



FACTORS AFFECTING THE NON-OCCURRENCE OF ORGASM IN SLOVENIAN WOMEN

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SUMMARY – Sexuality is a complex process, a natural biological human need that is present throughout life. Closely related to sexuality is the sex drive (libido), which is the basis of human sexual activity. An important aspect of sexuality in both sexes is also the experience of orgasm. Feelings of shame, guilt, fear, and despair contribute to the development of a disorder in the orgasmic experience. The aim of this paper is to present the factors that influence the frequency of orgasmic experiences in women and to determine their sexual satisfaction. We used the online original questionnaire. The target population were adult women. The survey was conducted from June to July 2021. Data were analyzed using SPSS 26.0 statistical software. A total of 1409 questionnaires were completed. Most participants were between 21 and 30 years old and had a high school education, more than half experienced orgasm most often during masturbation, and most experienced it every time during masturbation. More than half experienced clitoral orgasm most often. The factors that bother the respondents most in their sex life were too little foreplay, too little passion, and too short sex. Sexual satisfaction is experienced by people very individually and depends on many factors, such as the quality, frequency, and pleasure attributed to sexual activities, but also on general health and well-being.

Key words: *Sexuality; Libido; Orgasm; Orgasmic disorder*

Introduction

Sexuality is a central aspect of human life and encompasses sex, gender identities, roles, sexual orientation, eroticism, satisfaction, intimacy, and procreation. Sexuality is experienced through thoughts, fantasies,

desires, beliefs, attitudes, values, behaviors, roles, and relationships. Sexuality is influenced by the interplay of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors¹, and is recognized as a basic human need^{1,2}. Sexuality represents a set of psychosexual and behavioral terms used as synonyms for the word *libido*, a Latin word meaning desire. Sex drive is the force of sexual motivation³. It is whether someone feels motivated to have sexual intercourse. On average, men have a higher sexual desire than women⁴. Women's sex drive is in-

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fluenced by their menstrual cycle, as well as their desire for their own partners or for alternative partners⁵. Men's sex drive is not only consistently higher than women's, but it is more consistent over time and more consistent across individuals as well. Libido has three main branches, i.e., biological, motivational-affective, and cognitive⁶. Lipka⁷ analyzed data from 53 countries on sexual orientation and socio-sexuality and found that men had a more consistent sex drive. Female sex drive, on the other hand, is more prone to fluctuations, with hormones influencing sexual desire but not women's social sexuality^{5,7-10}.

For many women, satisfying sex life is an important part of their lives. Loss of sex drive and satisfaction can affect daily life. The consequences can include low self-esteem and relationship problems. Loss of libido can be a symptom of a medical condition (e.g., anemia, hypothyroidism, diabetes, drug use, etc.). It can also be caused by side effects of medications (e.g., antidepressants). Hormonal birth control pills can also affect a woman's libido. After childbirth, a woman's interest in sex often disappears due to the lack of opportunities, fatigue, fear of another pregnancy, pain, or physical discomfort. On the other hand, relationship problems are also a common reason for decreased libido. Other psychological causes of libido loss may include stress, overwork, anxiety, depression, and many others¹¹.

Orgasm is a psychophysiological response associated with intense sensations and pleasure¹². When local sexual stimulation reaches maximum intensity, and especially when the local sensations are supported by appropriate mental conditioning signals from the cerebrum, reflexes are triggered that cause the female orgasm, also called female climax. Orgasm generally consists of a series of psychophysiological responses that include intense and rapid rhythmic contractions of the pelvic muscles, changes in heart rate and blood pressure, and increased respiratory rate. It is a complex mixture of subjective psychological and physical changes¹³. Orgasm triggers the posterior pituitary gland to release oxytocin; this effect is mediated through the amygdaloid nuclei and then through the hypothalamus to the pituitary. Oxytocin in turn causes increased rhythmic contraction of the uterus. The intense sexual sensations that occur during orgasm also reach the cerebrum and cause intense muscular tension in the body. However, this gives way to a feeling of satisfaction in the next few minutes after the climax, characterized by relaxed calmness and referred to as

resolution¹⁴. Many authors consider orgasm as one of the many goals of sexuality and a source of pleasure and fulfillment during intercourse^{13,15}. It is therefore not surprising that orgasm is an important indicator of sexual satisfaction and the overall quality of the relationship. Orgasm is an effective indicator of sexual pleasure and healthy sexuality. In addition, orgasm is an important predictor of a good relationship and related sexual satisfaction¹⁵. The ability to experience orgasm varies greatly from woman to woman. Some have never experienced orgasm, while other women are multiorgasmic or can achieve orgasm with non-genital stimulation (breast stimulation, fantasy, etc.)¹⁶. Most research on orgasm has primarily focused on examining its presence or absence, problems, and importance to sexual activity¹⁷.

