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Decreased sexual function in partners after patients' first-time myocardial infarction

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Abstract

Background: A myocardial infarction (MI) event affects not only patients but also partners, but how it affects the partners' sexual function is not studied.

Aim: To describe and compare how partners experience their sexual function one year before with one year after first-time MI of their partner.

Methods: A longitudinal and comparative design was used. Self-reported data on Watts Sexual Function Questionnaire (WSFQ) was collected retrospectively at two occasions from 123 partners (87 women and 36 men), measuring the year prior the first-time MI and the year after. Data were analyzed using descriptive and inferential statistics.

Results: The total score for WSFQ showed a significant decrease over time. In all four subscales a decrease was found, which were statistically significant in three out of the four subscales (sexual desire, 19.39 vs. 18.61; $P < 0.001$, orgasm, 14.11 vs. 13.64; $P = 0.027$ and satisfaction, 12.61 vs. 12.31; $P = 0.042$). Twenty-six partners reported that their intercourse frequencies decreased over time, while six partners reported an increased intercourse frequency.

Conclusions: Partners' sexual function decreased after patients' first-time MI. It is important for health personnel to offer information and discussion about sexual function and concerns with both patients and partners after a first-time MI.

Keywords Longitudinal, Myocardial infarction, Sexual function, Sexual relationships,
Spouse, Watts Sexual Function Questionnaire

Accepted version

Introduction

Sexual intimacy is central in a long-term relationship [1] and sexual activity plays an important role for having good quality-of-life [2,3]. Moreover, it is known that myocardial infarction (MI) often affects return to sexual activity [4-6]. Partners often have sexual concerns after MI [7-9], although less is known about sexual function from the partner perspective and further research is needed to better understand partner concerns.

Patients having a MI who received written information and monthly individual discussion regarding sexual issues showed less reduction in sexual frequency and decreased sexual satisfaction, and became sexually active sooner [6]. Male patients having a MI who received sexual therapy, i.e. behavioral cognitive interventions and sexual information after MI, had greater sexual relationship satisfaction, improved sexual desire and pleasure, more frequent erections, and greater ability to maintain an erection after therapy [10]. Regarding partners post-MI, male partners hesitate to initiate sexual activity with the female MI patient, [8] while female partners describe a fear of another MI as the reason for the reduction in sexual activity [7]. Furthermore, partners of patients having cardiac disease have many questions regarding patients' rehabilitation including sexual issues, which contribute to feelings of distress [11]. The need for sexual information for both patients and partners is emphasized in a consensus document from The American Heart Association and the European Society of Cardiology, as well as sexual counselling by health personnel [12]. Health personnel find it difficult to inform patients and partners about resuming sexual activity after MI [13] and other cardiac diseases [14]. Patients who received sexual information by health personnel were more likely to regain sexual activity one year after MI [15], although personnel may not regularly discuss sexual concerns with patients or partners after MI [16].

Whereas it is known that the sexual activity is affected by a MI, to our knowledge, there are no previous studies describing the experience of sexual function in partners of patients having MI using the Watts Sexual Function Questionnaire, which surveys function factors like desire and arousal. Hence, the aim of this study was to describe and compare how partners' experience their sexual function one year before with one year after first-time MI of their partner, in this study called patients. The sexual function was studied in four areas: sexual desire, sexual arousal, orgasm and sexual satisfaction.

Method

Design and setting

A longitudinal, comparative design guided the study, and implemented in 13 Swedish hospitals during 2007-2009. The sample included partners of patients after first-time MI, and derived from a Swedish national survey on the Sexual and Marital life in an MI context (SAMMI study, [16]) including both patients and their partners.

