



Sexual Satisfaction in Menopausal Women: Examining the Predictive Role of Personality, Mental Health, and Marital Intimacy

Zahra Torkan¹, Mehrdad Hajihassani ^{2,*}, Manijeh Kaveh ²

¹ Shahrekord University, Shahrekord, Iran

² Faculty of Literature and Humanities, Shahrekord University, Shahrekord, Iran

*Corresponding Author: Department of Counseling and Psychology, Faculty of Literature and Humanities, Shahrekord University, Shahrekord, Iran. Email: dr_hajihassani@sku.ir

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Abstract

Background: Menopause is associated with physical and psychological changes that may affect sexual satisfaction.

Objectives: This study aimed to investigate sexual satisfaction and examine the associations of personality traits, mental health, and marital intimacy with sexual satisfaction among Iranian postmenopausal women.

Methods: This correlational study was conducted in 2022 in Isfahan Province, Iran. A total of 300 postmenopausal women were recruited using convenience sampling. Participants completed the Larson Sexual Satisfaction Questionnaire, the NEO Personality Inventory, the General Health Questionnaire (GHQ-28), and the Intimacy Scale. Data were analyzed using Pearson correlation, independent-samples t-tests, one-way analysis of variance, and stepwise multiple regression in SPSS version 24.

Results: Sexual satisfaction was positively associated with marital intimacy ($r = 0.58$, $P < 0.001$), mental health ($r = 0.41$, $P < 0.001$), and agreeableness ($r = 0.19$, $P < 0.01$). It was negatively associated with age ($r = -0.19$, $P < 0.01$), duration of marriage ($r = -0.24$, $P < 0.001$), neuroticism ($r = -0.24$, $P < 0.001$), conscientiousness ($r = -0.36$, $P < 0.001$), and extraversion ($r = -0.13$, $P < 0.05$); however, openness was not significantly associated with sexual satisfaction ($r = -0.03$, $P > 0.05$). Regression analysis indicated that marital intimacy ($\beta = 0.47$), mental health ($\beta = 0.15$), duration of marriage ($\beta = -0.16$), and conscientiousness ($\beta = -0.13$) significantly predicted sexual satisfaction, explaining 42% of the variance ($R^2 = 0.42$, $P < 0.001$).

Conclusions: Marital intimacy, mental health, and personality traits were significantly associated with sexual satisfaction among postmenopausal women. Addressing relational and psychological factors may help to promote sexual well-being in this population.

Keywords: Marital Intimacy, Mental Health, Menopause, Sexual Satisfaction

1. Background

Menopause is a physiological transition accompanied by hormonal, physical, and psychological changes (1). The menopausal transition typically begins before the onset of menopause and may last approximately 5 years. These changes can affect daily functioning, intimate relationships, and overall quality of life (2). Because women may spend a substantial proportion of their lives in the postmenopausal period, sexual satisfaction remains an important component of well-being during this stage of life (3). Sexual satisfaction refers to the subjective evaluation of sexual experiences and emotional responses

within sexual relationships (4) and is considered both an indicator of relationship quality and an important contributor to marital stability (5, 6).

Sexual satisfaction during the menopausal and postmenopausal periods is influenced by a wide range of biological, psychological, and interpersonal factors. Biological changes, particularly declining estrogen levels, may reduce sexual desire, affect vaginal elasticity, and negatively influence sexual functioning (7). In addition, physical health conditions and age-related changes may contribute to reductions in sexual response and satisfaction (8). Previous research has shown that sexual satisfaction is associated with various psychological and

relational factors, including self-esteem, emotional responsiveness, relationship characteristics, partner-related factors, and life-course variables such as age and relationship duration (3, 9, 10).

Among psychological factors, personality traits have received considerable attention. Evidence suggests that the five-factor model of personality, including neuroticism, extraversion, openness, conscientiousness, and agreeableness, may be associated with sexual satisfaction (11). Some studies have reported significant associations between personality traits and sexual satisfaction (12), whereas others have yielded inconsistent or contradictory findings (13), highlighting the need for further investigation of the role of personality in sexual well-being.

