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Predicting sexual health and family stability based on marital satisfaction and divorce tendency among married individuals attending health centers in Shiraz, Iran

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Abstract

Family constitutes the cornerstone of social structure and plays an essential role in maintaining individuals' psychological and sexual well-being. Family stability and sexual health serve as critical indicators of marital quality and overall family functioning. Marital satisfaction and divorce tendency are pivotal relational factors influencing these outcomes. This study aimed to predict sexual health and family stability based on marital satisfaction and divorce tendency among married individuals attending health centers in Shiraz, Iran. A descriptive-correlational design was employed involving 250 married participants recruited via convenience sampling from health centers in Shiraz in 2025. Data collection tools included a demographic questionnaire alongside standardized measures: the Sexual Health Questionnaire, Marital Satisfaction Scale, Divorce Tendency Scale, and Family Stability Questionnaire. Statistical analyses were conducted using SPSS v.26, including Pearson's correlation and multiple regression to examine associations and predictive relationships. Participants' mean age was 34.6 ± 7.8 years. Significant correlations were observed between marital satisfaction, divorce tendency, sexual health, and family stability ($p < 0.05$). Regression analyses revealed that marital satisfaction positively predicted sexual health and family stability, while divorce tendency demonstrated a negative predictive effect. Together, these variables accounted for a substantial proportion of variance in sexual health and family stability outcomes. Marital satisfaction and divorce tendency significantly predict sexual health and family stability among married adults. Interventions aiming to enhance marital satisfaction and mitigate divorce tendencies through educational and counseling programs may foster improved sexual well-being and family cohesion. These findings underscore the need to integrate marital relationship education within healthcare frameworks to support couples' relational and sexual health.

Keywords: Family Stability, Sexual Health, Marital Satisfaction, Divorce Tendency, Marital Relationships

Introduction

The family is recognized as the most fundamental social institution and plays a vital role in maintaining individuals' psychological, social, and sexual well-being. The stability of the family is considered one of the key indicators of societal health (1, 2). The quality of marital relationships and the level of satisfaction experienced by couples are among the most important determinants of family cohesion and stability, exerting profound influences on various dimensions of individual and social health (3, 4). Previous studies have indicated that marital satisfaction is influenced by several factors, including emotional intimacy, effective communication, and sexual satisfaction, and disturbances in these domains may lead to a decline in marital quality and weakening of family foundations (5-9). Sexual health, as a critical component of overall health, plays a significant role in marital satisfaction and the stability of intimate relationships (10, 11). The World Health Organization defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality, extending beyond the mere absence of disease or dysfunction and encompassing positive and satisfying sexual experiences (10). Empirical evidence suggests that sexual satisfaction is strongly associated with marital satisfaction, and couples who experience more satisfying sexual relationships tend to report higher quality of life and more stable marital relationships (7, 8, 12). Conversely, reduced marital satisfaction and persistent emotional or relational dissatisfaction may contribute to marital conflicts and increase the tendency toward divorce (4, 13). Divorce is recognized as one of the major social challenges, carrying substantial psychological, social, and economic consequences for individuals, families, and society (3-15). Research has demonstrated that factors such as declining marital satisfaction, ineffective communication patterns, and chronic psychological stress can significantly increase the likelihood of divorce tendency (4, 13, 16). Even prior to the formal occurrence of divorce, the tendency toward divorce can negatively affect psychological well-being, marital interactions, and overall family stability (17, 18). Despite the recognized importance of marital satisfaction and divorce tendency in family functioning, many previous studies have examined these variables independently (6, 9). Research simultaneously investigating the predictive roles of these factors in sexual health and family stability remains limited, particularly among married individuals attending health care centers (16, 19). Health centers can provide an important context for identifying marital, sexual, and family-related concerns, and findings from such studies may contribute to the development of preventive and supportive interventions aimed at improving marital and family well-being (19, 20). Therefore, considering the importance of sexual health and family stability in promoting individual and societal well-being, the present study aimed to examine the predictive role of marital satisfaction and divorce tendency in sexual health and family stability among married individuals attending health centers in Shiraz, Iran.

Methods

This study employed a descriptive-correlational design aiming to predict sexual health and family stability based on marital satisfaction and divorce tendency among married individuals attending health centers in Shiraz, Iran, during the year 2025. The research was applied in purpose and quantitative in method, focusing on examining and analyzing the relationships among the core study variables.

Participants

The statistical population consisted of all married individuals who referred to health centers in Shiraz during 2025. Given the large size of the target population and practical limitations, a convenience sampling method was employed. After obtaining the necessary permissions from several selected health centers, questionnaires were distributed in person to married attendees. A total of 250 participants who voluntarily agreed

to take part completed the questionnaires, and their data were analyzed.

Instruments

Data were collected using a demographic information form and a set of standardized questionnaires. The demographic form included variables such as age, gender, education level, occupation, duration of marriage, number of marriages, and amount of dowry. To measure the main study variables, validated instruments assessing sexual health, marital satisfaction, divorce tendency**,** and family stability were utilized, all of which demonstrated acceptable psychometric properties in prior Iranian studies.

