

Evaluation of the Effectiveness of Skills of Sexual Training on Sexual Satisfaction of Married Women with Poor Sexual Performance

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ABSTRACT: The purpose of the present study was to evaluate the effectiveness of skills of sexual training on sexual satisfaction of married women with poor sexual performance. The design of the present research was experimental from pretest-posttest of following-up and control group. The population consists of married women with poor sexual performance referring to counseling centers in Gorgan that a total of 30 people of the women who were selected voluntarily and available and in two groups of 15 subjects (15 people for experimental group and 15 people for control group). The research tool was a form of personal and sexual satisfaction of Larson. 10 sessions of 60 minutes of classes of sexual training were held for the experimental group. To analyze the data, the analysis of variance was used ($P < 0.01$). There is a significant difference between experimental and control groups in terms of sexual satisfaction. The result is that the skills of sexual training can significantly increase sexual satisfaction in women with poor sexual performance. Therefore, it is recommended that along with other preventive measures and the empowerment of couples, the skills of sexual training is scientifically considered useful as an intervention to increase sexual satisfaction of the women.

Keywords: Sexual Training, Sexual Satisfaction, Married Women, Poor Sexual Performance.

INTRODUCTION

One of the most important aspects in a systematic marital is a satisfaction that spouses experience in a marriage, and this satisfaction will in turn be effective in many other aspects of married life (Torkan & Kalantari, 2006). If the marriage is successful, this will greatly contribute to social and psychological development because the couple relationship is a unique relationship in which the spouses can experience the deepest and most sincere feelings and in contrast, if the marriage fails, this relationship can cause severe damage to the body organs

and result in stopping personal growth and their wanderings (Nazari, 2007). Forming the relationships among the couples can influence their children's positive or negative impacts. However, it seems necessary that to create a successful marriage, we make the youth more prepared and more aware because a successful life needs certain skills and abilities in addition to facilities (Jafari, 2010).

Sexuality trends are the innermost feelings and deepest aspirations of the human heart in the sense of a relationship and sexual dysfunction is defined as disorders of desire, arousal, orgasm, and sexual pain (Mohammadi et al., 2007). These disorders include: (hypothyroidism) or inhibition and sexual desire, disorders of sexual aversion,

sexual arousal disorder, and orgasmic disorders, sexual pain disorders (vaginism, painful intercourse and non-coital sexual pain). In total, about 60 to 80 percent of women suffer from various forms of sexual dysfunction that they are effective directly and indirectly on many aspects of their lives (Karbasi, 2005). Several studies have been conducted regarding the prevalence and type of sexual dysfunction in women. For example, Pastor reported in 2011 that there was a reduction of sexual trends in 40% of women and 10 to 16 percent of women were worried about the loss of their sexual orientation. Generally, there are sexual dysfunctions in all communities and they are effective on the quality of sexual relationships of the married people (Qavam, 2005). These age-related disorders in women are progressive and common and several demographic studies estimate the prevalence of 50-25 percent (Gashtasbi et al., 2014).

In Iran, using the index questionnaire of sexual dysfunction, 31.5 % of the women suffer from one sexual dysfunction (Qavam, 2005). According to previous research, various factors can cause sexual dysfunction in women have been introduced. Some of these factors include: general health status, psychological disorders, chronic diseases (Salehzadeh et al., 2010) and interpersonal factors and social issues (Bitzer & Alder, 2010). In fact, sexual function is a multi-dimensional phenomenon affected by biological, psychological, social and cultural variety. Therefore, sexual dysfunction may also remain hidden by influencing personality, socio-cultural and family factors and they show them with signs and symptoms such as physical illness, depression and marital dissatisfaction in some cases and sometimes they progress up to intense domestic margins and separation. However, early diagnosis and providing effective therapies, along with proper education in sexual matters to the couples can avoid many of these problems and lead to better quality of life (Zamani, 2015). Therefore, according to the materials presented and since in the new sexual therapies unlike in the past, the most concentration is on different aspects of the relationship such as desire, pleasure, sexual stimulation and satisfaction in comparison to sexual arousal and orgasm (Foley, Kope, & Sugrue, 2011; McCarthy & Farr, 2012; quoted by Zamani, 2015).

