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The Effectiveness of Cognitive Behavioral Sexual Education on the Quality of Life of Women in Yazd

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Abstract: *Debate on the family and the ways for its strengthening are one of the most common discussions in the world's scientific community and satisfactory sexual intercourse among spouses is one of the most important factors in consolidating the stability of families. Therefore, this research was carried out with the aim to determine the effectiveness of cognitive-behavioral sex education on women's life quality in Yazd emphasizing on the family and women who play a significant role in the community education. This was a semi-experimental research with pre-test, post-test design which was conducted on experimental and control groups. The statistical population of the study included all the women referring to the centers for the consolidation of the family foundation in Yazd during 2015-2016. They were placed to experimental group (n = 20) and control group (n = 20) in a simple random method. The measurement tool was Short Form Health Survey (SF-36). Intervention after pre-test was conducted over 6 two-hour sessions and in groups, and posttest was taken from both experimental and control groups after the stage of educational intervention. Data were analyzed using SPSS software and statistical analysis of covariance analysis. The results of the test showed that cognitive-behavioral sex education was effective on women's quality of life and, the scores of women's quality of life increased at the post-test stage. Therefore, the result can be used in preventing sexual problems, changing a positive attitude towards spouses' sexual intercourse and improving marital relationships in educational centers, family counseling, as well as the judiciary, education, and other organizations.*

Keywords: *Cognitive behavioral sex education, Quality of life*

INTRODUCTION

The sexual instinct, one of the strongest instincts of humankind, is put in its natural state with the marriage and an individual becomes immune from any deviation and sin. Marriage is a natural demand that all human beings and heavenly religions have endorsed it, and Islamic religion invites its followers to marry and warns of singularity in particular. "And among his signs is that He created spouses of your own selves for you, so that you may be calm before them, and make love and mercy among you, there will be signs for a group who think" (Surah Rum. 21). This calmness includes dignity, mental and spiritual stability and a sense of value (Malek Mahmoudi, 2005).

So, the most important way of controlling sexual impulses is marriage, in the light of which sexual desire is satisfied in its natural context; this is basically the opposite of the divine wisdom and the optimal system of creation which God to put a need in human, but the correct ways to solve the need are not available or suppresses the correct way of it. If this desire brings forth wisdom and well-being, it will bring life to welfare and love. But if excess and negligence occur in its satisfaction, it may lead to many harmful and irreparable mental and physical losses, and it will ruin the life of the world and the afterlife (Mohammadi & Mazrouk, 2012).

Also, marriage as one of the most important relationships that human beings create it, is based on the interaction of both sexes to achieve happiness and satisfy physical, psychological and emotional needs. On the other hand, healthy sexual relations are one of the most important areas affecting the quality of life, and cause the strengthening of marital and family life, which influences the health of sexual intercourses

including physical, psychological, social, cultural and spiritual factors. Perhaps due to the impact of various factors on sexual health, this aspect of human being health seems often difficult and complex, as it is not just an instinct but has multiple dimensions, and each dimension also involves different levels. For example, it is commonly expected that sexuality is accompanied by a sense of pleasure in the case of sexual feelings, while accompanied by other feelings such as anxiety, sin, anger and jealousy, and these feelings can reduce satisfaction of sexual activity. Also, the opinions, thoughts and attitudes of the person who themselves are influenced by various factors, such as family and community, affect the sexual desires.

What is certain is that sexual issues are closely related to an interpersonal relationship, in particular the existence of intimate relationships, because sex can establish a close relationship between mind and body, which is why it is an instinctive force and plays an important role in quality and consolidation of relationship between couples. Other important factors in sexuality are sexual knowledge. The proper familiarization with the natural stages of sexual advancement and the way sexually transmitted problems play a significant role in sexual health, as healthy sexual activity is an important part of healthy human experiences. In fact, a characteristic of a healthy mental function is normal sexual status. Sexual dysfunction is common and possible in psychiatric patients (Raisi, 2014).

