

Effect of Group Assertiveness-Based Sexual Counseling on Marital Satisfaction among Female University Students

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ABSTRACT

Introduction: Sexual assertiveness is one of the factor affecting sexual performance as well as the satisfaction and quality of marital relationship.

Aim: To determine the effect of assertiveness-based sexual group counseling on the marital satisfaction of female university students.

Materials and Methods: This quasi-experimental study was conducted on 80 married female students in the academic year of 2016-2017. The eligible students were selected and randomly allocated to two groups of intervention (n=40) and control (n=40). The intervention group received total 4 session of group sexual assertiveness counseling in 2 week time and each session was of 2 hours. After 12 weeks, the data were collected using the ENRICH Marital Satisfaction Scale. The total scores obtained

from the scale were converted into a value ranging between 0 and 100. To analyze the data, independent t-test, paired t-test, Chi-square test, and Analysis of Covariance (ANCOVA) were run in SPSS, version 21.

Results: No significant difference was observed between the control and intervention groups in terms of demographic characteristics. However, after the intervention, the mean marital satisfaction score of the intervention group was significantly higher than that of the control group ($p < 0.05$).

Conclusion: Group sexual assertiveness counseling had a positive effect on the marital satisfaction of female students. Therefore, it is recommended to integrate this intervention with premarital counseling programs, especially in cultures where females have a low sexual assertiveness.

Keywords: Assertiveness, Counseling, Personal satisfaction, Sexual Behaviour

INTRODUCTION

Marital satisfaction is one of the most important goal of any couple [1]. Marriage, marital satisfaction and high-quality marital relationships enhance general health, vitality, and contentment in families. On the other hand, the lack of marital satisfaction and low-quality marital relationship negatively affect the psychosocial nature of the couples and growth of children, leading to separation and divorce [2].

One of the effective factors for good quality marital satisfaction is the quality of sex. Sexual performance and satisfaction could have a significant impact on marital satisfaction [3-5]. Favourable sexual performance and sexual satisfaction are associated with high-quality marital relationships [6]. In this regard, individuals with a high sexual satisfaction deeply adore their spouse and report a better quality of life [7].

Sexual assertiveness is the ability to demand and express oneself in sexual activities [8]. In fact, it is a kind of social competence and a form of communication in which one uses verbal and non-verbal strategies to express his/her sexual preferences [9]. Sexual assertiveness is a skill, which signifies displaying decisive behaviours in sexual opportunities. It contains three interconnected components, namely the ability to start a desirable sexual relationship, refuse unwanted sexual relations, and discuss the use of contraceptives to avoid unwanted pregnancies [10]. It is also the perception of an individual about sexual behaviours, which is associated with improved sexual performance, decreased sexual abuse victim experiences, and reduced high-risk sexual behaviours. Therefore, sexual assertiveness facilitates the achievement of sexual goals, such as sexual autonomy and satisfaction and protects individuals against unsafe sexual relations [11].

Most of the women are afraid of harming the excitement of their spouse or marital relationship by declining a sexual relationship

initiated by the husband. They are more often involved in unwanted sexual relations since they feel more responsible toward maintaining a relationship than men and try to meet the needs of their spouse [12]. Most of women show their consent for having a sexual relationship by saying "no". Sometimes, saying no can be interpreted as maybe, but they avoid saying yes in order not to be considered as an immodest person by their spouse. The importance of sexual assertiveness is not usually emphasized in sexual counseling sessions, especially in Iran, where sexual assertiveness is extremely low in women due to existing sexual norms [13]. Sexual norms (rights such as refusing pregnancy, sexual pleasure and helping women to reach orgasm, expressing excitement during sexual intercourse, and refusing to have sex when the woman is not ready) are intensified when combined with cultural norms. In this regard, some countries, including Iran, have a low rank in terms of sexual transparency index [14]. Sexual and cultural norms disturb women by complicating the religious, cultural, traditional, and local expectations regarding the refusal of unwanted sexual behaviours [15]. Involvement in unwanted and forced sexual relations lowers the quality of marital relationship and satisfaction.

