



Effect of Sexual Relationship Enrichment Educational Program on the Sexual Satisfaction of Dual-Career Couples in Ardabil, Iran (2019): A Case Study

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Abstract

Background: This study aimed to investigate the effect of sexual relationship enrichment program training on the sexual satisfaction of dual-career couples.

Material and Methods: This research was a single-case experiment. The statistical population was all couples referred to the counseling center in Ardabil in 2019. In this study, three couples were purposefully selected as a sample. Larson's (1998) Sexual Satisfaction Questionnaire was used to collect data, and visual shape analysis, clinical significance, and improvement rate were used to analyze them.

Results: The mean of sexual satisfaction before treatment for first to third couples was 55.16, 57.37, and 58.4, respectively, after treatment, it was 70.2, 71.8, and 73, respectively, and in the follow-up stage, it was 70.66, 72.33, and 73.66, respectively, indicating an increase compared to the baseline stage. The reliable change index after treatment for the first to third couples was equal to 2.83, 2.71, and 2.74, respectively, and in the follow-up stage, it was equal to 2.92, 2.81, and 2.87, respectively, showing that for all three couple participants, these values were higher than the standard value of $Z = 1.96$.

Conclusion: The results of the present study, along with other studies, showed the importance of sexual relationship enrichment program training in increasing the level of sexual satisfaction in dual-career couples.

Keywords: Marital Relationship, Sexual Satisfaction, Couples.

Introduction

In most countries, lifestyles have changed from single-breadwinner to dual-career couple families. The dual-career phenomenon has become increasingly prevalent worldwide [1]. Studies show that women's desire to get jobs with more responsibility is higher than men's [2]. The dual-career couples are better in terms of economic well-being and experience fewer material concerns; however, there are a variety of job-family conflicts, including job stress, high workload, role conflict, child or adult care problems, job-family

balance issues, and personal needs, due to some factors [3, 4, 5].

The persistent nature of conflict in some dual-career couples resulted from multiple demands, responsibilities, and goals, as well as a strong need for advancement, poses a new challenge to the quality of daily life interactions in such marriages [6]. Ambiguity in gender roles and its weakening is thought to be the cause of conflict in duties [7]. Studies show that in addition to changes in gender roles, time and pressure of job roles are among the most influential factors affecting the

quality of life and marital satisfaction of dual-career couples [8].

In dual-career couples, there is a kind of role conflict in which the role pressures resulting from working roles interfere with the role of the individual in the family [9]. Shimazu [10] shows that work or workaholism among women can cause job-family conflict more than that among men. On the other hand, the results of some studies conducted in this field indicate that job-family conflict is associated with a wide range of negative consequences, such as a decrease in marital satisfaction and life moment enjoyment [11, 12]. Sexual satisfaction refers to the couple's perception of sex life. It can be influenced by education, employment, job-family conflict, marital relationships, functional factors, marital satisfaction or conflict, and the ambiguity of sexual identity [13, 14]. According to studies, dual-career couples report more marital burnout, conflict, and problems, besides psychological problems, and their employment is significantly associated with marital problems [15,16]. Furthermore, some research has focused on the positive aspects of dual-career couples [17,18], highlighting that low income in women can reduce their sexual activity.

The purpose of enrichment in the job-family area is to increase the individuals' life in one role through the experience gained in the other role [19]. The enrichment program in marital life is totally employed to educate couples in making relations, solving problems, gaining sexual satisfaction, performing couples activities in their free time, having realistic expectations from each other, and understanding the role of sex and how to make it [20]. According to different reports, the SRE program has indicated a remarkable effect on increasing couple intimacy, psychological adjustment, commitment, trust, and life satisfaction, thus improving marital quality; it also has a reduction effect on employee job stress [5, 21, 22, 23].