Mental health is another important correlate of sexual satisfaction (14). According to the World Health Organization, mental health is a state of well-being in which individuals realize their abilities, cope with the normal stresses of life, work productively, and contribute to their communities (15). Although several studies have demonstrated associations between mental health and sexual satisfaction among women (16), prior research has often focused on the relationship between sexual satisfaction and psychological well-being, with less attention to the contribution of mental health to sexual satisfaction, particularly among menopausal women (17).

Marital intimacy is also an important correlate of sexual satisfaction (18). It refers to emotional closeness and the ability to express feelings within the marital relationship. Higher levels of intimacy are associated with greater marital stability and better relationship adjustment, whereas lower levels of intimacy are linked to marital dissatisfaction and poorer relationship outcomes (19). Previous research has also demonstrated an association between reduced intimacy and lower sexual satisfaction (20). At the same time, the relationship between intimacy and sexual satisfaction appears to be reciprocal, with both constructs potentially influencing and reinforcing each other within marital relationships.

Overall, sexual satisfaction during menopause is a multifaceted phenomenon associated with biological, psychological, and interpersonal factors. Evidence suggests that mental health, personality traits, and marital intimacy are closely related to women's sexual experiences during this stage of life. However, limited research, particularly in the Iranian context, has simultaneously examined the predictive roles of these factors within an integrated framework. Moreover, previous findings regarding psychological factors have been inconsistent, and the unique contributions of personality, mental health, and marital intimacy to sexual satisfaction among menopausal

women remain unclear. The novelty of the present study lies in simultaneously examining the predictive roles of personality, mental health, and marital intimacy within a single framework, thereby providing a more comprehensive understanding of the individual and relational factors associated with sexual satisfaction during menopause. Given the importance of sexual satisfaction for quality of life and marital stability, examining these factors together may provide valuable insights into the psychological and relational dimensions of sexual well-being among menopausal women.

2. Objectives

To address the limited evidence on sexual satisfaction during menopause, this study aimed to examine sexual satisfaction and its associated factors, with particular emphasis on personality traits, mental health, and marital intimacy, among Iranian postmenopausal women.

3. Methods

3.1. Study Design and Participants

This descriptive-correlational study was conducted from January to July 2022 in Isfahan, Iran. Participants were recruited from healthcare centers and community settings using convenience sampling. Menopause was operationally defined as the absence of menstruation for at least 12 consecutive months. The inclusion criteria were natural postmenopause for at least 1 year, basic literacy skills, and a living spouse. Women with a history of oophorectomy were excluded. Women with a self-reported history of a diagnosed psychiatric disorder or current treatment for a psychiatric condition were also excluded. Questionnaires with incomplete or inconsistent responses were omitted from the final analysis.

The required sample size was determined using G*Power software based on linear multiple regression (fixed model, R^2 deviation from zero), assuming an effect size of 0.15, an alpha level of 0.05, statistical power of 0.95, and 3 predictors, yielding a minimum sample size of 119 participants. To increase statistical power and improve the precision of the findings, 300 participants were ultimately included.

Data were collected using the Larson Sexual Satisfaction Questionnaire, NEO Personality Inventory, General Health Questionnaire (GHQ-28), and the Intimacy Scale. Participants were informed about the study objectives, procedures, and confidentiality assurances before providing written informed consent. All procedures were conducted in accordance with ethical standards, and participant information was kept confidential and

anonymous. The study was approved by the Ethics Committee of Shahrekord University (Ethics Code: IR.SKU.REC.1400.059).

3.2. Measures

Larson Sexual Satisfaction Questionnaire: This 25-item scale measures sexual satisfaction using a 5-point Likert scale. Total scores range from 25 to 125, with higher scores indicating greater sexual satisfaction; scores are categorized into 4 levels of satisfaction. The Persian version has demonstrated acceptable psychometric properties, including satisfactory internal consistency (Cronbach $\alpha > 0.70$) and evidence of factorial validity.