Women have been shown to distinguish between 'clitoral' orgasm, often achieved through masturbation, and 'vaginal' orgasm, usually achieved through penile-vaginal intercourse. Women describe vaginal orgasm as better than clitoral orgasm¹⁸. Anal orgasm has also been described in some studies¹⁹. In terms of the physical sensations elicited by anal intercourse, the study participants often compared it to vaginal or oral intercourse. Orgasms are most often the result of genital stimulation, but there are many reports that other types of sensory stimulation (non-genital) can also trigger orgasm. Types of sensory stimulation include imaging orgasms, oral orgasms, hand and shoulder orgasms, hypersensitive skin orgasms, breast and nipple orgasms, and others²⁰. Women who had difficulty achieving orgasm reported anxiety, anger, frustration, and sadness. They felt surrounded by feelings of neglect and failure, and their sexual satisfaction and desire were reduced¹⁸. The aim of this paper is to present the factors affecting the non-occurrence of orgasm in heterosexual Slovenian women.

Methods

The study was conducted using an original online questionnaire oriented toward the Factors Affecting the Non-Occurrence of Orgasm. The questionnaire was standardized in a pilot study conducted in 2019 that preceded the main survey. The questionnaire consisted of questions about demographic data of the respondents (gender, age, marital status, level of education), and the second part consisted of questions about sexuality. In the questionnaire, we used only closed questions. We did not use scales of agreement

such as the Likert scale, and based on that we did not use Cronbach alpha coefficient. The inclusion criteria were as follows: age 18 years and above, female gender, and personal consent to participate in the survey. The survey lasted from June to July 2021. Participation in the questionnaire was voluntary and anonymous.

The questionnaire was posted on social media, where it was shared with various women's groups. In the study, 2136 questionnaires were completed, and 1409 were completed in full. The realization of the sample was 66%. The data obtained were analyzed using SPSS 26.0 statistical software. Kolmogorov-Smirnov test and Shapiro Wilk test showed abnormal distribution. We used nonparametric tests at the statistical significance level of $p \leq 0.05$.

All subjects gave their informed consent for inclusion before they participated in the study. The study was conducted following the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of the University of Ljubljana, Faculty of Health Sciences (No. 0120-213/2021/3).

Results

The sample consisted of the following age groups: 18-20 ($n=47$; 3.4%), 21-30 ($n=666$; 48.7%), 31-40 ($n=445$; 32.6%), 41-50 ($n=164$; 12.0%), 51-60 ($n=41$; 3.0%), and ≥ 61 years ($n=4$; 0.3%). Most of the respondents completed secondary education ($n=520$; 38.2%), while 425 (31.2%), 320 (23.5%) and 76 (5.6%) respondents had 1st, 2nd and 3rd level of university education; 20 (1.5%) women had elementary education.

Respondents were in a relationship (unmarried) ($n=489$; 36.0%), while 410 (30.1%) were married, 253 (18.6%) were living in a non-marital partnership, 167 (12.3%) were single, 38 (2.8%) were divorced, and 3 (0.2%) were widowed. In the sample, 413 (37.0%) respondents answered that they rarely gave consent to sexual intercourse solely at the request of their partner, 335 (30.0%) occasionally did so, while 204 (18.3%) did not do it.

When asked whether they experienced orgasm more easily during sexual intercourse with their partner or during masturbation, 673 (60.4%) women responded that it was easier to experience orgasm during masturbation, whereas 441 (39.6%) responded that it was easier during sexual intercourse with a partner; 881 (79.3%) respondents reported to experience orgasm always during masturbation, while 230 (20.7%) did not.

When asked if their partner made them experience orgasm, 553 (49.9%) responded "regularly", 285 (25.7%) "more often", 149 (13.4%) "occasionally", 88 (7.9%) "rarely", and 33 (3.0%) responded "never". In the sample, most respondents ($n=603$; 45.3%) were satisfied with their sex life, 248 (18.6%) were not satisfied, 225 (16.9%) were completely satisfied, 205 (15.4%) were undecided, and 50 (3.8%) were completely dissatisfied with their sex life.