An investigation of various aspects of sexual function in order to raise the level of individual and family health and subsequently, improvement of the marriage relationships and the nature of sexual health promotion through training sexual skills in-depth knowledge for the couples and in fact, increase of the levels of sexual knowledge in science will be important more than ever because sexual issues are among the important subjects which are in the first row of a life (Byers, 2005) and one of the important components of a successful sexual intercourse is sexual knowledge (Spence, 1991). In this regard, the present research seeks to answer the main question that can training sexual skills have an effect on sexual satisfaction of the women with the poor sexual function or not?

MATERIAL AND METHODS

The design of the present research was experimental from pretest-posttest of following-up and control group. The population consists of married women with poor sexual performance referring to counseling centers in Gorgan that a total of 30 people of the women who were selected voluntarily and available and in two groups of 15 subjects (15 people for experimental group and 15 people for control group). The research tool was a form of personal and sexual satisfaction of Larson. The questionnaire of sexual satisfaction is made by Larson to assess sexual satisfaction including 25 questions with the options of never, rarely, sometimes, most of time (1-5). According to the questionnaire of the respondents, they are in four groups with full satisfaction, relative satisfaction, low satisfaction and dissatisfaction. To determine the validity of this questionnaire, retest method is used that accordingly the coefficient obtained $r = 0.89$ which is a high coefficient (Rahmani et al., 2011). 10 sessions of 60 minutes of classes of sexual training were held for the experimental group. The first session training and therapeutic protocol includes referrals and members familiar with each other; the second session is on overview of classes and sexual training; the third session deals with female sexual anatomy; the fourth session is about body awareness training; the fifth session discusses to introduce sexual taboos in the world; the sixth session is about identifying sexual beliefs; the seventh session discusses on introducing a variety of sex; the eighth session deals with identifying ways to achieve orgasm; the ninth session is about identifying and diagnosing a variety of sexual problems and the tenth session is about implementation of the second stage of sexual satisfaction and anxiety sensitivity test. To analyze the data, the analysis of variance was used ($P < 0.01$).

RESULTS

In this section, description and study of the mentioned assumption and statistical analysis are discussed so that the accuracy of the assumptions can be studied. In order to investigate the significance difference among the groups in the mean variable, ANCOVA is used that this is one of the methods of inferential statistics.

Table 1. Mean and standard deviation of married women's sexual satisfaction before and after sexual training.

Goroh		Pre-test of sexual satisfaction	Post-test of sexual satisfaction
Experimental	Mean	59.13	66.13
	Std. Deviation	3.980	2.949
Control	Mean	55.00	61.93
	Std. Deviation	6.059	5.444
Total	Mean	55.07	64.03
	Std. Deviation	5.037	4.803

The results of the above Table show that the mean of the scores of the sexual satisfaction in the women before training is almost close to each other and in the post-test due to sexual training has a significant difference.

Table 2. Levene's Test of Equality of Error Variances.

Dependent Variable: Post-test of sexual satisfaction			
F	df1	df2	Sig.
0.14	1	28	0.706
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.			
a. Design: Intercept + PISHI + Goroh			

Given the significant level of Levene's test is more than 0.05, it can be said that data of these hypotheses have not questioned equality of variance error. Therefore, covariance analysis can be used.

Table 3. Tests of Between-Subjects Effects.