Procedure

After obtaining approval from the institutional ethics committee and permission from the health center authorities, the questionnaires were distributed in paper format to eligible participants. Prior to participation, the objectives of the study were explained, and participants were assured of the confidentiality of their responses. Written informed consent was obtained from all respondents, and participation was entirely voluntary, with the right to withdraw at any time.

Data Analysis

After reviewing the collected data, incomplete questionnaires were excluded. The remaining data were coded and analyzed using SPSS version 26. Descriptive statistics (frequency, percentage, mean and standard deviation) were used to summarize the sample characteristics. Pearson's correlation coefficient was applied to examine the relationships among the study variables, and multiple regression analysis was conducted to assess the predictive role of marital satisfaction and divorce tendency in explaining sexual health and family stability. The significance level was set at $p < 0.05$ for all statistical tests.

Results

Descriptive statistics showed that the mean age of participants was 34.6 years (*SD* = 7.8), with ages ranging from 20 to 58 years. This indicates that most respondents were in early middle adulthood, a period of life typically associated with greater stability in marital and family roles. The relatively broad age range also suggests that the sample included individuals at different stages of adult life, which may reflect diverse marital experiences and family circumstances. With regard to the main study variables, the findings revealed a noticeable degree of variability among participants. Overall, the average levels of sexual health, marital satisfaction, divorce tendency, and family stability were generally within a moderate range. However, the distribution of scores and the observed standard deviations indicate that participants differed meaningfully in their experiences and perceptions of these aspects of marital life. Indicators related to sexual functioning also showed considerable variation. The mean frequency of sexual relations was 2.9 (*SD* = 1.4), with scores ranging from 0 to 7, suggesting differences in the level of sexual activity reported by couples. Likewise, the mean level of sexual desire was 3.4 (*SD* = 1.6), with scores ranging from 0 to 8**,** indicating that participants reported varying levels of sexual motivation and interest. Such differences are not unexpected and may reflect the influence of multiple bio psychosocial factors, including emotional intimacy between partners, marital satisfaction, psychological well-being, physical health, duration of marriage, and broader sociocultural attitudes toward sexuality, Taken together, although the average levels of the study variables fell within moderate ranges, the variability observed in participants' responses points to notable individual differences in sexual health and relational functioning. This diversity in experiences provides an appropriate foundation for further inferential analyses examining how marital satisfaction and divorce tendency relate to, and potentially predict, sexual health and family stability among married individuals.

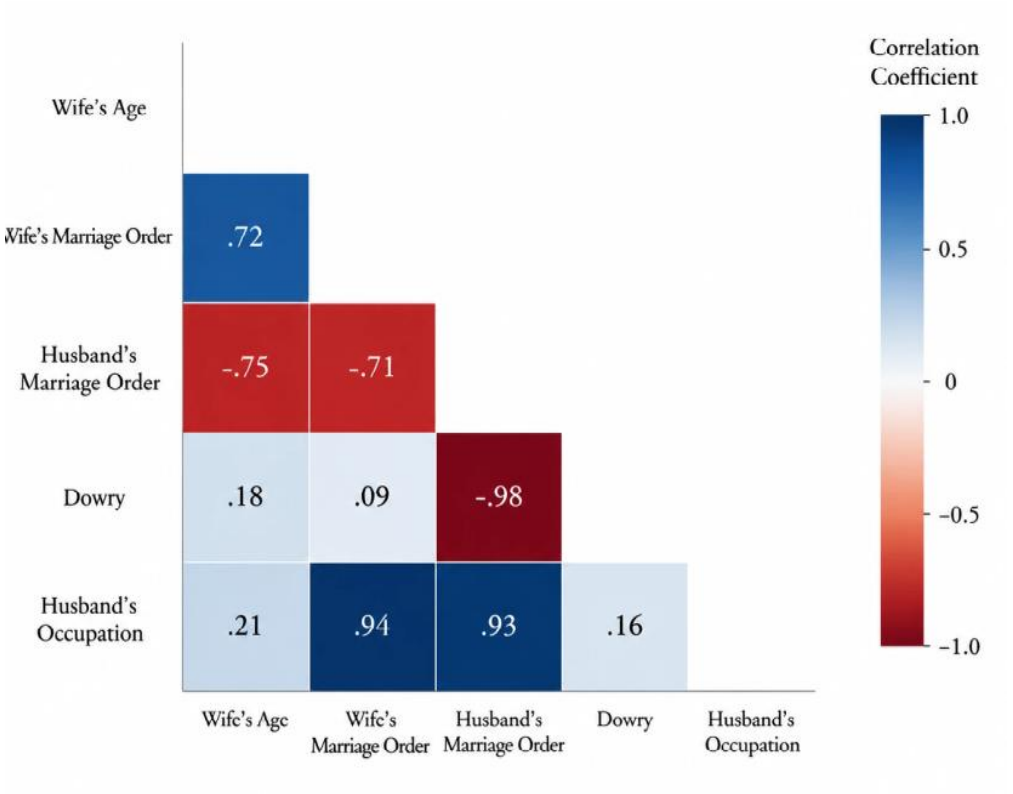
Table 1. Means, Standard Deviations, and ranges of demographic and study variables

