



## The Effectiveness of Sexual Training (Marital Relationship) on Women's Marital Life Satisfaction

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### Authors' contributions

*This work was carried out in collaboration between both authors. Author ZS designed the study, wrote the protocol and supervised the work. Authors ZS and KR carried out all laboratories work and performed the statistical analysis. Author KR managed the analyses of the study. Author ZS wrote the first draft of the manuscript. Author ZS managed the literature searches and edited the manuscript. Both authors read and approved the final manuscript.*

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### ABSTRACT

**Background:** This study was conducted with the aim of investigating the impact of sexual training (marital relationship) on marital life satisfaction of women living in Sepidan city in 2015.

**Methods:** The study population consisted all couples referring to clinics of Sepidan city in 2015. The sample included 40 women who were selected via simple sampling method and were assigned randomly to the experimental group (N=20) and control group (N=20). Data were collected by Enrich Marital Satisfaction Questionnaire, and Larson's Sexual Satisfaction Questionnaire. The data were analyzed via Covariance analysis the T-test.

**Findings:** The results did not confirmed the effectiveness of sexual management training on sexual relations, sexual satisfaction, and problem solving ( $P>0.05$ ). T-test on difference of scores indicated that this approach was effective only for marital life satisfaction. In other words, sexual management training could improve the total score of marital life satisfaction in women of the experimental group ( $P<0.05$ ).

**Conclusion:** Based on the findings of the present study, sexual management training has no effect on marital satisfaction and its dimension. This can be attributed to several reasons including fear of revealing the problem, lack of trust, shame, as well as cultural and mental obstacles.

*Keywords: Marital satisfaction; sexual management; marital relationships; sexual satisfaction.*

## 1. INTRODUCTION

Marriage is the most saint and complicated relation between two people with opposite genders which has multiple, extended and deep aims. No doubly, there is no emotional and social disturbances without the family effect [1]. Families in which couples are in harmony and feel satisfied with the life, have a better function and play their roles more effectively. Marital satisfaction is one of the most important factors of development and reaching life goals [2]. Marital satisfaction means having a friendly relationship with harmony feelings, and also making a logical balance between finical and spiritual couples. Marital satisfaction is the most important pillar of members' mental health [3]. It is also defined as having the feeling of experienced happiness, satisfaction and joy from the spouse regarding all aspects of marital life [4]. Sexual relation correlates with constant satisfaction from the relation [5]. In the study of effectiveness of the effect of cognitive-behavior therapy on marital satisfaction of women with sexual malfunction in Sepidan city in two group of experimental (N=20) and control (N=20), the results showed a positive relationship between satisfaction from sexual relation and marital satisfaction, and a positive relationship between sexual satisfaction and marital satisfaction [5]. In another study, sexual satisfaction and marital happiness after child-birth in 105 first-give to birth-women in Sepidan city. The outcomes indicated that sexual satisfaction and marital happiness were positively and significantly correlated [6,7]. A study investigated the relation between sexual joy and life satisfaction which confirmed a positive relation between satisfaction from marital relation and joying sexual relation, and therefore, between satisfaction from sexual relation [8]. The results of a study on the relation between satisfaction from marital relations and its influencing factors on 400 married women less than 40-year-old living in Tehran, it was confirmed that satisfaction from sexual relation and other variables including satisfaction from finical situation, affective relations, satisfaction from other life aspects, satisfaction from the spouse, wrong beliefs and attitudes, and way of socialization were highly correlated. several other

researchers in a study titled "Demographic and Psychological Factors Related to Sexual Desire among Heterosexual Women in a Relationship" concluded that sexual performance and its components were positively correlated with women's satisfaction and adjustment between marital life [9,10]. In another study titled "study of relationship between incest in childhood and sexual arousal disorder in victimized women", it was revealed that communication problems and dissatisfaction from marital relations were under the influence of various factors including sexual ones and life events, in a way that marital satisfaction were higher in couples who were sexual satisfied, in spite of their communicational problems, compared with couples who were less sexual satisfied [11]. Satisfied couples report more harmony between sexual activity and experienced sexual activity. In addition, satisfaction from sexual relation is significantly related to family level of performance both for men and women [12]. Sexual satisfaction is a critical component of loyal relations. In fact, primary satisfaction from a sexual relation is a strong predictive factor for feeling satisfied and continuing the relation for a longer time [13]. Mortazavi, Bakhshyesh, Fatehi zade and Amani [14] by studying lack of sexual desire and marital conflicts in 100 women living in Sepidan city found that women with higher levels of marital dissatisfaction and conflicts had higher levels of lack of sexual desire. A study that investigated the relationship between sexual performance and marital satisfaction in 100 women living in south part of Tehran city showed that all variables of sexual performance were correlated between marital satisfactions [15]. In another study which investigated sexual self-effectiveness and marital satisfaction on 385 married students of Islamic Azad University, Roodehen Branch in two time intervals (first, N= 194 women; second N=191 men) aged 18 to 50. A positive correlation was found between marital satisfaction and sexual relations [16]. After normalizing and evaluating the scale of Kansans Marital Satisfaction in American married men and women its was concluded that sexual satisfaction plays an important role in marital relations, and the importance of sexual activity is so much that lack of it warns about other problems in marital life