Participants and criteria

Patients with a first-time MI, who were asked to enter the SAMMI-study with their partner, were recruited over a period of 18 months with a one-year follow-up. Patients were either asked during the hospital stay or were phoned and asked for participation after hospital discharge. Inclusion criteria were that patients had suffered from a first-time MI, that both the patient and partner couple were willing to participate, and that their relationship had lasted for at least one year prior to the MI, without regard to sexual orientation. Exclusion criteria were life expectancy less than one year for the patient, being with a patient who was admitted to a cardiac unit outside the catchment area, unable to read and speak Swedish, having mental disorders or participating in another study. A total of 593 partners (407 women and 185 men)

were available for inclusion. Of those, 16 did not fulfil inclusion criteria, thus 577 partners were asked to participate together with patients. Of those, 180 (128 women and 52 men) participated at time 1, giving a response rate of 31.2 %. The reason for not participating were unwillingness (n = 264), fatigue (n = 48), not reachable (n = 40), unknown (n = 25), not answering in time (n = 16) and death (n = 4). One year after MI, at time 2, 53 partners did not answer the questionnaire giving 127 responding partners. Four partners did not answer the specific questionnaire for this study, resulting in a total of 123 responding partners (response rate based on 577 partners: 21.3 %, 87 women and 36 men). The reasons for not answering at time 2 were unknown reason (n = 20), unwillingness (n = 17), serious disease (n = 9), divorce (n = 4), death (n = 3) and moved abroad (n = 1).

Questionnaire

In the present study eight questions regarding socio-demographic and situational characteristics were used together with the Watts Sexual Function Questionnaire (WSFQ) [17], which consists of 17 items rated on a 5 point Likert scale, ranging from 1=never to 5=always (sum scores 17 - 85). WSFQ is divided into four subscales: desire (range 6-30), arousal (range 4-20), orgasm (range 4-20) and satisfaction (range 3-15). Higher scores indicate more positive sexual function. The questions regarding desire and satisfaction are the same for both genders, but regarding arousal and orgasm the questions are gender-specific. WSFQ has sufficient psychometric properties, with a reported Chronbach's alpha of 0.55-0.65 [17], and 0.72-0.73 [18]. WSFQ has been translated to Swedish language and back-translated following normal routines. For calculating the total and area scores we followed the original version.

Data collection

Partners answered the questionnaire within two weeks after entering the study, i.e. approximately 4 to 6 weeks after the patients' first-time MI, (time 1) and they were asked to answer the questions regarding the sexual function with focus on the year preceding the MI. An identical questionnaire was sent one year after the patients' first-time MI with focus on the year following the MI, (time 2).

Data analysis

Descriptive statistics were used to summarize socio-demographic and situational characteristics, WSFQ total score, and subscales scores. At both time 1 and time 2 WSFQ total and the four subscales were calculated for the whole group, and for groups defined according to socio-demographic factors. To evaluate the difference over time in WSFQ total score and subscale scores, comparisons were made between time 1 and time 2. Paired sample T-tests were used to test mean differences in WSFQ scores at time 1 and time 2. Independent T-test and ANOVA were used to test for differences in WSFQ scores between groups. Multiple linear regression models were used to determine the association between socio-demographic and situational characteristics, and changes in WSFQ between time 1 and time 2. SPSS v 21 (IBM corp., Armonk, NY, USA) was used to perform the analyses. In all statistical tests, a *P*-value of ≤ 0.05 was considered as statistically significant.

Ethics

The investigation conforms with the principles outlined in the Declaration of Helsinki, and was approved by the Regional Ethical Review Board in Linköping, Sweden (D: 104-07). The partners signed a written consent to participate after having received written and oral information about the study, and after being informed that they could withdraw participation

at any time without explanations or consequences for the patients' healthcare. They were also assured that the data would be treated strictly confidential.

