

# Effectiveness of couples' sexual training on marital quality, sexual attitude, and knowledge of women in unconsummated marriage

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## Abstract

**Context:** Sex training is effective in enhancing marital quality and sexual knowledge, which leads sexual attitudes in the right direction.

**Aims:** The purpose of this study was to investigate the effectiveness of sexual training on marital quality, sexual attitudes and knowledge women in unconsummated marriages.

**Setting and Design:** This study was a pretest-posttest quasi-experimental research with control group in Arezou-AliAbadian's Midwifery Counseling Center- Babol in 2018.

**Materials and Methods:** Samples were divided into two intervention ( $N=25$ ) and control ( $N=25$ ) groups by simple randomly. The control group received no training. Research instruments included: Grimes Marital Quality Questionnaire, Sex Attitude and Knowledge Questionnaire and Sexual Skills Training Protocol with Cognitive-Behavioral Method; in ten sessions of 1.5 hours.

**Statistical Analysis Used:** Data were analyzed using descriptive statistics, *T*-test and chi-square tests Paired *t*-test and covariance analysis.

**Results:** No significant difference was found within the two groups before and after the intervention in marital quality. Mean scores of couples' attitude and knowledge toward sex in the intervention group improved from  $17.44 \pm 0.934$  to  $24.60 \pm 0.934$  and  $34.52 \pm 0.48$  to  $41.400 \pm 0.673$  ( $P < 0.001$ ), respectively. The changes were not significant in the control group. The results of covariance analysis of the marital quality, Knowledge and Attitude on the post-test indicated that there was a significant difference between the two groups ( $P < 0.001$ ).

**Conclusion:** The results showed that the couples' sexual training positively influenced on marital, attitudes and knowledge about sex. Sexual Training is recommended before marriage.

**Keywords:** Marital quality, Sexual attitude, Sexual Knowledge, Sexual training, Unconsummated marriage

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## INTRODUCTION

Marriage is a complex phenomenon in nowadays unsteady society. People get marry for different reasons, besides sexual desire which are prime matters; love, security emotional protection, and the feeling of calmness and satisfaction are other factors in marriage.

In fact, is successful marriage and beginning a matrimony could fulfill many psychological and physical needs in a safe environment and could have a great influence on people's mental health.<sup>[1]</sup>

Sex, both emotionally and physically, is a powerful and determinant factor of mental life. Sexual intimacy is one of the indicators of closeness in relationships and a powerful indicator of love. The tendency for sexual activity is not solely influenced by biological causes and instructs of reproduction.

Human regards sex as a mean of communication and a way of expressing different kinds of emotions such as intimacy, love anger, and aggression.<sup>[2]</sup>

Meanwhile, the occurrence of some disorders in establishing a sexual intercourse can affect a couple's entire life. One of these disorders is the problem of having full marital and sexual relationships that is called unconsummated marriage. Unconsummated marriage is a failure in all vaginal intercourse attempts that a couple experience for 3 months of their life in which sex is unsuccessful; unconsummated marriage is a common medical and social problem that physicians face in conservative societies that comprise up to 17% of sexual health clinics referrals.<sup>[3-5]</sup>

In Iran, even cases of unconsummated marriage have been observed that even after 15–18 years of marriage, the couple has not yet been able to have full sex.<sup>[6]</sup> Furthermore, the quality of the marital relationship is defined as an overall assessment of marriage in various dimensions,<sup>[7]</sup> including the positive and negative aspects of marriage such as support and pressure,<sup>[8]</sup> attitudes and reports of behaviors, and the pattern of interaction. The conceptual framework of the Kiecolt-Glaser and Newton theory quoted from Xu *et al.* suggests that positive and negative dimensions of marital relationships affect physical health, mainly through psychological and behavior pathway.<sup>[9]</sup> High marital quality is mainly defined by self-reported satisfaction with a relationship positive and negative attitude toward a partner and low level of hostile and negative behaviors.<sup>[10]</sup> Studies also show a strong relationship between sexual pleasure and marital quality or relationship satisfaction.<sup>[11]</sup> Another

component that has a significant impact on the level and quality of marital relationship is attitude and knowledge about sex.

