Assessment of Female Sexual Satisfaction among Newly Married Women

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Abstract

Background: Women had sexual problems experience of physical, psychological and social problems that affect their quality of life, sexual activity and sex satisfaction level. The present **study aimed** to assess female sexual satisfaction among newly married women. **A descriptive** study design was conducted at the outpatient gynecological clinic of the Ain Shams Maternity Hospital. **Subjects** (500) of newly married women who suffered sexual problems **Data were collected** through two types of tool, a structured interview questionnaire sheet, and sex satisfaction sheet. **The results** of the study revealed that the study subjects suffered from sexual problems as painful intercourse, the inability to be arousal, a lack of orgasm, and inhibited sexual desire, in addition to sexual satisfaction level among newly married women shows that slightly more than one third of women had high level of satisfaction while less one quarter had low satisfaction level. The **study concluded** Sexual satisfaction Level among newly married women shows that that slightly more than one third of women had high level of satisfaction, where that slightly more than one third of women had average satisfaction levels, while less one quarter had low sexual satisfaction levels. also there were highly statistically significant correlated between sexual problems and sex satisfaction level. **Recommendation,** Premarital counseling programs for newly married women to ensure its validity in satisfying their needs and to motivate them , Further researches are needed to assess female sexual satisfaction among newly married women in other places

Key words: female sexual problems, sex satisfaction level

Introduction

Sex is a motive force bringing a man and a woman into intimate contact. Satisfying usual experience is an essential part of a healthy and enjoyable life for most people. Despite the prevalence of sexual problems throughout the world, each region according to their nature and environment, the world of repression and the lack of education and religious dominance depend on many sexual problems ***(Elshikh, 2015).*** Experts say that talking about sexual problems between couples, and solving them logically and reasonably is a key to strong intimate cohabitation between them. Although a large number of experts argue that most divorces occur because of financial circumstances, it has been established that sexual problems between spouses have been ranked high in terms of divorce ***(Ataalla, 2016)***.

Sexual activity is a multifaceted activity involving complex interactions between the nervous system, the endocrine system, the vascular system and a variety of structures that are instrumental in sexual excitement, intercourse, and satisfaction. Though essentially it is means for procreation, it has also been a source of pleasure, a natural relaxant, it confirms one's gender, bolsters one's self-esteem and sense of attractiveness for mutually satisfying intimacy and relationship ***(Bancroft, 2010).***

Many women have problems with sex at some stage in their life specially newly married, who were within one year of

their marriage had no good attitude towards the sex as compared to the other married women, due to various social cultural and demographic factors ***(Joseph, 2016)***.

Sexual dysfunction (SD) is an important public health problem that is more prevalent in women than in men ***(Laumann,etal, 2010).***

Female sexual dysfunction (FSD) is defined as disorders of libido, arousal, orgasm, and sexual pain that lead to personal distress or interpersonal difficulties. It is a common problem, affecting 30–78 % of women ***(Hassan, 2007*)**. Its incidence varies widely probably because of differences in the defining criteria of sexual dysfunction and the factors affecting it, i.e., the population involved, cultural background, socio-economic level and quality of psychosexual relationships ***(ACA, 2012).***

The sexual response cycle has four phases: excitement, plateau, orgasm, and resolution. Women experience these phases, although the timing usually is different. For example, it is unlikely that both partners will reach orgasm at the same time. In addition, the intensity of the response and the time spent in each phase varies from person to person. Understanding these differences may help partners better understand one another's bodies and responses, and enhance the sexual experience *(Todd,* ***2016).***

Sexual dysfunction disorders according *(Willim et al., 2015)* It classified into 4 categories among newly married women sexual desire disorders, sexual arousal disorders, orgasm disorders, and sexual pain disorders.

Hypoactive sexual desire is the persistent or recurrent deficiency (or absence) of sexual fantasies or thoughts and/or the lack of receptivity to sexual activity.

