

The Effect of Education Based on Sexual Self-Efficacy on Marital Satisfaction in Women

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Abstract

Background & Aim: Satisfaction with marital life depends on several factors, and satisfaction with sex is one of the important factors influencing sexual self-efficacy. The aim of this study was to determine the effect of educational intervention based on sexual self-efficacy on marital satisfaction in married women in Isfahan. **Methods & Materials:** A clinical trial study was performed on 80 married women from selected health care centers in Isfahan who were selected by random sampling and were randomly assigned to two groups of intervention and control. The two groups completed the pre-test. The intervention group then participated in 4 sessions. After 6 weeks of the last session in the intervention group and 6 weeks after the pretest in the control group, they responded to the post-test. The instrument of collecting the Enrich Short Questionnaire and Sexual self-efficacy Questionnaire was. Data were analyzed by descriptive statistics and inferential statistics. **Results:** The results of the study indicated that the effect of self-efficacy training on marital satisfaction and its subscales was significant ($P < 0.05$). However, there was no significant difference in the communication subscale ($P > 0.05$). **Conclusion:** Sexual satisfaction is one of the effective factors in family survival and health. Sexual self-Efficacy education can increase marital satisfaction by increasing sexual satisfaction. **Clinical trial registry:** (IRCT20180114038352N1).

Keywords: Sexual Efficacy, Marital Satisfaction, Educational Packag

INTRODUCTION

The family is the cornerstone of the big human society with a fundamental role in the solidarity of social relations, growth and society members' excellence; thus, there are no institutions more sacred than the family to God and marriage is a sacred covenant in the sacred religion of Islam ^[1].

Family is a significant social institute based on marriage. Marriage has been and continues to be one of the significant issues of human life throughout the history. The first sparkles of human communication ignite in the family. Intra-family relationships are of great significance and sensitivity, and the quality of these relationships has a significant role in shaping social attitudes and feedback, and preparing and developing social skills of the members of the family ^[2].

Satisfactory sexual relationship is of the influential factors in family survival and health. Sexual issues are among the first priority conjugal issues in terms of significance and adaptation in sexual relationships and of the most significant elements affecting happiness and life quality. Sexual relationships can directly or indirectly affect the relationship between couples in a drastic way to a large extent by influencing couples' thoughts and feelings. Sexual disorders for many women are physically and psychologically disturbing and socially isolating.

Forutan and Millani (2007) indicated that among divorce applicants in Iran, 66.7% of men and 68.4% of women were dissatisfied with their sexual life ^[3].

Satisfaction with the sexual relationship is one of the most significant factors in satisfaction with marital life, and those with higher sexual satisfaction have significantly better life quality. Based on the reports in Iran, many couples are dissatisfied with their sexual relationships and this is the reason for 50 to 60% of the divorces and 40% of betrayals and secret relationships ^[4].

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Marital satisfaction is a process that is faced throughout the couples' life and affects the health of couples and family health and life satisfaction, and even income, academic achievement and job satisfaction. The spouses with good communication or understanding have better health [3].

The studies by Yorsin and Erics indicated that when people face situations where they feel their actions are ineffective in controlling the consequences, they get frustrated and conclude no relationships between their actions and the consequences. Self-efficacy is linked to the belief in self-control and a sense of self-control has a significant role in adapting to stressors in life [12].

Self-efficacy has been derived from Social cognition Theory (SCT) by Albert Bandura (1997), the famous psychologist that refers to one's beliefs or judgments about one's ability to perform tasks and responsibilities. SCT is based on the triple causal model of behavior, environment and the individual.

Self-efficacy is the degree of the individual's sense of mastery over the ability to perform the desired function. In other words, self-efficacy is the assurance that one performs a particular behavior according to the nature of the situation and expects the desired results. Indeed, self-efficacy beliefs specify how much time people spend to perform their tasks. Most of the people working on the treatment of sexual problems have found that they have a decisive role in evaluating sexual dysfunction and identifying the nature of sexual self-efficacy as a mediating variable [3].

Sexual self-efficacy is a multidimensional construct involving the belief that each individual has about their capabilities in having effective sexual function, desirability for sexual partner, and evaluation of sexual behavior ability and self-efficacy [5]. Indeed, sexual self-efficacy predicts sexual dysfunction [6]. Moreover, it is associated with the lack of sexual self-efficacy, reduction in self-esteem and confidence in sexual function and can decrease marital satisfaction, as well [7].

Alec (2005) concluded that the increase in sexual self-efficacy could be a strategy to prevent sexual problems among young women [8].

Education can enhance self-efficacy as Alimanesh stated in his study that educational program is effective in the self-efficacy of infertile women, and this increase in self-efficacy may increase and enhance problem-coping skills and create a better sense of treatment follow-up [9].