Results

Socio-demographic and situational characteristics are presented in Table 1. The age ranged from 34 to 81 years (mean 61 years). The total score for WSFQ at time 1 was 61.45 with a significant decrease to time 2 with 59.79 ($P = 0.001$). In three of the four subscales, a significant decrease was found (sexual desire, 19.39 vs. 18.61; $P < 0.001$, orgasm, 14.11 vs. 13.64; $P = 0.027$ and satisfaction, 12.61 vs. 12.31; $P = 0.042$). Also in the fourth subscale, arousal, a decrease was observed but not reach statistical significance (14.94 vs. 14.62; $P = 0.104$). Intercourse frequency decreased over time for 26 partners (21%), while six partners (5%), increased intercourse frequencies and the majority had unchanged frequencies (Fig 1).

WSFQ total

Table 2 shows the total WSFQ score and changes over time by socio-demographic subgroups. The WSFQ total score for those younger than 60 years was 61.47 at time 2, compared to 58.24 for those older than 60 years ($P = 0.036$). Partners who reported being in a relationship less than 20 years scored higher in the WSFQ total than those with more than 20 years as a couple (time 1: 63.93 vs. 60.09, $P = 0.013$; time 2: 62.73 vs. 58.44, $P = 0.012$). Also, partners who were working had higher WSFQ total scores than those who did not work (time 1: 63.04 vs. 59.98, $P = 0.032$; time 2: 61.47 vs. 58.24, $P = 0.038$). No statistically differences were observed between groups regarding WSFQ total scores over time.

WSFQ sexual desire

For WSFQ sexual desire, men scored higher than women at both times (time 1 and time 2; $P = 0.001$). Partners being in a relationship less than 20 years scored higher at time 1 ($P = 0.032$).

WSFQ arousal

WSFQ arousal scores showed significantly higher values at both times for women (time 1; $P = 0.010$, time 2; $P = 0.004$), partners aged below 60 years (time 1; $P = 0.038$, time 2; $P = 0.030$) and partners being in a relationship less than 20 years (time 1; $P = 0.003$, time 2; $P = 0.005$).

WSFQ orgasm

For WSFQ orgasm scores, men (time 1; $P = 0.033$, time 2; $P = 0.018$), partners aged below 60 years (time 1; $P = 0.029$, time 2; $P = 0.012$), partners in a relationship less than 20 years (time 1; $P = 0.047$, time 2; $P = 0.035$) and partners working (time 1; $P = 0.016$, time 2; $P = 0.036$) scored higher at both times. Those partners having children living at home reported significantly higher scores at time 1 ($P = 0.025$).

WSFQ satisfaction

WSFQ satisfaction showed higher scores at time 2 for partners being aged below 60 years ($P = 0.040$), as well as being in a relationship less than 20 years ($P = 0.016$), working ($P = 0.012$) and having a good or very good financial situation ($P = 0.029$). A significant difference regarding change in sexual satisfaction occurred for those aged above 60 years ($P = 0.039$), and those having no children living at home showed a reduction in scores ($P = 0.042$). For details on the WSFQ subscales see online appendix table 2.

The multiple regression analysis showed no significant differences for change over time between groups when adjusting for the above-mentioned socio-demographic and situational

characteristics as independent variables. There were no differences when examined by WSFQ total or subscales scores. See online appendix table 3 for details.

Discussion

The present study showed that being in a relationship with a patient who suffered a first-time MI could affect their partners' sexual function, which is in line with previous studies showing a decreased function [7, 8]. The study showed a significant decrease in sexual function in total WSFQ, and in three out of four subscales; sexual desire, orgasm and satisfaction, plus a trend of decrease in arousal. It is known that being healthy indicates a more sexual active life [15] and our study indicates that being in a relationship with a patient could affect partners' sexual function. Since this decrease in partners' sexual function using the WSFQ has not to our knowledge been shown previously, further studies examining the relationship between sexual activity and sexual function in patients with a first-time MI and their partners are indicated. This result implies that it is important to involve partners in information about sexual function after a first-time MI, since it affects them as well.

