

The effectiveness of sexual skills training on the sexual desire and self-disclosure in women with sexual dysfunction

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ABSTRACT

Introduction: This study aimed to investigate the effect of sexual skills training on the sexual desire and sexual self-disclosure in women with sexual dysfunction. **Materials and Methods:** This is a semi-experimental research and the research design includes a pre-test and post-test with a control group. The statistical population of the study consisted of all the women having sexual dysfunction at consulting and psychotherapy clinic of Ferdowsi University of Mashhad, among which 22 were selected through purposeful sampling method. These individuals were then randomly assigned to two groups of experimental and control. The tools used in this research were female sexual function index (FSFI), self-disclosure index, and Hurlbert index of sexual desire (HISD). The intervention was sexual skills training. The test group received sexual skills training for eight sessions and no intervention took place for the control group during this period. The data were analyzed using the covariance analysis. **Findings:** The findings showed that sexual skills training had a significant effect on women's sexual self-disclosure with sexual dysfunction. However, there was no significant difference in terms of sexual desire. **Conclusion:** The results indicate the effectiveness of sexual skills training on improving individuals' attitudes toward personal abilities and beliefs related to sexual role in a satisfactory sexual relation.

Keywords: sexual desire, sexual self-disclosure, sexual dysfunction, women.

Introduction

Sexual relation is the main part of the relationship between any couples. Generally, couples who suffer from sexual relations, show a significant reduction in terms of sexual intercourse and sexual satisfaction [1]. Thus, as expected, there is a significant relationship between marital satisfaction and sexual activity/satisfaction in all studies [2]. In fact, sexual satisfaction is an emotional state that is associated with individual activity within the context of his/her sexual life [3]. It can be argued

that sexual dysfunction is both cause and effect of marital conflict, and the improvement of these relationships can provide a part of marital satisfaction [4, 5]. Problems related to sexual desire and sexual self-disclosure are among the main factors that cause sexual dysfunction and subsequently marital disagreements.

Sexual desire disorders, especially sexual desire reduction are one of the most common sexual disorders in women. Sexual desire disorders are seen as a reduction in sexual desire and sexual hatred. The reduction of sexual desire is a lack or absence of sexual fantasies and the desire to sexual activity, which can be seen in 20 % of the women in the society [6]. There have been numerous definitions for sexual desire, including the multi-dimensional model of sexual desire, in which sexual desire is a force that involves people for certain sexual behaviors and consists of three elements, i.e., 1) sexual drive, a physiological component which refers to the physiology, anatomy, and activity of the endocrine glands; 2) sexual motivation: a psychological component that is influenced by three factors: a) the overall mental condition,

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such as happiness or sadness, b) the interpersonal condition, such a mutual agreement, and disagreement, c) the social context, such as the length of the relations and disloyalty; 3) sexual wish: a cultural component reflecting the values and rules related to sexual expression and instruments which were learned in childhood and are likely to be reconsidered during life. In Levin's view, the range of sexual desire is dangling between hatred, disinclination, indifference, desire, need, and enthusiasm ^[7]. Reagan and Atkins define sexual desire as an incentive to interest and a desire to engage in sexual activity or involvement in sexual activity. They distinguish between sexual desire and mental and physiological arousal ^[8].

One of the effective factors in women's sexual desire is their emotional relationships with their spouses ^[9]. Halford stresses that among women the improvement of sexual intercourse is associated with marital intimacy ^[2]. On the other hand, in a study, Hurlburt, Apt and Ruble examined the role of self-expression ability in women's sexual relations. They showed that women with higher self-expression report a higher sexual and marital satisfaction ^[10].

Another effective concept in couple's conflict is the assertiveness or the sexual self-disclosure. The assertiveness or self-disclosure is defined as the free expression of rights as well as positive and negative personal feelings in a desirable and social behavioral form. The term "assertiveness" or "self-disclosure" in marital relations is defined as a psycho-social sense of the individual's perception or interpretation of how feelings are expressed in this regard ^[11]. Sexual self-disclosure is a sub-type of sexual communication and is considered as the person's ability to engage in sexual intercourse and initiate a sexual act with a sexual partner or a spouse ^[12]. Women are potentially capable of being a doer in their sexual relations rather than just being a passive in men's service, and they are able to produce a more enjoyable sexual relation, one of the few reasons that women experience the lack of sexual desire or sexual interest in relation to their sexual partners. As a result, their sexual orientation lies in men's service.