NEO Personality Inventory: Developed by Costa and McCrae (21), this 60-item instrument assesses the 5 major personality dimensions: neuroticism, extraversion, openness, agreeableness, and conscientiousness. Items are rated on a 5-point Likert scale. Previous studies have supported construct validity through associations with established personality measures. The Iranian version of the NEO Five-Factor Inventory demonstrated internal consistency, with Cronbach α coefficients ranging from 0.39 to 0.82 across the 5 dimensions, and satisfactory criterion validity, with correlations of 0.68 and 0.47 for neuroticism and extraversion, respectively.

General Health Questionnaire (GHQ-28): Developed by Goldberg (22), this 28-item screening tool assesses psychological distress across 4 domains: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. The instrument can be scored using Likert or binary methods. In its conventional direction, higher scores indicate greater psychological distress; however, for the present analyses, scores were reverse-scored so that higher scores represented better mental health. The GHQ-28 has demonstrated satisfactory internal consistency and validity in an Iranian sample. Factor analysis identified 4 factors that accounted for 60% of the total variance, and a significant correlation between the GHQ total score and the Pittsburgh Sleep Quality Index provided evidence of concurrent validity.

Intimacy Questionnaire: The Walker-Thompson Intimacy Questionnaire, introduced in 1983 (23), contains 17 items rated on a 7-point scale from 1 to 7. A mean score is calculated by summing the item scores and dividing the total by 17, with higher values indicating greater perceived intimacy (24). The instrument has shown good internal consistency, with Cronbach α coefficients ranging from 0.91 to 0.97. Evidence of validity has been established through both face and content validity. In Iran, the Persian version demonstrated a Cronbach α coefficient of 0.86. In the present study, the scale demonstrated good internal consistency, with a Cronbach α coefficient of 0.88.

3.3. Statistical Analyses

Statistical analyses were performed using SPSS version 24. Before the regression analyses, key assumptions, including normality and multicollinearity, were assessed and confirmed. Descriptive statistics were used to summarize demographic characteristics and sample-related variables. Pearson correlation analyses were conducted to examine associations between sexual satisfaction and predictor variables, including personality traits, mental health, and marital intimacy. Independent-samples *t*-tests and one-way analysis of variance were used to examine differences in sexual satisfaction according to menopausal type, employment status, and education level. Stepwise multiple regression analysis was conducted to identify the unique contributions of personality traits, mental health, and marital intimacy to predicting sexual satisfaction. A significance level of $P \leq 0.05$ was applied for all statistical analyses.

4. Results

The response rate was 100%. The mean age of the participants was 52.25 years ($SD = 6.19$). Educational levels were approximately evenly distributed across 3 categories: less than a high school diploma, high school diploma, and higher education, with each category representing approximately 30% of the sample. Most participants were housewives (81%), and 73% reported natural menopause. The mean time since menopause was 4 years, and the mean duration of marriage was 31 years.

Table 1 presents the means and standard deviations for the 5 personality traits, marital intimacy, mental health, and sexual satisfaction. Among the personality traits, agreeableness had the highest mean score ($M = 26.89$), whereas openness had the lowest ($M = 21.11$). The mean mental health score was 27.35 ($SD = 12.97$), indicating variability in the participants' mental health scores. Marital intimacy had a mean score of 4.91 ($SD = 1.45$), and sexual satisfaction had a mean score of 87.79 ($SD = 16.36$).

