

Assessment of sexual satisfaction in the LGBTIQ population of Ecuador

Evaluación de la satisfacción sexual en la población LGBTIQ Ecuador

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Abstract

Sexual satisfaction is expressed as an evaluation to gauge the level of enjoyment in one's sexual life. Studies of the sexuality of the LGBTIQ population have been limited, as this group grapples with taboos, repression, and social stigma, which impact various aspects of their lives, including health and sexual satisfaction. This study investigates the unidimensional scale of sexual satisfaction in the LGBTIQ population in Ecuador. We analyze how this scale is affected when compared to different sociodemographic variables. We used a quantitative, descriptive, correlational, and prospective methodology, applying a questionnaire to 625 residents of Ecuador to gather sociodemographic data and the Sexual Satisfaction Index (SSI). The results on the unidimensional scale of sexual satisfaction are: 33% of respondents report sexual satisfaction, while 60.5% experience sexual dissatisfaction, and 6.6% undergo a severe stress experience. There is less sexual dissatisfaction among individuals living in Quito, males, homosexuals, those with a higher level of education, and Afro-Americans, with a P value $< 0,005$ that is statistically significant. A negative value of sexual satisfaction is observed in the studied population, emphasizing the need for further investigation into the causes and factors influencing sexual dissatisfaction. This will help us understand their needs and provide support in a safe and respectful environment due to ongoing discrimination.

Keywords

Gay, lesbian, bisexual, transsexual, intersex, sexual satisfaction

Resumen

La satisfacción sexual se expresa como una evaluación, para manifestar el nivel de agrado a la vida sexual. Los estudios en la sexualidad de la población LGBTIQ han sido poco profundizados, grupos rodeados de tabúes, víctimas de una represión y condenas sociales; afectando las diferentes dimensiones de la salud, como la satisfacción sexual. Este trabajo investiga la escala unidimensional de la satisfacción sexual en la población LGBTIQ Ecuador. Se analiza cómo esta escala es afectada al correlacionarse con las diferentes variables sociodemográficas. Se utiliza una metodología cuantitativa, correlacional descriptiva y prospectiva. Se aplica: cuestionario a 625 personas residentes en Ecuador con recogida de datos sociodemográficos, Índice de Satisfacción Sexual (ISS).

Los resultados de la escala unidimensional de satisfacción sexual muestran que el 33 % de la población tiene satisfacción sexual, el 60,5 % experimenta insatisfacción sexual y un 6,6 % reporta una experiencia severa de estrés en esta área. Se observa una menor insatisfacción sexual en los residentes de la ciudad de Quito, en hombres, en personas homosexuales, en aquellos con un nivel educativo más alto y en individuos afrodescendientes, con un valor de $p < 0,005$, lo que indica una significancia estadística.

Estos resultados reflejan un nivel negativo de satisfacción sexual en la población estudiada. Por lo tanto, se hace necesario continuar investigando la satisfacción sexual para comprender las causas y los factores que inciden en la insatisfacción sexual. Es crucial visibilizar las necesidades y los apoyos que requiere esta comunidad en un entorno seguro y respetuoso, especialmente considerando los constantes actos de discriminación que enfrentan.

Palabras clave

Gay, lesbiana, bisexual, transexual, intersex, satisfacción sexual.

Introduction

The World Health Organization (WHO, 2018) defines sexual health as: “A state of physical, mental and social well-being in relation to sexuality, and not just the absence of disease, dysfunction or discomfort.” Sexual health requires a positive and respectful approach to sexuality and sexual relations, as well as the possibility of enjoyable and safe sexual experiences, free from all discrimination and violence. For all people to achieve and maintain good sexual health, sexual rights must be respected, protected and fulfilled for all people (Soria, 2013).

According to Aguilar (2020), sexual satisfaction refers to “the ability of people to provide and receive sexual pleasure, which involves experiencing and evaluating feelings, emotions, as well as physiological and psychological reactions during sexual behavior” (p. 12), harmonizing the bio-psycho-socio-cultural and ideological dimensions with a focus on pleasure and satisfaction.

