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The Sexual Satisfaction Questionnaire – psychometric properties

Abstract:

The Sexual Satisfaction Questionnaire was designed to measure sexual satisfaction. It consists of 10 items. The results of several studies have supported the Questionnaire as psychometrically sound and valid. It may be a valuable tool for measuring one's attitude (both cognitively and emotionally) to their own sexual activity.

Keywords:

sexual satisfaction, sexual quality of life, The Sexual Satisfaction Questionnaire

Streszczenie:

Kwestionariusz Satysfakcji Seksualnej został stworzony do pomiaru poziomu satysfakcji seksualnej. Składa się on z dziesięciu itemów. Wyniki badań potwierdzają trafność i rzetelność metody. Kwestionariusz może być wartościowym narzędziem, służącym do pomiaru ustosunkowania podmiotu (poznawczo- emocjonalnego) do własnej aktywności seksualnej.

Słowa kluczowe:

satysfakcja seksualna, jakość życia seksualnego, Kwestionariusz Satysfakcji Seksualnej

Introduction

Studies on sexual life quality are dominated by the pathogenic paradigm (Rosen, Bachmann, 2008). In this approach, sexual satisfaction is usually defined negatively as a lack of dissatisfaction (Renaud, Beyer, Lord, for: Young et al., 2000). Similarly, in the pathogenic paradigm, one's health is understood as having no disorders or diseases. The studies conducted in this field focus mostly on the predisposition to sexual dysfunctions and

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their implications for health and happiness. Arrington, Cofrancesco and Wu (2004) analyzed questionnaires measuring sexual satisfaction and the quality of sexual life. The scholars found and evaluated 62 questionnaires published in English in 1957-2001. Only nine of them were assessed as being accurate and reliable. The methods concerning an interviewee's sexual satisfaction were to examine only its physiological nature, such as erections, duration, and orgasms, as well as pain and discomfort. Most methods employed to measure satisfaction have implied that different groups of people tend to evaluate their sexual life similarly. According to this concept, one can determine a standard configuration which will ensure sexual satisfaction. However, a few studies have indicated that one's sexual life may be rated as satisfactory despite some physiological dysfunctions. On the other hand, one can observe a paradox; despite having sexual health, the area is evaluated as unsatisfactory (Dundon, Rellini, 2010). Satisfaction with physiological performance does not always equate with the sexual satisfaction. In Ferrenidou's research (2008), 80 percent of women declared to be satisfied with sex, although 70 percent of them named at least one sexual problem. Nevertheless, half the women satisfied with their physiological performance during intercourse have not experienced sexual satisfaction. Hence, sexual satisfaction, though not the opposite to a disorder, can constitute a separate dimension. Stephenson's and Meston's studies (2010) have demonstrated that among a given clinical group, orgasm was not associated with satisfaction. It was, instead, conditioned by general arousal and lubrication. Importantly, correlating satisfaction with orgasm – often considered as an indicator – was not statistically significant. The above confirms the hypothesis that sexual satisfaction is highly personal, and is difficult to measure with indicators chosen arbitrarily. Basson (2000) emphasizes that the focus on physical responses coming from the genitals – considered as the traditional indicators of arousal and satisfaction – ignores the basic components of women's satisfaction with their sexual life: intimacy, trust, and pleasure.

According to the latest holistic definition, the sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. This is not just an absence of disease, disorder or disability, but requires a positive and respectful approach to sexuality and sexual partnerships, as well as having pleasurable and safe experiences free of coercion, discrimination and violence (WHO, 2010). Furthermore, salutogenesis is important in the holistic approach, where central importance is given not to the disturbance and pathogens but to health and its determinants (Dolińska-Zygmunt, 2001). Current literature accentuates the need to complement existing research with a salutogenetic paradigm. To achieve this, one has to create methods measuring sexual satisfaction in which the operational variable will be holistically compatible to sexual health (Ferrenidou, 2008; Rosen, Bachmann, 2008; Stephenson, Meston, 2011). According to this view, we have attempted to create a tool measuring one's own sexual satisfaction understood as a comment (cognitive-emotional) on their own sexual activity.

Stages in constructing the Sexual Satisfaction Questionnaire and its psychometric characteristics

The work on the Questionnaire was started in 2010. Based on the literature in this area, we created a pot of 35 questions in Polish which could become a part of a questionnaire. Fifth-year psychology students and a certified psychologist constituted the competent judges. They chose 28 items and decided to include them in a pilot version. Forty-two respondents (20 women and 22 men) aged 20-32 years participated. The results have been presented through statistical analysis, and are based on the Polish version of the questionnaire.

Discriminative power of questions

Questions with less discriminatory power than 4.0 were omitted and removed from the questionnaire. We also decided to reduce the proportion of those questions among which there was a significant two-way correlation, assuming that they may be too similar to each other and carry the same content (Table 1). Finally, the method contained 10 positions. An interviewee responds to them with a four-point Likert scale. The result informs about the level of sexual satisfaction. The higher the result, the higher the satisfaction.