[17]. In a study on 60 American couples a direct relationship between marital satisfaction and sexual desire was observed [18]. As Spans believe, weak and unpleasant sexual relation can be considered as the couples' source of problems, and on the other hand, Masters and Johnson [5] state, sexual problems are usually due to couples' weak communication, and therefore, helping them to improve their general relationship with their spouses should be a part of their treatment. Sexual harmony, but not frequency of sexual activity, is related to marital satisfaction. About sexual relation it can be mentioned that although satisfaction fem marital life is only to some extent related to sexual relation, however it can one of the vital source of feeling happy or discomfort from the marital life, since if this relation is not satisfactory it may terminate to feeling of deprivation, frustration and lack of safety (damaging mental health), and finally, family break out [19]. Given the importance of this issue, the scholar aimed to find the effectiveness of sexual management training (sexual relations) on marital satisfaction of women living in Sepidan city.

## 2. MATERIALS AND METHODS

This research is a semi-experimental study with pretest and posttest, and a control and experimental group. The study population consisted all couples referring to clinics of Sepidan city in 2015. The sample included 40 women who were selected via simple sampling method and were assigned randomly to the experimental group (N=20) and control group (N=20). In order to begin the study, these couples were called and after a primary interview and filling the protocol (written contest), the pretest was performed in both groups. The interventions were then performed in 10 sessions (each lasted for 60 minutes) by the scholar separately for women of the experimental group. One month after the last session, the both groups filled the posttest. Data in the present study was gathered via Enrich Marital Satisfaction Questionnaire and Larson Sexual Satisfaction Questionnaire.

### 2.1 Enrich Marital Satisfaction Questionnaire

This questionnaire designed by Larson, Anderson, Holman and Niemann [20], this questionnaire assesses potential problematic fields or recognizes powerful fields and making marital relations enriched. The 47-itme form of

this questionnaire was applied in this paper which assesses 12 aspects of life scored on a Likert scale from 1 to 5. Validity of 47-item form of this questionnaire with retest approach was reported 0,92 by Olson et al. [20]. In Iran, Mahdavian [9] investigated its validity by Pearson correlation coefficient and retest method after one week as 0.937 for men, 0.944 for women, and 0.94 for both genders.

### 2.2 Larson Sexual Satisfaction Questionnaire

Larson et al. [20] designed this questionnaire. It has 25 items and subjects are asked to show their agreement for each item on a 5-grade Likert scale from 1 to 5. Bahrami [21] reported its Cronbach's alpha 0.93. Basati [22] calculated its Cronbach's alpha 0.92.

Training sessions included 10 60-minutes sessions. In these sessions, in addition to giving training notes and a full explanation of sexual relation, therapeutic solutions were also offered.

## 3. FINDINGS

The mean and standard deviation of the sample group were 29 and 3.44, respectively. Near to 50% of the experimental group had diploma, correlation coefficient of pretests were in all cases less than 0.90. Therefore, the assumption of multiple same-line is observed.

As it can be observed in Table 1, homogeneity of slope of regression line is only insignificant for conflict solving and sexual relations. In other words, slope of regression line is nearly parallel for these cases. Therefore, the presumption of homogeneity of slope of regression in the pretest and posttest is not confirmed for variables of sexual satisfaction, marital life satisfaction, and activities of leisure time. In addition, the presumption of variances homogeneity is not confirmed for variables of sexual satisfaction and marital life satisfaction.

As this table shows, there is no significant difference between the two groups regarding dependent variables (conflict solving and sexual relations) so, sexual management training was not effective for improving sexual relations and conflict solving of the experimental group.