Sexual arousal disorder is the persistent or recurrent inability to achieve or maintain sufficient sexual excitement, expressed as a lack of excitement or a lack of genital or other somatic responses

Orgasmic disorder is the persistent or recurrent difficulty, delay, or absence of attaining orgasm after sufficient sexual stimulation and arousal. The disorder occurs in both women and men. Again, the SSRI antidepressants are frequent culprits, these may delay the achievement of orgasm or eliminate it entirely**.**

Sexual pain disorder includes dyspareunia (genital pain associated with sexual intercourse), and non coital sexual pain disorder (genital pain induced by non coital sexual stimulation

The success of treatment for female sexual dysfunction depends on the underlying cause of the problem. The outlook is good for dysfunction that is related to a treatable or reversible physical condition. Mild dysfunction that is related to stress, fear, or anxiety often can be successfully treated with counseling, education, and improved communication between partners ***(****Dansinger* ***& Cleve, 2012)***.

Ethical & legal aspect associated with patient complaining from sexuality disorder neglecting to employ disrobing or draping practices respecting the patient's privacy, or deliberately watching a patient dress or undress, subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient's informed consent, avoid examination or touching of genital mucosal areas without the use of gloves, inappropriate comments about or to the patient, making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient ***(Atallah, 2016)***.

The role of nurses have included clinical nursing practices, consultation, follow-up treatment, patient education and illness prevention. This has improved the availability of health-care services, reduced symptoms of chronic diseases, increased cost-effectiveness and enhanced customers' experiences of health-care services

(Griffiths et al., 2010). In addition, health promotion by nurses can lead to many positive health outcomes, including adherence, quality of life, patients' knowledge of their illness and self-management *(Bosch-Capblanc et al., 2009).* However, because of the broad field of health promotion, more research is needed to examine the role of health promotion in nursing *(Whitehead, 2011).*

Significance of the study:

According to the latest census was released recently, the largest proportion of divorce cases are located between the newly married couples, where up divorce rate in the first year of 34%, while the ratio reduced to 21.5% during the second year of marriage **(*The central agency for public mobilization, 2014).***

The sexual problems, one of the most important reasons for divorce and the breakdown of married life in Egypt and the Middle East. Although the divorce was in many cases the translation process for the loss of interest on both sides to rejoice in the emotional lives or sound sexual, but it is rare that little divorced or those suffering from problems in their marital real reasons behind the separation, usually hiding behind fabricated reasons, so this study will be conducted as a step for assessment of sexual problems for early detection and management.

Aim of the study

The study was aimed to assess of female sex satisfaction among newly married women.

What are levels of sexual satisfaction among newly married women?

Subjects and Methods

Research design:

A descriptive study design was used

Setting:

The study was conducted at the gynecology outpatient clinic at Ain Shams University Maternity Hospital.

Sampling

Sample type:

A Purposive sample was used.

Sample size:

500 women were included in the study, all women with Newly married women within one year, At Reproductive Age, Women experienced marriage for the first time, Suffered from sexual problems attending at the previously mentioned setting.

Sampling criteria :

Newly married women within one year
At Reproductive Age
Women experienced marriage for the first time.
Suffered from sexual problems

Exclusion criteria:

Women with chronic diseases

Tools of data collection:

1- A structured interviewing questionnaire:

This was constructed based on review of pertinent literature to collect the necessary data from women in the sample. It was composed of 3 parts.

Part I: Socio-demographic characteristics as age, level of education, women's occupation, occupation of her husband, marital life, etc**.**

Part II: Menstrual history as age of menarche, rhythm, amount, interval, pain and duration.

Part III: Sexual history

2- Sex satisfaction sheet among newly married women:

The Sex satisfaction sheet was adopted from ***(Carpenter, 2009)*** to assess woman's satisfaction during sex. It consisted of 24 clear statements, include the following scale: 1= extremely satisfied. 2 = very satisfied. 3 = moderately satisfied. 4 = a little satisfied. 5 = not at all satisfied.