Shafiei studied the relationship between sexual self-disclosure, sexual desire and sexual identity of married students in Tehran dormitories and the results of his research showed that there was no significant relationship between sexual identity and self-disclosure, as well as between the duration of sex and sexual desire of women in the research community ^[13]. There is also a significant relationship between the sexual desire and sexual self-disclosure of married women, but sexual identity was not able to predict the sexual act, given the absence of a significant relationship between sexual identity and self-disclosure. Research results suggest a strong correlation between self-esteem, self-disclosure and sexual satisfaction. In another study, the results showed that sexual self-disclosure and sexual self-esteem are two important factors that can affect sexual satisfaction levels ^[14].

The assessments indicate that "formal sexual training" programs increase people's knowledge of marital issues and ways to prevent sexual disorders and problems. Sexual training is a process that helps better understand healthy sexual growth,

marital health, interpersonal relationships, affection, proximity, body image, and gender roles. Sexual training focuses on all aspects of gender, such as biological, cultural, social, psychological and religious aspects. Sexual training is also related to the cognitive domain (information and knowledge), the emotional domain (feelings, values, and attitudes) as well as the behavioral domain (communication skills and decision-making) ^[15]. Individuals who have higher cognitive ability take better health measures to prevent sexual problems ^[16, 17]. According to the World Health Organization (WHO), sexual training programs are a requirement for people who have not yet started their sexual activity and for people who have begun their sexual activity ^[18]. Sexual training should be tailored to the age, gender and cultural status of the people, it should be timely and broadly, accurate and appropriate ^[19]. Therefore, in this study, we seek to investigate the effectiveness of sexual skills training on women's sexual self-disclosure and sexual desire.

Materials and Methods:

The statistical population in this study consisted of all women who referred to the consulting and psychotherapy clinic of Ferdowsi University of Mashhad because of sexual dysfunction. A number of 22 women employed in the questionnaires had the highest scores and were selected to enter the study and were randomly assigned to the two experimental and control groups. The members of the test group were subjected to sexual skills training for eight 90-minute-long sessions. During this period, the control group did not receive any intervention and at the end of the training period, the questionnaires were re-collected from both groups as the post-test.

The tools used in this research are:

Sexual desire index:

This indicator was used to assess the sexual desire. The questionnaire was designed by Apt and Hulbert in 1992 and is applicable to clinical samples and public population. The questionnaire was composed of 25 items ranging from 0 to 4 on a Likert scale (from 0 to 4) and the questionnaire's scores ranged from 0 to 100. The lower one's score is, the lower his sexual desire, and vice versa. In external literature, Cronbach's alpha is 0.95 and the validity of the retest (with two weeks interval) is 0.86. In internal literature, Cronbach's alpha was 0.93, which reflects a good internal consistency of the questionnaire and the content validity of the Persian version of the sexual desire index based on the judgment of five experts in the study and Kendall's coefficient of concordance was calculated as 0.96, which is significant at the 0.01 level ^[19].

Hurlbert's self-disclosure index:

The test was developed in 1992 by David Farley Hurlbert to measure the rate of women's sexual self-disclosure in interacting with others. The test consists of 25 items and a 5-point Likert scale (always to never) was used for ranking. In

the implementation of the Hurlbert sexual desire index by David Farley Hurlbert, the test validity of the retest was 0.86. In its implementation by Shafiei [13] on 40 married women, the Cronbach's alpha was 0.92. In its re-implementation by Bye (2008) on 15 married educated women, the Cronbach's alpha of the total test was 0.95. This indicator has a structured content validity with an internal consistency of 0.91. This tool has an appropriate validity according to survey done with some experts and pundits [20].

Findings:

The purpose of this study was to investigate the effectiveness of sexual skills training on sexual desire and sexual self-disclosure in women with sexual dysfunction. In this section, demographic characteristics are presented.

Table 1: Average age of the sample

	group	Average	Standard deviation
Age	Test	33	3.43
	Control	30	4.56
	Total	32	3.32

Table 2: Average duration of marriage in the sample

	Group	Average	Standard deviation
The duration of the marriage	Test	5	2.12
	Control	6	2.34
	Total	5	2.22

Table 3: Distribution of the research sample in the control and test groups

	Group	Average	Standard deviation
Count	Test	11	50%
	Control	11	50%
	Total	22	100%

As the results of Table 3 showed, 11 individuals (equivalent to 50% of the test group) and 11 individuals (equivalent to 50%) were present in the control group. The mean and standard deviation of the sexual self-disclosure and sexual desire to separation of the group and pre- and post-test is presented in Table 2.

