

RESEARCH ARTICLE



The Chain Mediating Effect of Spousal Support and Dyadic Adjustment in the Association Between Social Media Addiction and Sexual Functioning Among Married Women of Reproductive Age

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ABSTRACT

The present cross-sectional study examined the chain mediating roles of spousal support and dyadic adjustment in the relationship between social media addiction and sexual functioning among 211 married women of reproductive age in Qazvin, Iran. Grounded in the Interpersonal Process Model of Intimacy, the study posited that excessive social media use displaces face-to-face interactions, thereby eroding emotional support and relational harmony, which are critical for sexual well-being. Participants completed validated measures assessing social media addiction, spousal support, dyadic adjustment, and sexual functioning through an online survey. Results showed that dyadic adjustment was positively associated with sexual functioning, while social media addiction negatively impacted sexual functioning through sequential reductions in spousal support and dyadic adjustment. More specifically, higher levels of social media addiction correlated with lower levels of spousal support, which in turn predicted poorer dyadic adjustment and subsequently diminished sexual functioning. The findings highlight the importance of dyadic adjustment as a mediator and underscore how spousal support buffers the detrimental effects of social media addiction on marital sexual health. These results suggest that interventions targeting couples' communication and support systems may mitigate the negative consequences of excessive social media use on intimate relationships.

Introduction

In the digital age, social media addiction (SMA) has emerged as a significant threat to marital relationships and sexual health (Alimoradi et al., 2019). Recent studies indicate that married women constitute one of the fastest-growing demographics on social media, with 78% of married women aged 25–45 years using social media platforms daily (Poushter et al., 2024). Married women spend an average of 2.5 hours daily on social media primarily on visual platforms such as *Instagram*, approximately 30 minutes a day longer than those who are single (Laor, 2022; Manyam et al., 2018). Among married women of reproductive age, problematic social media use may displace intimate interactions, reduce face-to-face communication, and ultimately impair sexual functioning (Wang et al., 2020).

Problematic internet use, including SMA, has been associated with marital conflicts, decreased emotional intimacy, and reduced sexual satisfaction (Abbasi, 2021; Alimoradi et al., 2019). The presence of mobile devices and excessive technology use during face-to-face interactions

reduces conversation quality and emotional connection (Przybylski & Weinstein, 2013). These disruptions can create a vicious cycle, where reduced real-life interactions lead to lower spousal support, poorer dyadic adjustment, and further declines in sexual functioning (Bodenmann, 2005). Research suggests women may be particularly affected by social media's relational impacts because they tend to experience stronger emotional consequences from online social comparison (Else-Quest et al., 2012; Fardouly et al., 2018; Wang et al., 2020) and often bear greater responsibility for maintaining marital harmony in traditional societies (Alimoradi et al., 2019). This is exacerbated by gender differences in self-conscious emotions (Else-Quest et al., 2012) and social media's emphasis on appearance-based evaluation (Saiphoo & Vahedi, 2019).

Social media addiction and sexual functioning

SMA, characterized by excessive and compulsive use of platforms such as *Instagram* and *Facebook*, has been associated with negative outcomes in intimate relationships (Gao et al., 2018). Research indicates that SMA is associated with lower sexual satisfaction, reduced sexual desire, and increased sexual dysfunction (Alimoradi et al., 2019; Pawlikowska et al., 2022). For example, women with higher scores on psychometric scales assessing SMA report fewer sexual interactions and greater sexual dissatisfaction, partly due to the displacement of intimate time by screen use (Wang et al., 2020). Additionally, exposure to idealized relationships on social media can foster unrealistic expectations, further exacerbating marital and sexual dissatisfaction (Kim et al., 2021).

Social media addiction, spousal support, and dyadic adjustment

The detrimental effects of SMA extend to relational dynamics, particularly spousal support and dyadic adjustment. SMA has been shown to reduce perceived spousal support by diminishing face-to-face communication and emotional availability (Abbasi, 2021). For instance, couples who spend less than 30 minutes daily in undistracted conversations report 35% lower levels of mutual support (Bodenmann, 2005). Reduced spousal support, in turn, predicts poorer dyadic adjustment which is defined as the ability to collaborate on shared goals and maintain marital harmony (Chen et al., 2007). Prior evidence supports this directional relationship, demonstrating that emotional neglect stemming from SMA undermines marital cohesion and satisfaction (Arellano-Lino et al.).