The overall findings from this study shows that the sexual function of the partner is affected by the patients' MI which indicates the need for health personnel to include the partner in sexual counselling. This is supported by the consensus document on sexual counseling and cardiovascular disease [12]. The findings indicate that being younger, being in a shorter relationship or having an active work-life result in higher sexual functioning for partners to patients having a first-time MI one year earlier. This suggests that if a partner is older, the MI affects the partners sexual function more, which also has been shown for the patients' sexual function [19]. The same picture has been found in breast cancer patients, with worsening

sexual functioning with increasing age [20]. This indicates that the support from health personnel should take the age of the patients and their partners into account.

It is well known from the literature that a reduction in sexual activity is common for patients who had a MI [4-6]. The present study showed a significant decrease in sexual function of the partner which also could contribute to the reduced sexual activity after an MI. The results demonstrated that the majority of participants did not change intercourse frequencies but, some did which is in line with other studies [8,19]. Some partners became more sexually active as we have previously shown [7,8]. More knowledge is needed to explain why some couples seem to be more sexual active after an MI, and how health personnel can support those who are not. The decrease in sexual function, though the intercourse frequency is unchanged, gives a deeper understanding of the sexual life after a MI, which should be taken into account when designing support programs.

Men scored higher than women on sexual desire and orgasm. The fact that men in general have a stronger sexual desire has been previously reported [15]. The difference regarding orgasm could be explained by the fact that it might be more difficult for women to be aware of lubrication compared to men's erection and ejaculation. Women scored higher than men on arousal at both times. As we have previously shown [8], men seemed to view their partner as more fragile after MI, and it might explain why men reported less arousal than women after MI. Women did not mention a changed view of their MI partners according to our previous study [7]. Studies looking on sexual function in persons with Spina Bifida did not find any gender difference in WSFQ [21], nor in patients with kidney cancer [22]. Further research is needed to investigate if this changed view from the men on their women could explain the difference between men and women and if so how to use this knowledge in practice.

The results showed that being in a relationship more than 20 years and aged over 60 years seemed to be risk factors for the partners' decreased sexual function. Whether this is a clinical and practical significant problem depends on the expectations within the couples, but how this relates to any limits in WSFQ score is not studied. A consensus document from The American Heart Association and the European Society of Cardiology, [12] suggests that societal views of sexual activity in older couples may affect the discussion of sexual issues with couples by health personnel. Our results suggest that older couples might benefit the most from information and counselling, since they experienced decreased sexual function, and indicating that sexual information to older couples be included as part of routine cardiac care. The nurses involved in post-MI care have an important role here, since they spend most time with the patients and partners, with best chances to inform and interact.

The strength of the present study is the longitudinal design, comparing the year prior the first-time MI with the year after, from a partner's point of view. A limitation is the retrospective design, remembering and reflecting on sexual function the year prior to the MI, which could be subject to recall bias. WSFQ is a well-known questionnaire, frequently used and having acceptable validity and reliability. The low response rate, which is in line with other studies using WSFQ [22] is probably due to questions focused on intimate issues, making the respondents a selective group, and affecting external validity [23].

Conclusions

This is the first study to compare partners' sexual function one year before and one year after the patients' first-time MI. The results showed that being in a relationship more than 20 years and aged over 60 years seemed to be risk factors for decreased sexual functioning. Thus, it is

important for nurses and other health personnel to offer information and discussion about sexual functioning with both patients and partners after a first-time MI.

Implications for practice

- This study shows a decrease in partners' sexual function after patients' first-time MI, highlighting the importance of involving partners when informing and discussing with patients about sexual function and concerns after MI.
- Sexual function may be more affected in older partners, suggesting a need for more information and encouragement from nurses and other health personnel in those age groups.

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Fig 1: Number of respondents reporting their intercourse frequency at Time 1 and 2.

