

## The Evaluation Marital Counseling on Sexual Satisfaction

Samira Mokhlesi<sup>1</sup>, Zahra Shams<sup>2</sup>, Siamak Mohebi<sup>3</sup>, Yaser Tabaraie<sup>4</sup>, Saeideh Botlani<sup>5</sup>, Marzieh Shahsiah<sup>6</sup>

1- Department of Medical Sciences, Qom Branch, Islamic Azad University, Qom, Iran

2- PhD student of reproductive biology, Shahid Beheshti University of Medical Sciences, Tehran, Iran

3- Health Policy and Promotion Research Center, Qom University of Medical Sciences, Qom, Iran

4- Department of Public Health, School of Public Health, Sabzevar University Medical Sciences, Sabzevar, Iran

5- Department of Counseling, Isfahan University, Isfahan, Iran

6- Research Center for Psychiatry and Health Psychology, Qom University of Medical Sciences, Qom, Iran.

**Abstract:** Nowadays, because of sexual dissatisfaction 50% of marriages are not successful. Since unhealthy relationship between couples makes them dissatisfied, misunderstanding along with other circumstances make the foundation of the family unstable and possibly divorce will be increased. Therefore, marital counseling can give couples the necessary information for a good sexual life and helps the stability of the family and creates a healthy society. The purpose of this study is the effect of marital counseling on sexual satisfaction of couple referring to Nader Kazemi health center in Shiraz. **Methods:** The research method is quasi-empirical in two groups of experimental and control. The sample contains 60 couples who are selected voluntarily but not randomly and then divided into two groups of experimental and control randomly. All the data are gathered by a questionnaire in two parts, demographic characteristics (with 6 questions) and Larsson ISS sexual satisfaction questionnaire. In pre-test, data was based on a questionnaire which its validity and reliability were approved. Then a 4-month educational intervention program was used for experimental group. After one month post-test was done for the two groups and the data was analyzed by statistical tests in the  $P \leq 0.05$ . **Results:** This study showed that 46.67% of women in experimental group and 53.33% in control group were 20-24 years old and T-test did not show any significant differences between the two groups ( $P \geq 0.05$ ). Also 53.3% of men in experimental group and 50% in control group were 25-29 years old and T-test did not show any significant difference between the two groups ( $P \geq 0.05$ ). Chi-square test showed that in post-test there was a significant difference in men and women sexual satisfaction ( $P = 0.002$ ). **Conclusion:** The research findings showed that marital counseling effects on the quality of sexual relationship and increase couples' sexual satisfaction. Marital counseling, with the prevention of sexual diseases and sexual dysfunctions, is one of the most effective methods of health education to help people to improve their quality of life through the improvement of sexual satisfaction and their relationships.

**Key words:** marital counseling - sexual satisfaction- Couples

### 1. Introduction

In biological needs, sexual instinct is mixed deeply with psychological needs so that we can observe its effect on different dimensions of life. This instinct has an undeniable impact on marital life and its stability. It has a constructive, important and fundamental role in health and psychological balance. It is because of obvious and considerable characteristics that sexual desire is away from other biological needs and becomes a spiritual and psychological need (1). Sex satisfaction refers to the human pleasant feelings of sexual relationship. Sex satisfaction increases, the quality of marital life rises too and marital instability decrease during life. Sexual satisfaction is important for most of the couples and it is personal issue. Couples sexual relationships are a Human's survival.

Two-way communication process of sexual partners, that any disorder that can occur to the underlying problems and the family is shaken by the center. One important motivation is sexual marriage and divorce and family trauma also causes one is effective. And sexual behavior such as eating and drinking part of the needs of all people living and a way of life requires a healthy joint and survivor is his generation. The concept of marital sexual satisfaction is divided in two parts. 1- Satisfaction in sexual activities. 2- Emotional and affective satisfaction. Researchers believe that supportive relations has a direct relationship with sexual satisfaction and also other factors like empathy, physical attraction and love are related to it (5,6).

According to Hyde and Delamater (2000), sexual satisfaction means satisfaction in sexual activity and emotional satisfaction (7).

Sexual satisfaction is not just physical pleasure but consists of all remaining feelings after positive and negative aspects of sexual relationship (8). Sexual satisfaction includes man's satisfaction from sexual activities to orgasm (9). Marital sexual satisfaction takes place in two ways:

- 1- Satisfaction with sexual activities.
- 2- Affective and emotional satisfaction (7).