The mediating roles of spousal support and dyadic adjustment

The proposed chain mediation in the present study (SMA → spousal support → dyadic adjustment → sexual functioning) aligns with established theoretical and empirical work. The Interpersonal Process Model of Intimacy (Reis & Shaver, 2018) suggests that emotional support (e.g., active listening, affection) fosters dyadic adjustment, which is critical for sexual satisfaction. Empirical evidence supports this sequence: spousal support enhances marital adjustment (Xu & Burleson, 2001), and higher dyadic adjustment is associated with better sexual functioning (Pazmany et al., 2015). For example, women who feel emotionally supported by their partners report greater sexual assertiveness and satisfaction (NasrollahiMola et al., 2023). Conversely, conflicts arising from low support disrupt both relational and sexual harmony (Dashtestannejad et al., 2020).

Theoretical integration

The present study is grounded in the Interpersonal Process Model of Intimacy, which emphasizes the reciprocal role of communication and emotional support in relational outcomes (Reis & Shaver, 2018). The model provides a framework for understanding how SMA can disrupt intimacy pathways by eroding spousal support, weakening dyadic adjustment, and ultimately impairing sexual functioning. This theoretical lens justifies the hypothesized chain mediation and offers a cohesive narrative in evaluating the findings.

Given the extant findings, the present study examined the chain mediating roles of spousal support and dyadic adjustment in the relationship between SMA and sexual functioning among married women. While prior research has explored pairwise associations between these variables (e.g., SMA and sexual functioning; spousal support and dyadic adjustment), no previous study has simultaneously investigated their interplay using a comprehensive theoretical framework. Therefore, the present study addressed this gap by integrating the Interpersonal Process Model of Intimacy (Reis & Shaver, 2018), which posits that emotional support and communication are foundational for relational and sexual well-being.

The present study

As aforementioned, one of the contemporary global issues is problematic internet use, which affects many dimensions of individuals' lives including their relationships. Guided by the Interpersonal Process Model of Intimacy (Reis & Shaver, 2018), the present study examined how social media addiction (SMA) may impair sexual functioning (SF) through sequential reductions in spousal support (SS) and dyadic adjustment (DA). As depicted in Figure 1, the present study proposes a chain mediation model where (i) SMA erodes spousal support by displacing face-to-face interactions (Bodenmann, 2005), (ii) diminished SS undermines DA (Xu & Burleson, 2001), and (iii) poorer DA directly predicts lower SF (Pazmany et al., 2015).

Therefore, the present study was designed to explore the relationships between these variables simultaneously, using a structural equation modeling method based on the partial least square approach. Partial least squares structural equation modeling (PLS-SEM) serves as a powerful variance-based structural equation modeling approach particularly valuable for exploring complex relationships between variables. This methodology is especially advantageous when: (i) the research model is in its early developmental stages, (ii) data violate normality assumptions, and/or (iii) sample sizes are limited. PLS-SEM emphasizes predictive accuracy and explanatory power, enabling simultaneous analysis of latent and observed variables (Hair Jr et al., 2021).

Consequently, the present study explored the mediating effect of spousal support and dyadic adjustment in the relationship between social media addiction and sexual functioning among married women of reproductive age in Qazvin city (Iran). It was hypothesized that (i) marital adjustment would act as a mediator in the relationship between social media addiction and sexual functioning (H_1), (ii) spousal support would act as a mediator in the relationship between social media addiction and sexual functioning (H_2), and (iii) spousal support and marital adjustment would act as serial mediators in the relationship between social media addiction and sexual functioning (H_3).