❖ **Total Scoring System:**

-Likert scale for sex satisfaction

A total % score is calculated by dividing the total sex satisfaction score by the number of items in the questionnaire 24*5 (max. score=120)

Sex satisfaction levels were divided into low if the mean percentage score was <60%, Moderate 60-75.0% and high if > 75.0%.

Administrative design :

An official latter clarifying the title, purpose, and proposed setting of the study was obtained from the Dean of the Faculty of Nursing, Ain Shams University. It was addressed to the director of the maternity hospital of Ain Shams University to obtain his approval for conducting the study.

Reliability Analysis

Reliability was measured using Cronbach's' Alpha coefficient where, Reliability of Questionnaire measuring sex satisfaction among newly married women = 0.860.

Ethical considerations

Informed oral consent was obtained from women after explaining the purposes of the study, no harmful methodology was used, each woman had the right to withdraw from the study at any time, confidentiality was maintained and human rights were used.

Field work phases

(A) Preparatory phase:

-It was included reviewing of local and international related literatures and theoretical knowledge about various aspects of the study problem. This helped the researcher to be acquainted with the magnitude of the problems, and guided the researcher to prepare the required data collection tools. Then the researcher tested the validity of the tool through jury of expertise to test the content, knowledge, accuracy & relevance of questions for tools.

Pilot study

Pilot study was carried out on 10% of the total study sample (50 women) to evaluate the applicability, efficiency, clarity of tools, assessment of feasibility of field work and identification of suitable place for interviewing women, beside to detect any possible obstacles that might face the researcher and interfere with data collection. Necessary modifications were done based on the pilot study findings such as (omission of some questions from tool) in order to strengthen their contents or for more simplicity and clarity. The pilot sample was excluded from the main study sample.

(B) Implementation phase.

The researcher visited 3 days/week during the morning shift in the Gynecology outpatient clinic at Ain shams university Maternity Hospital with informed consent until collection of total data.

The researcher collected the data from all women according to criteria per day from total number.

At the beginning of the interview, the researcher explained to the participant the aim of the study, and then the oral consent of the woman was obtained.

Confidence of the information was ensured to gain women confidence and trust, the researcher start to fill the questionnaire was completed within15-20 minutes, then sex satisfaction sheet to assess women's satisfaction during was completed within 10-15 minutes, in case of illiterate women the questionnaire was filled by the researcher. This was repeated till the sample size reached 500 women.

Analytical Statistics:

1- Chi square test was used to examine the relationship between two qualitative variables but when the expected count is less than 5 in more than 20% of the cells; Fisher's Exact Test was used.

2- Cochran's Q test is an extension to the Mcnemar test for related samples that provides a method for testing for differences between three or more matched sets of frequencies or proportions.

P-value: Level of significance:

- P>0.05: Non significant (NS)
- P<0.05: Significant (S)
- P<0.01: Highly significant (HS)

Result:

Table (1): it showed that women age range from <20- ≥30 yrs (28.2+_ 6.13yrs), (52.5%) of them had a university education, while (54.4%) of the husband's education had a university education, (98.4%) of the studied women were employees, while all of the husband were employees, while (51.4%) were residents in urban areas. (62.2%) of the studied couples had enough income.

Table (2): clarified that (64.6%) with studied women had removal of virginity membrane through sexual intercourse, (63.8%) reported that complications did not occur in them, while (73%) with hemorrhage was the most common complication, (69.4%) of the studied women agreed that there is an excitement period before sexual intercourse, (44.0 %) had sex every 2-3 days, (48.4%) reported that the duration of intercourse is 15-30 min, (57.2%) had there is no specific time for intercourse, while (21.8%) of the studied women wear sexy clothes, (67.4%) had there is change positions of intercourse, (67.6%) reported the position man on top.

Table (3): showed that the (37.8%) of them suffered from painful intercourse, while (26.8%) suffered from the inability to be arousal (17.8%) had a lack of orgasm and (17.6%) had inhibited sexual desire, (92.4%) of the studied women reported that their husbands had not sexual problems. The mean duration of suffering from sexual problems is (1.45 ± 0.50) month. Moreover; none of the studied women tried to solve these problems.