A large number of researches show that sexual satisfaction anticipators in marriage are divided in 3 groups. The first group is relationship variables that contain emotional part of sexual satisfaction. The second group is physiological features of sexual relationship that includes satisfactory sings of sexual activities. The last one involves sexual satisfaction anticipators in individual characteristics and cognitive intimacy. The existence of problems in sexual activities such as loss of Desire, premature ejaculation, sexual unable and soon are hidden and may not be explored of because of fear, anxiety, shame, insufficiency feeling and sin. These secret problems may be changed to other symptoms such as physical problems, depression and marital life dissatisfaction and set to continue to severe family conflict and divorce (11). Sexual education or marital counseling is the way in sexual disorders therapy in which men's knowledge in sexual desires, attitudes and cultural values increase, it also improves and promotes effective relations in sexual issues (12). Today there are clinics and medical centers in some developed countries where sexual problems are cared and they pay attention to family disorders. Noticeably, the studies done in these clinics indicate that the prevalence of sexual disorders such as sexual aversion or controlled sexual desire, sexual pain disorder, painful intercourse were about %18 to %79. Statistic show that %50 of couples had experienced sexual disorders in their marital life but some of them have consulted. Through education, counseling and necessary information in physiology of sexual response in human, the problems decrease gradual, unawareness is being changed to awareness.

And successful and effective steps are taken for sexual problems and marital conflicts (13). Sexual need is one of the basic needs in couples for marriage. Sexual education has a effective role in sexual relationship (14).

Since sexual relationship is very important in our lives and it is effective on family health, also the importance of sex education in preventing sexual disorders and diseases, this research is an attempt to offer couples a useful sex sexual satisfaction.

## 2.Methods

This study is semi- experimental with two groups of control and experimental. The population was the recent married couples in Shiraz who referred to Nader Kazemi health center for marriage certificate. Therefore 60 couples were selected and place randomly in control and experimental groups. A questionnaire which was used for gathering data had two parts: Demographic characteristic (6 questions) and Larson's sexual satisfaction questionnaire. It contained is questions based on Lickert scale (never, rarely, sometimes, often and always) and each question was graded 1-5 for analyzing the data, the scale was 25- 125 and the categories were sexual dissatisfaction ( $x \leq 50$ ), low level of satisfaction (50- 75), medium satisfaction (76- 100) and finally high level of satisfaction ( $x \geq 100$ ) Was used for, assessment. So, after construct validity questionnaire translations, it was given to 10 psychological and medical professors and revised. The retest method (10 people except those in research sample) was used for questionnaire reliability and approved with Alpha %98. Before education, the researcher referred to Kazemi health center and the questionnaires were completed by experimental and control groups. Couples answered individually. Then marital counseling intervention which was in 5 sessions of sex education (one hour) in lecture, group discussion and question and reply (a male counselor for men and a female for women) was done. After one month, post – test was completed and finally, the data was analyzed with SPSS, descriptive (mean, standard deviation) and analyses statistics (T- test, Chi-Square).

## 3.Results

This study showed that % 46/67 women in experimental group and %53/33 of them in control group were 20- 24 years old, but T- test didn't show any meaningful differences ( $T= 546, P > \%5$ ) other features are in table 1. Table 2 shows Frequency distribution of absolute and relative women's sexual satisfaction in both groups before intervention in which 50% of women in experimental group had average sexual satisfaction and 56.67% of them in control group had high sexual satisfaction. Chi-Square test did not show any significant differences in women's sexual satisfaction in two groups before intervention ( $p=0.73$ ). Also, 60% of men in experiment of group and 46.67% in control group had high sexual satisfaction and Chi-Square test did not show any significant differences in men of two groups before intervention ( $p=0.62$ ).

Demographic characteristics		experimental		Control		Chi-square test level
		Total	Percent	Total	Percent	
Women's education	under diploma	1	33.3	1	33.3	P=0.069
	diploma	16	53.33	15	50	
	Academic education	13	43.33	14	46.67	
man's education	under diploma	3	10	3	10	P=0.682
	diploma	17	56.67	14	46.67	
	Academic education	10	33.33	13	43.33	
women's job	house wife	16	53.5	18	60	P=0.313
	employer	10	33.3	9	30	
	Student	4	13.2	3	10	
man's job	employee	7	23.30	11	36.60	P=1.389
	higher employee	5	16.60	5	16.70	
	free	18	60	14	46.70	
marriage Time period	under on month	2	6.67	2	6.67	P=0.262
	1-12 month	19	63.33	18	60	
	13-36 month	5	16.67	7	23.33	
	> 36 month	4	13.33	3	10	
	Average	20	66.67	16	53.33	