Despite the fact that sexual issues are given considerable attention in many cultural and ethical groups, including Iran, there is no accurate and on-time information in this regard. Additionally, the majority of couples do not refer to counseling centers to solve their sexual problems. Moreover, women refuse to discuss this issue with others due to confining sexual expectations and customs [16-18]. Sexual education in Iran is not well-organized because of some religious and social doctrines. According to religious beliefs, women should be submissive to their husbands under all circumstances, a disposition which is considered a moral value implying sexual dignity [13]. This issue is one of the main cultural challenges for

women and girls in Iran. Persistence of sexual passivity in women could cause sexual problems and lead to decreased quality of life, even among educated individuals. Given the fact that students are at the dawn of forming their romantic sexual relations, this study has been designed to determine the effect of group sexual assertiveness counseling on marital satisfaction among married female students.

MATERIALS AND METHODS

This quasi-experimental study, using a two-group pretest-posttest design, was conducted on 80 married female students studying at a University in southeastern Iran from January to June 2017. This study was approved by the Ethics Committee of Zahedan University of Medical Sciences, Iran, under the code of IR.ZAUMS.REC.1395.244. After participants were notified about the research procedure, objectives, as well as duration and type of intervention, the written informed consent form was obtained from the subjects and their spouses. In addition, they were assured about the confidentiality terms regarding their personal information and the possibility of withdrawing from the research at any time.

The inclusion criteria were: 1) a minimum of one year elapse from marriage; 2) age range of 18-40 years; 3) not mastering in the fields of psychology or counseling; 4) no history of psychiatric diseases; 5) non-consumption of medications affecting sexual performance; 6) lack of physical diseases or surgeries affecting sexual performance; and 7) lack of extreme marital conflicts (e.g., threats of divorce or separation). On the other hand, those who did not attend more than one counseling session were excluded from the study.

The sample size was estimated as 40 individuals per group (n=80 in total) by considering the mean and standard deviation reported by Padash et al. The sample size was determined at the confidence level of 0.095%, the test power of 0.95%, and considering sample dropout [19].

At first, a public announcement was made by the Student and Culture Deputy of the university regarding the implementation of student sexual counseling sessions, and then a list of married female students was prepared. Subsequently, the eligible individuals were divided into two groups of intervention (n=40) and control (n=40) through simple random sampling. The envelopes were randomly distributed and an enclosed envelope indicating the respective group of each individual (A for intervention and B for control) were provided to all participants. The envelopes were given to the participants in order. The data was collected using a questionnaire, consisting of three sections, namely demographic information, Sexual Assertiveness Questionnaire, and the ENRICH Marital Satisfaction Scale. The demographic section included age, field of study, duration of marriage, number of children, age, occupational status, and education level of the spouse.

The Hurlbert Index of Sexual Assertiveness was first designed by Hurlbert in 1991 to estimate the level of sexual assertiveness of women in interacting with others. This 25-item questionnaire was reported to have an internal consistency of 0.91. The minimum and maximum possible scores of this index are 0 and 100, respectively, with higher scores indicating a higher sexual assertiveness and lower scores denoting a lower sexual assertiveness [20]. This scale, used in several studies as a valid research tool [13,18,21], is rated on a five-point Likert scale {Always (4); Most often (3); Sometimes (2); Rarely (1); and Never (0)}.