Considering the important role of sexual satisfaction of couples in mental-physical health [24] and motivating people to use moderators such as effective coping strategies in the occurrence of stress, it can be said that sexual satisfaction is a variable affected by direct and indirect effects of different factors and affects the different life aspects. Therefore, its richness can play a key role in eliminating the vicious cycle of marital conflicts and other underlying problems. Due to the growing trend of dual-career couples in Iran, it is necessary to consider this group in order to identify their problems to be prevented and treated. Given the frequency of Iranian research on marital problems of dual-career couples and the lack of a special

treatment program for these couples, this study seeks to investigate the effectiveness of the sexual enrichment program in increasing their sexual satisfaction.

Materials and Methods

This research was a single-case experiment. Some features of this plan can be listed as follows: the precise definition of the experimental operation, accurate measurement of the studied behavior and repeated measurements after the experimental operation, and precise control of variables. The statistical population was all dual-career couples referred to the counseling centers in Ardabil in 2019. Since single-case designs are not implemented in groups, they do not require a large sample size and can be implemented with several couples or subjects. In this study, three couples were purposefully selected as a sample with obtaining the condition, including the consent of both couples and being volunteers [25]. Sufficient explanations were given to the couple about the conditions of the sessions and their number. Then, by observing all the ethical issues, after selecting the participants, the program and intervention package designed were performed in the presence of pairs, and in some cases and sessions, individually.

This sheet was compiled by one of the researchers to complete the information required and confirmed by other researchers; it included information about the participants' characteristics, such as age, education, marriage life, number of children, and occupation. This research is taken from the doctoral dissertation of Mohaghegh Ardabili University with the ethics code IR.ARUMS.REC.1298.598 from Ardabil University of Medical Sciences.

Larson Standard Sexual Satisfaction Questionnaire (1998): The Sexual Satisfaction Questionnaire was designed by Larson [26]. This questionnaire has 25 questions and measures sexual satisfaction based on a five-point Likert scale (always 5 to never 1). A score between 25 and 41 indicates low sexual satisfaction, a score between 42 and 84 shows moderate sexual satisfaction, and a score above 84 indicates high sexual satisfaction. Higher scores indicate high sexual satisfaction, and lower scores indicate sexual dissatisfaction or low sexual satisfaction. Cronbach's alpha coefficient calculated in the study of Bahrami et al. [27] for this questionnaire was estimated above 0.70.

During the first to third weeks (baseline), participants responded to the research tool, and in the fourth week, while the other subjects were still

in the baseline stage, the first couple received treatment. In the fifth and sixth weeks, the second and third couples entered the treatment sessions, respectively. Subjects responded to the research tool in sessions No.2, No.4, No.6, and No.8. At the end of treatment, three follow-ups were performed

on all subjects. In this study, a special educational program for dual-career couples was used based on a research review [28]. The protocol for SRE training sessions in the present research is listed in Table 1.

Table 1. The protocol for sexual relationship enrichment program (SRE) training sessions

| Session | Goals |
|---------|--|
| First | Making relationship; explaining the goals and importance of marital relationships |
| Second | Sexual-marital relationship training; sexual response cycle |
| Third | Investigating individual factors affecting the quality of the relationship and assignments |
| Fourth | Teaching how to improve sexual intercourse and determining the role of couples in it; highlighting couple factors; providing assignments |
| Fifth | Investigating and eliminating factors hindering correct sexual intercourse; diagnosing and treating false sexual myths; differentiating sexual intercourse |
| Sixth | Improving self-disclosure in couples and meeting sexual expectations by couples; providing assignments |
| Seventh | Teaching how to deal with gender roles and the incompatibilities of dual-career couples |
| Eighth | Dealing correctly with work and family conflicts; summarizing sessions; reviewing assignments |

Given that the sexual relationship enrichment program contains sexual and private issues of couples, group methods cannot be used in Iranian culture; thus, in this research, a single-case experimental design, type of non-concurrent multiple baseline designs, is used. This research project makes it possible to compare the improvement of the subjects during the education and between other subjects compared to the baseline. In this experimental design, there is no control group, and each person's baseline is considered as his/her own control group [25]; further, individuals enter the baseline phase simultaneously, and at different time intervals (with a session interval), they are randomly included in the stage of education and then followed up.

