**Sexual Dysfunction and its Association with Marital Relationship among Women with Gynaecological Problems**

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**Abstract**

Women with gynaecological problems are at high risk of having sexual dysfunction that could affect the marital relationship and sexual satisfaction. The purpose of this study is to determine the relationship between sexual dysfunction and marital relationship in women with gynaecological problems. This study was conducted using a cross-sectional study. The sample were women with gynaecological problems, aged above 18 years old, married, able to communicate well. Patients with mental disorders were excluded from this study. A convenience sampling was used to select participants. Marital relationship was measure using a validate instrument, namely Revised Dyadic Adjustment Scale (RDAS) and the Female Sexual Function Index (FSFI). A total of 82 women with gynaecological problems joined in our study. The majority of respondents experienced sexual dysfunction (90.2%) and more than half of respondents experienced distress in marital relationships (52.4%). There was a relationship between sexual dysfunction with marital relationship among women with gynaecological problems (p-value < 0.005) and coefficient correlation was 0.326. Sexual dysfunction may affect marital relationship in women gynaecological problems. Healthcare profesionals need to pay more attention to these issues and provide appropiate intervention. Future studies exploring others covariate can help to enhance the knowledge of this issues in women with gynaecological problems.

**Keywords:** sexual dysfunction; gynaecology; intimate relationship, marital relationship.

**Abstrak**

Wanita dengan masalah ginekologi berisiko tinggi mengalami disfungsi seksual yang dapat memengaruhi hubungan pernikahan dan kepuasan seksual. Tujuan dari penelitian ini adalah untuk mengetahui hubungan antara disfungsi seksual dan hubungan pernikahan pada wanita dengan masalah ginekologis. Penelitian ini dilakukan dengan menggunakan studi cross-sectional. Sampel adalah wanita dengan masalah ginekologi, berusia di atas 18 tahun, menikah, mampu berkomunikasi dengan baik. Pasien dengan gangguan mental dikeluarkan dari penelitian ini. Sampling kenyamanan digunakan untuk memilih peserta. Hubungan pernikahan diukur menggunakan instrumen yang valid, yaitu instrumen Revisi Dyadic Adjustment Scale (RDAS) dan instrumen Female Sexual Function Index (FSFI) untuk mengevaluasi disfungsi seksual. Sebanyak 82 wanita dengan masalah ginekologi bergabung dalam penelitian kami. Mayoritas responden mengalami disfungsi seksual (90,2%) dan lebih dari separuh responden mengalami kesulitan dalam hubungan perkawinan (52,4%) dan. Ada hubungan antara disfungsi seksual dengan hubungan pernikahan di antara wanita dengan masalah ginekologis (p-value <0,005) dan koefisien korelasi adalah 0,326. Disfungsi seksual dapat mempengaruhi hubungan perkawinan pada wanita dengan masalah ginekologis. Profesional kesehatan harus lebih memperhatikan masalah ini dan memberikan intervensi yang tepat. Studi di masa depan mengeksplorasi orang lain kovariat dapat membantu meningkatkan pengetahuan tentang masalah ini pada wanita dengan masalah ginekologi.

**Kata kunci: disfungsi seksual; ginekologi; hubungan intim, hubungan pernikahan.**

**Introduction**

Gynecological problems are diseases of the female genital organs, including sexually transmitted diseases and obstetrics (Mladenović D, 2008). Almost every woman has experienced a gynecological condition or infection in her life. There are still many gynecological problems in the world, namely the incidence of ovarian cancer estimated at 204,499 cases each year with 124,860 deaths (Chan 2009; Trudel 2012). According to the International Federation of Gynecology and Obstetric (FIGO) throughout the world, ovarian cancer is the sixth cancer most often diagnosed. In the United States, ovarian cancer is the most cancer of the four deadliest malignancies in women, where the chance of occurrence in every woman's life is one per 59 women (Cah, 2009). Cervical cancer is the second most common cancer in the world in women. Based on data from cancer research in the United Kingdom (UK), the incidence of cervical cancer in Southeast Asia in 2008 was 8.3 cases per 100,000 women per year. Cervical cancer ranks highest in developing countries, and ranks 10th in developed countries or number 5 globally. In Indonesia cervical cancer ranks second out of 10 most cancers based on data from anatomic pathology in 2010 with an incidence of 12.7%. According to estimates by the Indonesian Ministry of Health at this time, the number of women with new cervical cancer ranges from 90-100 cases per 100,000 population and every year there are 40 thousand cases of cervical cancer. In Indonesia ovarian cancer ranks second most after cervical cancer (Indonesian Society of Gynecologic Oncology, 2012).