ENRICH Couple Scales (ECS): This questionnaire was developed by Olson in 1985 and updated in 2010. It comprises of 35 items and 4 sub-scales including marital satisfaction, communication, conflict resolution, and idealistic distortion. Alpha coefficients for the sub-scales of marital satisfaction, communication, conflict resolution, and idealistic distortion equal 0.86, 0.80, 0.84, and 0.83 respectively. Besides, its test retest reliability was equal to 0.86, 0.81, 0.90, and 0.92 respectively. The answer to the questions of this questionnaire could be one of the five options: fully agree (5); agree (4); neither

agree nor disagree (3); disagree (2); completely disagree (1). It should be mentioned that some questions are scored in reverse. By adding the scores of all items of the questionnaire, a total score of at least 35 to a maximum of 175 is obtained. These scores are converted to a score between 0 and 100, so that a higher score indicates higher marital satisfaction and viceversa. Fowers and Olson have used this questionnaire to examine marital satisfaction, and they believe that this scale is sensitive to changes in the family [22]. In Iran, the validity and reliability of the Persian version of this tool have been confirmed by Asodeh et al., and Abbasi et al., and used in Iran [23,24]. The reliability of this tool in the present study was obtained with the help of Cronbach's alpha for its four subscales (68%, 78%, 62%, and 77% respectively). In Iran, the reliability and validity of the Persian version of this tool were confirmed by Asoodeh et al., and Abbasi et al., accordingly, it has been used in several studies [23,24]. The Cronbach's alpha coefficients for the whole questionnaire in the studies by Asoodeh et al., and Abbasi et al., were 0.91 and 0.84, respectively, and it was 0.74 in the present study.

In order to prevent the distribution of the educational and counseling information among the subjects of the intervention and control groups, the data of the control group were collected at the end of the academic semester, and the members of this group were added to the waiting list to receive the counseling session after the research for the next semester. On the other hand, the participants of the intervention group were divided into groups of 6-8 participants, and completed the ENRICH Marital Satisfaction Scale and the demographic form as a pretest. In total, four sessions were held in two weeks time and each session was of 2 hours. The intervention was presented by a graduate with Master of Midwifery Counseling and clinical work experience under the supervision of a specialized counseling doctor (family counselor) with many years of working experience in the domain of psychological counseling. After 12 weeks post-intervention, the subjects were invited to the Counseling Center of the university to collect data in the posttest stage.

The basis of intervention in this study was sexual group counseling on assertiveness, which was designed according to the review of the related literature and asking the opinions of clinical psychology specialists, family counselors, and psychiatrists, who were experienced in the treatment of sexual disorders. Sexual relation training was carried out with an emphasis on the concept of assertiveness, especially sexual assertiveness. The intervention was performed to "promote sexual knowledge, dispel sexual clichés, and advocate assertive behaviours so as to boost sexual pleasure and satisfaction and enhance marital life in general." The content was designed in the form of a workshop, and each session included review of the previous session, introduction, presentation of the content through lecture (whiteboard and PowerPoint), videos, short animations, images, discussion on sexual beliefs and stereotypical roles of women with respect to culture and religion, as well as question and answer rounds. To access the content of the sessions, educational CDs were given to all participants at the end of the intervention sessions. Furthermore, a specific telephone line was used solely for answering emergency questions and resolving any possible marital problems caused by the educational intervention. However, due to the short interval between the sessions, no phone call related to the educational content was received. The contents of each session are illustrated in [Table/Fig-1].

STATISTICAL ANALYSIS

Data analysis was performed in SPSS, version 21. At first, frequency, percentage, mean, standard deviation, minimum, and maximum were determined using descriptive statistics. In addition, the paired t-test was applied to compare the means before and after the intervention in each group, and the independent t-test was used

for comparing the means between the two groups. Moreover, the Chi-square test and Analysis of Covariance (ANCOVA) were run to respectively compare the frequency of qualitative variables in both groups and find out the effectiveness of group sexual assertiveness counseling sessions on marital satisfaction.