A one-way analysis of variance revealed a statistically significant difference in mean sexual satisfaction scores across educational levels among postmenopausal women ($F(2, 297) = 5.976, P = 0.003$) (Table 2). Scheffé post hoc testing was conducted to further examine these differences (Table 3). Women with less than a high school diploma reported significantly lower sexual satisfaction scores than women with a high school diploma (mean difference = -5.77, $P = 0.044$) and women with a university education (mean difference = -7.63, $P = 0.004$). However, no significant difference was observed between women with a high

Table 1. Descriptive Statistics for Research Variables (N = 300)

Variables	Mean $\pm$ SD
Neuroticism	23.90 $\pm$ 4.16
Extraversion	25.25 $\pm$ 4.57
Openness	21.11 $\pm$ 3.46
Agreeableness	26.89 $\pm$ 3.26
Conscientiousness	25.18 $\pm$ 5.87
Marital Intimacy	4.91 $\pm$ 1.45
Mental Health	27.35 $\pm$ 12.97
Sexual Satisfaction	87.79 $\pm$ 16.36

school diploma and those with a university education ($P = 0.709$).

The results of 2 independent-samples *t*-tests (Tables 4 and 5) indicated no statistically significant differences in sexual satisfaction scores by menopausal type (natural vs induced) or employment status (employed vs housewife). No significant difference was observed in sexual satisfaction scores between women with natural and induced menopause, $t(298) = -0.55$, $P = 0.584$. Similarly, sexual satisfaction scores did not differ significantly between employed women and housewives, $t(298) = -0.36$, $P = 0.717$ (Table 5). Thus, sexual satisfaction scores did not differ significantly by menopausal type or employment status in this sample.

Table 6 presents Pearson correlation coefficients between sexual satisfaction, the criterion variable, and the predictor variables among postmenopausal women. Sexual satisfaction showed significant negative correlations with age ($r = -0.19$, $P < 0.01$), duration of marriage ($r = -0.24$, $P < 0.01$), neuroticism ($r = -0.24$, $P < 0.01$), and conscientiousness ($r = -0.36$, $P < 0.01$). In contrast, sexual satisfaction was positively associated with mental health ($r = 0.41$, $P < 0.01$), agreeableness ($r = 0.19$, $P < 0.01$), and particularly marital intimacy ($r = 0.58$, $P < 0.01$). Sexual satisfaction was also negatively associated with extraversion ($r = -0.13$, $P < 0.05$), whereas no significant association was found with openness ($r = -0.03$, $P > 0.05$). These findings indicate that higher levels of mental health and marital intimacy were associated with greater sexual satisfaction, whereas older age, longer duration of marriage, and higher levels of neuroticism, conscientiousness, and extraversion were associated with lower sexual satisfaction.

In a stepwise linear regression analysis (Table 7), variables that showed significant correlations with sexual satisfaction were entered into the model to identify significant predictors. In the final model (Model 4), marital intimacy ($\beta = 0.47$), mental health ($\beta = 0.15$), duration of marriage ($\beta = -0.16$), and conscientiousness ($\beta = -0.13$) were

significant predictors of sexual satisfaction (all $P < 0.05$). The final model explained 42% of the variance in sexual satisfaction ($R^2 = 0.42$). Multicollinearity was not detected, as indicated by acceptable tolerance and variance inflation factor values.

5. Discussion

The primary aim of this study was to investigate sexual satisfaction and examine its associations with personality traits, mental health, and marital intimacy among postmenopausal women. Education level was significantly associated with sexual satisfaction, with women with less than a high school diploma reporting lower sexual satisfaction. However, no significant difference was observed between women with a high school diploma and those with a university education. This finding is partially consistent with previous studies reporting mixed results (25). No significant differences in sexual satisfaction were observed by menopausal type or employment status. This finding is consistent with previous research suggesting that psychosocial and relational factors may play an important role in understanding sexual satisfaction beyond demographic characteristics (26).

Sexual satisfaction was significantly negatively correlated with age ($r = -0.19$, $P < 0.01$). This association may reflect the contributions of biological and sociocultural factors discussed in previous research; however, given the correlational design of the present study, no causal relationship can be established (27). A significant negative association was also observed between sexual satisfaction and duration of marriage ($r = -0.24$, $P < 0.01$). This finding may reflect changes in relational patterns and marital dynamics over time, although the cross-sectional design precludes causal interpretation (28).