Method

Participants and study setting

The present study was an online cross-sectional survey. Women of reproductive age (18-54 years of age) who visited health centers in Qazvin city for health services and who met the inclusion criteria for participation. The inclusion criteria included being of reproductive age, being married, giving consent to participate in the study, being literate, being Iranian, and having the ability to use smartphones. Some conditions and behaviors might affect sexual functioning. This includes being pregnant, currently breastfeeding (Banaei et al., 2019), being menopausal (Dąbrowska-Galas et al., 2019), having current psychological diagnoses (e.g., major depression, anxiety disorders) (Forbes et al., 2016), and having medical conditions affecting sexual function (e.g., cardiovascular/neurological diseases, chronic pelvic pain) (Basson et al., 2010). Therefore, women reporting any one or more of these conditions (based on self-report) were excluded from participating in the study.

The study setting was comprehensive health centers affiliated with Qazvin University of Medical Sciences. These government-funded centers provide primary care services to local communities, including reproductive health services for married women, making them ideal for recruiting our target population.

Sampling and procedure

Sampling was conducted in two stages. In the first stage, cluster sampling was employed, dividing the city of Qazvin into five clusters based on geographical areas, from which two health centers were randomly selected from each cluster. In the second stage, after securing the necessary permits, visits were made to the comprehensive health centers in Qazvin city. Eligible women who visited these selected health centers were invited to participate by researchers who visited the selected comprehensive health centers using convenience sampling. At these centers, individuals meeting the inclusion criteria for the study were identified and invited to participate. The importance and objectives of the research, the privacy and confidentiality of information, the freedom to participate in the study, the ability to withdraw from the study at any time, and the assurance that participation or non-participation would not interfere with receiving services was explained to the participants.

After obtaining informed consent from the participants, the survey was provided to them, along with instructions on how to complete it, emphasizing the confidentiality of the information. The participants then completed an online survey comprising a demographic information questionnaire, a modified marital adjustment questionnaire, a short sexual functioning questionnaire, a social media addiction scale, and a spousal support questionnaire. Once the survey was completed, they were collected, and the data were entered into statistical software for final analysis.

Sample size

Based on a previous study (Caglar et al., 2020), the correlation coefficient between marital adjustment and sexual functioning was found to be 0.30. Considering this correlation coefficient, a significance level of 0.05, a power of 80%, three main predictors (marital adjustment, social media addiction, and spousal support), a 10% probability of incomplete survey completion, and a coefficient of 1.5 for cluster sampling, a minimum of 200 participants was estimated to be required for the study. The sample size estimation was conducted using *G*Power* software version 3.1.9.7 (Faul et al., 2007). The sample size was adequate for

mediation analysis because it exceeded the minimum recommended sample size of 200 for mediation analysis (Fritz & MacKinnon, 2007).

Measures

Demographic Information Questionnaire: A short questionnaire was used to assess demographic characteristics, including age (year), spouse age (year), marriage duration (year), frequency of monthly coitus, marriage order, education, spouse education, job, family economic status, children number.

Revised Dyadic Adjustment Scale (RDAS): The RDAS (Spanier, 1976) used to assess marital adjustment. It is a 14-item scale in which items (e.g., “How often do you discuss or have you considered divorce, separation, or terminating your relationship?”) are scored on a 6-point scale from 0 (*complete disagreement*) to 5 (*complete agreement*). The scale comprises three subscales: consensus and agreement, cohesion, and satisfaction. A higher score indicates greater marital adjustment (Busby et al., 1995). The validity and reliability of the Persian version have been confirmed (Isanezhad, 2010). The Cronbach’s alpha in the present study was 0.91.

Bergen Social Media Addiction Scale (BSMAS): The BSMAS (41) was used to assess the risk of social media addiction. It is a 6-item scale based on the components model of addiction (salience, mood modification, tolerance, withdrawal, conflict, and relapse) (Andreassen et al., 2016). Items (e.g., “You spend a lot of time thinking about social media or planning how to use it”) are scored on a 5-point scale from 1 (*very rarely*) to 5 (*very often*). A higher score indicates greater risk of social media addiction. The validity and reliability of the Persian version have been confirmed (Lin et al., 2017). The Cronbach’s alpha in the present study was 0.70.