RESULTS

The results of the Shapiro-Wilk test on marital satisfaction scores demonstrated the normal distribution of data. Therefore, the use of parametric tests in this study was allowed. The mean age of women in the intervention and control groups were 22.30 ± 2.81 and 22.47 ± 3.10 years, respectively. Furthermore, the mean ages of their

Session	Content
1st	Meeting and greeting, primary communication, and introduction to the principles and goals of the meeting, anatomy of the internal and external genitals, physiology of genitals, sexual performance, and sexual response cycle
2nd	Distinguishing daring from non-daring behaviours (aggressive and neutral), skill of saying no, assertiveness in social relations, necessity of self-expression and its benefits in life, having or lacking the rights of self-expression, and freedom of choice
3rd	Marital satisfaction and its influential factors, role of sexual assertiveness in marital satisfaction, lack of sexual assertiveness and unwanted pregnancy, lack of sexual assertiveness and sexual misbehaviours of partner, misconceptions about sexual roles and expectations, and dual sexual norms
4th	Review of previous sessions, sexual assertiveness and sexual performance, expressing the benefits of sexual assertiveness and factors affecting this issue, methods to increase sexual assertiveness, question and answer, and conclusion

[Table/Fig-1]: Structure and concept of sexual group counseling based on sexual assertiveness.

Variable	Intervention N (%)	Control N (%)	p-value
Husband's job			
Student	12 (30)	8 (20)	0.58*
Self-employed	18 (45)	21 (52.5)	
Others	10 (25)	11 (27.5)	
Total	40 (100)	40 (100)	
Husband's education			
High school diploma	12 (30)	13 (32.5)	0.9*
Associate diploma	6 (15)	8 (20)	
Bachelor	15 (37.5)	13 (32.5)	
Postgraduate	7 (17.5)	6 (15)	
Total	40 (100)	40 (100)	
Female's education			
Bachelor	33 (82.5)	34 (85)	0.99*
Postgraduate	7 (17.5)	6 (15)	
Total	40 (100)	40 (100)	
consanguineous marriage			
Yes	27 (67.5)	28 (70)	0.99*
No	13 (32.5)	12 (30)	
Total	40 (100)	40 (100)	
Type of marriage			
Modern (selective)	30 (75)	35 (87.5)	0.99*
Traditional (Forced)	10 (25)	5 (12.5)	
Total	40 (100)	40 (100)	
	Mean±SD	Mean±SD	
Age of wife	22.30 ± 2.81	22.47 ± 3.10	0.79**
Age of husband	26.58 ± 3.37	26.67 ± 3.69	0.89**
Marriage duration (year)	3.00 ± 2.21	3.55 ± 2.23	0.61**

[Table/Fig-2]: Demographic characteristics of intervention and control groups.

* Chi-square test; **Independent t-test

Time Group	Pre-intervention Mean±SD	Post-intervention Mean±SD	Changes Mean±SD	Paired t-test (pre- and post-intervention)
Intervention	45.84 ± 14.43	65.90 ± 15.44	20.52 ± 14.33	0.0001
Control	46.32 ± 15.12	47.02 ± 13.85	1.11 ± 14.66	0.3
Independent t-test	p=0.7	p=0.0001	p=0.0001	

[Table/Fig-3]: Sexual assertiveness scores in intervention and control groups before and after sexual counseling based on assertiveness.

Time Group	Pre-intervention Mean±SD	Post-intervention Mean±SD	Changes Mean±SD	Paired t-test (pre- and post-intervention)
Intervention	62.05 ± 12.05	71.42 ± 7.70	9.29 ± 8.1	0.0001
Control	71.77 ± 10.57	68.04 ± 9.6	-3.71 ± 5.42	0.0001
Independent t-test	p=0.001	p=0.09	p=0.001	

[Table/Fig-4]: Marital satisfaction scores in intervention and control groups before and after sexual counseling based on assertiveness.