Moreover, Hughes et al. found that group training increases self-esteem and self-efficacy of the subjects and reduces stress. Education enhances health behaviors as well as physical, mental and sexual health thereby increasing marital satisfaction [10].

Given the stated points, examining marital satisfaction and its different spheres like sexual relationships and its improvement is important given its effect on people's mental health. The purpose of studying women and their sexual self-efficacy is to empower them. Moreover, according to the results and using construct reasons, one can state that all of

the abovementioned issues confirmed the role of sexual self-efficacy as the main and latent variable in sexual functioning. Nevertheless, as no direct studies have been performed in this regard, the study examined the effect of education based on sexual self-efficacy on marital satisfaction.

METHODOLOGY

This clinical trial was conducted to examine the effect of sexual self-efficacy education intervention on marital satisfaction among the women admitted to Isfahan Health Centers in 2018.

The study population included married women aged 20-45 years admitted to Isfahan Health Center. The sample size was assigned randomly and was determined to be 80 individuals according to statistical formula: 40 in the intervention and 40 in the control groups. Respect for the dignity of the subjects and voluntary participation were considered to heed the ethical issues. The subjects were assured of the information confidentiality and it was stated above the questionnaire by coding method. By referring to the subjects, explaining the purpose of the study to them, and obtaining their consent to participate in the study, the method of completing the questionnaire was expressed, enough time was considered to complete the questionnaire, and the data was collected using the questionnaire. The inclusion criteria were being married and lack of a history of mental illness and physical illness and the exclusion criteria were the desire to withdraw from the study and being pregnant.

Data collection tools included demographic data form, Vaziri Sexual Self-efficacy Questionnaire (designed based on Schwarzer Self-efficacy Questionnaire) and ENRICH Marital Satisfaction Questionnaire, both of which are of the famous and widely used ones. The face and content validity of the questionnaires were evaluated by gynecologists and midwives. For checking the reliability, Vaziri Sexual Self-efficacy Questionnaire's Cronbach's alpha of 86% and split-half of 0.811 and ENRICH Marital Satisfaction Questionnaire's Alpha-Cronbach of 73% and split-half 0.741 were utilized.

Sexual Self-efficacy Questionnaire consists of 10 questions with the lowest score of zero and the highest score of 30. In the interpretation, sexual self-efficacy questionnaire is divided into three categories: low, medium and high self- and ENRICH Marital Satisfaction Questionnaire has 35 questions with 5 options based on the score 100: 5-20% severe dissatisfaction, 20-40% dissatisfaction, 40-60% moderate satisfaction, 60-80% moderate satisfaction, 80-100% high satisfaction and over 80% very high satisfaction.

Pre-test was conducted in both groups and then 40 subjects in the intervention groups were divided into 4 groups of 10 and participated in 2 hours training sessions per week for 4 weeks. In the first session, men and women's reproductive anatomy; in session two their reproductive physiology and reproduction; in session three, sexual cycle in men and

women, their differences and ability to cope with sexual problems, and finally in session four, increasing sexual self-efficacy were presented as a lecture and question and answer sessions. Knowledge and awareness of the above potentially would brought about increased sexual self-efficacy among the women. Questionnaires were completed again 6 weeks after the last session in the intervention group and 6 weeks after the pre-test in the control group. The control group received no in person trainings. Only at the end and after the post-test, they received a booklet and a CD containing the educational materials.

SPSS, version 20, software was used for data analysis with the statistical tests including independent t-test and paired t-test and covariance analysis if needed.

RESULTS

Table 1: Comparison of mean sexual self-efficacy scores before and after the intervention between the two groups

Time	Intervention		Control		Independent t test	
	Mean	SD	Mean	SD	t	P
Before the intervention	14.94	4.88	16.04	5.77	0.90	0.37
After the intervention	20.08	4.84	15.17	5.01	4.35	<0.001

Moreover, independent t-test indicated no significant differences between the two groups in the mean score of marital satisfaction and its dimensions before the intervention ($P > 0.05$). After the intervention, the mean score of total marital satisfaction and all its aspects, except communication,

The age range of the women in the intervention group ranged from 22 to 43 with a mean of 32.50 and a standard deviation of 4.82 and in the control group from 20 to 48 with a mean of 30.6 and a standard deviation of 6.12 years. Among them, 89.5% were employed and 28.9% had university education. Moreover, 65.8% of their spouses were self-employed and the income of 78.9% of the families was reported to be average, 60.5% had cesarean section and 44.7% had personal home. According to the test, there were no significant differences between the experimental and control groups in any of the quantitative and qualitative variables.