In this regard, the declaration and technical document on Sexual Health for the Millennium (PAHO, 2009), and the World Health Organization (2018) affirm: “Pleasure is not only a yearning but is perhaps the most powerful motivating factor of sexual behavior. To overlook the role of sexual pleasure in the fulfillment and happiness of the human being would be a mistake.” In short, sexual pleasure helps to build the structure of kinship in the relationship, it contributes to overall happiness in the life of both men and women (united or not in a relationship) and is associated with various aspects of good health. Hence, sexual pleasure is not frivolous or unnecessary but it is essential (Fernández, 2004).

Likewise, sexual satisfaction is an essential component in the different sexual practices and demonstrations of tenderness, both at the time of sexual intercourse and in the varied manifestations of affection that each couple lives in a natural, different and unrepeatable way and that are quality elements in sexual satisfaction (Mora, 2023).

According to Vega Martel (2020), a person’s level of sexual satisfaction is influenced by a variety of factors, which include more richness in sexual practices, socio-emotional aspects in the relationship of couple, knowledge, attitudes and values towards sexuality, physical health and vitality, adequacy of environmental spaces, as well as the development of imagination.

These conceptualizations are also valid for the LGBTIQ population that make up the sexual minorities that experience an integral well-being that

affects their sexual satisfaction, seeking pleasure, respect, security in the practice of their sexual rights, as stated by the WHO (2018): “all people have the right to exercise control over their sexuality and their sexual and reproductive health and to decide freely and responsibly about them, without coercion, discrimination or violence” (p. 3).

It is necessary to keep in mind that sexuality is no longer just a problem of the intimacy of two, it is an inherent part of the integral health of human beings who live and work in a world of interrelationships as stated by the WHO (2018): “Sexuality is a central aspect of the human being that is present throughout his/her life. It covers sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction” (p. 3). It is felt and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships (Moya, 2017). While sexuality may include all of these dimensions, not all of them are always experienced or expressed (Gruskin, 2019). Sexual satisfaction is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. As stated by WAS (2018), in its declaration and technical document on Sexual Health for the Millennium “Sexual rights are an integral component of basic human rights and are therefore inalienable and universal” (p. 3). Sexual health is an integral component of the right to the enjoyment of the highest attainable standard of health. Sexual health cannot be achieved or maintained without sexual rights for all.

At the national level, although there is legal support for members of the LGBTIQ group to express their sexual orientation without any fear, in practice there are problems related to their emotional health (Albarracín and Rincón, 2013).

In Ecuador, homosexuality was considered a crime under the regulations, but in 1997 it was decriminalized, eliminating it from the classification of crimes in the Ecuadorian criminal code. Subsequently, the 2008 Constitution of the Republic of Ecuador sought to stop discrimination against these groups, incorporating specific provisions within its normative body: art. 11, paragraph 2: “No one may be discriminated against on the basis of ethnicity, place of birth, sex, gender identity...”, this was the result of several years of struggle of the LGBTI population (Martínez, 2022). However, several statistical data indicate that discrimination against this diverse group remains prevalent. Therefore, it is crucial to maintain and strengthen existing natio-

nal education policies, which function as a protective factor for the LGBTIQ population, as mentioned by Loverno (2023).

Hence the importance of this research, which focuses on analyzing and studying sexual satisfaction and other factors in the LGBTIQ population living in Ecuador (INEC, 2013). As for the LGBTIQ population, “There are few interested investigations that examine, from a biopsychosociocultural perspective, sexual satisfaction in same-sex couples” (Calvillo *et al.*, 2018; Betancourt Torres *et al.*, 2017). Similarly, there are several films that have been focused on heterosexual population in large theaters as seen in Paz (2015).

In other cultures, the diverse population is more accepted, where they have more resources and support, which can have a positive impact on sexual satisfaction (Mayesa, 2022). In addition, personal factors, such as past experiences, individual coping mechanisms, can also play a basic role in the LGBTIQ population, as stated by Jiménez *et al.* (2011), a reality that is also observed in the population under investigation.

According to Calvillo *et al.* (2020), sexual satisfaction would also be influenced by a homophobia of the homosexual group. As Holland (2021) expresses, sexual satisfaction would be positively related to good communication and negatively to homophobia, however, they would be factors to be studied in the Ecuadorian population (Carrasco, 2019; Fuertes, 2000).