Regarding personality traits, neuroticism was significantly negatively associated with sexual satisfaction ($r = -0.24$, $P < 0.01$). This finding may be interpreted in light of theoretical perspectives emphasizing the relevance of

Table 2. One-Way ANOVA Results for Sexual Satisfaction by Education Level ^a

Sources	SS	df	MS	F	P-Value
Between Groups	3097.92	2	1548.96	5.98	0.003
Within Groups	76979.27	297	259.19		
Total	80077.19	299			

^a A significant difference was found between educational levels.

Table 3. Scheffé Post Hoc Test for Sexual Satisfaction by Education Level

Education Level (I)	Education Level (J)	Mean Difference (I-J)	SE	P-Value	95% CI
Less than diploma	Diploma	-5.77 ^a	2.30	0.044	[-11.42, -0.12]
Less than diploma	University	-7.63 ^a	2.29	0.004	[-13.27, -2.00]
Diploma	Less than diploma	5.77 ^a	2.30	0.044	[0.12, 11.42]
Diploma	University	-1.86	2.25	0.709	[-7.40, 3.67]
University	Less than diploma	7.63 ^a	2.29	0.004	[2.00, 13.27]
University	Diploma	1.86	2.25	0.709	[-3.67, 7.40]

^a P < 0.05 was considered statistically significant.

Table 4. Independent-Samples t-Test for Sexual Satisfaction by Type of Menopause

Assumption	t	df	P-Value	Mean Difference	SE	95% CI
Equal variances assumed	-0.55	298	0.584	-1.33	2.43	[-6.11, 3.45]
Equal variances not assumed	-0.55	82.72	0.583	-1.33	2.41	[-6.13, 3.47]

Table 5. Independent-Samples t-Test for Sexual Satisfaction by Employment Status

Assumption	t	df	P-Value	Mean Difference	SE	95% CI
Equal variances assumed	-0.36	298	0.717	-0.77	2.13	[-4.97, 3.42]
Equal variances not assumed	-0.37	147.32	0.713	-0.77	2.10	[-4.92, 3.37]

emotional instability, anxiety, and interpersonal insecurity to sexual and relational experiences (29). Conscientiousness also showed a significant negative association with sexual satisfaction ($r = -0.36$, $P < 0.01$), which may reflect the potential influence of rigidity, excessive control, and reduced spontaneity in intimate relationships; however, previous studies have reported inconsistent findings regarding this association (30). Agreeableness showed a significant positive association with sexual satisfaction ($r = 0.19$, $P < 0.01$), suggesting that characteristics such as empathy, cooperation, and emotional responsiveness may be associated with greater intimacy and sexual well-being (31). Extraversion demonstrated a weak but significant negative correlation with sexual satisfaction ($r = -0.13$, $P < 0.05$), whereas

openness to experience was not significantly associated with sexual satisfaction ($r = -0.03$, $P > 0.05$). These findings are consistent with some previous studies but differ from others, highlighting variability in the relationships between personality traits and sexual satisfaction (10, 18).

Mental health was positively associated with sexual satisfaction ($r = 0.41$, $P < 0.01$), suggesting that better psychological well-being may be related to more positive sexual experiences among postmenopausal women. Women with better mental health may experience lower levels of psychological distress, anxiety, and negative emotional states, which may facilitate greater emotional availability and engagement in intimate interactions. Better psychological well-being may also contribute to

Table 6. Pearson Correlation Coefficients Between Sexual Satisfaction and Predictor Variables Among Postmenopausal Women