Table (4): showed that (46 %) of the studied women had extremely satisfaction levels regarding the item "you feel your partner wants too much sex from you", (24.2 %) had very satisfaction regarding this item "you very satisfied with the quality of sexual interactions", (37.4 %) had moderate satisfaction level regarding this item "you sex life is monotonous.", while the majority of the studied women (57.2 %), (61 %) had not all satisfaction level regarding the item "your partner is sexually very exciting", "your partner dwells on sex too much."

Table (5): This table showed that the There is a highly significant relationship between female sexual problems and total sexual satisfaction levels (P<0.01). There is a highly significant relationship between Presence of husband problem's and total sexual satisfaction levels (P<0.01).

Table (1): Socio demographic Characteristics of Studied women (No. =500)**.**

Socio demographic data	No	%
Age (years)		
<20	58	11.6
21-29	263	52.6
≥30	179	35,8
Mean ± SD		**28.02± 6.13**
Place of Residence		
Urban	257	51.4
Rural	243	48.6
Wife Education		
Illiterate	22	4.4
Primary	35	7.0
Secondary	182	36.4
University	261	52.2
Wife Occupation		
Not working	8	1.6
Working	492	98.4
Husband's education		
Illiterate	10	2
Primary	188	37.6
Secondary	30	6
University	272	54.4
Husband occupation		
Not working		
Working	500	100
Income		
Enough	311	62.2
Not enough	44	8.8
Barely enough	145	29

Table (2): Sexual History Among Newly Married Women: (No. =500).

Variables	No.= 500	
	No.	**%**
Removal of virginity membrane		
Intercourse	323	64.6
Hand	90	18
Doctors	84	16.8
Other	3	.6
Complications		
Yes	181	36.2
No	319	63.8
Type of complications (N=181)		
Hemorrhage	132	73
Pain	49	27
Presence of excitement period before intercourse		
Yes	347	69.4
No	153	30.6
Frequence of sex per week		
Daily	142	28.4
Every 2-3days	220	44.0
4-5 days	100	20.0
Once per week	38	7.6
Duration of intercourse		
10-15 min	192	38.4
> 15-30 min	242	48.4
> 30 min	66	13.2
Time of intercourse		
Morning	20	4
Midday	37	7.4
Evening	157	31.4
There is no specific time	286	57.2
Preparation before intercourse		
Hygienic preparation		
Empty the bladder	85	17.0
Warm shower	90	18.0
Hair removal	43	8.6
Vaginal douche	56	11.2
Cosmetic preparation		
Put some cream	52	10.4
Sexy clothes	109	21.8
Perfume	38	7.6
Make up	27	5.4
Change position of intercourse		
Yes	337	67.4
No	163	32.6
Position of sex		
Man on top	338	67.6
Women on top	51	10.2
Standing	44	8.8
Sitting	50	10
Side by side	17	3.4

Table (3): Sexual problems among newly married women (No. =500).

Variables	No : 500	%
Women problems		
Lack of orgasm	89	17.8
Inability to be arousal	134	26.8
Inhibited sexual desire	88	17.6
Painful intercourse	189	37.8
Presence of husband problem		
Yes	38	7.6
No	462	92.4
Presence of trial of problem solving		
Yes	0	0
No	500	100
How long has women suffered from this problems?	**Mean ±**	**SD**
	1.45 ±	0.50 months