Source of change	SS	df	MS	f	Sig	Eta	Power
Pretest	11431.99	1	11431.99	131.96	0.0001	0.63	1
Group	4399.34	1	4399.34	50.78	0.0001	0.39	1
Error	6670.97	77	86.62				
Total	1210233	80					

[Table/Fig-5]: Results of analysis of covariance on the score of marital satisfaction in the intervention and control groups after assertiveness-based sexual counseling.

spouses in the two groups were 26.58 ± 3.37 and 26.67 ± 3.69 years respectively.

According to the results of the independent t-test, there was no significant difference between the groups in terms of the mean ages of the women and those of their spouses ($p > 0.05$). Moreover, no statistically significant difference was observed between the two groups regarding the demographic characteristics of the subjects and their husbands ($p > 0.05$) [Table/Fig-2].

Based on the results, the mean of female sexual assertiveness changed from 45.84 ± 14.43 to 65.90 ± 15.44 in the intervention group and from 46.32 ± 15.12 to 47.02 ± 13.85 in the control group [Table/Fig-3]. Independent t-test revealed that the mean increase in sexual assertiveness scores in the intervention group was significantly higher than in the control group ($p = 0.0001$).

According to [Table/Fig-4], the increased mean changes of the women's marital satisfaction total score in the intervention group ($+9.29 \pm 8.1$) was significantly higher, compared to that of the control group (-3.71 ± 5.42 , $p < 0.001$). Controlling the confounding effect of the pretest, the results of the ANCOVA demonstrated that the mean total score of the women's marital satisfaction in the intervention group was significantly higher in the posttest stage, compared to that in the control group [Table/Fig-5]. This finding is indicative of the positive impact of the sexual counseling sessions on the improvement of marital satisfaction.

The participants were surveyed regarding the educational intervention, and 87.5%, 7.5%, and 5% expressed complete, relative, and low satisfaction respectively. Further, 90% said that they would recommend these kinds of training programs to their friends. They suggested that it is better to provide these informal educations before marriage and to involve men in the training sessions so they might recognize women's sexual rights.

DISCUSSION

This study was conducted with the aim of determining the effect of group sexual assertiveness counseling on marital satisfaction of married female students. As the findings of the present study indicate, sexual counseling about assertiveness leads to a significant growth

in the sexual assertiveness and marital satisfaction of the subjects. In this regard, Rahmani et al., demonstrated a positive association between sexual satisfaction and marital satisfaction [25].

In the present study, sexual counseling resulted in the enhancement of sexual satisfaction, which in turn improved the marital satisfaction of the couples. In a study conducted by Lee et al., the absence of sexual assertiveness in women was one of the predictive factors for the lack of marital satisfaction [12]. In this regard, Woerner and Abbeya have observed that sexual assertiveness can predict sexual pleasure, which is associated with positive excitements in marital relations [26]. Therefore, the emphasis on sexual assertiveness in sexual teaching can help in raising marital satisfaction. This is in line with the findings of the current research.

Consistent with these results, Asadi et al., affirmed that among the variables associated with sexual activities, decreased sexual assertiveness leads to the rise of marital disappointment and the growth of this assertiveness mitigates marital disappointment [27]. This is mainly due to the fact that women, who share their sexual desires, needs, and feelings with their spouses and have a high sexual intimacy, have greater sexual relations, which in turn improve marital satisfaction [20].

In addition, in the present study, group sexual assertiveness counseling led to the enhancement of autonomy and self-efficacy in married women. Likewise, in a study conducted by Vaziri et al., sexual self-efficiency was reported to have a significant relationship with increased marital satisfaction [28]. In another study performed in Iran, Nazari et al., investigated the effect of feminist group sexual therapy on educated married women aged 20-35 years [17]. According to their results, sexual teaching improved sexual right recognition and marital satisfaction in these females. The results of the study of Nazari et al., and the present research demonstrate that sexual teaching of women with an emphasis on sexual clichés and recognition of women's sexual rights by the women and their spouses not only result in the elevation of sexual satisfaction in men and women, but also improved the relationship and satisfaction of couples. The women's preparedness, cooperation, and positive emotional expression in a sexual relationship elevate the sexual relations from a mechanical state and enhance the spouses' passions during the sexual relationship, which in turn improve the sweetness of the relationship.