Most of the respondents did not experience orgasm during each sexual intercourse ($n=858$; 67.6%), and 412 (32.4%) experienced orgasm. The most common reasons for not experiencing orgasm were restlessness, stress, fatigue, and lack of foreplay. The majority ($n=838$; 67.8%) achieved clitoral orgasm, 326 (26.4%) vaginal orgasm, 12 (1.0%) anal orgasm, and 60 (4.9%) did not experience any of the above.

In the study, we asked if the feelings during clitoral orgasm were more intense but less satisfying than vaginal orgasm, 659 (54.4%) of the respondents provided affirmative answers, while 553 (45.6%) chose negative answers. Respondents most commonly experienced orgasm during sexual intercourse in the supine position ($n=587$; 41.7%), 452 (32.1%) on their partner's upper body, 254 (18.0%) on all four limbs, and 133 (9.4%) experienced it in lateral position.

Most of the respondents had sexual intercourse 2 to 4 times/month ($n=310$; 26.3%). Others had 5 to 7 times ($n=256$; 21.7%), 8 to 10 times ($n=197$; 16.7%), 11 times or more ($n=170$; 14.4%), 0 to 1 time ($n=123$; 10.4%), and 122 (10.4%) had sexual intercourse less than once every 3 months.

Sexual intercourses were performed to satisfy their own sexual needs ($n=767$; 54.4%), their partner's sexual needs 654 (46.4%), to relax 638 (45.3%), express affection for their partner ($n=667$; 47.3%), affirm their own femininity 264 (18.7%), and to feel important/attractive to themselves 256 (18.2%).

The vast majority ($n=672$; 58.2%) of respondents never faked orgasm, 245 (21.2%) rarely, 169 (14.6%) sometimes, 53 (4.6%) more than once, and 15 (1.3%) reported producing a fake orgasm.

The respondents gave the following reasons that influenced failure to experience an orgasm: 345 (24.5%) women did not want to disappoint their partner, 163 (11.6%) to end sexual intercourse as soon as possible, 70 (5.0%) to satisfy the partner's ego, and 27 (1.9%) responded that they had never experienced orgasm. This was followed by the question of which factors

were most disturbing in their sexual life; 340 (24.1%) women specified too short foreplay, 304 (21.6%) did not complain, 296 (21.0%) had too little passion, 267 (18.9%) did not reach orgasm, 238 (16.9%) considered it to be too short sexual intercourse, and 221 (15.7%) missed partner's tenderness.

In the sample, 573 (40.7%) respondents believed that the most common reason not to experience orgasm was too little foreplay, 518 (36.8%) attributed it to insufficient passion, 501 (35.6%) to partner's ignorance, 433 (30.7%) to partner's disinterest, 375 (26.6%) to too short sexual intercourse, and 131 (9.3%) answered other. The most common responses under the "other" were stress, discomfort, and not knowing oneself.

The majority ($n=295$; 26.3%) responded "very important" concerning the importance of sexuality in a relationship, 192 (17.1%) "important", 220 (19.6%) were undecided, 248 (22.1%) "not important", and 165 (14.7%) responded "very unimportant".

Based on Pearson's correlation coefficient, correlations were found between satisfaction with the sex life and frequency of sexual intercourse ($r=0.569$), and between the partner's assertion to provide orgasm with the satisfaction of sexual life ($r=0.490$).

Based on our findings, we could state that in the 21-30 age group, those who completed the 1st level

of university education, were married and those who were in a relationship (unmarried) were satisfied with their sexual life, but did not experience orgasm during sexual intercourse every time. A correlation was also found between the frequency of sexual intercourse (less than once every 3 months) and not experiencing orgasm during sexual intercourse every time (Table 1).

The 21-30 and 31-40 age groups correlated with completing the 1st level of university education and those for whom sexuality in a partnership was very important, but without experiencing orgasm during sexual intercourse every time (Table 2).

Respondents with university education were less likely to consent to perform sexual intercourse at the request of their partner. Those who were satisfied with their sexual life never gave consent to sexual intercourse based on a partner's request. A correlation was also found between clitoral orgasm and the fact that respondents regularly gave consent to sexual intercourse at the partner's request (Table 3).