Variables	1	2	3	4	5	6	7	8	9	10	11
Age	1										
Menopause duration	0.44 ^a	1									
Marriage duration	0.76 ^a	0.31 ^a	1								
Mental health	0.03	0.04	0.05	1							
Neuroticism	-0.002	0.06	0.01	-0.50 ^a	1						
Extraversion	0.04	0.20 ^a	0.14 ^b	0.16 ^a	0.15 ^a	1					
Openness	-0.04	0.07	0.009	0.07	0.18 ^a	0.03	1				
Agreeableness	0.02	-0.002	0.03	-0.26 ^a	-0.26 ^a	-0.02	0.08	1			
Conscientiousness	0.001	-0.04	0.08	0.62 ^a	0.52 ^a	0.18 ^a	0.07	-0.22 ^a	1		
Marital intimacy	-0.13 ^b	-0.008	-0.13 ^b	-0.35 ^a	-0.27 ^a	0.01	-0.07	0.23 ^a	-0.26 ^a	1	
Sexual satisfaction	-0.19 ^a	-0.08	-0.24 ^a	0.41 ^a	-0.24 ^a	-0.13 ^b	-0.03	0.19 ^a	-0.36 ^a	0.58 ^a	1

^a P < 0.001 was considered statistically significant.

^b P < 0.01 was considered statistically significant.

Table 7. Stepwise Linear Regression Results Predicting Sexual Satisfaction Score Based on Marital Intimacy, Mental Health, Marriage Duration, and Conscientiousness

Model	Predictor Variable	B	Beta	t	R	R ²	P-Value	Tolerance	VIF
1	Constant	55.64		20.43	0.58	0.38	0.0001		
1	Marital Intimacy	6.55	0.58	12.31	0.58	0.38	0.0001	1	1
2	Constant	68.36		18.36	0.62	0.38	0.001		
2	Marital Intimacy	5.61	0.50	10.21	0.62	0.38	0.001	1.14	0.87
2	Mental Health	0.30	0.23	4.82	0.62	0.38	0.001	1.14	0.87
3	Constant	79.99		16.66	0.64	0.41	0.001		
3	Marital Intimacy	5.35	0.47	9.86	0.64	0.41	0.001	1.16	0.86
3	Mental Health	0.29	0.23	4.91	0.64	0.41	0.001	1.14	0.87
3	Duration of Marriage	-0.33	-0.17	-3.72	0.64	0.41	0.001	1.02	0.98
4	Constant	86.35		15.63	0.65	0.42	0.001		
4	Marital Intimacy	5.28	0.47	9.80	0.65	0.42	0.001	1.17	0.86
4	Mental Health	0.20	0.15	2.64	0.65	0.42	0.001	1.76	0.57
4	Duration of Marriage	-0.32	-0.16	-3.63	0.65	0.42	0.001	1.02	0.98
4	Conscientiousness	-0.36	-0.13	-2.28	0.65	0.42	0.001	1.65	0.6

more effective coping with the physical and emotional changes associated with menopause, potentially reducing their negative impact on sexual experiences. In addition, psychological well-being may support more adaptive communication and relationship functioning, creating a more favorable context for sexual satisfaction (15).

Marital intimacy showed an even stronger positive association with sexual satisfaction ($r = 0.58$, $P < 0.01$). This finding suggests that emotional closeness, mutual understanding, open communication, and a sense of connection between partners may be particularly relevant to women's sexual experiences during the postmenopausal period. Greater marital intimacy may provide a supportive

relational environment in which women feel emotionally secure, valued, and comfortable expressing their sexual needs and preferences. Such relational qualities may facilitate positive sexual experiences and greater sexual satisfaction. This interpretation is consistent with previous research emphasizing the importance of emotional closeness, communication, and relationship stability in sexual and marital well-being. Nevertheless, given the cross-sectional and correlational nature of the present study, these associations should not be interpreted as evidence of causal relationships.

In the final regression model, marital intimacy, mental health, duration of marriage, and conscientiousness

significantly predicted sexual satisfaction, collectively explaining 42% of the variance ($R^2 = 0.42$, $P < 0.001$). Marital intimacy emerged as the strongest predictor ($\beta = 0.47$), followed by mental health ($\beta = 0.15$), duration of marriage ($\beta = -0.16$), and conscientiousness ($\beta = -0.13$). These findings suggest that relational and psychological factors may play an important role in sexual satisfaction among postmenopausal women.