In short, despite the legal recognition that the right to sexual identity is fundamental to personal well-being, the LGBTIQ population in Ecuador continues to face discrimination and rejection in different areas in relation to their sexuality. This research could be relevant due to the scarcity of existing literature on sexuality in the LGBTIQ population. In addition, as Botello and Guerrero (2018) point out, there is a lack of studies on sexual satisfaction specifically in the LGBTIQ population in Ecuador, with more studies in the heterosexual population as mentioned by Aestesis (2020).

Materials and method

A quantitative methodology was applied in this research, with the aim of analyzing the problem by interpreting the one-dimensional scale results of sexual satisfaction. A descriptive, prospective study is applied, with a transversal, correlational, analytical, and observational design, with non-probabilistic incidental sampling. This sample is called a snowball because each subject

studied proposes to others, i.e., some individuals are selected and these lead to others, and these in turn to others until obtaining a sufficient sample. This technique corresponds to a non-probabilistic sampling and is carried out in populations in which individuals are not known or cannot be accessed, as is the case of the LGBTIQ population.

The data obtained in this study were analyzed using the IBM SPSS Statistics v. 25 program. It started with the creation of the database, the correction of the questionnaires and finally, the statistical analyses. The reliability levels (Cronbach's alpha) of the instrument used, Index of Sexual Satisfaction (Santos-Iglesias *et al.*, 2009), were then evaluated. Exploratory factor analyses of the instrument were performed. The results showed that the dimensions found correspond to the original tests of Kolmogorov-Smirnov normal contrast analysis. Kruskal-Wallis test of independent samples was determined (Flores, 2021; Pedrosa *et al.*, 2015).

In the first instance, the univariate descriptive statistic was used to know the sociodemographic characteristics of the population and sample studied, estimating frequencies, percentages, categorical variables, mean, fashion, median and standard deviation with their statistical significance. The correlational bivariate analysis was performed with Spearman's Rho coefficient to determine the existence of a relationship between the study variables, corresponding to the main objective of this research. Likewise, this procedure was applied for associating the study variables and the sociodemographic variables of the participants, deepening on the result with the Kruskal-Wallis application of independent samples and the Mann-Whitney U test for two independent samples.

An acceptable correlation was considered to infer an important association between significance values > 0.20 and $p < 0.05$ and < 0.001 .

Before the final application, a pilot study was conducted with 20 participants to review the understanding of the instruments. The order and meaning of the statements proposed by Rosenberg and Hudson in the two instruments (Moral-de la Rubia, 2018) was maintained.

The questionnaires applied were:

- Questionnaire with socio-demographic data.
- Informed consent.
- Sexual Satisfaction Index (SSI).

In any case, the participants signed a consent that included their free and voluntary participation, in addition to their contribution to the construction of new analyses and studies in the LGBTIQ population.

The questionnaires are administered in person and online by 625 LGBTIQ people living in Ecuador who participated voluntarily. Sociodemographic data are collected: age, sex, gender, sexual orientation, education level, marital status, partners and sex life, and the Sexual Satisfaction Index.

The Sexual Satisfaction Index (SSI) was developed by Hudson *et al.* (1981) and validated again by Santos-Iglesias *et al.* (2009) (Sierra J., 2014) which consists of a questionnaire that presents a 0.90 Cronbach Alpha and a discriminant validity < 0.05 , which was used as a tool to evaluate sexual dissatisfaction with the partner. Its initial objective was to develop a useful instrument in clinical and research because of its brevity of application and its ease of scoring. In this way they selected a set of items that reflected sexual behaviors applicable to heterogeneous groups of people regardless of ideology, moral criteria, sexual experiences or attitudes. It is a short scale proposed to be used in the clinical field (Sánchez, 2015).

The SSI is composed of 25 items grouped on a one-dimensional scale that reflect the overall aspects of quality of sexual partner life. All items respond to a Likert scale ranging from 1 (never) to 5 (always).