We found a correlation between individuals who experienced orgasm more easily during sexual intercourse and satisfaction with their sexual life, most frequently experiencing clitoral orgasm and experiencing it as more intense but less satisfying than vaginal. There also was a correlation between individuals who

Table 1. Correlations between sexual frequency, age, education, sexual satisfaction, and orgasm experience during sexual intercourse

Frequency of sexual intercourse		Age		Level of education		Marital status	Satisfaction with sex life	Experience orgasm during every sexual intercourse
		M		F	p			
Less than 1 time/3 months	M	2.71		2.86		2.27	2.0	1.88
								$\frac{F}{p}$ 10.58 <0.05
From 2 to 4 times/month	M	2.71		3.04		2.86	3.45	1.67
								$\frac{F}{p}$ 5.631 <0.001
From 5 to 7 times/month	M	2.70		3.04		3.11	3.91	1.56
								$\frac{F}{p}$ 3.749 0.002
11 times and more/month	M	2.40		2.72		3.19	4.18	1.61
								$\frac{F}{p}$ 15.071 <0.001
						1	1	

M = mean

Table 2. Correlations between the importance of sexuality, age, education, sexual satisfaction, and orgasm experience during sexual intercourse

Importance of sexuality in partnership	Age	Level of education	Satisfaction with sex life		Experience orgasm during every sexual intercourse	
Very important	M 2.68	2.83	3.84		1.60	
			F	p		
			10.835	<0.001		
Important	M 2.58	3.05	3.40		1.71	
					F	p
					2.638	0.033
Undecided	M 2.82	2.92	3.29		1.71	
	F	p			F	p
	3.865	0.002			2.638	0.033
Not important	M 2.59	3.07	3.43		1.69	
		F	p			
		p=0.3588	0.006			
Very not important	M 2.64	2.82	3.65		1.65	

M = mean

Table 3. Correlations between sexual intercourse at the desire of the partner, education, sexual satisfaction, experience of orgasm during each sexual intercourse and type of orgasm

Sexual intercourse at the desire of the partner	Level of education	Satisfaction with sex life	Experience orgasm during every sexual intercourse	Type of orgasm
Never	M 2.94	3.67	1.57	1.41
		F	p	
		7.483	<0.001	
Rarely	M 3.02	3.63	1.66	1.39
	F	p		
	2.548	0.038		
Several times	M 2.96	3.14	1.83	1.52
			F	p
			6.687	<0.001
Regularly	M 2.65	3.04	1.81	1.92
			F	p
			4.454	0.001

M = mean

Table 4. Correlations between more easily experienced orgasm, sexual life satisfaction, experienced orgasm during each sexual intercourse, type of orgasm, and feelings during clitoral orgasm

Easier to experience orgasm during sexual intercourse with a partner or during masturbation	Satisfaction with sex life	Experience orgasm during every sexual intercourse	Type of orgasm	Clitoral orgasm more intense but less satisfying than vaginal		
	M 3.91	1.50	1.53	1.50		
With the partner	F 91.391	p <0.001	F 17.027	p <0.001	F 5.653	p 0.018
With self-masturbation	M 3.30	1.78	1.34	1.43		
		F 106.547	p <0.001			

M = mean

Table 5. Correlations between experienced orgasm in masturbation, age, orgasm during each sexual intercourse and type of orgasm

Experience orgasm during self-masturbation	Age	Experience orgasm during every sexual intercourse	Type of orgasm			
Yes	M 2.70	1.65	1.32			
	F 7.240	p 0.007	F 10.994	p 0.001	F 81.197	p 0.000

M = mean

Table 6. Correlations between partner care for orgasm, marital status, sexual satisfaction, type of orgasm and feelings during clitoral orgasm

Your partner makes you experience orgasm	Marital status	Satisfaction with sex life	Experience orgasm during every sexual intercourse	Type of orgasm	Clitoral orgasm more intense but less satisfying than vaginal					
Regularly	M 3.07	3.97	1.44	1.33	1.48					
	F 5.377	p <0.001	F 90.732	p <0.001	F 90.850	p 0.000	F 32.366	p <0.001	F 3.122	p 0.014

could only experience orgasm through masturbation and individuals who did not experience orgasm within every sexual intercourse (Table 4).

Individuals in the 21-30 age group always achieved orgasm during masturbation but they did not experience orgasm during every sexual intercourse, and at the same time, the most common type of experienced orgasm was clitoral orgasm (Table 5).