Table 2: sexual satisfaction comparison in experimental and control group before intervention

	Gender	Before intervention				Chi-Square
		Experimental		Control		
		Total	Percent	Total	Percent	
Low satisfaction	Woman	1	3.34	0	0	X=1.433 P=0.73 women
	Man	0	0	0	0	
Medium satisfaction	Woman	15	50	13	43.33	X=0.287 P=0.62 men
	Man	12	40	10	33.33	
High satisfaction	Woman	14	46.66	17	56.67	
	Man	18	60	20	66.67	

While you see in table 3, %100 of women in experimental groups and %66.67 in control groups had higher sexual satisfaction after intervention. Also %100 of men in experimental group and %70 in control group had higher sexual satisfaction. Chi-Square test showed a significant differences in men's and women's sexual satisfaction of experimental and control groups in post-test ( $p=0/002$ ). While you see in table 3, 100 %of women in experimental groups and 66.67% in control group and 70% in control group had higher sexual satisfaction. Chi-Square test showed a significant differences in men's and

women's sexual satisfaction of experimental and control groups in post-test ( $p=0/002$ )

Table 3: sexual satisfaction comparison in experimental and control groups after intervention

	Gender	After intervention				Chi-Square
		experimental		Control		
		Total	Percent	Total	Percent	
Low satisfaction	Woman	0	0	0	0	X=12 P=0.002 women
	Man	0	0	0	0	
Medium satisfaction	Woman	0	0	10	33.23	X=10.588 P=0.002
	Man	0	0	9	30	
High satisfaction	Woman	30	100	20	66.67	
	Man	30	100	21	70	

#### 4. Discussion

The statistical test results showed that there was not any significant difference between experimental and control groups in education, job and marriage time period. In this research women's and men's sexual satisfaction was medium and high. This research agreed with Henderson-King and Veroff (1994) who claimed that there is a relationship between couples' sexual relationship in their first year

of life and marital health and sexual satisfaction was equally important for both sexes (15). Rahimi and Shams (2007) in their research named important factors in couples' sexual relationships improvement showed that there is a meaningful relationship between with sexual relationships suitable verbal and marital relationship and happy feeling and age increase, life time period, number of children, marital relationships were faded and women's sexual satisfaction feeling is decreased which agree with our research (16). Khoei (1999) did a research on 525 employed women and showed that most of women are satisfied with their sexual relationships and only %36.3 were not satisfied which agrees with our research. It seems that sexual satisfaction depends on various factors such as age, the lower the marriage time period, the higher sexual satisfaction (17). Therefore Christopher and Sprecher (2000) showed the relationship between age and sexual satisfaction. In their research %60 of men were satisfied with sexual satisfaction in experimental and control groups (18). Dunn's research in America showed that the prevalence of sexual dissatisfaction in men %21 and men's instinct to sexual relationship and their sexual satisfaction decreases with age increase which also agrees with our research (19). Based on education intervention in experimental group in post test showed that marital counseling is important in sexual satisfaction increase and this result with Pakghohar et al (2005) indicated that pre marriage counseling in sex increases sexual satisfaction and marriage satisfaction as a whole (20). Cooper and Stoltenberg (1987) compared sexual improvement program and relationship education on marital and sexual satisfaction. Couples in experimental group attended in weekly 2 sessions for one month. There was a control group. All groups were assessed after education and 3 month after the last session. Covariance analysis showed couples who attended in sexual relationship program had sexual pleasure in their relationship. Also, they feel more affect and kindness and they had more improved marital satisfaction (21). Pinkerton and Abrahamson (1992) claimed that sex education is effective on healthy behavior. It can increase people's understanding of sex (2). In his researches Santrock (1997) discussed that if we offer sex education at a suitable time, we can control unsuitable sexual motives, create healthy sexual behavior, decrease sexual problems and prevent sexual transmitted disease (23). Baron and Byrne (2004) came to the point that sex education and marital counseling play an important role in family health, sexual violence decrease, venereal disease prevention, positive attitude to sexual relationship, sexual pleasure, family maladjustment decrease and finally couple's sexual satisfaction (24).

Sex education and marital counseling is a long process through which people can get necessary information about sex and form their attitudes, values and beliefs. Marital counseling is a process that helps healthy sexual development, marital health, interpersonal relationship, affect, closeness, body image and sex roles. Marital counseling plays attention to biological, cultural, social, psychological and religious dimensions too. It is related to cognitive (information and knowledge), affective (feelings, values and a attitudes) And behavioral (relationship and decision skills) areas. Therefore, in this research, it seems that couple's sexual in formation and their attitudes to sex have been increased or improved by marital counseling. Since in our society to day we have sexual problems, it is suggested to offer sex education and marital counseling before and during marriage which tends to sexual satisfaction and marital life quality increase.