The role of awareness and knowledge of sex is very important and can affect all communications and interactions of couple's leaves. If couples are more aware of this important dimension in their lives, they will be able to change and improve their communication styles and develop a constructive solution when marital conflicts and problems arise. A collection of information knowledge and awareness about sex and sexuality, including psychological, reproductive, function, and personal and interpersonal sexual behavior, is called sexual knowledge. Sexual attitudes also refer to belief about sexual activity and roles.<sup>[12]</sup> Sexual attitudes include positive or negative thinking styles, in the interpretation of sexual events and relationships that play an important role in the content of sex. The role of knowledge and sexual attitudes and beliefs, regarding the marital relationship and the emotional disruption of the relationship, is very important in this regard reported that there is a significant negative relationship between knowledge and sexual attitude with spouse in men and women.<sup>[13]</sup> The above variables have a significant role in relationship quality and marital quality. In this regard, one of the problems that the Iranian Society is facing today is the lack of adequate information on sexual issues and the incorrect attitudes and beliefs.<sup>[13]</sup> One of the factors affecting couples' sexual satisfaction is their familiarity with sexual issues. There have been few interventions in the area of sex education and counseling for unmarried couples.<sup>[14]</sup> Considering the conditions of couples with unconsummated marriage, it seems necessary to investigate a wide range of psychological factors including marital quality, sexual attitudes, and knowledge of woman in unconsummated marriage. Therefore, the present study investigates the effects of couple's sexual training on marital quality, attitudes, and knowledge of women in unconsummated marriage.

## MATERIAL AND METHODS

The present study was a semi-experimental research with pretest–posttest design with control group. The statistical population of this study consisted of all unconsummated marriage couples who referred to midwifery counseling center (Arezou-AliAbadian's Midwifery Counseling Center) in Babol in 2018. Convenience sampling was done according to the inclusion criteria (50 women). Hence, the samples were divided into intervention (25) and control groups (25) by simple randomization. The sample size was calculated based on the results of a pilot which reported a mean score

of  $44.42 \pm 2.87$  in the intervention group and  $41.35 \pm 3.02$  in the control group for marital quality. Hence, with a  $\beta$  of 0.20 and an  $\alpha$  of 0.05, the sample size was estimated to be 25 for each group.

Inclusion criteria in this study included couple with unmarried marital status at least 1 year after their marriage and both couples participating in the educational program. Exclusion criteria included absence of more than two sessions in the training program and absence of one of the couples in the training program process. Further, subjects were evaluated for existing any probable mental or physical disorders. Hence, subjects with any of the physical–psychological problems were also excluded from the research process. Then, the researcher went to counseling centers in Babol, and after coordinating with the targets centers, a notice about voluntary participation in sexual education sessions was installed at desired locations. After the referral and registration of the training course, the necessary coordination was made for the training course. To carry out the training, the researcher has completed and gained the necessary expertise. In addition, this training was conducted under the direct supervision of the supervisor, who is family therapist that works around marital sexual issues.

### Ethical considerations

In this study, a code of ethics was obtained from Islamic Azad University, Sari Branch, to comply with the professional ethics (ethic code: IRIAU.SARI.REC.1398.27). The purpose of the study was also explained to the participants, and all they were granted the right to voluntarily withdraw from the study, and then, their personal written informed consents were gotten.

### Research tools

#### *Questionnaire marital quality Golombok-Rust (Grimes)*

This questionnaire was made by Rust *et al.* in 1988 and used to assess the marital quality of life. This questionnaire shows a person's overall assessment of his/her marital life. In the Grimes questionnaire, there are four options for each sentence: completely disagree, disagree, agree, and completely agree. The respondents choose one of the four options according to his/her marital status. Options are scored from 0 to 3, and so, the total score can be between 0 and 48. A high score indicates a worse marital status. In each sentence, the content of the sentence is considered positive or negative for the marital status. The validity of this questionnaire is in line with Bradbury and Fincham theory on marital quality. The validity of their questioner was measured by 24 coupled with a 91% correlation between couple recover and therapist scale. The reliability of the questionnaire was calculated as Cronbach's alpha (0.79). In

research, reliability of the questionnaire was also calculated using Cronbach's alpha coefficient for three components including sexual knowledge, sexual attitude, and sexual knowledge, i.e., 0.87, 0.91, and 0.88, respectively.<sup>[15]</sup>