Table 1. Discriminatory power of questions.

The content of the item in Polish	The content of the item in English	Pearson's correlation	Validity (two-sided)
1. Niepokoi mnie jakiś element mojego życia seksualnego.	1. I am disconcerted with a part of my sexual life	0.675	0.001
2. Seks jest dla mnie źródłem przyjemności.	2. Sex is a source of pleasure for me	0.449	0.001
3. Myślenie o seksie wywołuje we mnie negatywne emocje.	3. Thinking about sex generates negative emotions	0.589	0.001
4. Czuję się atrakcyjny/ atrakcyjna seksualnie.	4. I feel sexually attractive	0.583	0.001
5. Myślę o sobie jako o kiepskim partnerze seksualnym.	5. I find myself a poor sexual partner	0.692	0.001
6. Nie mam problemów w życiu intymnym.	6. I do not have any problems in my sexual life	0.654	0.001
7. Lubię myśleć o moim życiu seksualnym.	7. I like thinking about my sexual life	0.715	0.001
8. Moje życie seksualne mnie frustruje.	8. My sexual life frustrates me	0.603	0.001
9. Obawiam się, że nie zadowolam mojego partnera/ partnerki seksualnej.	9. I am afraid I do not satisfy my sexual partner	0.649	0.001
10. Uważam moje życie seksualne za udane.	10. I find my sexual life fulfilling	0.637	0.001

The above values refer to Polish items. Source: own work.

** . Correlation is significant on level 0.001 (duplex).

* . Correlation is significant on level 0.05 (duplex).

Confirmatory factor analysis

As expected, confirmatory factor analysis, -- used to confirm the expected number of factors -- showed as one. To evaluate the match of the model we employed an RMSE ratio, which amounted to 0.073 (Table 2). Values less than 0.05 indicated a very good adaptation, less than 0.08 satisfactory, and higher than 0.1 no match.

Table 2. Confirmatory factor analysis.

RMSEA	LO 90	HI 90	PCLOSE
0.073	0.001	0.133	0.289

Source: own work.

Reliability

The method's reliability measured by the Cronbach Alpha indicated a high consistency: 0.83. It can be interpreted as the percentage [of results variance attributed to the real results].

Further work on this method was employed among young, middle-aged and late adults. The study was conducted in Poland in 2012 on a group of 90 women and 77 men, aged 21-72, who lived in heterosexual relationships. The declared duration varied from six months to 42 years. Average results of sexual satisfaction are presented in Table 3. Reliability measured by the Cronbach Alpha again indicated a high consistency: 0.89 in the 21-35 age group, 0.89 in the 36-50 age group, and 0.76 in the 51-72 age group.

Table 3. Descriptive statistics of sexual satisfaction measured by the Sexual Satisfaction Questionnaire.

		Age			Length of relationship in years			Formalization of the relationship	
		20-35	36-50	50-72	1-4	5-20	20+	Married	Unmarried
Women	N	30	29	31	32	28	30	51	39
	Minimum	12	15	22	12	15	22	12	13
	Maximum	40	40	38	40	40	39	40	40
	Average	32.97	31.38	30.65	32.97	30.75	31.1	30.63	33
	Standard deviation	6.81	6.42	4.23	6.68	6.08	4.74	6.09	5.49
Men	N	30	25	22	28	25	24	39	38
	Minimum	25	24	21	25	24	21	21	25
	Maximum	40	40	39	40	40	40	40	40
	Average	33.67	33.64	31.45	33.21	33.56	32.25	32.36	33.71
	Standard deviation	4.55	4.97	4.79	4.43	5.14	4.95	4.84	4.72

Source: own work.

Theoretical accuracy

Sexual satisfaction and quality of life

On the basis of the literature review it has been assumed that sexual satisfaction is related to life quality (Rosen, Bachmann, 2008; Ventegodt, 1998, Arrington et al, 2004). In studies supporting this assumption researchers examined 100 people (49 women and 51 men) aged 23 to 35. In order to measure the variables we used Straś-Romanowska, Oleszkowicz and Frąckowiak's Life Quality Questionnaire (Stras-Romanowska, 2005) and our own Questionnaire of Sexual Satisfaction. The Life Quality Questionnaire was developed in 2004 and was based on a trait-existential theory. The welfare's examined dimensions are in the following spheres:

- psychophysical
- psychosocial
- subject
- metaphysical

The above dimensions form four scales, each including 15 statements, and the whole questionnaire consists of 60 items. Every examined person has to respond to a statement selecting one answer from a four-response scale (1 - strongly disagree, 2 - rather disagree, 3 - rather agree, 4 - strongly agree). Counting up the scores from all spheres provides one with a global sense of life quality, which can be described as low, medium or high.