Short Form Sexual Functioning Questionnaire (FSFI-6): The FSFI-6 (Isidori et al., 2010) was used to assess sexual functioning. It is a 6-item scale, each covering a primary area of sexual functioning (desire, arousal, lubrication, orgasm, satisfaction, and pain). Items related to sexual desire and satisfaction (e.g., “How would you rate your level (degree) of sexual desire or interest?”) are scored on a 5-point scale from 1 (*very low or none at all*) to 5 (*very high*), whereas items related to lubrication, arousal, orgasm, and pain (e.g., “When you had sexual stimulation or intercourse, how often did you reach orgasm?”) are scored on a 6-point scale from 0 (*almost never or never*) to 5 (*almost always or always*). Higher scores indicate better sexual functioning. The validity and reliability of the Persian version have been confirmed (Ghesami et al., 2013). The Cronbach’s alpha in the present study was 0.85.

Spousal Support Scale (SSS): The SSS (Xu & Burleson, 2001) was used to assess spousal support. The five items assess expressions of love, feelings of closeness, expressions of understanding in situations that may distress the partner, showing physical affection (such as hugging, holding hands, caressing the shoulder, etc.), and providing comfort when feeling sad. Participants are asked to pay attention to their conversations with their spouse and estimate how they receive different responses from them. Items are scored from 1 (*never*) to 5 (*always*). Higher scores indicate greater spousal support. The validity and reliability of the Persian version have been confirmed (Alimoradi et al., 2022). The Cronbach’s alpha in the present study was 0.93.

Data analysis

Data analysis was conducted using SPSS version 27 and Smart PLS v3 software. Initially, descriptive statistical analysis was conducted including frequencies and percentages for categorical data, and means and standard deviations for ordinal data. The normal distribution of data was assessed using the Shapiro-Wilk test, along with examining central tendency and dispersion indices, skewness, and kurtosis. Pearson correlation coefficients were utilized to determine the relationships between the study variables, including sexual functioning, social media addiction, marital adjustment, and spousal support. To determine the mediating role of social media addiction and spousal support in the relationship between marital adjustment and sexual functioning among women, hypothesis testing was performed using Partial Least Squares-Structural Equation Modeling (PLS-SEM) with the bootstrap method in Smart PLS. PLS-SEM can simultaneously test the direct, indirect, and total effects of each path.

Model testing comprised two stages: the measurement model and the structural model. The first stage examined whether the existing data confirmed the proposed model using the relationships between observable and latent variables. The second stage examined measurement error and investigated the relationships between latent variables, assessing model fit. The measurement model was evaluated prior to testing the hypothetical relationships in SEM through confirmatory factor analysis because this step is a crucial prerequisite for SEM to identify valid theoretical and empirical constructs and to establish a model that is reliable and valid for the observations. The measurement model was based on theoretical considerations and focused on validity and reliability (Moksnes et al., 2016). SEM was employed to test the hypothetical relationships between the variables, and bootstrap confidence intervals (5000 samples) were used to determine whether the effects in the model were significant. Total effect, direct effect, indirect effect, and 95% confidence intervals were determined. A 95% confidence interval that does not include 0 indicates a significant effect.

Ethical consideration

The study was performed in accordance with the Declaration of Helsinki, and approved by Ethics Committee affiliated to Qazvin University of Medical Sciences (Ref: IR.QUMS.REC.1401.127).

Results

The sample comprised 211 married women (mean age=39.2 years, SD=8.5) recruited from Qazvin health centers. Three-quarters of participants had university degrees (75.4%), and two-thirds were employed (68.2%). Complete demographics are provided in Table 1. The results indicated that the participants' mean scores for study variables on the respective scales were 46.08 (out of 70) for dyadic adjustment (SD=10.78), 22.11 (out of 30) for sexual functioning (SD=4.92), 14.18 (out 30) for social media addiction (SD=3.97), and 18.17 (out of 25) for spousal support (SD=5.32). The strength of the correlation between the study variables ranged from 0.14 to 0.75 and all correlations were statistically significant (p -values ranging from <0.05-0.001). The values of skewness and kurtosis for the variables confirmed the normal distribution of the data (Table 2).