#### *Sexual questionnaire attitude and knowledge*

Sexual knowledge and attitude questionnaire was designed and used by Farajnia *et al.*<sup>[16]</sup> This scale has 20 items classified into two components of sexual knowledge and sexual attitude. Response method in this questionnaire is 5-point Likert scale and the response scoring is also 5 points for completely agree, 4 for agree, 3 for somewhat agree, 2 for disagree, and 1 for completely disagree. Questions 15 and 16 are scored reversed on this scale; in addition to the components' scores, a total score is calculated for each subject. Furthermore, the range of scores in this questionnaire varies between at least 20 up to 100; that higher scores indicate higher sex knowledge and attitude of the subject. In a research by Farajnia *et al.*, they evaluated the face and content validity of the questionnaire that determined through a survey of six expert professors. The reliability of the questionnaire was calculated as Cronbach's alpha (0.80).<sup>[16]</sup>

#### *Sexual skills training protocol with cognitive-behavioral method*

This training protocol includes 10 training sessions (60 min each week) for couples,<sup>[17]</sup> which include acquaintance and introduction, role of cognitive factors in marital relationships, irrelevant thoughts and maladaptive sexual cognitions, cognitive reconfiguration training, communication skills, teaching intimacy, training on improving sexual relations, familiarity with common sexual disorders and ways to treat them, cognitive reconstruction training for couples' sexual dysfunctional thoughts, modifying sexual beliefs, learning the correct techniques of sexual relation, and answering questions [Table 1].

#### *Researcher-made demographic questionnaire*

This questionnaire measures information including age, gender, education, and occupation of the subjects.

At the beginning of the study, all samples completed the study questionnaires (pretest). In the intervention group, 10 weeks later, after completing the training, they completed the questionnaires again (posttest). In the control group (no training), they were asked to return to the counseling center 10 weeks later and complete the questionnaires (posttest).

### Data analysis

The results of Shapiro–Wilk test was used to evaluate the normal distribution of the data. The *t*-test and Chi-square

**Table 1: Sexual skills training protocol with cognitive-behavioral method**

Session	Content
1. Acquaintance and introduction	Goal: Communicate, explain method and goals of the sessions, conduct pretest
2. The role of cognitive factors in marital relationships	Goal: Identifying unrealistic beliefs and expectations of couples, training the basics of ABC (activating events, belief, consequence) Method: Examining couples expectations, beliefs and perceptions of intimacy and marital adjustment, demonstrating the impact of beliefs on emotions and behaviors
3. Irrelevant thoughts and maladaptive sexual cognitions	Goals: Explain the cognitive errors of irrational thinking and sexual maladaptive cognitions Method: Familiarity with all kinds of irrational sexual thoughts, explain realistic goals and expectations Familiarity /with mutual expectations and paying attention to each other's positive qualities
4. Cognitive reconfiguration training	Goals: Eliminate misunderstandings caused by wrong or different concepts of each other Method: Methods of arguing with irrational beliefs, training the method of arguing for the correction of irrational beliefs
5. Communication skills	Goals: Develop empathic understanding listening skills Method: Assessing couple's communication patterns and barriers, practicing and teaching effective communication skills
6. Teaching intimacy	Goals: Teaching increasing intimacy skills Method: Defining intimacy and its dimensions, learning how to establish intimacy, practicing intimacy manners
7. Training on improving sexual relations, familiarity with common sexual disorders and ways to treat them	Goals: Introduction to sexual physiology and sexual behavior Method: Express the importance of sex, understanding the stages of growth, puberty and sexual development, familiarity with the anatomy of the genital trade of men and women, familiarity with the sexual response cycle of men and women, understanding the sexual disorders of men and women and ways of treat them
8. Cognitive reconstruction training for couples' sexual dysfunctional thoughts, modifying sexual beliefs	Goals: Reduce sexual problems Method: Preventive factors for promptest, diagnosis of false sex myths, eliminate negative sexual beliefs and myths, familiarity with couple's right and wrong attitudes about sex issues, describes negative thoughts and attitudes on sex fixation, cognitive reconstruction of sexual dysfunctional thoughts of couples
9. Learning the correct techniques of sexual relation	Goals: How to establish sexual intimacy and teach proper sex techniques Method: Training how to establish sexual intimacy. Training the art of sexual talking, familiarity with prerequisites for sexual behavior, examination of the sexual cycle and behavior, understanding the correct techniques of sexual relations and the benefits and usage of each techniques introduction to sexual health
10. Answering questions	Goals: Answering question, feedback on training, doing posttest