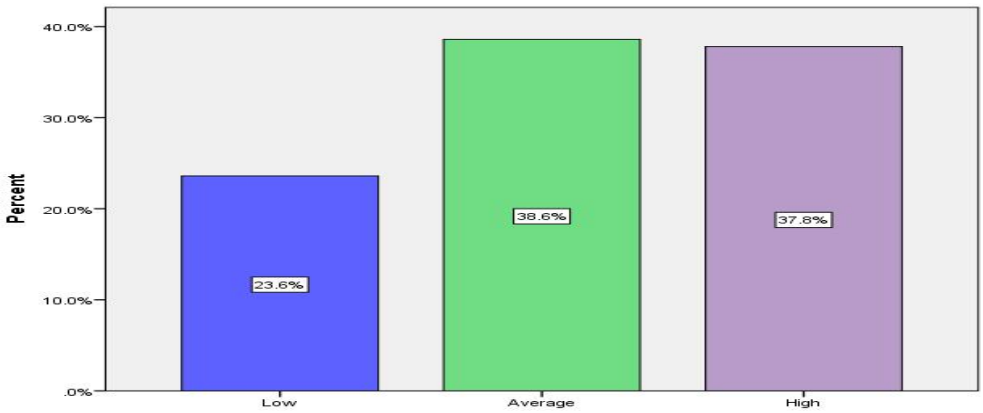

Fig (1): Sexual satisfaction Level among newly married women shows that the studied women (37.8%) had high total sexual satisfaction level, where (38.6%) had average satisfaction levels, and (23.6%) had low sexual satisfaction levels.

Table (4): Sex satisfaction among newly married (No. =500).

Sexual satisfaction items	Extremely satisfied		Very satisfied		Moderate satisfied		A little satisfied		Not at all satisfied	
	No	%	No	%	No	%	No	%	No	%
1-You feel that your sex life really adds a lot to relationship	17	3.4	45	9	41	8.2	128	25.6	269	53.8
2-You feel that your partner enjoys sex life	6	1.2	61	12.2	121	24.2	170	34.0	142	28.4
3-Your sex life is very exciting	47	9.4	99	19.8	100	20	87	17.4	167	33.4
4-Sex is fun for your partner and you	13	2.6	62	12.4	157	31.4	98	19.6	170	34
5-You feel that sex is dirty and disgusting	114	22.8	23	4.6	72	14.4	82	16.4	209	41.8
6-you sex life is monotonous.	104	20.8	93	18.6	187	37.4	84	16.8	32	6.4
7-When you have sex it is too rushed and hurriedly completed.	123	24.6	89	17.8	113	22.6	70	14	105	21
8-Your partner is sexually very exciting.	33	6.6	23	4.6	71	14.2	87	17.4	286	57.2
9-You feel your partner wants too much sex from you.	230	46	103	20.6	53	10.6	59	11.8	55	11
10-Your partner dwells on sex too much.	67	13.4	53	10.6	26	5.2	49	9.8	305	61
11-You try to avoid sexual contact with your partner	98	19.6	54	10.8	94	18.8	110	22	144	28.8
12-You feel that sex is a normal function of relationship	34	6.8	50	10	84	16.8	95	19	237	47.4
13-Your partner does not want sex when you do	50	10	21	4.2	46	9.2	108	21.6	275	55
14-It is easy for you to get sexually excited by your partner.	58	11.6	85	17	119	23.8	90	18	148	29.6
15-You feel that sex life is boring.	80	16	76	15.2	63	12.6	129	25.8	152	30.4
16-You tell your partner when you sexually satisfied	104	20.8	58	11.6	78	15.6	71	14.2	189	37.8
17-You satisfied with your partner's ability to communicate your sexual desires to you	66	13.2	59	11.8	90	18	95	19	190	38
18-You let your partner know things that you find pleasing during sex.	90	18	49	9.8	99	19.8	81	16.2	181	36.2
19-You very satisfied with the quality of sexual interactions	21	4.2	121	24.2	82	16.4	98	19.6	178	35.6
20-You do not hesitate to let your partner know when you want to have sex.	77	15.4	102	20.4	97	19.4	102	20.4	122	24.4
21-You satisfied over the degree to which your partner and you discuss sexual relationship.	56	11.2	120	24	93	18.6	84	16.8	147	29.4
22-your partner shows you when you is sexually satisfied	68	13.6	120	24	60	12	90	18	162	32.4
23- You show your partner what pleases your during sex.	46	9.2	51	10.2	72	14.4	134	26.8	197	39.4
24-You partner shows your things finds pleasing during sex	51	10.2	81	16.2	106	21.2	78	15.6	184	36.8

Table (5): Relationship between female sexual problems and sex satisfaction:

Sexual problems		Sexual satisfaction level						Chisquare test	p-value
		Low		Average		high			
		No	%	No	%	No	%		
Female sexual problems	Lack of orgasm	16	18.0	42	47.2	31	34.8	168.28	0.000**
	Dyspareunia	24	17.9	41	30.6	69	51.5		
	Inhibited sexual desire	65	73.9	16	18.2	7	8		
	Painful intercourse	13	6.9	94	49.7	82	43.4		
Presence of husband problem's	Yes	7	18.4	31	81.6	0	0	35.693	0.000**
	No	111	24.0	162	35.1	189	40.9		

Discussion

Many women have problems with sex at some stage in their life specially newly married, that were within one year of their marriage had no good attitude towards the sex as compared to the other married women, due to various social cultural and demographic factors **(Joseph, 2016)**.

The present study aimed to assess female sexual satisfaction levels among newly married women.

As regarding to Sexual history among newly married women, The current study findings revealed that less than half of the study sample had sexual relations every 2-3 days, these results were in disagreement with **(Eldin et al., 2011)** that studied "Female sexual dysfunction in the Lower Egypt" and mentioned that the majority of studies sampling had sex every 2-3 days, this difference in two results may be able to differentiate of social demographic characteristics of studied subject eg places of life and culture.

These fingings were differented with **(Abdelfadeal, 2015)** who studied "Factors Associated with Female Sexual Problems among Women attending Cairo University Hospital" who reported that more than half of the study sample had sexual relations at least one per week.

These findings were supported by **(Mahdy, 2013)** who studied "Prevalence and risk factors for female sexual dysfunction among Egyptian women " who reported that more than half of the studied participants had female sexual dysfunction according to ethnicity and physical and psychological health status.

These fingings were conforms with **(Abdelfadeal, 2015)** who reported that slightly more than one third of women suffered from painful intercourse, while slightly more than one quarter of women suffered from lack to be arousal, and less than one quarter of women had inhibited sexual desire.

These result matched with **(Hassanin et al., 2010**) who studied "the prevalence and characteristics of female sexual dysfunction in a sample of women from Upper Egypt" and reported that slightly more than two thirds of their study population suffered from sexual problems. .the similarity between results may be related to cultural and religious values, inadequate sex education.

This result was in disagreement with the study conducted with **(Ojomu et al., 2010)** who studied "Sexual problems among married Nigerian women" and stated that the proportion of specific sexual problems were slightly more than one third of a desire problem, slightly more than one third for an arousal problem, slightly more than one quarter for a sex pain problem and more than half for an orgasmic problem, this result due to sensitive speak about sexual issues for discussion related to culture.

The present study findings revealed that all women did not try to solve their sexual problems, This may be attributed to the culture and embarrassment of women to take medical help in this sexual issues, this study comparing with **(Ojomu, 2010)** who reported that more than half of women seek medical advice to solve their sexual problems, because women are shy and reluctant to bring up sexual problems. Also, from the view of physicians' perspective, there is a need for better identification of such problems through training as this would lead to early management.

Regarding to total sex satisfaction level, the current study findings revealed that two thirds of women had high and average total sex satisfaction level, these findings in contrast with **(Mulhall et al., 2008)** who studied "Use of the Italian translation of the Female Sexual Function Index (FSFI) in routine gynecological practice" and found that the majority of women were fully satisfied with their sex life, This difference is due to the difference in the place of the sample and the culture of satisfaction with the sexual process.

This result was in disagreement with the study conducted with **(Abdelfadeal, 2015)** who reported that more than half of women were fully satisfied with their sex life.

Regarding to the relation between socio demographic characterictic and total sex satisfaction level, the results of current study findings revealed that there were a highly statistical significant relationship between women age, family income and total sex satisfaction level, this results in agreement with **(Mahdy, 2013)** who studied "Prevalence and risk factors for female sexual dysfunction among Egyptian women " and reported that It has a direct relationship between age and financial income in the sense that everything that grows old and less income all shows sexual problems as a result of psychological pressure.