Measurement model evaluation: In the present study, the internal consistencies of the constructs were measured using composite reliability and Cronbach's alpha, which were greater than 0.7 for all constructs, indicating acceptable reliability. The average variance extracted (AVE) for all constructs was above 0.5, confirming the convergent validity of the

constructs. The discriminant validity of the measurement model was assessed and confirmed using the Fornell-Larcker criterion (Fornell & Larcker, 1981) and the heterotrait-monotrait (HTMT) ratio (Henseler et al., 2015). The Fornell-Larcker criteria for distinct validity were met because the square root of the AVE for each construct was shown to be greater than the correlations between the constructs or latent variables. Moreover, none of the HTMT values exceeded 0.90, which is the critical HTMT value (Kline, 2023).

Structural model evaluation: The structural model (Figure 2) demonstrated good psychometric properties, with all variance inflation factors below 5 (Sarstedt et al., 2021), indicating no multicollinearity concerns. Bootstrap analysis (with 5000 samples) showed key findings regarding the relationships between social media addiction (SMA), spousal support (SS), dyadic adjustment (DA), and sexual functioning (SF).

Direct effects: When examining the primary relationship of interest (Table 3), no significant direct effect of SMA was found on SF ($\beta = 0.02, p = 0.77$). However, several significant direct effects emerged in the model: (i) DA showed a strong positive direct effect on SF ($\beta = 0.548, p < 0.001$); (ii) SS significantly predicted DA ($\beta = 0.717, p < 0.001$); and (iii) SMA negatively predicted SS ($\beta = -0.317, p < 0.001$).

Mediation analysis: The total effect of SMA on SF was significant ($\beta = -0.19, p = 0.009$), suggesting important indirect pathways. Analysis demonstrated three mediation routes (Table 4): (i) SS alone: SMA $\rightarrow$ SS $\rightarrow$ SF ($\beta = -0.03, p = 0.30$); (ii) DA alone: SMA $\rightarrow$ DA $\rightarrow$ SF ($\beta = -0.05, p = 0.14$); and (iii) serial mediation: SMA $\rightarrow$ SS $\rightarrow$ DA $\rightarrow$ SF ($\beta = -0.12, p < 0.001$). Only the serial mediation path was significant, accounting for 63% of SMA's total effect on SF. The model explained 37% of variance in SF ($R^2 = 0.37$), with adequate predictive validity ($Q^2 > 0$).

Discussion

The present study provides important insights into how social media addiction (SMA) appears to influence married women's sexual functioning through relational mechanisms. Building on the Interpersonal Process Model of Intimacy (Reis & Shaver, 2018), the findings showed a complex interplay between online behaviors and marital intimacy that challenges simplistic notions of technology's effects on relationships. The results underscore how emotional and relational processes mediate what might appear at first glance to be a direct impact of social media on sexual health.

While bivariate correlations showed a significant association between SMA and SF ($r = -0.142, p = 0.04$; Table 2), the structural model showed no significant direct effect ($\beta = 0.02, p = 0.77$; Table 3), suggesting relational mediators fully account for this association. Contrary to popular assumptions about social media's direct harm on sexual relationships, the present study found no evidence of a straightforward negative effect. This null finding aligns with contemporary relationship science that emphasizes the importance of relational context in understanding technology's impacts (McDaniel & Coyne, 2016; McDaniel et al., 2018). Rather than acting as a direct inhibitor of sexual functioning, social media addiction appears to operate through its erosion of foundational relationship processes. This distinction supports the Interpersonal Process Model's emphasis on emotional availability as the bedrock of both relational and sexual satisfaction.

The absence of direct effects challenges technological determinism perspectives that portray online media as uniformly harmful to intimacy (Drew, 2016). Instead, the present study's results suggest that the impact of social media use is mediated by the quality of emotional connection between partners. This finding resonates with recent work on "technoference" (interference by technology in relationships), which shows that negative outcomes emerge primarily when digital use displaces meaningful interaction (Ali & Iqbal, 2025; Almeida et al., 2024). The results here extend this literature by demonstrating how this displacement operates through specific relational pathways.