A single score on sexual dissatisfaction is obtained which is the result of adding the item scores after inverting the item scores 1,2,3,9,10,12,16,17,21,22 and 23, and subtracting 25 from this result. In this way, a score between 0 and 100 is obtained where the higher the score, the higher the sexual dissatisfaction, determining a score greater than 30 that suggests sexual dissatisfaction, a score greater than 70 reflects a severe experience of stress, with the possibility of sexual coercion (Moral-de la Rubia, 2018)

Internal consistency reliability indices (Cronbach's alpha) show values ranging from 0.86 to 0.95, while data on their test-retest reliability demonstrate the temporal stability of the scale scores, finding test-retest reliability values equal to 0.9 (Hudson *et al.*, 2014).

Results

Table 1
Sociodemographic characteristics

Variable	Final value	Frequency	Percentage
Age	25	303	48.5
	26–35	196	31.4
	36–46	90	14.4
	47–56	27	4.3
	57+	9	1.4
Place of birth	Sierra	451	72.2
	Coast	80	12.8
	Amazon	4	0.6
	Foreign	90	14.4
Place of residence	Quito	394	63
	Cuenca	40	6.4
	Latacunga	12	1.9
	Guayaquil	26	4.2
	Ibarra	17	2.7
	Foreign	128	20.5
	Amazon	4	0.6
	Galapagos Islands	1	0.2
Sex	Female	168	26.9
	Male	426	68.2
	I'd rather not say	31	5
What is your sexual orientation?	Homosexual	327	52.3
	Bisexual	106	17
	Lesbian	136	21.8
	Trans	47	7.5
	Intersex	3	0.5
	Other	6	1

Variable	Final value	Frequency	Percentage
What is your marital status?	Single	519	83
	Married	10	1.6
	Free Union	68	10.9
	Divorced	28	4.5
Level of studies	None	22	3.5
	Basic Education	28	4.5
	High school	164	26.2
	Superior	411	65.8
How do you self-identify?	Mestizo	531	85
	Indigenous	17	2.7
	Afro-descendant	19	3
	White	41	6.6
	Montubio	14	2.2
	Other	3	0.5
Who do you live with?	Alone	161	25.8
	Parents	272	43.5
	Friends	40	6.4
	Couple	89	14.2
	Other family members	58	9.3
	Another pet	5	0.8
Do you have a partner today?	Yes	395	63.2
	No	230	36.8
Number of sexual partners	0	7	1.1
	1 to 2	539	86.2
	3-4	75	12
	5 or more	2	0.3
Relationship time with your partner	0	230	36.8
	1 to 6	125%	20
	7-24	133	21.3
	25-48	67%	10.7
	More than 49	70	11.2

Variable	Final value	Frequency	Percentage
Occupation	Student	204	32.6
	Private Employee	43	6.9
	Unemployed	93	14.9
	Own business	20	3.2
	Public sector	22	3.5
	Professional	100	16
	Mid-level occupations	91	14.6
	Other	52	8.3
At what age did you start your sex life?	Under 10 years	8	1.3
	10 to 14 years	154	24.6
	14-19	381	61
	20-25	73	11.7
	26-59	9	1.4
Who did you have your first intercourse?	Friend	282	45.1
	Couple	204	32.6
	Family	57	9.1
	Unknown	82	13.1
Was it consensual?	Yes	580	92.8
	No	45	7.2

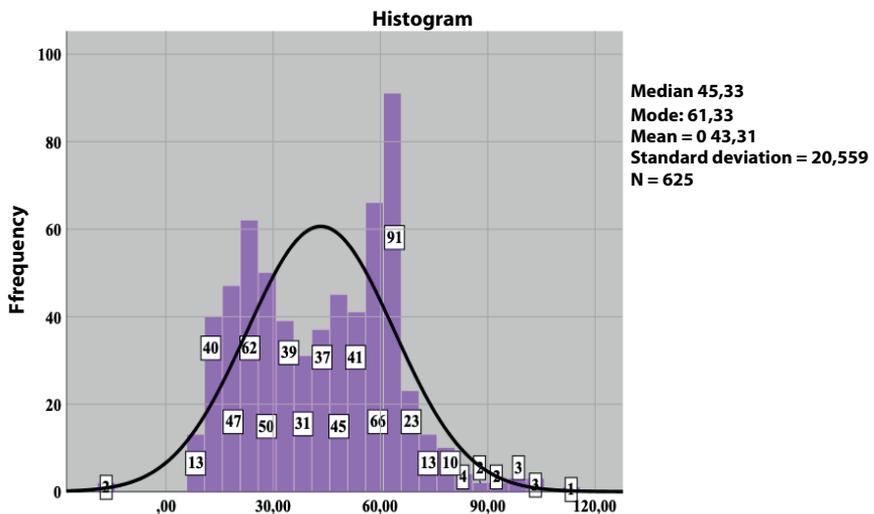
The study group characterized according to sociodemographic variables. Table 1 shows the descriptors for each variable. In terms of age, participants had a minimum age of 16 years and a maximum age of 66 years, with an average of 28.35 (SD 9.072). Age at onset of sexual life was 1.3% (8) under 10 years, 24.6% (154) from 10 to 14 years, 61% (381) from 14 to 19 years, 11.7% (73) from 20 to 25 years, and 1.4% (9) from 26 to 59 years. The onset of sex life was 92.8% voluntary (580) and 7.2% involuntary (45).