Also, the current study, findings revealed that there were a highly statistical significant relationship between couple education and total sex satisfaction level, these findings agree with **(Mahdy, 2013)** who showed a higher educational level may also be associated with an increase in the women's ability freely to express their dissatisfaction and mentioned a positive correlation between level of education and sexual dysfunction thus sex satisfaction level.

As regarding to the relation between sexual history and sex satisfaction level, the results of current study stated that there were a highly statistical significant relationship between participants awareness about sexual excitement before intercourse, and high sex satisfaction, this findings agree with **(Jeffry et al., 2011)** who studied "A longitudinal study of the effects of premarital communication, relationship stability, and self-esteem on sexual satisfaction in the first year of marriage" and found that little foreplay before sexual intercourse to be the most common sexual difficulty among their sample of women and to be a low sex satisfaction level. The similarity between results may be related to increase knowledge of women about sexual health.

The current study findings revealed that there were a highly statistical significant relationship between exchange feelings, open communication about relation and high sex satisfaction, These findings largely correspond with **(Jeffry et al., 2011)** who mentioned that highly significant relationship between premarital levels of empathy, self-disclosure, open communication, relationship stability, self-esteem and high sex satisfaction. These result could be related to improve communication between couples and open self-disclosure for women.

The recent study findings showed that the high significant relation between preparation before sexual intercourse and high sex satisfaction, this result agreed with **(Santtila, et al., 2008)** who studied "

Discrepancies between Sexual Desire and Sexual Activity " and reported that women wished to experience kissing and petting, sexual fantasies, oral sex, and vaginal intercourse more often. Sexual satisfaction was associated with relationship satisfaction, sexual satisfaction with vaginal intercourse as well as kissing and petting were positively associated with relationship satisfaction.

The present study findings revealed that there were high sex satisfaction relation between desire before sexual intercourse and high sex satisfaction for women, this study congruent with **(mark, et al., 2017)** who studied "The Impact of Attachment Style on Sexual Satisfaction and Sexual Desire in a Sexually Diverse Sample" and indicated that adult romantic attachment is influential and important to sexual and relationship satisfaction. Sexual desire, is highly related to sexual and relationship satisfaction, suggesting it may also be impacted by attachment style in romantic couples.

Furthermore, highly significant relationship between female sexual problems, Presence of husband problem's and total sexual satisfaction levels, this study congruent with **(Paulk & Zayac, 2013)** who indicated that Individuals who have a sexual dysfunction, such as lack of sexual desires, disability and premature ejaculation because shame of fear and anxiety or feelings of inadequacy and guilt remained hidden and not expressed. In many cases, these problems, reduced sexual satisfaction. Attachment, care, and sexual behavior were related to the adult romantic relationships.

These findings were agreement with **(Hassanin et al., 2010)** who studied "the prevalence and characteristics of female sexual dysfunction in asample of women from Upper Egypt" and reported that direct relation between marital problems and sex satisfaction level. These similarity between these findings may be related to female sexual problems don't received more attention as male sexual problems among health care.

It was very important to study this topic where it is the nerve of life and good sexual culture plays an important role in the success of the marital relationship where no one is aware that the good intimacy of the secrets of successful marriage.

Conclusion

Based on the findings of the present study, it can be concluded that:

Sexual satisfaction Level among newly married women shows that slightly more than one third of women had high level of satisfaction and the same as percentage had average satisfaction levels, while less one quarter had low sexual satisfaction levels. also there were highly statistically significant correlated between sexual problems and sex satisfaction level.

Recommendations

On the light of the findings of the study, the following are recommended:

- Comprehensive health educational programs for newly married women about sexual health.
- Premarital counseling programs for newly married women to ensure its validity in satisfying their needs and to motivate them.
- Establishing teaching courses to teachers in schools, institutes and faculties to enable them to tackle the sensitive reproductive health issues delivered to femals and putting this section as the first part of curriculum.

, Further researches are needed to assess female sexual satisfaction among newly married women in other places.

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