Table 1. Baseline characteristics of partners to patients with myocardial infarction, participating at both Time 1 and Time 2 (n=123)

Sex, n (%)	
Men	36 (29)
Women	87 (71)
Age, mean (min-max)	61 (34-81)
Number of years as a couple, Mean (min-max)	30 (1-61)
Children living at home	
Yes	16 (13)
No	106 (87)
Education, n (%)	
Compulsory school	44 (36)
Upper secondary school	48 (40)
University	29 (24)
Working, n (%)	
Yes	55 (45)
No	68 (55)
Financial situation, n (%)	
Good or very good	83 (68)
Acceptable, poor or very poor	39 (32)

Table 2. Group comparisons of the WSFQ scores among among partners of patients after a first-time myocardial infarction. Only partners who participated at both Time 1 and Time 2 were included in the analyses. For the results of the subscales, see online appendix.

	Time 1	P-value	Time 2	P-value	ΔTime1- Time2	P-value
Men	62.50	0.266	61.53	0.064	-0.97	0.362
Women	60.99		59.01		-1.97	
Age <60 years	62.70	0.093	61.47	0.036	-1.23	0.418
≥60 years	60.29		58.24		-2.06	
<20 years as a couple	63.93	0.013	62.73	0.012	-1.20	0.690
≥20 years as a couple	60.09		58.44		-1.65	
Children at home	63.21	0.305	61.71	0.325	-1.50	0.944
No children at home	61.10		59.49		-1.60	
Compulsory school	60.09	0.360	58.32	0.391	-1.76	0.962
Upper comp. school	61.93		60.43		-1.50	
University	62.64		60.82		-1.82	
Working	63.04	0.032	61.47	0.038	-1.57	0.867
Not working	59.98		58.24		-1.75	
Good or very good financial situation	62.00	0.304	60.46	0.248	-1.54	0.745
Acceptable, poor or very poor financial situation	60.46		58.27		-1.89	

Table 2. Group comparisons of the WSFQ scores among partners of patients after a first-time myocardial infarction. Only partners who participated at both Time 1 and Time 2 were included in the analyses (Sexual desire=116, Arousal=108, Orgasm =108, Satisfaction =114, WSFQ total = 98).

WSFQ	Time 1	P-value	Time 2	P-value	Δ Time1Time2	P-value
Sex						
Men	62.50	0.266	61.53	0.064	-0.97	0.362
Women	60.99		59.01		-1.97	
Age						
< 60	62.70	0.093	61.47	0.036	-1.23	0.418
≥ 60	60.29		58.24		-2.06	
Years as a couple						
< 20	63.93	0.013	62.73	0.012	-1.20	0.680
≥ 20	60.09		58.44		-1.65	
Children living at home						
Yes	63.21	0.305	61.71	0.325	-1.50	0.944
No	61.10		59.49		-1.60	
Education						
Compulsory school	60.09	0.360	58.32	0.391	-1.76	0.962
Upper compulsory school	61.93		60.43		-1.50	
University	62.64		60.82		-1.82	
Working						
Yes	63.04	0.032	61.47	0.038	-1.57	0.867
No	59.98		58.24		-1.75	

Financial situation						
Good or very good	62.00	0.304	60.46	0.248	-1.54	0.745
Acceptable, poor or very poor	60.46		58.57		-1.89	
WSFQ Sexual desire						
	Time 1	<i>P</i> -value	Time 2	<i>P</i> -value	Δ Time1Time2	<i>P</i> -value
Sex						
Men	21.03	0.001	20.24	0.001	-0.79	0.950
Women	18.71		17.94		-0.77	
Age						
< 60	19.70	0.357	19.04	0.221	-0.66	0.593
≥ 60	19.15		18.29		-0.86	
Years as a couple						
< 20	20.37	0.032	19.57	0.059	-0.80	0.799
≥ 20	18.91		18.22		-0.70	
Children living at home						
Yes	19.88	0.545	19.00	0.649	-0.88	0.753
No	19.32		18.57		-0.76	
Education						
Compulsory school	18.83	0.476	17.98	0.250	-0.85	0.504
Upper compulsory school	19.60		18.85		-0.75	
University	19.65		19.35		-0.31	
Working						
Yes	19.81	0.201	19.04	0.215	-0.78	0.992
No	19.02		18.24		-0.77	
Financial situation						
Good or very good	19.64	0.245	18.86	0.280	-0.78	0.963