The main method of data analysis in single-case designs is visual shape analysis. In the analysis, the obtained data can be analyzed in terms of level (using indicators such as average), trend (data slope that can be ascending, descending, or non-sloping), and variability in different stages [29].

Moreover, the criterion of clinical significance is used to analyze the data. The reliable change index is used for clinical significance [30]. For this index to be statistically significant, the result must be equal to or greater than 1.96 (RCI > 1.96) [30].

$$\text{Reliable Change Index} = \frac{\text{post test} - \text{pre test}}{\text{Standard error difference}} \quad (1)$$

Also, the percentage recovery formula (2) is used to objectify the recovery rate. The following formula is used to objectify the improvement rate. According to Blanchard, a 50% reduction in symptoms is considered as success in treatment; scores between 25% and 49% are indicative of a slight improvement; finally, a reduction in symptoms scores (below 25%) is considered as a failure in treatment [31].

$$\text{Improvement rate} = \frac{\text{pre test} - \text{post test}}{\text{pre test}} \times 100 \quad (2)$$

Results

Of the couples participating in the study, the first has been married for 12 years, and the second has been married for 8 years. The minimum age for women at the time of marriage is 19 and the maximum age is 24. In men, the minimum age at the time of marriage is 23 and the maximum age is 33. Table 2 shows the demographic information of the couples participating in the study.

Table 2. Demographic characteristics of dual-career couples participating in the study

| Couple | Marriage age | Marriage life | Education level | Job | Family income | Number of children | | |
|--------|----------------|---------------|-----------------|-----------------|------------------|--------------------------|-----------------|---|
| 1 | 19 female (31) | 23 man (35) | 12 | Bachelor degree | Bachelor degree | Employee Employee | 60 million Rial | 2 |
| 2 | 24 female (32) | 30 man (38) | 8 | Master degree | Associate degree | Employee self-employment | 70 million Rial | 2 |
| 3 | 24 female (32) | 33 man (41) | 8 | Master degree | Master degree | Employee Employee | 60 million Rial | 3 |

Table 3. Intervention process

| Participant | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Follow-up |
|-------------|----------|-----------------------|-----------------------|-----------------------|--------------|
| First | Baseline | Start of intervention | | | Three 20-day |
| Second | Baseline | | Start of intervention | | Three 20-day |
| Third | | Baseline | | Start of intervention | Three 20-day |

Table 3 shows the intervention process on the three pairs.

As seen in Table 4, the mean of sexual satisfaction before the treatment for the first to third couples is 55.16, 57.37, and 58.4, respectively; after treatment, it is equal to 70.2, 71.8, and 73; finally, in the follow-up stage, it is equal to 70.66, 72.33, and 73.66, respectively, which have increased compared to the baseline stage.

The reliable change index after treatment for the first to third couples is equal to 2.83, 2.71, and

2.74, respectively, and, in the follow-up stage, it is equal to 2.92, 2.81, and 2.87, respectively. It shows that for all three participants, these values are higher than that of the standard (RCI > 1.96.). Therefore, the performed intervention has significantly increased sexual satisfaction. The percentage of improvement shows that this intervention is effective between 25% and 27% in the treatment phase and between 26% and 28% in the follow-up phase.

Table 4. The process of changing subjects' sexual satisfaction in dual-career couples in Ardabil in 2019