test were applied to compare the individual characteristics between groups. Paired *t*-test and covariance analysis were also used to evaluate the effect of education on marital quality variables as well as attitude and knowledge of couples on sex. Statistical analysis was performed by SPSS 22 software (IBM, United States).  $P < 0.05$  was considered statistically significant.

## RESULTS

The results of Shapiro–Wilk test showed that the data for the studied variables had a normal distribution. Therefore, parametric tests were used to evaluate the data in the current study.

The results displayed that almost half of the couples had an academic education, most of the men were self-employed and women were employed, as well as there was no statistical difference between the two groups in demographic characteristics [Table 2].

There were not any significant changes in marital quality, knowledge, and attitude in the control group, whereas knowledge and attitude, but not marital quality, increased significantly in the trained group after intervention [Table 3].

Levene's test results showed that according to the experimental and control groups in pretest and posttest, marital quality, attitude, and knowledge have homogeneity of variance (significantly more than 0.05). According to Table 4, the results of covariance analysis indicated that after adjust the effect of pretest, the marital quality scores on the posttest in the intervention group were significantly higher than the control group ( $P < 0.001$ ). In addition, there is a significant difference on knowledge and attitude scores between two groups ( $P = 0.003$  and  $P = 0.048$ , respectively). Estimated marginal means of marital quality, attitude, and knowledge about sex evaluated [Figures 1-3].

## DISCUSSION

The aim of this study was to investigate the effect of couples' sexual education on marital quality, attitudes, and knowledge of women in unmarried marriages, and the results of the present study showed the couples' sexual training positively influenced on marital, attitudes, and knowledge about sex. Sex education of couples improve the marital quality of women in unmarried marriages; this finding is consistent with previous studies.<sup>[13,18-20]</sup> Studies on sexual behavior have paid little attention to the impaction marital life because sexual activity in marriage is socially indoors and sex is an indivisible component

**Table 2: Individual characteristics of couples with unconsummated marriages in the trained and control group**

Variable	Mean±SD		P
	Trained group	Control group	
Age of men (years)	29.92±3.21	29.9±63.63	0.96
Marriage age of men (years)	26.76±2.97	27.36±3.70	0.53
Age of women (years)	25.76±3.12	26.12±4.43	0.76
Marriage age of women (years)	22.60±3.26	23.56±4.29	0.40
Duration of marriage	3.16±1.28	2.56±1.4	0.07
Male education level, n (%)			
Under diploma and diploma	8 (44.4)	10 (55.6)	0.05
Academic	17 (53.2)	15 (46.9)	
Female education level, n (%)			
Under diploma and diploma	8 (32.0)	5 (20.0)	0.03
Academic	17 (68.0)	20 (80.0)	
Male occupation, n (%)			
Employee	6 (54.5)	5 (45.5)	0.04
Self-employed	13 (41.9)	18 (58)	
Female occupation, n (%)			
Employed	13 (46.4)	15 (53.6)	0.05
Homemaker	12 (54.6)	10 (45.6)	