Given Table 2, results of t-independent test is significant only for marital life satisfaction variable. In other words, sexual management

training has been effective for improving general score of marital life satisfaction of the women in the experimental group ( $t=2.28$ ;  $df=38$ ;  $p=0.03$ ). Discussion sexual management training (marital relations) was not effective for improving marital life satisfaction of women living in Sepidan city. This finding is consistent with that of Mortazavi et al. [14], and Tavakollizade and Hajivosog [6]. In similar research, GolMkany and Mazlom [7], Rahmany, Mirkheshti, and AllahQoli [8], Mahadvi and Nasimi [9], McCabe, Gold hammer and Denisa [10], Breznsnyak and Whisman [18] a contrast result was observed. To explain this difference it can be said that several reasons of not finding a positive and significant relationship between sexual satisfaction and marital satisfaction included: 1) fear of revealing sexual problems due to low population of the city, 2) cultural and ethnic views toward sexual issues. In fact, because of cultural obstacles, people do not talk about their sexual issues with a counselor or psychiatrist, since these cultural factors cause couples not to discuss sexual needs (especially in women). In addition, there is no talk about gender and sexual features in families and this will be transmitted to the next generation. In fact, in this case, only social medias can be relied on. However, what is said about sexual issues on the internet and in these medias is more advertising and even stimulating rather than informing, and therefore, they cannot provide proper and true information. So, couples, especially women, due to shame and other cultural factors try to get information about sexual issues via the internet and social media and they prevent to take any other direct action. As a result, when they participate in such studies, even the intervention is useful, they do not tend to mention its positive effect due to mental obstacles caused by shame, fear of negative evaluation, or labeling. 3) The other factor was fear of labeling that prevent couples from referring to a counselor or psychiatrist or even participating in training sessions hold for families, and if they do, they prefer not to mention their sexual issues deeply since they do not like others to become aware of their problems and to label them. Sexual management training did (marital relations) not have any positive effect on subscale of sexual satisfaction in women. This finding was previously confirmed by tavakillozade and Hajivosog [6], and Breznsnyak and Whisman [18]. To explain this, it can be mentioned that most of the consoling and sexual therapies have many positive effects on sexual disorders and problems and they are less effective only in

cases that disorders are not curable (e.g., vaginismus, sexual pain, premature ejaculation). There are so many people who solve their problems by referring to a psychologist or psychiatrist however, they prevent to mention this issue due to mental and cultural obstacles. Also, it can be said that individuals do not mention their problems in training sessions because of the presence of other people, and they more prefer to be a listener. These factors reduce the effectiveness of group training in Iran with various ethics due to prejudices and cultural views. The third hypothesis which aimed to investigate the effectiveness of sexual management training (marital relations) on subscale of women's conflict solving was also rejected. This finding is in contrast to that of Mortazavi et al. [14], and Tavakollizade and Hajivosog [6]. To explain this hypothesis it can be assumed that the effect of sexual relations and disorders like desire and performance disorders can reduce marital relations between couples. Favorable to the previous explanation, it can be said that the effect of sexual relation on marital satisfaction is much more than other life aspects. Although this dimension is also influenced by other dimensions and couples' relations, it can independently be a factor that can either strength family bonds or create more conflicts between couples. The fourth hypothesis which studied the effectiveness of sexual management training (marital relations) on subscale of leisure time activities was also disapproved. No opposite or compliant outcomes from other studies were found. To explain this it can be stated that due to the impact of sexual relations on all aspects of life, couples with satisfactory relations both in life and sexual relations benefit from higher levels of mental health and to improve this quality and health, try to find more enjoying activities. Finally, the fifth hypothesis which investigated the effectiveness of sexual management training (marital relation) on subscale of women's sexual satisfaction was not confirmed. This finding is opposite to outcome of Tavakollizade and Hajivosog [6], and McCabe et al. [10]. To explain this, it can be stated that studies show that sexual malfunction improve during therapy and sexual trainings have been effective for them. One of the reasons that this result was not approved in this study was that it was not reflected in the posttest. These individuals did not mention the presence of sexual problems and also prevented to talk about counting the therapy or its effectiveness due to fear of making problems. So, these outcomes were obtained.

**Table 1. Investigating presumption of homogeneity of variances and slope of the regression line**

Variable	Homogeneity of variance		Homogeneity of slope of the regression line	
	F	P	F	P
Sexual satisfaction	5.55	0.24	6.55	0.015
General satisfaction	6.24	0.017	6.64	0.014
Conflict solving	0.15	0.699	0.008	0.928
Activities of leisure time	2.77	0.104	10.10	0.004
Sexual relations	2.43	0.127	0.538	0.470

**Table 2. Summary of T-independent test on difference scores of posttest from pretest in study variables**

Variable (difference)	Experimental group		Control group		df	T	P
	Mean	SD	Mean	SD			
Sexual satisfaction	-4.75	16.05	-6.60	19.4	38	0.32	0.075
Marital satisfaction	4.86	9.79	-.93	5.80	38	2.28	0.03
Activity of leisure time	-0.09	2.94	0.29	1.61	38	0.509	0.614

#### 4. CONCLUSION

Given findings of the present study, sexual management training has no positive effect on marital satisfaction and its components. This can be attributed to factors like fear of revealing the problem, lack of trust, shame, as well as cultural and mental obstacles. Since marital life is under the influence of sexual relation and satisfaction, and this (dis)satisfaction can be even reflected in parents' reactions toward their children.