| Stages | First couple | Second couple | Third couple |
|---|--------------|---------------|--------------|
| First baseline | 55 | 57 | 59.5 |
| Second baseline | 55.5 | 58 | 58 |
| Third baseline | 55 | 57 | 58.5 |
| Fourth baseline | - | 57.5 | 58 |
| Fifth baseline | - | - | 58 |
| Average of baseline stages | 55.16 | 57.37 | 58.4 |
| Second treatment session | 59 | 60 | 62 |
| Fourth treatment session | 67 | 68 | 69 |
| Sixth treatment session | 70 | 76 | 76 |
| Eighth treatment session | 79 | 78 | 79 |
| Average of treatment stages | 68.75 | 70.5 | 71.5 |
| Reliable change index (treatment) | 2.83 | 2.71 | 2.74 |
| Percentage of improvement after education | 27.26 | 25.15 | 25 |
| First follow-up | 71 | 72 | 74 |
| Second follow-up | 70 | 73 | 74 |
| Third follow-up | 71 | 72 | 73 |
| Average of follow-up stages | 70.66 | 72.23 | 73.66 |
| Reliable change index (follow-up) | 2.92 | 2.81 | 2.87 |
| Percentage of improvement after education | 28.10 | 26.07 | 26.13 |

Figure 1 shows that the level (average) of sexual satisfaction scores of all three couples in the treatment and follow-up stages has increased compared to the baseline stage. According to the conservative dual criterion of Fisher et al. (29),

given that the number of points of the plotted data (4 points) is above the predictor line of level and trend, the increased scores are interpreted as significant.