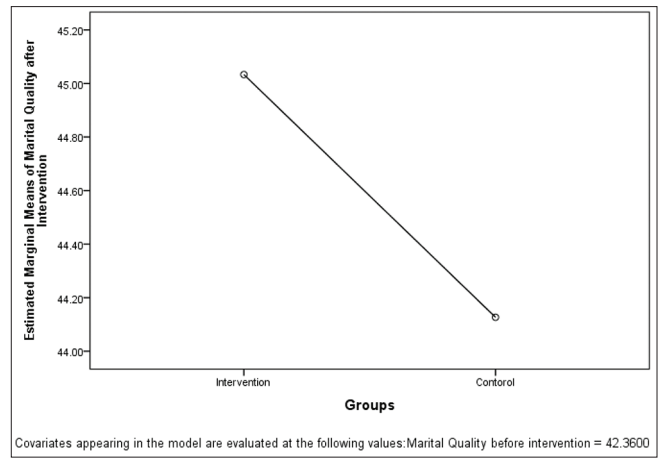
SD: Standard deviation

**Table 3: Comparison of the mean score of marital quality, attitude, and knowledge to the sex between trained and control groups before and after sex education**

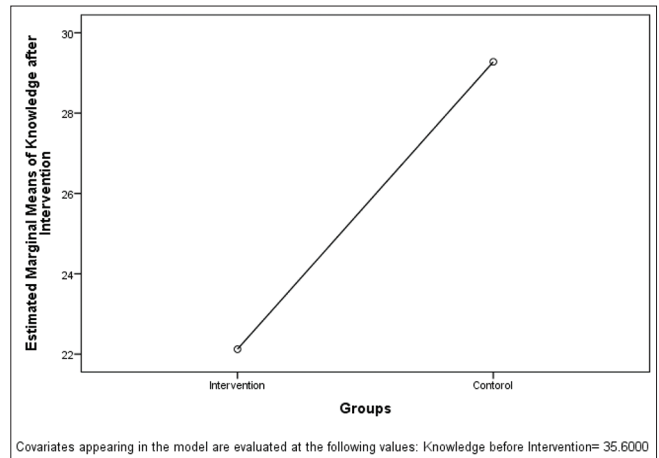
Variable	Group	Stage	Mean±SD	P
Marital quality	Trained	Pretest	45.96±3.81	0.35
		Posttest	43.84±4.058	
	Control	Pretest	43.20±3.64	0.21
		Posttest	40.88±5.93	
Attitude	Trained	Pretest	17.44±0.934	<0.001
		Posttest	24.60±0.934	
	Control	Pretest	26.40±0.77	0.92
		Posttest	26.80±0.50	
Knowledge	Trained	Pretest	34.52±0.48	<0.001
		Posttest	41.400±0.673	
	Control	Pretest	36.04±0.62	0.12
		Posttest	37.56±0.66	

SD: Standard deviation

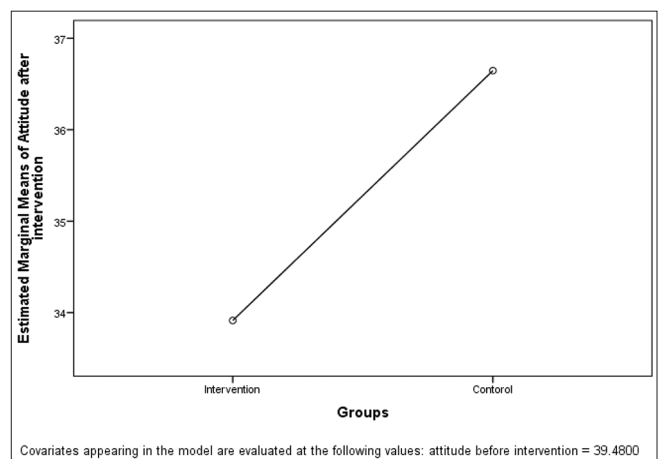
of marriage.<sup>[21,22]</sup> Therefore, sex is not what often viewed as a phenomenon that can have negative consequences for marriage, but new research shows that there is a significant relationship between sex and couple intimacy, for example, few studies that have examined woman's experience of sexual pleasure and sexual satisfaction have shown that sexual pleasure levels generally decrease within the 1<sup>st</sup> months after childbirth.<sup>[23-25]</sup> That this effects on the quality of marital relations. Hence, any couple's sexual behavior disorder, regardless of its cause, can lead to sexual disturbance characterized by worry, anxiety, fenestration, discomfort, or feeling of inadequacy. Meanwhile, couples' knowledge and awareness of sexual can predict the prognosis of couple's life interaction.<sup>[12]</sup> Sexual knowledge and attitudes about marriage can also predict sexual problems and therefore marital quality. The research has shown that the role of sexual knowledge and attitude and communication belief in the marital relationship and the process of emotional breakdown