Reliability for the Psychophysical Sphere is 0.77, Psychosocial 0.71, Subject 0.72, and Metaphysical 0.65. Cronbach's Alpha for the test is 0.7.

According to the correlation coefficient (Pearson's r), sexual satisfaction and life quality are statistically significant (Table 4). For women, sexual satisfaction is significantly related to both the global score and all life spheres. The analysis among men demonstrates the relationship only between sexual satisfaction and the global result along with the psychophysical sphere. Correlation between sexual satisfaction and sense of life and other spheres is stronger for women, which is consistent with the statistics presented in the literature (Table 5).

Table 4. Pearson correlation between sexual satisfaction and sense of quality of life and its dimensions.

Psychophysical sphere	0.533(**)
Psychosocial sphere	0.243(*)
Subjective sphere	0.310(**)
Metaphysical sphere	0.262(**)
Global sense of quality of life result	0.453(**)

** . Correlation is significant on level 0.001 (duplex).

* . Correlation is significant on level 0.05 (duplex).

Source: own work.

Table 5. Pearson's correlation between sexual satisfaction and sense of quality of life and its spheres for men and women.

Women	Psychophysical sphere	0.588(**)
	Psychosocial sphere	0.456(**)
	Subjective sphere	0.365(**)
	Metaphysical sphere	0.378(**)
	Global result of sense of quality of life	0.567(**)
Men	Psychophysical sphere	0.477(**)
	Psychosocial sphere	0.005
	Subjective sphere	0.239
	Metaphysical sphere	0.113
	Global result of sense of quality of life	0.304(*)

** . Correlation is significant on level 0.001 (duplex).

*. Correlation is significant on level 0.05 (duplex).

Source: own work.

Sexual satisfaction and self-esteem

Numerous studies illustrate the connection between self-esteem and satisfaction with sexual life (Bancroft, 2009, Baumeister et al. 2003, Narvaez et al., 2006). Our studies aim at verifying this assumption. Participants included 100 people (49 women and 51 men) aged 23-35 years. The level of self-esteem was measured by M. Rosenberg's Self-Esteem Scale (SES) in the Polish adaptation by Dzwonkowska, Lachowicz-Tabaczek and Łaguna (2008). According to Rosenberg (1965, for: Dzwonkowska et al., 2008), self-esteem is a conscious self-assessed attitude. It is a subjective, global construct; for adults it is relatively permanent and trait-like.

Rosenberg's Self-Assessment Scale consists of 10 statements. Respondents mark in a four-point Likert scale the extent to which they agree to a statement. The result is assigned to one out of five following categories: very low self-esteem, low self-esteem, average self-esteem, high self-esteem, very high self-esteem. Cronbach's alpha in the Polish adaptation is 0.83.

Our study confirms the correlation obtained by the Self-Esteem Scale (SES) and the Sexual Satisfaction Questionnaire. The value of the correlation coefficient was 0.44 at $p < 0.001$. The comparison between male and female scores identifies no disparity in these variables' strengths.

Sexual satisfaction measured by our method and the Inventory of Sexual Satisfaction

In order to further confirm the theoretical validity, we measured the correlation coefficient between the respondents' results who were examined by our Questionnaire and by W. Hudson's Inventory of Sexual Satisfaction (Davies, 1998). The ISS translation into

Polish was made by Postek and Stolarski. ISS is a 25-item method measuring the dissatisfaction level in the sexual component. Respondents provided their attitude towards given ascertainties according to the seven-point Likert scale. The higher the score, the greater the dissatisfaction with sexual life. Cronbach's alpha for the original version is 0.92, and 0.93 for the one translated into Polish. Respondents included 60 people (29 women and 31 men) aged 19-35. The results confirmed the negative relationship between the variables. The correlation coefficient (Pearson's r) value between sexual satisfaction measured in the Questionnaire of Sexual Satisfaction and dissatisfaction measured by ISS is -0.74 at $p < 0.05$. The strength of the relationship between the variables for women ($r = -0.54$, $P < 0.05$) is lower than for men ($r = -0.82$, $P < 0.05$). Based on the reviewed literature, it can be concluded that women's satisfaction with sexual life is conditioned by many factors beyond the sexual (Basson, 2005). Satisfaction arising from other life areas may increase sexual satisfaction. Still, for men, the relationship between perceived sexual discomfort and its satisfaction is stronger.

Conclusion

For most people sex is highly significant and provides many benefits. Satisfaction with the sexual life is to maintain satisfaction within a relationship and to provide considerable emotional, psychological and physical pleasure. Having concerns for increasing interest in this satisfaction and bearing a direct relation with one's health and happiness, the Questionnaire of Sexual Satisfaction may represent a useful tool to measure this variable among people in young, middle and late adulthood.

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