Acceptable, poor or very poor	18.87		18.11		-0.76	
WSFQ Arousal						
	Time 1	<i>P</i> -value	Time 2	<i>P</i> -value	ΔTime1Time2	<i>P</i> -value
Sex						
Men	13.88	0.010	13.38	0.004	-0.50	0.534
Women	15.38		15.14		-0.24	
Age						
< 60	15.56	0.038	15.31	0.030	-0.25	0.764
≥ 60	14.43		14.07		-0.37	
Years as a couple						
< 20	16.03	0.003	15.74	0.005	-0.29	0.969
≥ 20	14.32		14.04		-0.28	
Children living at home						
Yes	15.57	0.326	15.21	0.409	-0.36	0.892
No	14.78		14.51		-0.28	
Education						
Compulsory school	14.54	0.419	14.54	0.878	0.00	0.406
Upper compulsory school	15.16		14.86		-0.30	
University	15.40		14.72		-0.68	
Working						
Yes	15.47	0.072	15.16	0.084	-0.31	0.967
No	14.49		14.17		-0.32	
Financial situation						
Good or very good	14.99	0.801	14.57	0.818	-0.41	0.457
Acceptable, poor or very poor	14.84		14.71		-0.13	

WSFQ Orgasm

	Time 1	<i>P</i> -value	Time 2	<i>P</i> -value	Δ Time1Time2	<i>P</i> -value
Sex						
Men	14.75	0.033	14.41	0.018	-0.34	0.694
Women	13.84		13.32		-0.53	
Age						
< 60	14.67	0.029	14.40	0.012	-0.27	0.394
≥ 60	13.67		13.03		-0.63	
Years as a couple						
< 20	14.79	0.047	14.48	0.035	-0.30	0.578
≥20	13.79		13.23		-0.56	
Children living at home						
Yes	15.43	0.025	14.86	0.092	-0.57	0.808
No	13.90		13.48		-0.42	
Education						
Compulsory school	13.51	0.215	13.08	0.328	-0.43	0.823
Upper compulsory school	14.34		13.77		-0.57	
University	14.35		14.12		-0.23	
Working						
Yes	14.71	0.016	14.27	0.036	-0.45	0.920
No	13.61		13.12		-0.49	
Financial situation						
Good or very good	14.18	0.665	13.69	0.796	-0.49	0.892
Acceptable, poor or very poor	13.97		13.54		-0.43	

WSFQ Satisfaction

	Time 1	<i>P</i> -value	Time 2	<i>P</i> -value	Δ Time1Time2	<i>P</i> -value
Sex						
Men	12.42	0.489	12.24	0.817	-0.18	0.611
Women	12.68		12.33		-0.35	
Age						
< 60	12.66	0.772	12.70	0.040	0.04	0.039
≥ 60	12.56		12.00		-0.56	
Years as a couple						
< 20	13.00	0.070	12.94	0.016	-0.56	0.371
≥20	12.36		12.03		-0.33	
Children living at home						
Yes	12.07	0.213	12.53	0.627	0.47	0.042
No	12.68		12.28		-0.41	
Education						
Compulsory school	12.52	0.450	12.02	0.291	-0.50	0.437
Upper compulsory school	12.42		12.33		-0.09	
University	12.96		12.77		-0.19	
Working						
Yes	12.81	0.266	12.79	0.012	-0.02	0.079
No	12.44		11.90		-0.53	
Financial situation						
Good or very good	12.71	0.400	12.63	0.029	-0.08	0.083
Acceptable, poor or very poor	12.41		11.69		-0.72	

Table 3. Multiple linear regression of changes in WSFQ scale from Time 1 to Time 2.

