

The Effect of Marital Counselling on Sexual Satisfaction of Couples

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Abstract

Introduction: Aspects of one's sexual behaviours such as expectations, frequency, and types of behaviours affect one's sexual satisfaction. The current study investigated both sexual and non-sexual variables associated with sexual satisfaction. Nowadays, because of sexual dissatisfaction 50% of marriages are not successful. Since the 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 counselling 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 counselling on sexual satisfaction of couple 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 the pre-test, data were based on a questionnaire which its validity and reliability were approved. Then a 4-month educational intervention program was used for the experimental group. After 1-month post-test was done for the two groups, and the data were analysed 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 ($P > 0.05$). Also, 53.3% of men in the experimental group and 50% in the 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 counselling effects on the quality of sexual relationship and increase couples' sexual satisfaction. Marital counselling, 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: Couples, marital counselling, sexual satisfaction

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 a personal issue. Couples sexual relationships are a human's survival.^[2]

Two-way communication process of sexual partners that any disorder can occur to the underlying problems and the family is shaken by the centre. One important motivation is sexual marriage and divorce, and family trauma also causes one is effective. And sexual behaviour 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.^[3,4]

The concept of marital sexual satisfaction is divided into two parts: (1) Satisfaction in sexual activities. (2) Emotional and

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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, 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 the sexual relationship.^[8] Sexual satisfaction includes man's satisfaction from sexual activities to orgasm.^[9] Marital sexual satisfaction takes place in two ways:

- Satisfaction with sexual activities
- Affective and emotional satisfaction.^[7]

A large number of researches show that the sexual satisfaction anticipators in marriage are divided into three groups. The first group is relationship variables that contain emotional part of the sexual satisfaction. The second group is physiological features of sexual relationship that includes satisfactory signs 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.^[10] 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 counselling 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 centres 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 18–79%. Statistics show that 50% of couples had experienced sexual disorders in their marital life, but some of them have consulted. Through education, counselling and necessary information in the physiology of sexual response in a human, the problems decrease gradual, unawareness is being changed to awareness.

Moreover, 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 an effective role in the 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.

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 centre for a 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 analysing 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 ($x \geq 100$).

These were 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 centre, and the questionnaires were completed by experimental and control groups. Couples answered individually. Then marital counselling intervention which was in 5 sessions of sex education (1 h) in lecture, group discussion and question and reply (a male counsellor for men and a female for women) was done.

After 1-month, post-test was completed and finally, the data was analysed with SPSS 14, Inc., Chicago, IL, USA, descriptive (mean, standard deviation) and analyses statistics (*t*-test, Chi-square).

RESULTS

This study showed that % of 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 ($t = 546, P > 0.05$) 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 ($P = 0.62$).

While you see in Table 3, 100% of women in experimental groups and 66.67% in control groups had higher sexual satisfaction after the intervention. Also 100% of men in the experimental group and 70% in the control group had higher sexual satisfaction. Chi-square test showed a significant differences in men's and women's sexual

Table 1: Demographic characteristics in experimental and control group

| Demographic characteristics | Experimental | | Control | | Chi-square test level (<i>P</i>) |
|-----------------------------|--------------|------------|---------|------------|------------------------------------|
| | Total | Percentage | Total | Percentage | |
| Women's education | | | | | |
| Under diploma | 1 | 33.3 | 1 | 33.3 | 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 | 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 | 0.313 |
| Employer | 10 | 33.3 | 9 | 30 | |
| Student | 4 | 13.2 | 3 | 10 | |
| Man's job | | | | | |
| Employee | 7 | 23.30 | 11 | 36.60 | 0.389 |
| 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 | 0.262 |
| 1-12 months | 19 | 63.33 | 18 | 60 | |
| 13-36 months | 5 | 16.67 | 7 | 23.33 | |
| >36 months | 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 | Percentage | Total | Percentage | |
| Low satisfaction | Woman | 1 | 3.34 | 0 | 0 | X=1.433 P=0.73 |
| | Man | 0 | 0 | 0 | 0 | |
| Medium satisfaction | Woman | 15 | 50 | 13 | 43.33 | X=0.287 P=0.62 |
| | Man | 12 | 40 | 10 | 33.33 | |
| High satisfaction | Woman | 14 | 46.66 | 17 | 56.67 | Men |
| | Man | 18 | 60 | 20 | 66.67 | |

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

| | Gender | After intervention | | | | Chi-square |
|---------------------|--------|--------------------|------------|---------|------------|---------------------|
| | | Experimental | | Control | | |
| | | Total | Percentage | Total | Percentage | |
| Low satisfaction | Woman | 0 | 0 | 0 | 0 | X=12 P=0.002 |
| | 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 | |

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 groups and 70% in the

control groups 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 the post-test ($P = 0/002$).

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, who claimed that there is a relationship between couples' sexual relationship in their 1st 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 the 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 the various factors such as age, the lower the marriage time period, the higher sexual satisfaction.^[17] Therefore, Christopher and Sprecher 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 a 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 counselling is important in sexual satisfaction increase and this result with Pakghohar *et al.* (2005) indicated that pre-marriage counselling in sex increases sexual satisfaction and marriage satisfaction as a whole.^[20]

Cooper and Stoltenberg compared with sexual improvement program and relationship education on marital and sexual satisfaction. Couples in experimental group attended in weekly two sessions for 1-month. There was a control group. All groups were assessed after education and 3 months after the last session. Covariance analysis showed couples who attended in the 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 claimed that sex education is effective on healthy behaviour. It can increase people's understanding of sex.^[22]

In his researches, Santrock discussed that if we offer sex education at a suitable time, we can control unsuitable sexual motives, create healthy sexual behaviour, decrease sexual problems and prevent sexual transmitted disease.^[23]

Baron and Byrne came to the point that sex education and marital counselling 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 counselling are a long process through which people can get necessary information about sex and form their attitudes, values and beliefs. Marital counselling is a process that helps healthy sexual development, marital health, interpersonal relationship, affect, closeness, body image and sex roles. Marital counselling 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 behavioural (relationship and decision skills) areas. Therefore, in this research, it seems that couple's sexual information and their attitudes to sex have been increased or improved by marital counselling. Since in our society today we have sexual problems, it is suggested to offer sex education and marital counselling 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-authorship, double submission, etc.) have been considered carefully.

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Conflicts of interest

There are no conflicts of interest.

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