Table 2
Cronbach's Alpha

Reliability Statistics	
Cronbach's alpha 0.913	No. of items
	25

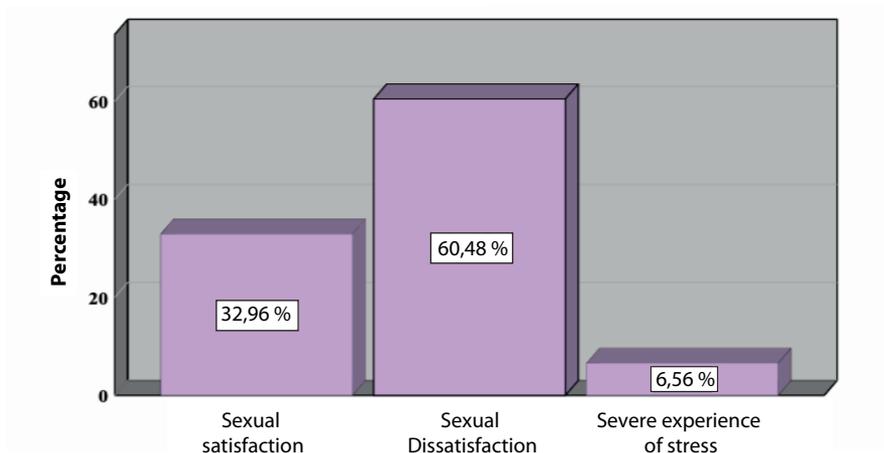
The reliability analysis (Cronbach's Alpha) for the Sexual Satisfaction Index (SSI) was 0.913, i.e., the items are correlated with each other, due to the result that was a value approximate to 1, being reliable of the measured scale. Alpha values above 0.7 or 0.8 are considered to ensure the reliability of the SSI scale (Table 2).

Figure 1
Sexual Satisfaction Index



As for the score obtained in the Index of Sexual Satisfaction, the minimum was 9 points, the maximum 112, an average of 33.88 with a SD 19.24, and the histogram reflects a mode of 61.33, median 45.33, mean 43.31, with a SD 20.55.

Figure 2
Sexual Satisfaction Index



The LGBTIQ population has sexual satisfaction in 32.96% (206), sexual dissatisfaction in 60.48% (378) and 6.56% (41) have a severe experience of stress, possibly sexual coercion (Figure 2).

Table 3
Place of residence with SSI

Comparison of SSI averages in relation to place of residence				
Place of residence	Average	N	Deviation	p-value
Quito	40.93	440	20.19	0,000
Cuenca	43.54	44	20.70	
Latacunga	59.42	12	10.79	
Guayaquil	50.40	29	19.64	
Ibarra	51.75	92	19.33	
Amazon	47.33	4	11.17	
Galapagos Islands	31.33	1	Oh, yeah.	
Esmeraldas	54.33	3	2.65	
Total	43.59	625	20.34	

When correlating the place of residence with the SSI, the p-value < 0.05 (0.000) was obtained, which indicates statistically significant. The population residing in Latacunga showed a lower sexual satisfaction with an average of 59.42, while in the Galapagos Islands there was a higher sexual satisfaction, with an average of 31.33.