The present study's novel findings lie in the identified serial mediation pathway, which suggest how SMA first undermines spousal support, which in turn diminishes dyadic adjustment, ultimately impairing sexual functioning. This cascade effect provides empirical support for the hierarchical structure proposed in the Interpersonal Process Model, where emotional support creates the conditions for relationship adjustment, which then facilitates sexual satisfaction. The first link in this chain between SMA and reduced spousal support echoes clinical observations about "absent presence" in relationships (Aagaard, 2016; Radtke et al., 2024).

When partners are physically together but mentally engaged with social media platforms on their digital devices, they miss crucial opportunities for emotional connection and support (Sbarra et al., 2019). This 'absent presence' creates an evolutionary mismatch where social media use disrupts the attachment processes vital for relationship maintenance (Aagaard, 2016; Radtke et al., 2024). The present study's findings suggest this dynamic may be particularly damaging to women's experience of sexual intimacy because emotional availability is a stronger predictor of sexual satisfaction for women than for men, and women's satisfaction is more tightly coupled with relational security and perceived partner responsiveness (Øverup & Smith, 2017; Schoenfeld et al., 2017).

The connection between diminished spousal support and poorer dyadic adjustment supports attachment theory's proposition that emotional responsiveness forms the foundation of relationship security (Mikulincer & Shaver, 2023, 2025). Without consistent emotional support, couples struggle to maintain the day-to-day negotiation of shared life that constitutes dyadic adjustment. This finding aligns with previous research showing that perceived partner responsiveness predicts relationship quality across cultures (Choi & Oishi, 2023; Reis et al., 2004; Tasfiliz et al., 2018).

Finally, the strong association between dyadic adjustment and sexual functioning underscores the interconnected nature of relational and sexual satisfaction. This connection supports the concept of sexual harmony as emerging from overall relationship quality rather than existing as a separate domain (Mark & Lasslo, 2018). The present study's results suggest that when couples maintain good overall adjustment, they create an environment conducive to positive sexual experiences.

While generally supporting the Interpersonal Process Model, the findings here suggest several important extensions to account for digital-age relationships. First, the present authors propose adding "digital intrusion" as a novel barrier to emotional availability in the model. The significant negative association between SMA and spousal support indicates that problematic social media use may function similarly to other forms of emotional withdrawal identified in the literature. Second, the results suggest cultural moderators that may strengthen or weaken specific pathways. The particularly strong mediation effects in the present study's Iranian

sample may reflect cultural values that emphasize marital harmony and collectivist relationship norms. This observation aligns with cross-cultural research showing variability in technology's relationship impacts based on cultural values (Alsaleh et al., 2019). Third, the findings identified potential bidirectionality in the support-adjustment link that warrants further theoretical exploration. While the present study's model positioned spousal support as preceding dyadic adjustment based on the Interpersonal Process Model, emerging evidence suggests these processes may be mutually reinforcing (Li et al., 2024). Future theoretical development should consider these reciprocal influences.

Clinical implications

The present study's findings translate to several practical recommendations for clinicians working with couples struggling with digital intrusion in their relationships. First, therapists should help couples develop "technology boundaries" that protect time for emotional connection. Research suggests that designated digital device-free times can significantly improve relationship quality (Johnson, 2021). Second, interventions should focus on rebuilding emotional support rituals that may have been displaced by social media use. The link between spousal support and sexual functioning through dyadic adjustment suggests that restoring emotional connection may have cascading benefits for sexual intimacy. Emotionally Focused Therapy techniques may be particularly effective for this purpose (Behrang et al., 2022). Third, clinicians should address SMA directly when it appears to be disrupting relationship processes. Cognitive-behavioral approaches adapted for technology overuse have shown promise in reducing problematic online behaviors while improving relationship outcomes (Lopez-Fernandez et al., 2022).

Cultural considerations and future directions

The present findings must be interpreted in light of the cultural context of the study. The emphasis on marital harmony in Iranian culture may amplify the observed mediation effects compared to more individualistic societies. Future research should examine whether similar pathways emerge across cultures with different relationship norms. Several other important directions for future research emerge from the study's findings. Longitudinal designs could help establish the temporal sequence of these effects more definitively. Dyadic studies including both partners' perspectives would provide a more complete picture of these relational dynamics. Additionally, intervention studies could test whether reducing SMA leads to improvements in the identified mediator variables.