#### **Ethical Consideration**

All Ethical issues (such as informed consent, conflict of interest, plagiarism, misconduct, co-author-ship, double submission, etc) have been considered carefully.

#### **Acknowledgement**

Researchers wish to thanks for all the couples in the present study as well as respected partners in health centers in Shiraz Nader Kazemi through providing facilities and training space and plan for supporting this project must appreciate.

#### **References**

1. Byers E,S & Demmons 1999. Sexual satisfaction and sexual self-disclosure within dating relationships. *The Journal of Sex Research.* 36, 180-189.
2. Hyde J. S & Delamater J. D 2000. *Understanding Human Sexuality.* Boston: Mc Graw Hill: 24.
3. Byers E. S & Demmons S 1999. Sexual Satisfaction and sexual self- disclosure dating relationship. *The journal of Research.* 36, 180-189.
4. Young M & Luquis R 1998. Correlates of Sexual Satisfaction in Marriage. *Canadian. Journal of Human Sexuality.* 7, 115-127.
5. Herlbert D. F, Apt C & Rabehl S 1993. M. Key variables to underastanding female sexual satisfaction: An examination of women in nondistessed marriages. *Journal of sex and marital Therapy.* 19,156-165.
6. Lawrance K & Byers E. S 1995. Sexual satisfaction in long-term heterosexual relationship: The interpersonal exchange model of Sexual satisfaction. *Personal Relationships.* 2, 267-285.
7. Hyde J.S Delamater J.D 2000. *Understanding human sexuality.* Boston: Mc Grow Hill.

8. Macneil M. Byers M 2006. Sexual satisfaction. *Journal of marriage and the family*. vol. 37, No: 3, pp573-581.
9. Spence H.S 1997. *Psycholosexual Therapy*. London: Chapman & Hall.
10. Christensen S. A 2004. The effect of premarital sexual promiscuity on subsequent marital sexual satisfaction. M. S. Dissertation. Brigham Young University.
11. Ohadi B 2006. [Humans Behaviour sexuality]. 2<sup>st</sup> ed. Isfahan: Sadegh Hedayat: 4-5 (Persian)
12. Tabrizi, M. Beck and the effectiveness of couples therapy, cognitive therapy and family therapy book compilation on increasing marital satisfaction.1382. Ph.D. thesis. Allameh Tabatabai University. Un pub.
13. Jahanfar, sh. Mola'i ne, M. Drsnamh sexual disorders. 1384. Tehran: Byzhh publication.
14. Hasanzadeh, R.. Mahmoudi, Gh. Khalilian, A. R. The effect of education on sexual health family. The second congress of family pathology. Shahid Beheshti University. 1383. (Persian)
15. Henderson-King, D.H.,& Veroff,J. Sexual satisfaction and marital well-being in the first years of marriage. *Journal of Social and Personal Relationships*. 1994, 11,509-534.
16. Rahimi, M. Shams, AH. Reviews important factors in improving sexual partners. The third congress of family and sexual health. Shahed University. . 1386. (Persian)
17. Khoei, A. Comparison of personal and family characteristics of working women sexually satisfied and dissatisfied. MSc Thesis University of Medical Sciences. . 1376. UnPub. (Persian)
18. Christopher, F. S., & Sprecher, S. Sexuality in marriage, dating, and other relationship: Ade and review. *Journal of Marriage and The Family*. 2000, 62, 999- 1017.
19. Dunn, k. Satisfaction in sex life of a general population sample, *Journal of sex & marital therapy*. 2000, Vol.18, no.3, 244-281.
20. Pakghohar, M. Farnam, F. Mirmohammadali, M. And ect. Effect on premarital counseling and marital satisfaction in couples referred to the selected health centers of Tehran Medical Sciences University in 1385.UnPub. (Persian)
21. Cooper, A. & Stoltenberg, C. D. Comparison of sexual enhancement and a communication training program on sexual and marital satisfaction. *Journal of counseling psychology*. 1987, 34, 3, 309-314.
22. Pinkerton, S. D. and Abrahamson, P. R. Is risky sex rational? *Journal of Sex Research*. 1992. 29, 561-568.
23. Santrock, J. W. *Life-Span Development*. By Mc Graw-Hill. 1997, pp.61-536.
24. Baron, R. A, Byrne, D. *Social Psychology*. By Allyn and Bacon. 2004, pp 546-556.