When comparing the couples living in Quito with those in Ibarra, it was found that those living in Quito have greater sexual satisfaction with a p value < 0.05 (0.000). It was also observed that couples living in Quito have greater sexual satisfaction compared to those in Latacunga, with a p value < 0.05 (0.006).

Table 4
Gender-related SSI

Comparison of ISS means in relation to gender				
Sex	Average	N	Deviation	p-value
Female	46.07	168	19.49	0.000
Male	41.71	426	20.55	
I'd rather not say	55.91	31	16.21	
Total	43.59	625	20.34	

The gender-related SSI yielded a p-value < 0.05 (0.000), being statistically significant: with more sexual satisfaction in men with a mean of 41.71 and less sexual satisfaction in those who preferred not to say with a value of 55.91. When comparing couples, there is more significance in men and those who preferred not to say with a p value < 0.05 (0.000) and women with a p value < 0.05 (0.014).

Table 5
SSI on sexual orientation

Comparison of SSI means in relation to sexual orientation				
What is your sexual orientation?	Average	N	Deviation	p-value
Homosexual	41.96	327	19.97	0.001
Bisexual	41.81	106	22.97	
Lesbian	48.71	136	19.11	
Trans	42.16	47	18.14	
Intersex	61.00	3	11.02	
Other	50.17	6	19.28	
Total	43.59	625	20.34	

As for sexual orientation, those who identified as Intersex have less satisfaction with a score of 61, followed by those who identified as another orientation with 50.17, lesbians with 48.71 and those who have more sexual satisfaction are bisexuals with 41.81 points. The significance between sexual orientation and the SSI yielded a p-value < 0.05 (0.001), and when comparing the two variables, there is greater correlation between sexual satisfaction in bisexuals in relation to lesbians with a p-value < 0.05 (0.013) and in homosexuals and lesbians with a p-value < 0.05 (0.001) (Table 5).

Table 6
Education and SSI

Comparison of SSI averages in relation to education				
Level of studies	Average	N	Deviation	p-value
None	47.74	22	20.79	0.000
Basic Education	56.69	28	17.70	
High school	48.22	164	18.73	
Superior	40.63	411	20.42	
Total	43.59	625	20.34	

When correlating between the level of studies and the SSI, there is a p value < 0.05 (0.000), being statistically significant. There is greater sexual satisfaction in those who have a higher education with a score of 40.63 and with less sexual satisfaction in those who have a basic education with 56.69. When comparing these two variables, higher education has more sexual satisfaction than baccalaureate with a p value < 0.05 (0.000) and higher education has more than basic education, with a p value < 0.05 (0.000).

Table 7
Ethnic self-identification in relation to the SSI

Comparison of ISS averages relative to the a-level How do you self-identify?				
How do you self-identify?	Average	N	Deviation	p-value
Mestizo	43.59	531	20.30	0.047
Indigenous	55.75	17	16.00	
Afro-descendant	37.33	19	19.62	
White	40.46	41	22.48	
Montubio	47.33	14	16.57	
Other	39.00	3	21.01	
Total	43.59	625	20.34	

Ethnic self-identification with SSI yielded a p-value < 0.05 (0.047), being statistically significant, with more sexual satisfaction in those who identified with another ethnicity with a score of 39.00, whites with a score of 40.46 and less satisfaction in indigenous people with a score 55.75 (table 7). There is no correlation between couples.

Table 8

SSI averages related to if they have a partner

Comparison of SSI averages related to if they currently have a partner?				
Do you have a partner?	Average	N	Deviation	p-value
Yes	42.09	395	21.23	0.016
No	46.17	230	18.47	
Total	43.59	625	20.34	

In the variable related if they have a partner, when relating to the SSI it yielded a p value < 0.05 (0.016), establishing statistical significance, with greater sexual satisfaction in those who are currently with a partner with a score of 42.09 and less satisfaction in those who do not have a current partner with 46.17.