In addition, sexual education is one of the important issues in the education field and plays an important role in shaping human personality (Mohammadi, Marzouk, 2012, p. 55). On the other hand, the sense of security, serenity and intimate relationships between men and women have been severely eroded by families in recent years (Jahanfar & Molaei Nejjhad, 2014). Meanwhile, spouses' satisfactory sexual intercourse as one of the most important factors in consolidating the stability of families has been introduced. If marital relationships are loose, the necessary foundation for the success and desirability of a family unit will be shaky or at least weak. Unsatisfactory sexual relations lead to the feeling of deprivation, failure, and lack of safety in spouses. Failure to pay attention to the importance of sexual problems in marital relationships causes many harm to women's relationships and conflicts with their wife's complaints, dissatisfaction with life, long wrath, conflicts, threats of separation, etc. (Teimourpour et al., 2010, p. 2). Therefore, sexual performance of spouses is one of the most important factors affecting the quality of marital relationship as well as spouses' adaptation. Motivation and sexual desire form an inseparable part of the biological and psychological nature, like other basic human motives and it is clear that the quality of the satisfaction of this motivation plays a very important role in the health of the individual and the community and attaining relaxation and comfort (Yans & Nikkho, 2001).

Some cognitive techniques in the treatment of sexual dysfunction

Spence (1999) believes that cognitive skills are an important component in a satisfactory sexual relationship and treatment for people with sexual dysfunction. These skills include:

Increasing the sexual awareness:

Correct awareness not only increases the likelihood of improving practical skills, but also reduces the serious adherence to many of the myths in community about sexual function. Important areas to be considered in sexual awareness include: sexual anatomy, how human sexual response and methods for their stimulating and wife. Methods used to raise awareness include talking to a spouse, reading a book, movie, guiding, and seeing a spouse.

Education of fantasy:

Relaxation education is often preceded by a fantasy education, because if the therapist can calm down during education, he is less likely to be disturbed by his disturbing thoughts. Fantasy education usually starts with non-sexual images, because these illustrations are more acceptable for treatment that is used to imagine negative attitudes. At first, mental imaging may be done with simple objects and focus on color, shape, and size. For example, it may be desirable for the therapist to visualize shapes that start with a red triangle then a blue square and move gradually toward each other to place the square below the triangle. Other images can be used to create mental imagery. For example, you are now in the kitchen and open the refrigerator and have a large fresh lemon. You focus on the texture of its skin to feel the level of gloss and skin drooping. The color is brilliant yellow, removes it and smell it, then put it inside the board and with a

sharp knife, then take a piece of lemon and take it to your mouth. The taste of the sour lemon is spreading in your mouth to really focus on this tasting.

When the therapist was able to create genuine non-sexual images and experience the emotions associated with those images, then use non-sexual contact forms to teach them. Subjective imaging may then involve sensory contacts and describe mild sexual arousal feelings.

Increased concentration and attention skills:

This education is used to improve the spouses' ability to differentiate and accurately refer to signs of physiological sexual arousal. The first stage of education involves the use of non-sexual situations and the second phase is to focus on non-sexual physical signs. The purpose of this exercise is to create opportunities like the following cases for couples: learning to talk about the emotions and preferences of physical contact, learning to focus on the symptoms of a spouse, and getting information about types of body calls that have more pleasure for the spouse, learning to achieve relaxation in close physical situations, learning to concentrate on body feelings, increase the level of positive tendencies that increases the overall satisfaction of the relationship.

Problem-solving Skills:

If spouses do not have the necessary skills to solve problems, there will be many problems in communicating effective intercourse. The main problems in solving the problem can be summarized as follows:

Awareness of this situation that there is a problem that needs to be resolved is to raise the all possible solutions (regardless of their occasion), predict the plausible outcomes of possible solutions, and evaluate costs and the relative long-term and short-term benefits of solutions, selection of the most appropriate solution (Spence, Translated by Touzandeh Jani et al., 2001).

Cognitive reconstruction in relation to psychological-sexual dysfunction

Two major cognitive restructuring approaches are taken into consideration in psychological-sexual treatment. The first approach was raised by Beck et al. (1979), which focuses on reducing maladaptive thoughts and self-esteem. Although this approach was initially used to treat depression, its methods can easily be used to reduce the maladaptive thoughts of sexual dysfunction. The second approach has been adapted from Ellis (1958), which tries to change irrational and illogical ideas and attitudes of individuals and replace more rational and logical thoughts for them.

When we investigate marriages closely and try to understand the causes of dissent and conflict between the parties, we find that these spouses are not incompatible, but the expectations of marital life are in conflict with each other. It is not necessarily the opposite side, which causes trouble. In many cases, bugs can lie in our beliefs and what we consider to be the criteria for a successful marriage.