Limitations

The present study has some limitations that should be considered when interpreting the findings. First, the study was cross-sectional, and therefore, causal relationships between the variables could not be determined. Longitudinal research is needed to establish causation between the studied variables. Second, the use of self-reported data may lead to various well-known response biases. Third, the sample size was small and further studies with larger sample size are needed to replicate and extend the findings. Fourth, the participants were Iranian married women from one region which are not necessarily representative of women in the rest of Iran or other countries. Therefore, the research needs replicating in other countries and cultures.

Conclusion

The results of the present study suggest that spousal support and marital adjustment play sequential mediating role in the association of social media addiction with the sexual functioning of married women. Given the significance of these findings, it is recommended that educational and counseling programs be designed for couples to enhance marital adjustment and spousal support by considering the effect of social media addiction.

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Figure 1- Conceptual map proposed serial mediation model testing the effect of social media addiction on sexual functioning via spousal support and dyadic adjustment.

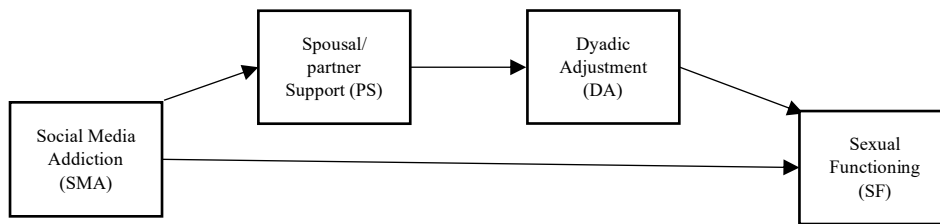


Figure 2. Structural equation model exploring the association of social media addiction with sexual functioning considering the mediating effect of spousal support and dyadic adjustment

Figure 2 Alt Text: The figure indicated that sexual functioning had a significant and moderate direct relationship with spousal support, but not dyadic adjustment. Spousal support had a significant and moderate direct relationship with dyadic adjustment. Dyadic adjustment had a significant and moderate direct relationship with sexual functioning. The findings indicated that sexual functioning had no significant direct association with sexual functioning, but spousal support and marital adjustment acted as sequential mediators in association of social media addiction to sexual functioning