Based on our findings, the respondents' partner regularly ensured that they experienced orgasm. Those who were married or in a relationship (unmarried) were satisfied with their sexual life but did not experience orgasm during every sexual intercourse. Clitoral orgasm was the most often type, and sensations during clitoral orgasm were more intense but less satisfying than vaginal orgasm (Table 6).

A correlation was also found between the fact that respondents did not experience orgasm during every sexual intercourse and the fact that they nevertheless attached a great deal of importance to sexuality in a partnership.

Discussion

This study examined the failure to achieve orgasm in Slovenian heterosexual women and its determinants. Orgasmic obstacles include a wide range of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.

We present the results of the originally designed online survey conducted among 1409 participants to identify the factors that influence women's failure to achieve orgasm and determine their sexual satisfaction. Although orgasm is only one of the many factors that contribute to a woman's sexual satisfaction, the ability to experience orgasm and the frequency of orgasm have been reported to increase overall sexual and partner satisfaction²¹.

More than half ($n=858$; 67.6%) of female respondents did not experience orgasm during every sexual intercourse. The most common reasons were stress, too little foreplay, insufficient passion, partner's ignorance, partner's disinterest, and intercourse too brief. Restlessness and stress were the major psychological barriers to orgasm in the present study. Lack of relaxation on the part of the woman and inability to concentrate on the sexual relationship was the greatest psychological obstacle to orgasm in the present study. In an Iranian study conducted by Bokaie *et al.*²², intrusive thoughts caused problems in the sexual response cycle and orgasm. Rowland *et al.*²³ found similar results and Frederick *et al.*²⁴ found that women who had sex with men often reported not experiencing orgasm during intercourse due to stress. It appears that teaching relaxation and mindfulness techniques may be effective in improving women's ability to achieve orgasm.

Failure to achieve orgasm is also based on a lack of knowledge and cultural teachings. Some of these psychological barriers based on cultural beliefs can be removed by better sexual education for couples. If the partners have prior knowledge or have seen an educational film about sexual procedures, they might be able to understand the pleasure of sex. Nekoolaltak *et al.*²⁵ in their study conducted in Iranian women also point to the lack of sexual knowledge but added shame, lack

of focus on sex, fear of intercourse, fear of pregnancy, and fear of repeated failure to orgasm.

The partner's haste was an important obstacle to orgasm in our respondents. There were problems in their relationship that disappointed women's expectations. However, Leeners *et al.*²⁶ found that many women reported that they did not necessarily reach orgasm every time during intercourse. The role of orgasm in women's sexual satisfaction appears to be highly individual.

From our results, we can conclude that women who do not always experience orgasm during sexual intercourse nevertheless attach some importance to sexuality in their partnership. Other women who are sexually active do not experience orgasm every time. Some women reach orgasm more easily and quickly during masturbation than during intercourse, and they experience clitoral orgasm more intensely but less satisfying than vaginal orgasm. However, a study by Rowland *et al.* found that women generally reached climax faster during masturbation than during partnered sex. The study involved 2,304 women who completed a questionnaire about their health, lifestyle habits, sexual history and activities, orgasms, and distress. Some women had difficulty with orgasm, while others climaxed easily. On average, women orgasmed within 14 minutes during partnered sex. For masturbation, the average time was 8 minutes. For women who generally had difficulty reaching orgasm, it took an average of 17 minutes with a partner. Those who orgasmed easily took an average of 12 minutes during partnered sex. For both groups, the time taken during masturbation was about 8 minutes²⁷.

Some women have not experienced orgasm once in their lives. Although some women believe that orgasm is not essential for their sexual satisfaction²⁸, many women believe that orgasm is very important. Those women who believed that orgasm was important were more likely to experience orgasms than those who indicated that orgasm was not important to them²⁹. We also found that most women always experienced orgasm during masturbation. A study by Song *et al.*³⁰ showed that women who masturbate were less likely to develop sexual dysfunction. They experienced more orgasms and had fewer problems with vaginal lubrication. In 2007, a national study of 6,400 women was conducted in the United Kingdom. It was reported that 71% of the women had masturbated at some point in their lives, and 57% had masturbated in the

past year³¹. Other authors explored orgasm obstacles in one category, 4 subcategories, and 25 codes. The main category was “Multidimensionality of women’s orgasm obstacles”. Subcategories and some codes included physical obstacles (wife’s or husband’s boredom, vaginal infection, insufficient vaginal lubrication), psychological obstacles (lack of sexual knowledge, shame, lack of concentration on sex due to household and children problems), relational obstacles (husband’s hurry, having a dispute and annoyance with a spouse), and contextual obstacles (irregular sleep hours, lack of privacy and inability to separate children’s bedroom from their parents, lack of peace at home)^{25,32}.