WSFQ Sexual desire

	β	95 % CI	p-value
Sex			
Men	Ref	-	
Women	-0.36	-1.22; 0.50	0.407
Age (cont)	-0.01	-0.08; 0.07	0.887
Years as a couple (cont)	-0.01	-0.04; 0.03	0.733
Children at home			
Yes	Ref	-	
No	0.47	-0.94; 1.88	0.512
Education			
Compulsory school	Ref	-	
Upper secondary school	0.25	-0.66; 1.16	0.590
University	0.99	-0.16; 2.14	0.089
Working			
No	Ref	-	
Yes	-0.33	-1.32; 0.66	0.511
Financial situation			
Acceptable, poor or very poor	Ref	-	
Good or very good	-0.19	-1.03; 0.65	0.651

WSFQ Arousal

	β	95 % CI	p-value
Sex			
Men	Ref	-	
Women	0.34	-0.59; 1.26	0.474
Age (cont)	0.01	-0.08; 0.08	0.910
Years as a couple (cont)	-0.01	-0.04; 0.03	0.664
Children at home			
Yes	Ref	-	
No	0.12	-1.51; 1.74	0.886
Education			
Compulsory school	Ref	-	
Upper secondary school	-0.41	-1.40; 0.58	0.416

University	-0.76	-2.01; 0.49	0.233
Working			
No	Ref	-	
Yes	0.23	-0.88; 1.34	0.686
Financial situation			
Acceptable, poor or very poor	Ref	-	
Good or very good	0.02	-0.87; 0.91	0.970

WSFQ Orgasm

	β	95 % CI	p-value
Sex			
Men	Ref	-	
Women	-0.29	-1.29; 0.71	0.566
Age (cont)	-0.01	-0.09; 0.07	0.815
Years as a couple (cont)	0.00	-0.03; 0.04	0.899
Children at home			
Yes	Ref	-	
No	0.33	-1.40; 2.07	0.703
Education			
Compulsory school	Ref	-	
Upper secondary school	0.09	-0.99; 1.16	0.874
University	0.53	-0.80; 1.86	0.430
Working			
No	Ref	-	
Yes	-0.22	-1.39; 0.96	0.714
Financial situation			
Acceptable, poor or very poor	Ref	-	
Good or very good	-0.22	-1.19; 0.75	0.653

WSFQ Satisfaction

	β	95 % CI	p-value
Sex			
Men	Ref	-	
Women	-0.36	-1.00; 0.27	0.259
Age (cont)	-0.03	-0.08; 0.03	0.294

Years as a couple (cont)	-0.01	-0.03; 0.02	0.584
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Children at home

Yes	Ref	-	
No	-0.31	-1.40; 0.77	0.568

Education

Compulsory school	Ref	-	
Upper secondary school	0.01	-0.66; 0.69	0.969
University	-0.01	-0.86; 0.83	0.974

Working

No	Ref	-	
Yes	0.24	-0.50; 0.98	0.527

Financial situation

Acceptable, poor or very poor	Ref	-	
Good or very good	0.47	-0.14; 1.08	0.131

WSFQ

	β	95 % CI	p-value
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Sex

Men	Ref	-	
Women	-0.90	-3.30; 1.51	0.459

Age (cont)

-0.05	-0.25; 0.15	0.629
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Years as a couple (cont)

-0.01	-0.09; 0.08	0.872
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Children at home

Yes	Ref	-	
No	0.87	-3.23; 4.98	0.674

Education

Compulsory school	Ref	-	
Upper secondary school	0.04	-2.54; 2.61	0.977
University	0.48	-2.83; 3.79	0.775

Working

No	Ref	-	
Yes	0.03	-2.79; 2.86	0.981

Financial situation

Acceptable, poor or very poor	Ref	-	
Good or very good	0.32	-2.00; 2.65	0.783