**Figure 1: Evaluation estimated marginal means of marital quality after intervention**



**Figure 2: Evaluation estimated marginal means of knowledge after intervention**



**Figure 3: Evaluation estimated marginal means of attitude after intervention**

are crucial.<sup>[13]</sup> This means that knowledge and attitude of sex have a special influence on the marriage process. A review of the above shows in the case of couples

**Table 4: Analysis of covariance test of between-subjects effects for marital quality score, knowledge and attitude**

Source	Type III sum of squares	df	Mean square	F	Significant
<b>Marital quality</b>					
Intercept	182.875	1	182.875	32.094	<0.001
Premarital quality	399.145	1	399.145	70.048	<0.001
Group	9.275	1	9.275	1.628	<0.001
Error	267.815	47	5.698		
Total	100,131.000	50			
<b>Knowledge</b>					
Intercept	150.236	1	150.236	11.824	<0.001
Preknowledge	78.844	1	78.844	6.206	0.016
Group	130.801	1	130.801	10.295	0.003
Error	597.156	47	12.705		
Total	33,761.000	50			
<b>Attitude</b>					
Intercept	177.877	1	177.877	26.144	<0.001
Preattitude	53.421	1	53.421	7.852	0.007
Group	69.435	1	69.435	10.205	0.048
Error	319.779	47	6.804		
Total	62,636.000	50			

with unconsummated marriages sex education based on sexual attitude and knowledge can improve the marital quality of couples and caused the satisfaction of being together for couples. On the other hand, many families view sex education as taboo, and many girls have little knowledge of anatomy of their genitalia and how to have effective sex.<sup>[6]</sup> This makes people less interested in sex education. Hence, in unconsummated marriage couples, sexual function is extremely low and these variables have an interactive effect on each other. Researchers showed that affected individuals are disrupted in the process of achieving a single, acceptable outcome with the cultural stereotypes of their community about performing interventions to achieve marriage and feeling fulfilled and because of not having intercourse.<sup>[26]</sup> They feel emotionally different that leads to the problem not being detected and prolonged. It is also stated in a study by researchers.<sup>[27]</sup> That stated that due to the importance of quality of life for married women and the determining role of knowledge and sexual attitude and personality traits in predicting it, it is necessary to inform women about sex knowledge and attitude and to develop desirable personality traits and education to increase knowledge and attitude about sex. Presex preparation, interactive and harmonious sexuality, prior sexual outcomes, shared life frameworks, and passive socialization have been reported as factors affecting woman's sexual quality of life.<sup>[28]</sup>

The limitations of this study were: cultural differences in the study group could not be controlled and the current study was performed in a small sample size. Future studies are recommended in a larger sample size; in addition, in the current study, other sexual disorders were not controlled in women unconsummated marriage.

## CONCLUSION

The results of the present study showed that the couples' sexual training positively influenced on marital, attitudes, and knowledge about sex. Regarding the effect of sex education on sexual attitude and knowledge and marital quality, sexual skill training classes are recommended before marriage.

## Conflicts of interest

There are no conflicts of interest.

## Authors' contribution

This manuscript is part of PhD thesis of Mrs. Arezou Aliabadian under supervising of Dr. Ramezan Hasanzadeh and consultant of Dr. Bahram Mirzaeian. The manuscript has been and approved by all the authors and that each author believes that the manuscript represents honest work.

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