Dependent Variable: Post-test of sexual satisfaction						
Source	Type III Sum of Squares	df	MS	F	Sig.	Partial Eta Squared
Corrected Model	294.766 ^a	2	147.383	10.63	<0.00	0.44
Intercept	350.41	1	350.416	25.28	<0.00	0.48
Pre-test of sexual satisfaction	162.46	1	162.466	11.72	0.002	0.30
Goroh	128.35	1	128.359	9.26	0.005	0.25
Error	374.20	27	13.859			
Total	123677	30				
Corrected Total	668.96	29				
a. R Squared = .441 (Adjusted R Squared = .399)						

Univariate analysis of covariance has shown that the impact of independent variable (Group) is significant; this means that after removing the effect of pretest, there is a significant difference between the mean of the scores of sexual satisfaction of two groups in post-test. Therefore, the null hypothesis, non-significance of the mean difference between two groups in post-test after removing the pretest probability is rejected. Finally, there a significant difference between experimental and control groups in terms of sexual satisfaction ($P < 0.01$, $F = 9.26$). According to the mean of the scores, it can be concluded that sexual training has a significant and positive effect on sexual satisfaction of the women with the poor sexual performance.

DISCUSSION AND CONCLUSION

The results of covariance analysis showed that sexual training had a significant and positive effect on sexual satisfaction of the women with the poor sexual performance. This result is consistent with the studies of Rastgou et al (2014) because they have shown that increasing sexual knowledge results in increasing sexual satisfaction of the women and this result is consistent with the findings of Divband (2011) and Artimani et al (2013) regarding sexual training has a positive impact on awareness and sexual function of people, and this result is consistent with the findings of Javidi et al (2012) regarding the significant effect of training factor on increasing the sexual satisfaction scores in the experimental group compared with the control group, and this result is consistent with the results of Nejatian et al (2004) and Baniasadi et al (2011) regarding the significant impact on the intimacy of sexual training, marital sexual satisfaction and cohesion, and this result is consistent with the studies of Manavipour et al (2009) and Haqiqi (2001) because they showed that marital counseling has a positive effect on marital satisfaction and educational interventions such as training sexual coolants to promote sexual health education are effective and they are consistent with the results of Edalati Shateri and Aqamohammadian Sherbaf (2009) regarding marriage enrichment has a significant effect on marital satisfaction, personality and sexual satisfaction of the student couples. In explaining this result, it can be said that sexual education program used in this study on women's sexual knowledge with focusing on explaining female sexual anatomy, body awareness training, introduction of sexual taboos, identification of sexual beliefs and its verification, providing a variety of sex and the usual positions in a scientific way as well as legal advice related to them, the definition of orgasm and ways to achieve that and to recognize and identify a variety of sexual problems and poor performances associated with explaining female sexual cycle, knowledge required to create a desired sex for physical and mental health of women and for the couples and finally make it possible to sustain a family because healthy sexual function and correct marital relationships are among the pillars of a stable and friendly relationship and among the important factors of mental and physical health and the continuation of the family depends on this relationship and unfortunately, the women are not allowed in most parts of the world to have a relative proper behavior. However, dysfunction in female sexual can be seen widely (Karbasi, 2005). The reason for many sexual disorders is low sexual knowledge (Spence, 1991; Bancroft, 1989; Dragon, 1979; Mullen version, 197; quoted by Eshqi et al., 2006). It must be said that some behaviors need to be encouraged and some need to be adjusted or modified that this can lead to inability to identify the factors facilitating the sexual relationship. Since such things as the preparation of his arousal of sexual partners and in other words, this requires sufficient skill and knowledge, and on the other hand, beauty and freshness healthy sex life possess in aware men and women, therefore, educational program used in the present research by explaining and teaching these cases help the couples reduce negative feelings and their concerns about sexual and emotional intimacy with their wives and achieve pregnancy, how to express sexual intimacy and comfortable feel in debates related to sexual relations with a positive attitude about their marital sexual issues such as the agreement on decisions related. Therefore, it is not expected that the married women with poor sexual performance in the present study after sexual training show dramatic changes in their sexual relationship satisfaction. Therefore, it is recommended that along with other preventive measures and the empowerment of couples, the skills of sexual training is scientifically considered useful as an intervention to increase sexual satisfaction of the women.

Conflict of Interest

The authors declare no conflict of interest.

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