Gynecological problems can disrup normal sexual function, which is a cruicial aspect of women’ health (Melissa, 2017). Women with gynecology problems are at high risk of sexual dysfunction including diminished arousal, problems achieving orgasm, dyspareunia, and low desire (Dawson, 2017). Its prevalence is reported as high as 40% to 50% (Nappi, 2016). ). Previous study reported that women with endometrial cancer experienced sexual dysfunction up to 80% following treatment (Damast, 2012). Sexual dysfucntion is an important predictors of lower quality of life among women (Nappi, 20160). Previous study conducted in young women with ovarian cancer reported decreased sexual function that caused depression, anxiety, and lack of confidence (Guntupalli, et al., 2017). Another research found that women with sexual problems had significant levels of pain, tiredness, reduced desire, and anorgasmia (Liavaag, 2008). Broad understanding of sexual function across all gynecologic problems has not been discussed in previsous study.

Sexual intercourse is an important aspect of quality of life in cervical cancer patients, before, during, and after treatment. Compared with other gynecological cancers (endometrial, ovarian and vaginal cancers), cervical cancer is a leading cause of sexual dysfunction and intimate partner problems (Hauges, 2009). Treatment for cervical cancer can cause various side effects that can have an impact on decreased function, relationships and sexual activity (Anderson & Kwekkeboom, 2012). These physical disorders can cause psychological disorders such as sexual desire disorders, loss of intimate relationships with a partner, lack of self-confidence, anxiety and body image disorders (Brotto, Heiman, & Goff, 2008). The incidence of divorce of women who have cervical cancer is very high compared to the incidence of other cancers. Sexual disorders caused by physical changes after cancer treatment cause a decrease in sexual activity with a partner (Alfiyanti & Milanti, 2013).

Marital Relationship is a subjective evaluation of various experiences including feelings, including attitudes based on intraindividual factors. Marriage relationship is a state of mind to maintain a relationship that includes dependence and trust that someone will not leave the relationship that was built before (Handiyani, 2016). According to Van Epp, a marriage relationship is a willingness to face a partner, where this is an indication of the desire to deal with problems that occur in the relationship. While in Mackey & O'Brien (1995) explains the five components of marital relationships namely overcoming conflict, joint decision making, communication quality, sexual relations and intimacy, relational values ​​such as respect, trust, empathy, understanding. According to Lewis & Spainer (1980) explains three aspects in the interaction of marital relationships, namely consensus, cohesion and expressions of affection. Consensus is financial, leisure activities outside the home, religious activities, joint decision making, friendship between partners, relationships with in-laws, career opportunities. Cohesion is related to the close emotional relationship of a married couple. Expressions of affection are sexual relations and maintain the quality of long-term marriage.

Marriage satisfaction is a general assessment of the marital conditions that a person goes through. The general assessment can be in the form of how happy the individual is in his marriage or in the form of a combination of satisfaction in some specific aspects of marital relations (Wulandari, 2015). Marriage satisfaction is a subjective experience, a valid feeling and an attitude. All of that is based on factors in individuals that affect the perceived quality of interactions in marriage (Afni & Indrijati, 2011). Marriage satisfaction is not static, it changes according to conditions and time. Stone and Shackefolrd (2011) state that marital satisfaction follows U-shaped views over time. The husband and wife start their marriage with satisfaction, this satisfaction gradually decreases after a few years, but again increases after a few years together as a couple.