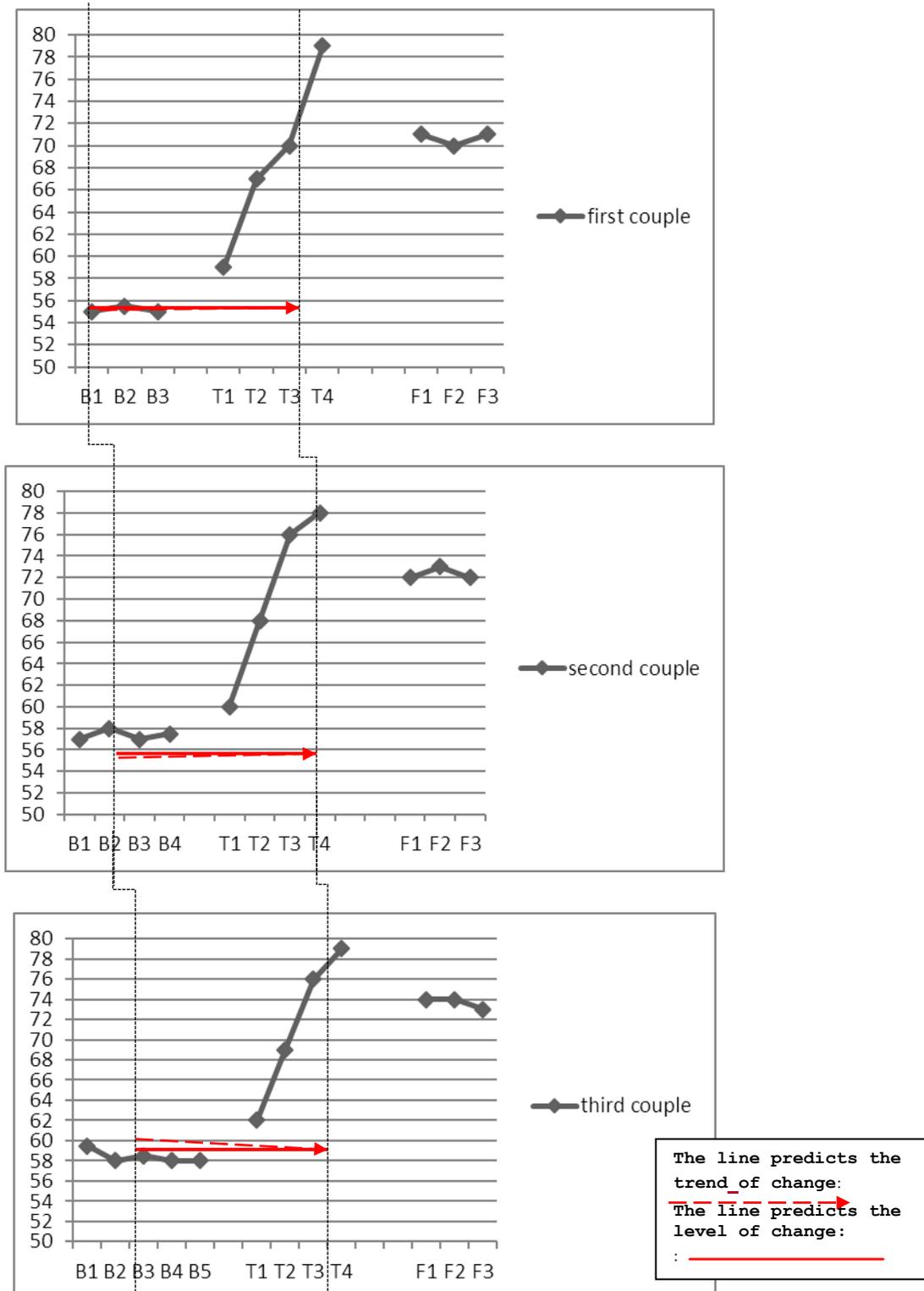


Fig. 1. Visual analysis of sexual satisfaction
 B= baseline T= treatment F= follow-up

Discussion

The present study shows that all three couples (subjects) have some increased changes in the dependent variables (sexual satisfaction). This increase in follow-up shows both the stability of treatment and the time-consuming nature of education effect on promoting sexual function level, thus sexual satisfaction in dual-career couples.

The results of the present research are in line with those of research 4, 21, and 22, which show that relationship enrichment programs are effective in improving the quality of life of couples. Also, Dargahi et al. [23] have shown that the relationship

enrichment approach can reduce employee job stress. Given the importance of job stress decrease in increasing marital satisfaction [32], this study is in line with the present study.

The emphasis of this approach is on behavioral aspects and couples' relationships. Even if there is a cognitive factor in sexual problems, it is the changes in behavior that are considered to address the cognitive background. This program has focused on setting up a satisfying sexual relationship instead of an enjoying sexual relationship and has underlined the ability of a couple to maintain the relationship. The quality of the sexual relationship, as well as developing the

related skills, are important for meeting the sexual and emotional demands in enhancing sexual satisfaction. Realization of the potential abilities and their adaptation to efficient behaviors are considered promising cases in establishing and achieving satisfaction in their own mate.

In fact, in addition to reducing couples' psychological and personal problems, such as low sexual self-esteem that itself affects sexual satisfaction [33], it increases their intimacy and emotional-sexual involvement, resulting in a positive effect on other life aspects.

Research reports show that conflict and incompatibility, as well as poor performance in parental and spouse duties as the main source of stress, have detrimental consequences for the physical and mental health of working people [34]. Relationship enrichment programs by improving the performance of dual-career couples in a sexual dimension (e.g., proper compatibility with living conditions) can improve the couple's marital satisfaction, increasing sexual satisfaction. Therefore, there is a two-way relationship between sexual satisfaction and marital satisfaction.

Relationship enrichment seeks to meet the needs of couples. It attempts to achieve the desired situation by understanding the differences and similarities as a function through which people, along with meeting the needs of the spouse, try to satisfy their individual needs without harming their spouse, and build interpersonal relationships as the basic foundation for sexual and marital satisfaction by learning skills, which are compatible with both couples' lives, and managing job-family conflict.

The present study has been conducted among dual-career couples in Ardabil; thus, caution should be taken in generalizing its results to other statistical communities. Given the effectiveness of sexual relationship enrichment programs on the sexual satisfaction of dual-career couples in this study, it is suggested to use sexual relationship education for such couples to increase the quality of marital relations.

Conclusion

The present study shows the importance of relationship enrichment-based educations in increasing the level of sexual satisfaction in dual-career couples. Therefore, in educational programs carried out to increase the mental health of dual-career couples, the key role of their relationship enrichment and sexual satisfaction should be considered, and in addition to implementing programs to improve the quality of

working life, improvement of their family performance should be taken into consideration.

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