Independent t-test indicated that the mean score of sexual self-efficacy before the intervention was not significantly different between the two groups ($P > 0.05$), but it was significantly higher in the intervention group ($P < 0.05$) after the intervention (Table 1).

were significantly higher in the intervention group ($P < 0.05$), but the mean score of communication did not differ significantly between the two groups ($P > 0.05$) which has been shown in Table 2.

Table 2: Comparison of the mean score of marital satisfaction and its aspects (out of 100) between the two groups before and after the intervention

Time	Aspects	Intervention		Control		Independent t test	
		Mean	SD	Mean	SD	t	P
Before the intervention	Total marital satisfaction score	60.48	13.19	68.89	16.95	0.45	0.65
	Satisfaction	66.14	14.11	63.22	17.95	0.79	0.43
	Communication	60.56	17.86	58.82	20.32	0.40	0.69
	Conflict resolution	52.69	13.15	53.15	15.81	0.16	0.87
	Idealistic distortion	62.60	17.26	59.97	21.07	0.60	0.55
After the intervention	Total marital satisfaction score	64.91	12.48	57.73	16.46	2.14	0.035
	Satisfaction	72.95	14.76	66.50	18.70	2.21	0.03
	Communication	63.14	14.44	58.16	18.06	1.33	0.19
	Conflict resolution	57.08	13.09	52.72	14.53	2.01	0.048
	Idealistic distortion	67.80	16.12	59.34	23.20	2.14	0.035

DISCUSSION AND CONCLUSION

Based on the results, sexual self-efficacy score in the intervention group was 14.96 before the intervention, which increased to 20.08 after the intervention. Moreover, marital satisfaction score in the intervention group was 60.48 before the intervention that increased to 64.92 after the intervention with a significant difference before the intervention.

However, there were no significant differences in the control group before and after the intervention, so one can claim that the sexual self-efficacy education intervention used in this study enhanced sexual self-efficacy and thus the marital satisfaction among the women.

Vaziri et al. (2019) showed a relationship between sexual self-efficacy and marital satisfaction, so that one can predict individuals' marital satisfaction from sexual self-efficacy scores ^[11].

Malani (2013) showed a direct relationship between having a better relationship with a partner and sexual self-efficacy ^[12]. Alec (2005) showed that favorable sexual self-efficacy was related to greater sexual adjustment and increased sexual activity ^[13].

Different studies have indicated that sexual satisfaction is drastically connected with marital satisfaction. Sexual satisfaction is the individual's pleasant feeling of sexual intercourse. Furthermore, high levels of sexual satisfaction can be effective in enhancing life quality and thereby enhancing marital stability. On the other hand, the concept of marital sexual satisfaction whether as satisfaction with sexual activity or emotional satisfaction guarantees the self-efficacy perception. Thus, sexual self-efficacy has a significant role in marital satisfaction ^[14].

Confirmation of this hypothesis in the post-test stage was consistent with the results of Pak Gohar et al. (2004) who stated that sex education can bring about positive feelings and intimacy of the spouse, increased marital relationship, and marital satisfaction ^[15]. Berznovac reported a similar result in a study ^[16].

Mousavi et al. (2007) indicated a significant relationship between sexual function and marital satisfaction of women. Women with a favorable sexual performance have more marital satisfaction compared to the ones with an undesirable sexual function. The relationship between the two studies above showed that sexual self-efficacy could enhance sexual knowledge and attitude as well as sexual function among women thus improve marital satisfaction, which was in line with the two above studies ^[17].

Khanjani et al. studied the effect of sex education on enhancing the quality of marital relations of couples stating that sex education had a positive and significant effect on enhancing the components of marital quality like sexual satisfaction, marital satisfaction, sexual intimacy and decreasing marital conflict ^[18].

Moreover, Salimi and Fatehizadeh stated that sex education improves self-knowledge, which is a type of self-efficacy, and promotes women's sexual intimacy; this was in line with the present study ^[19].

Among the other similar studies, the results of Sehat et al. ^[20] Karimi et al. ^[21], and Honarparvaran et al. ^[22] who confirmed the effectiveness of sex education on marital satisfaction can be cited. Moreover, the results by Genderson ^[23], Kaplan ^[24], Al-Mahboubi ^[25], Ghiyami ^[26], and Westimer ^[27] can be cited. Moreover, Momeni stated the effects of sex education on

improving sexual function and its positive effects on fertility ^[28].

CONCLUSION:

Given the relationship between sexual self-efficacy and marital satisfaction, using some approaches to enhance women's sexual self-efficacy for a better marital life and consequently the durability of family life in society seems necessary. Among these, holding sexual self-efficacy education classes for married women admitted to health centers and holding retraining courses for midwives and / or the forces that have the role of serving women can be cited. Since the study was conducted on a specific society, it is suggested to conduct it in other cities and to examine the educational needs of women concerning sex affairs.

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