Although several variables, including age, neuroticism, extraversion, agreeableness, and education, were significantly associated with sexual satisfaction in bivariate analyses, they were not retained in the final model. This may be explained by shared variance with stronger predictors, particularly marital intimacy and mental health, which appear to capture key aspects of emotional and relational functioning. For example, neuroticism showed a strong negative correlation with mental health ($r = -0.50$), whereas conscientiousness was positively correlated with mental health ($r = 0.62$), indicating overlap among psychological constructs. Similarly, agreeableness was associated with marital intimacy ($r = 0.23$), suggesting that its effect may be indirectly reflected through relational variables. In stepwise regression, predictors that contribute less unique variance are typically excluded when stronger or more proximal variables are included. Therefore, the exclusion of these variables suggests that their associations with sexual satisfaction may be indirect or mediated through psychological and relational factors rather than independent effects.

From a theoretical perspective, sexual satisfaction may be conceptualized as a multidimensional construct shaped by the interaction of individual, psychological, and relational factors. Personality traits influence emotional regulation and interpersonal behaviors, which may affect both mental health and relationship quality. Mental health is closely linked to emotional functioning and coping capacity, whereas marital intimacy represents the relational context in which sexual experiences occur. These factors may operate in an interconnected rather than independent manner, jointly contributing to sexual satisfaction. This integrative view is supported by biopsychosocial and interpersonal models of sexual functioning (32).

5.1. Study Limitations

This study focused on postmenopausal women, which may limit the generalizability of the findings to other populations and cultural contexts. Cultural, social, and individual differences should be considered when interpreting the results. In addition, because of the descriptive-correlational design, causal inferences cannot be made, and unmeasured variables may have influenced

the findings. Future research should include more diverse populations and examine demographic, psychological, and relational factors in greater depth. Qualitative and experimental designs may also help clarify underlying mechanisms and provide a more comprehensive understanding of sexual satisfaction.

5.2. Conclusions

The present study found that sexual satisfaction among postmenopausal women was significantly associated with marital intimacy, mental health, and several personality traits. In the regression model, marital intimacy, mental health, duration of marriage, and conscientiousness were significant predictors of sexual satisfaction, jointly accounting for 42% of the variance. Education level was also associated with sexual satisfaction, whereas menopausal type and employment status were not significantly associated with sexual satisfaction. Overall, older age and longer duration of marriage were associated with lower sexual satisfaction, highlighting the relevance of life-course factors in understanding sexual well-being.

Future studies should examine these associations across more diverse cultural and age groups and use longitudinal designs to further clarify temporal relationships. Incorporating other psychological and relational variables, such as attachment style, communication patterns, and sexual self-concept, may provide a more comprehensive understanding of sexual satisfaction among menopausal women. Given the observed associations between psychological functioning, marital intimacy, and sexual satisfaction, early identification of relational and mental health difficulties, along with targeted psychoeducational and counseling interventions, may help support sexual well-being and quality of life in this population.

Footnotes

AI Use Disclosure: ChatGPT was used for translation of the Materials and Methods section at a minor level.

Authors' Contribution: Z. T.: Study conception and design, data collection, data analysis and interpretation, and manuscript revision; M. H.: Study conception and design, supervision of all research stages, interpretation of findings, manuscript drafting, and critical revision for important intellectual content; M. K.: Study conception and design, critical manuscript review for important intellectual content, and manuscript revision. All authors read and approved the final manuscript.

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Data Availability: The dataset presented in the study is available on request from the corresponding author during submission or after publication. The data are not publicly available due to privacy and ethical restrictions concerning the confidentiality of participants' information.

Ethical Approval: This study was approved by the Ethics Committee of Shahrekord University under the ethical approval code IR.SKU.REC.1400.059. The details of the ethical approval are available at: <https://ethics.research.ac.ir/EthicsProposalView.php?&code=IR.SKU.REC.1400.059>. Written informed consent was obtained from all participants prior to their participation in the study.

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