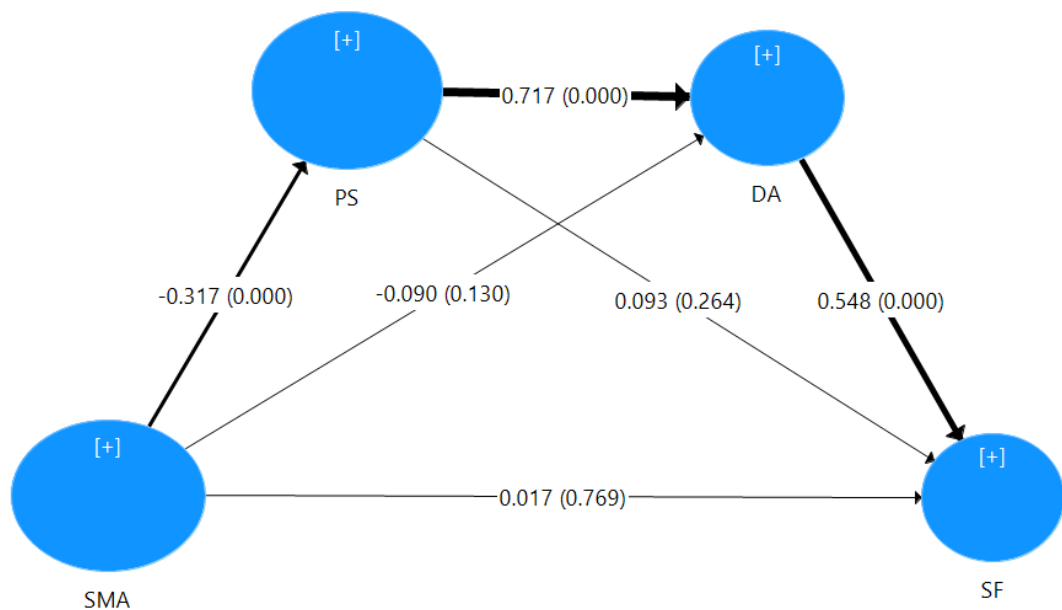


Table 1. Summarized characteristics of participants (N=211)		
	Range/category	Mean (SD)
Age (in years)	18-54	39.21 (8.53)
Spouse age (in years)	25-61	42.84 (8.98)
Marriage duration (years)	1-33	14.94 (8.99)
Frequency of monthly coitus	0-30	6.46 (5.30)
		N (%)
Marriage order	First	196 (92.9)
	Second	15 (7.1)
Education	High school diploma	52 (24.6)
	University degree	159 (75.4)
Spouse education	Under high school diploma	15 (7.1)
	High school diploma	49 (23.2)
	University degree	147 (69.7)
Job	Housewife	67 (31.8)
	Employed	144 (68.2)
Family economic status	Fair	175 (82.9)
	Weak	36 (17.1)
Number of children	0	51 (24.2)
	1	67 (31.8)
	2	79 (37.4)
	3	14 (6.6)

Table 2. Descriptive statistics and zero-order correlation of association between key study variables				
Zero-order correlation based on Pearson correlation coefficient (<i>p</i> -value)				
	Dyadic adjustment	Sexual functioning	Social media addiction	Partner support
Sexual functioning	0.584 (<0.001)	--		
Social media addiction	-0.200 (0.003)	-0.142 (0.04)	--	
Spousal support	0.745 (<0.001)	.467 (<0.001)	-.189 (0.006)	--
Descriptive statistics				
Scale score range	0-70	0-30	6-30	5-25
Mean (SD)	46.08 (10.78)	22.11 (4.92)	14.18 (3.97)	18.17 (5.32)
Skewness (SE)	-1.13 (0.17)	-0.83 (0.17)	0.43 (0.17)	-0.61 (0.17)
Kurtosis (SE)	1.47 (0.33)	0.76 (0.33)	0.06 (0.33)	-0.41 (0.33)

Table 3. Results of Structural Equation Model Testing Direct and Indirect Effects						
Relationship	Path Type	β Coefficient	95% CI (Bias-Corrected)	p-value	f² Effect Size	Status
SMA → SF	Direct	0.02	[-0.10, 0.14]	0.769	-	Not Supported
SMA → PS	Direct	-0.32**	[-0.43, -0.19]	<0.001	0.11	Supported
SS → DA	Direct	0.72**	[0.62, 0.79]	<0.001	1.06	Supported
DA → SF	Direct	0.55**	[0.37, 0.70]	<0.001	0.42	Supported
SS → SF	Direct	0.09	[-0.08, 0.25]	0.264	0.01	Not Supported
SMA → SF	Total	-0.19*	[-0.32, -0.04]	0.009	-	Significant
SMA → SF	Total Indirect	-0.20**	[-0.29, -0.11]	<0.001	-	Significant

SMA = Social Media Addiction; SS = Spousal Support; DA = Dyadic Adjustment; SF = Sexual Functioning
 ** p < 0.01, * p < 0.05
 f² values: 0.02 = small, 0.15 = medium, 0.35 = large effect

Table 4. Specific Indirect Effects in the Serial Mediation Model				
Mediation Pathway	β Coefficient	95% CI (Bias-Corrected)	p-value	% of Total Effect
SMA $\rightarrow$ SS $\rightarrow$ SF	-0.03	[-0.09, 0.02]	0.297	15.8%
SMA $\rightarrow$ DA $\rightarrow$ SF	-0.05	[-0.12, 0.01]	0.138	26.3%
SMA $\rightarrow$ SS $\rightarrow$ DA $\rightarrow$ SF (Serial)	-0.12**	[-0.19, -0.07]	<0.001	63.2%
Total Indirect Effect	-0.20**	[-0.29, -0.11]	<0.001	100%
DA: Dyadic adjustment; SMA: Social media addiction; SS: Spousal support; SF: Sexual functioning; β = standardized beta coefficient; CI: confidence interval				