Row	Variable	Mean (M)	SD	Min	Mix
1	Age	34.6	7.8	20	58
2	Marital Conflict	4.21	1.32	1	8
3	Frequency of Sexual Relations	2.9	1.4	0	7
4	Sexual Desire	3.4	1.6	0	8

The descriptive statistics presented in Table 1 indicate that the mean age of the participants was 34.6 years (SD=7.8). The mean scores for marital conflict, frequency of sexual relations, and sexual desire were 4.21, 2.9, and 3.4, respectively. The observed ranges indicate variability among participants in these variables.

To examine the preliminary associations among demographic characteristics, Pearson correlation coefficients were calculated for the study variables. Figure 1 presents the correlation matrix among the demographic variables. Wife's age was positively correlated with wife's marriage order ($r = .72$, $p < .01$) and negatively correlated with husband's marriage order ($r = -.75$, $p < .01$). Dowry demonstrated strong negative correlations with wife's age ($r = -.71$, $p < .01$) and wife's marriage order ($r = -.98$, $p < .01$). In contrast, dowry showed strong positive correlations with husband's marriage order ($r = .94$, $p < .01$) and husband's occupation ($r = .93$, $p < .01$). Correlations involving husband's occupation and other demographic variables were generally weak. Overall, the results indicate that several demographic variables were significantly interrelated.

Figure 1. Correlation map of correlations among demographic variables



This heat map displays the correlation coefficients between pairs of demographic variables, ranging from -1 (perfect negative correlation) to +1 (perfect positive correlation).

Discussion and Conclusion

The present study aimed to investigate the relationships among marital conflict, frequency of sexual intercourse, and sexual desire among office employees. Descriptive statistics revealed a mean participant age of 34.6 years (SD = 7.8), indicating that most individuals were in early adulthood to midlife—a developmental stage typically characterized by the consolidation of familial, occupational, and marital roles. The quality of marital relationships during this phase plays a critical role in marital satisfaction and family stability (2, 9),The average level of marital conflict was moderate, aligning with prior research conceptualizing conflict as a natural and inevitable aspect of marital relationships (4, 16). What matters more for relationship quality is how effectively couples manage and resolve conflicts. Those with stronger communication and problem-solving skills tend to handle conflicts constructively, thereby mitigating escalation into severe relational crises (17, 19). Regarding the frequency of sexual intercourse and sexual desire, considerable variability was observed among couples. These findings underscore the role of sexual interactions as essential components of intimacy and marital satisfaction, influenced by psychological conditions, physical health, occupational stress, and emotional quality between spouses (6-8). Additionally, differences in sexual frequency may reflect variations in lifestyle, individual attitudes, and cultural perspectives on intimacy (21, 22). Furthermore, sexual desire is modulated by a complex interplay of biological, psychological, and social factors, resulting in diverse levels of sexual motivation across individuals (10, 21). Emotional needs and expectations within intimate relationships also significantly impact the quality and frequency of sexual interactions (6, 23). Demographic variables such as age, marital history, and socio-economic status were meaningfully associated with marital characteristics and couple dynamics (24, 25). Prior studies have highlighted that contemporary societal and economic changes significantly affect marital patterns, family resilience, and marital conflicts (14, 15). Hence, strengthening family institutions and supporting stable marital relationships constitute priority socio-political objectives (15, 18). This study's limitations include the restricted sample composed solely of office employees, which may limit generalizability to broader populations, given potential occupational, educational, and lifestyle differences (26, 27). Data collection via self-report questionnaires poses risks of response bias, especially in culturally sensitive domains like sexuality and marital relations, where social desirability may influence participants' answers (28, 29). Additionally, the cross-sectional and quantitative design precludes causal inference, limiting interpretations to correlation-based conclusions (26). Methodological biases such as common method variance may also influence results (29). Future research should broaden sample diversity to enhance representativeness and generalizability (27, 30). Employing mixed-methods designs incorporating qualitative and longitudinal approaches could yield deeper insight into couples' experiences of conflict, intimacy, and sexual relations (26, 30). Investigating psychological constructs such as attachment styles and emotional bonding quality may further elucidate marital dynamics (23). Ultimately, designing and implementing educational and counseling interventions that strengthen communication skills, conflict-resolution strategies, and marital intimacy seems essential for improving marital quality and helping to reduce divorce rates (19, 20). Centers such as the Bahare Neko Educational Center can also play an important role in building family resilience and preventing serious marital breakdowns (19).

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Contributions

SZB contributed to the conceptualization, study design, and data acquisition, and drafted the original manuscript; KJ was involved in the methodology, data analysis, and interpretation of findings; AP provided overall supervision, project administration, and critical revision of the manuscript for important intellectual content. All authors have read and approved the final version of the manuscript to be published and agree to be accountable for all aspects of the work.

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Competing interests

The authors declare that they have no competing interests.

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