The results obtained from this research are in agreement with the results of earlier research conducted on the Slovenian population^{33,34} and respondents from neighboring countries, however, they also significantly expand, deepen and contribute to better understanding of the phenomenon of the absence of orgasm^{35,36}.

The results of our study should be interpreted with caution because some limitations need to be considered in future studies. First, we had to avoid inaccurate results regarding sexual activity during the mandatory lockdown for COVID-19 during the period of data collection because in Slovenia some unmarried couples do not live together. However, the current situation may have influenced the responses. It is therefore possible that physical separation from their partners during the survey resulted in fewer valid responses. In this context, it should be emphasized that a very high percentage of the participants were young, not married and not living in a cohabiting relationship.

The limitations of our study also implied the method of data collection (online), as well as the possible error in the selection of participants since it cannot be excluded that the questionnaire was filled out more often by people who were more interested in sexuality than in their own sexuality. Another problem was that there were significantly more participants with a higher level of education, as well as their age distribution that did not correspond to the age distribution in the general population, so it is impossible to generalize based on the data collected.

Another limitation of our study was that we examined only one category of obstacles to orgasm, namely, psychological ones (lack of sexual knowledge, lack of concentration on sex due to stress, partner’s haste), while ignoring other categories such as physical obstacles (partner boredom, vaginal infections,

inadequate vaginal lubrication) and contextual obstacles (irregular bedtimes, lack of privacy and inability to separate the nursery from the parental bedroom, lack of quiet at home). To obtain a comprehensive history of female orgasm, it is necessary to also examine the physical, relational, and contextual dimensions of women’s lives.

Conclusions

In the present paper, various psychological and relational aspects influencing female orgasm were explained from the perspective of Slovenian women. Lack of sexual knowledge and stress were the greatest psychological obstacles to female orgasm. The partner’s haste was mentioned as one of the relationship obstacles. Many of these obstacles can be eliminated through education and counseling of couples, application of mindfulness techniques, and lifestyle changes of couples. Given the large proportion of psychological barriers to orgasm and the greater success of psychological treatments compared to drug therapies, further studies of psychological, relationship, and contextual barriers seem necessary to prevent or treat orgasmic disorders in women.

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Sažetak

ČIMBENICI KOJI UTJEČU NA IZOSTANAK ORGAZMA KOD ŽENA U SLOVENIJI

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Seksualnost je složen proces, prirodna biološka ljudska potreba koja je prisutna tijekom cijelog života. Usko povezan sa seksualnošću je spolni nagon (libido) koji je temelj ljudske spolne aktivnosti. Važan aspekt seksualnosti kod oba spola je i doživljaj orgazma. Osjećaji srama, krivnje, straha i očaja doprinose razvoju poremećaja u doživljaju orgazma. Cilj ovog rada je prikazati čimbenike koji utječu na učestalost doživljavanja orgazma kod žena te odrediti njihovo seksualno zadovoljstvo. Primijenjen je originalni online upitnik. Ciljana populacija bile su odrasle žene. Istraživanje je provedeno od lipnja do srpnja 2021. Podaci su analizirani pomoću statističkog programa SPSS 26.0. Ispunjeno je ukupno 1409 upitnika. Većina sudionica imala je između 21 i 30 godina, srednjoškolsko obrazovanje, više od polovine doživjelo je orgazam najčešće tijekom samozadovoljavanja, a većina ga je doživjela svaki put tijekom samozadovoljavanja. Više od polovine najčešće je doživjelo klitoralni orgazam. Čimbenici koji najviše smetaju ispitanicama u seksualnom životu su premalo predigre, premalo strasti i prekratak seks. Zaključuje se da seksualno zadovoljstvo ljudi doživljavaju vrlo individualno i ovisi o mnogim čimbenicima, poput kvalitete, učestalosti i užitka koji se pripisuje seksualnim aktivnostima, ali i o općem zdravlju i dobrobiti.

Ključne riječi: *Seksualnost; Libido; Orgazam; Poremećaj orgazma*