Changing the underlying attitudes and beliefs

Attitudes indicate the specific rules that a person adheres to them, and this adherence leads to consistency in thoughts and behavior. (Zeilbergeld 1978; Spence, translated by Touzandeh Jani et al., 2001) suggested ten dominant thinking in Western societies about male sexual function that can be summarized as follows:

1. Sexual contact must always be related to sexual relationship.
2. Sexual activity requires a constant and uniform manner that should always lead to orgasm.
3. Sexual activity must always be accompanied by sexual intercourse.
4. Men need to be proactive in sexual activity and ask it
5. Man naturally must be aware of how they are capable of sexual intercourse, and also enjoyable sexual activity should be natural and spontaneous.
6. Erections for sexual activity are always necessary.
7. Men are not influenced by traditional myths about their role in sexual activity.
8. Men must be successful in sexual activity, as well as in other aspects of their life, and sexual activity should be considered important.
9. Men should always be capable of sexual desire and sexual response.
10. Real men do not express certain emotions for their wives.

Sander & Cairns 1987 also suggested a series of beliefs that might interfere with couples' sexual performance:

1. All spouses have sexual intercourse several times during the week. 2. Good sexual activity requires self-arousal. 3. Good sexual activity requires cravings - lust. 4. Good sexual activity requires time. 5. Self-arousal will increase with increasing contact and sexual experience. 6-Sexual activity in all other spouses also leads to orgasms each time. 7. All couples are able to get orgasms at a time. 8. If sexual activity is not good, there are generally some mistakes in relationship. 9. Spouses should naturally have self-arousal of the type of stimulation that they require. 10. If a spouse fails to answer his wife's sexual response, then he does not look her attractive. There is also a collection of persistent traditional beliefs or women's sexual myths that Zeilberg did not address to them, including (Spence, translated by Touzandeh Jani et al., 2001): 1. If a husband of a woman is approached for sexual activity, she should always participate in it. 2. A woman should not be proactive in sexual activity with his husband 3. If the woman does not reach orgasm, it does not matter, because there is no need for reproduction or anyway, women are often lack of orgasm in any case. 4. A woman, even as an active adopter, should always be able to have sex. 5. A woman should not expect her husband to wait until she is sufficiently intercourse to her. 6. A woman should not be able to orgasm without the need for manual stimulation of the clitoris. 7. The "honest" women should not show a lot of pleasure and sexual arousal. 8. "Honest" women do not disclose their sexual needs and preferences to their spouse. 9. "Honest" women should not masturbate. 10. ""Honest" women should not use imagination during sexual activity with their husbands.

The emphasis recently raised by women's magazines and media outlets on "free women" has created a new set of sexual myths that may lead to sexual problems such as:

To be a "modern woman," I need to be able to get an orgasm, the ability to experience orgasm is one of the most important things in life. To become a "modern woman," I must experience sexual activity. To be a "modern woman," I should have sex before marriage. In order to be a "modern woman," I must give my wife a lot of feedback about my sexual desires and reluctance (Spence, Translated by Touzandeh Jani et al., 2001).

RESEARCH METHODOLOGY

The research method is semi-experimental with an experimental group and a control group with a pretest and post-test design. The statistical population of this study includes all women referring to the centers of consolidation of the family in Yazd during 2015-2016. The sample consists of 40 women who were selected by available sampling method. Our inclusion criteria in this research include participation in meetings, low quality of life, having sexual problems; exclusion criteria are absence of more than two sessions, research tools.

Short Form Health Survey (SF-36)

The SF-36 questionnaire has proved its effectiveness for clinical use, health policy assessment, and public health research and studies. Form 36 is the phrase designed by Varosharbun in 1992 in the United States and its validity and reliability have been studied in various groups of patients.

The concepts measured by this questionnaire do not allocate to specific age, group, or illness. The purpose of this questionnaire is to assess the health status from both the physical and mental state of mind, which is obtained by combining the scores of the eight-component health domains. The questionnaire has 36 questions that assess 8 different health domains. General health, physical function, role limitation for physical reasons, role limitation for emotional reasons, physical pain, social function, energy and happiness, mental health. The lowest score in this questionnaire is zero and the highest is 100. The score of each dimension is determined by the scores of titles in that dimension. Reliability and validity of the Persian version of this questionnaire has been confirmed in Iran ($r=0.7-0.9$) (Montazeri, Gashtasbi, Vahdaninia, 2005).

FINDINGS

Table 1: Mean and standard deviation of life quality scores

Statistical indicators/ Variables		Experiment		Control	
Quality of life		Mean	SD	Mean	SD
	Pre-test	63.55	19.27	56.24	18.96
	Post-test	78.58	14.46	56.28	18.95

The results of Table 1 show that the mean quality of life scores in the experimental group was higher in the post-test than in the control group.