Table 4: The mean and standard deviation of the sexual self-disclosure and sexual desire to separate the group and pre- and post-test

Variables	Group	pre-test		post-test	
		X	SX	X	SX
Sexual desire	Test	54.12	8.67	66.09	16.42
	Control	53.5	7.54	51	7.88
Sexual self-disclosure	Test	51.17	11.34	74.63	9.52
	Control	53.76	10.45	50.72	6.67

According to the results of the Table2, it is observed that the mean of test group in sexual desire and sexual self-disclosure is different in the post-test compared to the pre-test. However, there is a slight difference in the control group in this regard. To examine the hypotheses of this research, the covariance analysis was used. In the covariance analysis, the pre-test scores are used as the auxiliary random variable and the post-test scores are used as the dependent variables. The covariance of the post-test was moderated by the differences in the pre-test of both the test and control groups. In addition, the results of the Levene's test showed that the variance of sexual desire variables ($P>0.05$, $F=2.7$) and sexual self-disclosure ($P>0.05$, $F=0.003$) are the same in both groups.

Table 5: The results of the covariance analysis to determine the effectiveness of sexual skills training on sexual desire

Dissemination Source	TSS	Degree of Freedom	Mean Square	F	Significance Level	η
Pre-test	848.19	1	848.19	6.51	0.01	0.25
Group	469.3	1	469.3	3.6	0.04	0.16
Error	2472.71	19	130.14			
Total	79980	22				

It is shown in Table 3 that the proposed training has resulted in improved sexual desire for the women with sexual dysfunction in the test group and that the difference is significant ($P<0.05$). Table 4 presents the results for examining the effectiveness of sexual skills training.

Table 6: The results of the covariance analysis to determine the effectiveness of sexual skills training on self-disclosure

Dissemination Source	TSS	Degree of Freedom	Mean Square	F	Significance Level	η
Pre-test	368.03	1	368.03	7.1	0.01	0.27
Group	3254.25	1	3254.25	62.79	0.000	0.76
Error	984.69	19	51.82			
Total	90935	22				

The results presented in Table 4 indicate that the sexual skills training has significantly increased the average self-disclosure variable in the test group compared to the control group, and the results of the covariance analysis indicate that this difference is significant ($P<0.05$). In other words, the women in the test group have more sexual self-disclosure than the women in the control group after receiving sexual skills training.

Discussion:

The purpose of this study was to investigate the effectiveness of sexual skills training on the sexual desire and sexual self-disclosure in women with sexual dysfunction. The results showed that the sexual skills training had helped improve the sexual desire in the test group, and the improvement was

statistically significant. The results of the studies have shown that the lack of information and a desired sexual knowledge can provide the basis for negative attitudes and therefore an optimal sexual absence [21]. Sexual desire is defined as the motivational orientation that is ultimately involved in sexual activity by creating an interest and desire for sexual orientation [14]. According to this definition, attitudes and psychological factors can be effective in reducing or increasing the sexual desire. These findings are consistent with the results obtained by the researchers such as Sally D. (2000) and Bonnell et al. (2005) who argue that sexual skills training can grow on improving attitudes and sexual interests of individuals, thus contributing to increased levels of healthy behaviors [21]. It can be argued that sexual skills training through increasing individuals' knowledge levels and information about sexual issues contribute to establishing appropriate and efficient attitudes, thus enabling the individual to perform sexual behavior.

The research findings also showed the effectiveness of sexual skills training on enhancing sexual self-disclosure in the test group. According to the results in Table 4, it is observed that this training has been able to significantly improve the extent of self-disclosure in the test group. Given that the self-disclosure is recognized as a form of self-assertiveness, the effective role of psycho-social emotions on individual's perception of personal feelings in sexual relations should be especially considered. According to Golanik, medical and educational initiatives in sexual issues can improve individuals' sexual and social role. That is, these interventions can moderate and even strengthen the viewpoint of experts regarding the roles that are consistent with their expressive and significant behaviors. On the other hand, sexual stereotypes have a significant impact on sexual self-expression capability [22]. As such, according to findings by Tolor et al., women with strong sexual stereotypes have had a lower sexual self-assertion compared to the men with poor sexual stereotypes.

Conclusion:

Overall, the sexual skills training with an emphasis on cognitions and attitudes towards sexual relations and their role in a desired sexual relation will contribute to moderating people's beliefs about themselves and their strengths in sexual intercourse, thereby strengthening their motivations for having an enjoyable sex. The results of this study reveal the fact that marital grievances should look for flawed attitudes and beliefs about personal abilities in sexual relations and can ultimately improve the quality of marital sexual relations by focusing on these incompetencies.

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