Table 9

SSI in relation to the occupation

Comparison of SSI averages in relation to the current occupation				
What is your current occupation?	Average	N	Deviation	p-value
Student	37.97	204	18.50	0.000
Private Employee	43.01	43	18.19	
Unemployed	53.60	93	17.37	
Own business	38.78	20	20.98	
Public sector	34.02	22	20.06	
Professional	42.88	100	19.93	
Mid-level occupations	44.77	91	22.26	
Other	53.49	52	21.12	
Total	43.59	625	20.34	

The occupation and the SSI yielded a p-value < 0.05 (0.000), being statistically significant, with greater sexual satisfaction in students with a score of 37.97 and with less sexual satisfaction in the unemplo-

yed with 53.60 points (table 9). When comparing the two variables, students have more sexual satisfaction than unemployed people with a p -value < 0.05 (0.000), and those working in the public sector with unemployed people with a p -value < 0.05 (0.001).

Conclusions and discussion

Limitations of study

The online application of the questionnaires promises us anonymity and confidentiality, rather than traditional data collection; however, participation conditions can increase forgery, incomplete data, and self-selection bias. Access to this population is difficult, because when they were asked to participate, most of them generated a negative reaction, defensive or afraid of being subjected to violence, which they mentioned at some point in the data collection, as mentioned by Pérez (2012). Therefore, by having affinity with certain groups, associations, communities, leaders, foundations or being a participant in a gay disco, places where feelings, attitudes are hidden and allows them to be free from a discriminatory society, facilitated data collection.

Cronbach's Alpha showed a good internal consistency between the items and the validity of the construct, obtaining a similar score to Santos (2009).

In the population studied, the relationship between sexual satisfaction with: age in groups, place of birth, marital status, the person they live with, number of sexual partners, time of relationship with the partner, beginning of sexual life, the person they initiated sexual life and if it was consensual, showed there were no statistically significant differences with a p value > 0.05 (Otis *et al.*, 2002). In contrast to what was mentioned in the study Sexual identity and partner satisfaction in gay men in metropolitan Lima, subjects living with families reported greater partner satisfaction as the other socio-demographic variables mentioned (Pérez and Wilcht, 2017).

Regarding Hudson scale of sexual satisfaction when relating it to sex, in the Spanish population (Santos, 2009) states that the overall score was not different between men and women. On the other hand, research on the prediction of sexual satisfaction in men and women carried out in Mexico, according to Moral (2011), indicates a slight dissatisfaction in women than

in men. This finding is confirmed in the study due to a higher Sexual Satisfaction Index (SSI) in men than in women (Pöge, 2020; Wang *et al.*, 2021).

In the studied population, the onset of sexual life is not correlated with sexual satisfaction in those who initiated with their friend, as referred by Luttes *et al.* (2019) without statistically significant differences.

When applying the Index of Sexual Satisfaction, the groups under study had a statistical correlation with the highest level of education, a conclusion that was also reported by Santos *et al.* (2009).

People with partners have higher levels of sexual satisfaction according to the groups studied by (Ortiz *et al.*, 2002; Alemán, 2018), the more sexual partners the more sexual satisfaction, and there is no relationship between sexual satisfaction and marital status, as discussed in Botello and Guerrero (2018).

The aim of the research was to fill a gap in the existing knowledge regarding the sexual satisfaction of the LGBTIQ population, based on a bio-psycho-sociocultural approach, addressing the concept of health as a state of well-being and integral satisfaction from the context of sexuality.

The analysis of the results shows the need to promote research on the diverse population in all areas related to sexual health, since rapid social and cultural changes modify the sexual behaviors of people with discrimination, social prejudices, lack of access to health care services and timely support in therapies, counseling, education projects at all levels, so that they accept and respect people who think and act differently in a heteronormative society.

This research study has presented aspects related to the sexuality of LGBTIQ groups, which remained hidden due to fear of their members. The reality that we live in today determines that Ecuadorians accept the existence of these groups and think that heterosexual culture is not the only one that must be present in our reality, for which professionals related to health sciences: doctors, obstetricians, psychologists, sociologists, sexologists, educators join efforts to change the current paradigm.

In conclusion, it is relevant to continue researching about sexual satisfaction in the diverse populations of all existing groups at the national level, expressed in the same way in MSP (2017).

This will allow us to understand the needs and the supports required in safe and respectful environments. It is also essential to analyze the factors that negatively influence their sexual health due to the constant acts of discrimination they face due to their orientation, as indicated by Abaver (2018), Tyler *et al.* (2022) and Gavin (2022).

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