Marital relationship could be impaired by the problems in sexual function and linked to the sexual satisfaction. Previous study emphazied that sexual satisfaction was positively associated with overall relationship satisfaction (Shdown, 2011). However, in women with gyencology problems who may experienced sexual dysfunction, marital relationship could be impaired For this reason, it is of great importance to determine relationshio between sexual dysfunction and marital relationship in order to help couples build and maintain a healthy relationships. However, there are lack of information about theationship between sexual dysfunction and marital relationship in women with gynecology problems. This study aims to identify the association between sexual dysfunction with marital relationships in women gynecological problems.

**Methods**

**Study design and sample**

This study was conducted using cross sectional design at one of hospital in Bandung conducted from June to July 2019.The population in this study were women with gynecological problems. The inclusion criteria were patients with gynecological problems, married, able to communicate well, and without mental disorders. Sample size was calculated using G-Power Software Version 3.1.9.2 using t-test - Correlation: Point biserial model assuming α = 0.05 effect size 0.3 power level = 0.80. The minimum sample size was with 82 respondent. Convenience sampling method was used to select a sample.

**Instrument**

There were two instrumen used in data collection with Likert scale. Marital relationship wa measured using the revised dyadic adjustment scale (RDAS) instrument. RDAS is a questionnaire that assesses the seven dimensions of partner relationships in three overall categories of accession (decision making, values ​​and affection), satisfaction (satisfaction in relationships related to stability and conflict), and cohesion (activities and discussion). There are 14 question items with Cronbach alpha (reliability) 0.90. The female sexual function index (FSFI) has 19 question items to assess the dimensions of sexual function in women with six domains namely desire, arousal, lubrication, orgasm, satisfaction, and pain with Cronbach alpha 0.82 and each domain (r = 0.79 - 0.86).

**Data analysis**

Data analysis conducted in this study was a bivariate analysis to determine whether there is a relationship between intimate relationship with sexual dysfunction in gynecological problems. The test conducted in this study is the chi-square test using SPSS software.

**Results**

A total of 82 women with gynecological problemsjoined this study. Table 1 shows that more than half of respondents were age more than 35 (64.6%). The highest education level of respondents was high school (36.6%) and only 17.1% of respondents had tertiary education levels. Most respondents were unemployed (86.6%) with the number of children more than two (40.2%). The major gynocological problems reported were cysta (37.85), followed by myom (23.2%), and ca cervix (12.2%).

Tabel 1. Characteristics repondent (n=82)

|  |  |  |
| --- | --- | --- |
|  | **n=82** | **%** |
| Age  <20  20-35  >35 | 2  27  53 | 2.4  32.9  64.6 |
| Education level  Elemntary school  Junior high school  Senior high school  University level | 18  20  30  14 | 22.0  24.4  36.6  17.1 |
| Working status  Unemployed  Private sector  Enterpreneur  Government empoyee | 71  8  2  1 | 86.6  9.8  2.4  1.2 |
| Prevalence of gynocological problems  Miom  Endometriosis  Dysmenorrhea  Cysta  Infertil  Hypermenorrhea  Ovarium cancer  Serviks cancer  Endometrium caner | 19  8  3  31  1  3  6  10  1 | 23.2  9.8  3.7  37.8  1.2  3.7  7.3  12.2  1.2 |

|  |  |  |
| --- | --- | --- |
|  | **n** | **%** |
| **Marital relationship** |  |  |
| Good | 39 | 47.6 |
| Distress | 43 | 52.4 |
| **Sexual Dysfunction** |  |  |
| Yes | 8 | 9.8 |
| No | 74 | 90.2 |

Almost all respondent (90.2%) reported had sexual dysfunction and more than half had problems in marital relationships (52.4%) (Table 2). Among 79.5% of women who experienced sexual dysfunction reported had marital relationship distress. There was a relationship between sexual dysfunction with marital relationship in women with gynecological problems with the results of p-value was 0.002 and coeficient correlation was 0. 326 (Table 3).