Previous studies have shown that women with low levels of sexual assertiveness express their sexual desires less frequently and experience more unwanted sexual relations. In contrast, women who are fully aware of their sexual rights experience more sexual activities, orgasm, sexual tendencies, and sexual satisfaction; as a result, they have better sexual satisfaction scores [10,17,29,30]. Studies suggest that sexual assertiveness or the ability to express sexual desires is one of the most influential factors in sexual performance as well as marital satisfaction quality [31]. In a study carried out by Lee et al., it was indicated that sexual assertiveness can be a positive and unique predictor of students' marital satisfaction, especially in societies where sexual assertiveness is not emphasized or encouraged [12]. It seems that in the cultures in which discussing sexual subjects is considered taboo, especially for women, even married women and men have no desire to talk about these issues, sexual teaching with any content might increase sexual knowledge, sexual satisfaction, and marital satisfaction in the couples. Accordingly, many studies have corroborated the remarkable usefulness of such related educations.

In a research carried out by Chang et al., it was indicated that women with decreased sexual assertiveness responded positively to education and counseling. Accordingly, they demonstrated that the influence of a six-hour education about sexual assertiveness on the enhancement of females' sexual assertiveness was similar to that of three-hour training in this study [32]. According to Balon, female sexual inefficiency has a significant and inevitable effect on

their marital relationship and welfare [33]. Therefore, it is necessary to explore proper therapeutic plans while considering the main and latent variables of sexual performance, such as assertiveness and cultural conditions of any society.

The majority of studies conducted in Iran have focused on the provision of sexual teaching in a general manner for the couples with sexual problems, and they have paid little attention to the issue of sexual assertiveness in healthy couples. Given the cultural, religious, and social concerns of Iranians and relative lack of sexual assertiveness, especially in women, the presentation of sexual counseling with an emphasis on the enhancement of sexual assertiveness was one of the positive points of the present study.

Although the core of the intervention was assertiveness, especially question and answer rounds, other sexual issues such as the correct way of sexual relationship, sexual disorders, normal sexual desire, sexual response cycle, intercourse positions, and sexual misconceptions were raised by the participants. These issues could influence sexual relationship and increase couples' satisfaction, especially in Iran, where access to valid sex-related resources and formal sex education is limited.

LIMITATION

In this study the male companion did not participate in the session, is one of the limitations. The authors recommend training couples in pairs or groups or holding simultaneous single-gender workshops. Furthermore, examining the effect of training sexual assertiveness on other sexual implicit and explicit variables can be beneficial. Considering that sexual issues, in particular sexual assertiveness, are subject to individual, social, and cultural variables, caution should be taken in generalizing the findings of this study to women from other academic, cultural, and religious backgrounds. Given the religious limitations of the Iranian society, teaching was provided only for women in the form of group counseling sessions, which is regarded as one of the drawbacks of the study. Therefore, future studies are recommended to implement these teachings for the couples in the form of group sessions to obtain possibly greater effects. Another limitation of this study was the failure to measure the durability of the positive results of this study in the long run.

CONCLUSION

Healthy sexual relations and desires positively affect marital satisfaction, resulting in the improvement of mental health and the formation of healthy families. In this respect, it seems necessary to widely promote sexual assertiveness teachings, especially in communities where women have a generally low sexual assertiveness and there is a high prevalence of patriarchal sexual stereotypes (e.g., many countries of Asia, including Iran). It is recommended, moreover, that these educations be integrated with common premarital educations in these countries.

Authors' contributions

All the authors contributed to the conceptualization and development of the study as well as the interpretation of the data. Furthermore, they all reviewed and edited the manuscript and approved the final draft and supervised the study.

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