Table 2: Levine's Test on Equivalence of the Quality of Life Variance

Variables	F ratio	First degree of freedom	Second degree of freedom	Significance level
Quality of life	1.749	1	38	0.194

The results of Table 2 obtained from Levin's test show the equality of the variances of life quality scores. The results indicate that there are equal variances for quality of life scores.

Table 4: Homogeneity of regression slopes of quality of life scores

Source	Sum of squares	Degree of freedom	Average squared	F	Significance level	The amount of Eta	Statistical power
Group quality of life	5.140	1	5.140	0.716	0.496	0.038	0.162

The results presented in Table 4 show that the observed F is less than the critical value at the level of 0.05 ($p = 0.496$) due to the homogeneity of the regression slope of the life quality scores.

Research hypothesis: Sexual education in cognitive-behavioral style affects women's quality of life.

Table 5: Covariance analysis of life quality scores in the studied groups

Source	Sum of squares	Degree of freedom	Average squared	F	Significance level	The amount of Eta	Statistical power
Pre-test	292.495	1	292.495	1.030	0.317	0.027	0.167
Group	4634.714	1	4634.714	16.323	0.001	0.306	0.976

As the results of Table 5 show, there is a significant difference between the groups in quality of life scores in the post-test stage at $P < 0.05$. The difference between the quality of life scores in the experimental and control groups is significant in the post-test phase. Sexual education in the cognitive-behavioral way has increased the quality of life scores in the post-test stage.

DISCUSSION & CONCLUSION

Research hypothesis: Sexual education in cognitive-behavioral style affects women's quality of life.

The results of the research indicate that the first hypothesis is confirmed, that is, the difference between the quality of life scores in the experimental and control groups in the posttest stage is significant and sexual education in cognitive behavioral style affects women's quality of life, which these findings are consistent with the following research:

In Javidi, Bolqanabad and Neyshabouri Dehghani research (2013), the results showed that couples therapy based on cognitive-behavioral happiness caused differences in the scores of sexual satisfaction of spouses in the control and experimental groups.

Fooladi, Aejhaei, Lavasani, Barzegar Kahnamoui, Jelvani (2013) carried out a research entitled the effectiveness of intercourse skills education on improving the quality of life of married women which showed intercourse skills education indicates a significant difference between mental health and environment components. However, there was no significant difference between the components of physical health and social relationships.

Naderi, Mokhtari Mirkolah, Mohammadpour (2014) in a study titled The Effectiveness of Happiness using Fordyce method on life expectancy of divorcing Spouses who had referred to the counseling center showed that life expectancy increases with education, and this research suggests the importance and impact of happiness education using Fordyce method on life expectancy of divorcing Spouses.

Abdolmanafi, Glynn Owens, Winter, Ghorban Jahromi, Peixoto, & Nobre (2016) investigated the role of ineffective sexual beliefs, auto-negative thoughts of emotional responses related to sexual function. The results showed that ineffective sexual beliefs act as predisposing factors by invoking auto-negative thoughts and emotions that harm the processing of erotic stimuli and have a negative intervention in sexual satisfaction.

As mentioned, one of the factors of conflicts, unhappiness and unpleasantness among spouses is due to an undesirable sexual intercourse between them which leads to instability in their relation and causes the adverse effects of sexual disorders on quality of marital life, due to lack of knowledge. In this research, attempts have been made to prevent the marital conflicts or deal with these differences, which are usually unknown in other affairs of life by changing negative thoughts to positive thoughts on sexual issues and raising and improving the quality of life and empowering the foundations of the family. Obviously, the consolidation of the family foundation is considered to be the physical, psychological, and affective factor for the construction of community, because it plays a key role in the development of the children's personality and in the health of the community.

In this research, the recognition of sexual issues as an innate need that God placed in every human being and the way of its true and moral satisfaction through marriage and understanding its cultural and spiritual values caused changes in women's sexual attitude, because the result of the study showed that the difference in quality of life scores of the experimental and control group was significant in the post-test stage. This means that cognitive-behavioral sex education affects the life quality of women and the quality of their sexual relations has improved by improving the level of awareness and practice of cognitive-behavioral sex education in marital life and consequently, many conflicts and disputes have been resolved in the context of sexual and even non-sexual interactions with the spouse, and this, in turn, has been impressive in all dimensions of the life quality.

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