Table 2. Marital relationship and sexual dysfunction in women with gynecologi problems (n=82)

Tabel 3. Relationship between marital relationship with sexual dysfunction among women with gynecologio problems (n=82)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Marital relationship | Sexual dysfunction | | | | Coefecient | | *p-value* |
| No, n (%) | | Yes, n(%) | |  | | |
| Good | 8 | 20.5 | 31 | 79.5 | 0.326 | 0.002 | |
| Distress | 0 | 0.0 | 43 | 100 |  |  | |

**Discussion**

This study found that more than half of respondents experienced distress or difficulties in marital relationship, especially communicating with their own partners. Lack of communication between couples may due to most of women in this study had a long-distance relationships. Previous study conducted in UK reported that women with breast cancer had low satisfaction in married life (Hinnen, Hagedoorn, Ranchor, & Sanderman, 2008). Marriage satisfaction is a general assessment of the marital conditions that a person goes through. While in Mackey & O'Brien (1995) explains the five components of marital relationships namely overcoming conflict, joint decision making, quality of communication, sexual relations and intimacy, relational values ​​such as respect, trust, empathy, understanding. Cultural factors have a large impact on the quality and satisfaction of marital relations, and the results of research obtained from various countries are very different (Tuinman, Fleer, Sleijfer, & Hoekstra, 2005).

The majority of respondents experienced sexual dysfunction, especially decrease in interest in sexual activity with their partners. Most of these respondents did not have sex for the last 4 weeks. This results in the absence of sexual activity and causes sexual dysfunction. Sexual dysfunction in women is defined as a disorder that occurs in one or more of the entire normal sexual response cycles that affect sexual activity (Irchami, et al., 2015). The results of Lemack and Zimmern's research show that women with cervical cancer experience a significant decrease in sexual activity (Lemack & Zimmern, 2009). Women with gynecological cancer are at high risk of experiencing sexual dysfunction. Young women who have ovarian or cervical cancer, have had chemotherapy, and married women have a very high risk of decreased sexual function (Guntupalli, et al., 2017). In this study, there were not only gynecological cancers, but all types of gynecological problems experienced sexual dysfunction.

Marriage satisfaction is a general assessment of the marital conditions that a person goes through. While in Mackey & O'Brien (1995) explains the five components of marital relationships namely overcoming conflict, joint decision making, communication quality, sexual relations and intimacy, relational values ​​such as respect, trust, empathy, understanding. According to Lewis & Spainer (1980) explains three aspects in the interaction of marital relationships, namely consensus, cohesion and expressions of affection. Based on the results of this study it can be seen that more than half of respondents experienced distress or difficulties in Marital Relationship, namely as many as (52.4%). In this study, respondents experienced difficulty communicating with their own partners. Most of the pairs of respondents undergo long-distance relationships resulting in a lack of communication between couples. Cultural factors have a large impact on the quality and satisfaction of marital relations, and the results of research obtained from various countries are very different (Tuinman, Fleer, Sleijfer, & Hoekstra, 2005). Research conducted by Hinnen in the UK shows that women with breast cancer have low satisfaction from married life (Hinnen, Hagedoorn, Ranchor, & Sanderman, 2008).

There was a significant relationship between marital relationship with sexual dysfunction in gynecological problems. In this study the same as the results of research by Fahami, Mohamadirizi & Savabi (2019) there is a significant relationship between sexual dysfunction and the quality of marital relationships in patients with cervical cancer and breast cancer. Whereas in the study of Guntupali, et.al (2017) younger women diagnosed with gynecological cancer had a high risk of sexual dysfunction and experienced conflict in their relationships.

In conclusion, almost all women with gynecological problems in this study ecperienced sexual dysfunction that affected marital relationship. Healthcare professional need to pay more attention to provide an intervention focus on improving the sexual function that could also improve their marital satisfaction.

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