Existence of many cultural obstacles that prevents training or using proper coping strategies regarding sexual issues. Lack of having a scientific view and importance of sexual issues. In fact, most of the people feel shy or they fear to talk about these issue. And this is refer to Iran society conditions, we had no access to clients details of problems, than we were not opened about their problems. So it is suggested to use this approach in private and public counseling centers. Also suggested to perform this approach not only on married women, but on married men simultaneously, since sexual malfunction relates to both couples in a therapeutic atmosphere to get real and valuable data.

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#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

#### REFERENCES

1. Dansh A. Investigate the relationship between marital satisfaction and sexual satisfaction, abstracts. Congress of Family Pathology, Tehran. 2005;88-43.
2. Bakshi H. Marital satisfaction and depression among couples. Journal of Qazvin University of Medical Sciences. 2006;2:44-33.
3. Kajbaf M. Examine the relationship between parental marital satisfaction and behavioral disorders. MA Psychology thesis. University of Isfahan; 2004.
4. Sadghi S. Evaluation of personality factors in marital adjustment. Dissertation MA in clinical psychology, Institute of Psychiatry; 2001.
5. Halford K. Brief couple therapy. Translated to Persian by: Tabrizi, M. Tehran: Fara-Ravan Publication; 2005.
6. Tavakkolizadeh C, Hajivosog N. The effect of cognitive-behavioral training on marital satisfaction of women with low libido work. Journal of Medical Sciences. 2013;21(5): 50-44.

7. GolMkany N, Darmohamadi M, Mazlom S. Sexual satisfaction and marital satisfaction after delivery in women referred to health centers in Mashhad. *Journal of Obstetrics Gynecology and Infertility*. 2013;16(55): 13-7.
8. Rahmany A, Mirkheshti A, Sadqy N, AllahQoli L. The relationship between sexual function and sexual satisfaction. *Journal of Medical Sciences*. 2011;24(70): 90-82.
9. Mahadvi MS, Nasimi M. Sociological study of woman's satisfaction with marital relations. *Journal of Social Sciences*. 2009;2(3):35-8.
10. McCabe MP, Gold Hammer, Denisa L. Demographic and psychological factors related to sexual desire among heterosexual women in a relationship. *Journal of Sex Research*. 2012;78-87.
11. Herbert KA. Study of relationship between incest in childhood and sexual arousal disorder in victimized women. *International Journal of Health Study*. 2010;38:56-64.
12. Malherbe HL. Intimacy and marital satisfaction in spouses. *Journal of Sex Research*. 2001;27(3):247-57.
13. Rosen-Grandon JR, Myers JE, Hattoe JA. The relationship between marital characters tics, marital interaction processes and marital satisfaction. *Journal of Counseling and Development*. 2004; 82(1):58-68.
14. Mortazavi M, Bakshyesh A, Fatehizadeh M, Emami-Ninia S. The relationship between sex and marital conflict frigidity in women living in the city of Yazd. *Journal of Urmia Medical Sciences*. 2013;24(11): 921-913.
15. Tavakkol Z, Mirmolayi T, Momeni Movahed Z, Mansouri A. The relationship between sexual function and sexual satisfaction in women referred to health centers in south of Tehran, Faculty of Nursing and Midwifery, Hamadan. 2011;19(2):54-50.
16. Vaziri V, Lotfi Kashani F, Hoseinian S, Bahram Gahafari S. Self-sexual and marital satisfaction. *Journal of Behaviors*. 2010;4(16):81-75.
17. Nichols MP. Concurrent discriminant validity of the Kansas marital satisfaction scale. *Journal of Marriage and Family*. 2005;48(2):381-387.
18. Brezsnjak M, Whisman MA. Sexual desire and relationship functioning: The effects of marital satisfaction and power. *Journal of Sex Marital Therapy*. 2004;30:199-21.
19. Shamloo S. *Mental health*. Tehran: Growth; 2001.
20. Larson JH, Anderson SM, Holman TB, Niemann BK. A longitudinal study of the effects of premarital communication, relationship stability, and self-esteem on sexual satisfaction in the first year of marriage. *J Journal of Sex Marital Therapy*. 1988;24(3):193-206.
21. Bahrami F. The effect of hearten methods to students with low assertion of group and individual counseling methods of high school girls, the thesis MA in Counseling. Allameh Tabatabaei University; 2006.
22. Basati R. Sexual satisfaction survey in patients with amputation. Master's Thesis, School of Nursing, Islamic Azad University (nursing); 2015.

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