181 (84.9)	48 (80.0)	47 (83.9)	
Civil Status				
Single	141 (66.2)	44 (73.3)	37 (66.1)	.89
Married/Common Law	70 (32.9)	14 (23.3)	18 (32.1)	$p = .641$
Divorced/Separated/Widow	2 (0.9)	2 (3.3)	1 (1.8)	
	M(SD)	*M*(SD)	*M*(SD)	*F*(2,326)
Relationship length (months)	68.86 (77.59)	47.63 (54.59)	64.66 (67.87)	2.01 $p = .135$

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Table 2. Means and Standard Deviations for Sexual Satisfaction Scale for Women Subscales, and Female Sexual Functioning Indexes according to Women's Groups (N = 329)

	Sexually Health Group	**Self-perceived Sexual Difficulties at non-clinical level Group**	**Clinical Sexual Difficulties Group**	**Total Sample**	**Univariate tests***
SSS-W subscales	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*F*(2,329)
Contentment	24.78 (3.65) [a]	21.67 (4.07) [a,b]	16.82 (3.73) [a,b]	22.86 (4.77)	109.39*** η^2 = .40
Communication	25.85 (3.67) [a]	25.95 (3.46) [b]	22.73 (4.64) [a,b]	25.33 (3.98)	16.20*** η^2 = .09
Compatibility	26.04 (4.00) [a]	25.13 (3.98) [b]	19.32 (6.22) [a,b]	24.73 (5.08)	53.62*** η^2 = .25
Personal Concern	25.97 (4.53) [a]	20.42 (5.62) [a,b]	16.68 (4.76) [a,b]	23.38 (6.03)	98.20*** η^2 = .38
Relational Concern	24.26 (5.02) [a]	20.17 (5.80) [a,b]	15.82 (4.60) [a,b]	22.08 (6.03)	65.66*** η^2 = .29

Legend: *** p < .001. * Controlling for age and for civil status; Different letters indicate significant pairwise comparisons.

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Figure 1. Sexual satisfaction dimensions according to women's sexual problems groups.