



Original Article

A Qualitative Research on Couples' Sexual Satisfaction With Emphasis on Individual Socio-Cultural Factors



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ABSTRACT

Background: Sexual satisfaction is one of the primary issues in marital life, but there are many factors that affect sexual satisfaction and consequently the personal and social well-being of families. This study was aimed to investigate factors that may decrease couples' sexual satisfaction through a qualitative research.

Methods: This study was a qualitative content analysis research. Purposeful sampling was used and after in-depth and open-ended interviews with 12 couples (12 female and 12 male), their experiences were analyzed through a thematic method.

Results: Findings revealed that the reasons of sexual satisfaction reductions include personal deficits (cognitive distortions and inattention), interpersonal conflicts (interpersonal interference, weak interpersonal communication skills), and socioeconomic challenges (Fear of being labeled, economic shortages, and lack of skilled interveners).

Conclusion: This qualitative research clarified some socio-cultural factors contributing to sexual satisfaction. The findings may have implication in the area of programming and planning for family health.

Keywords: Interpersonal Conflicts, Sexual satisfaction, Socio-economic Challenges

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Introduction

In today's changing society, marriage is a complex phenomenon. Some of the factors that lead to marriage are sexuality, love, economic security, protection, emotional security, relaxation, and loneliness. Sexual activity and sex were an important part of marital life (1). Sex is a basic human need and Maslow (1974) has categorized this need as the primary physical or vital need (2). If sex relationship was not convincing, it can lead to feelings of deprivation, frustration and lack of safety and endanger mental health, family disintegration and betrayal (2, 3). Sexual satisfaction is an important indicator of sexual health and is strongly

associated with relationship satisfaction and divorce (3). This phenomena is an effective response arising from one's subjective evaluation on positive and negative dimensions of sexual relationship (4). Sexual satisfaction has been defined as the degree to which an individual is satisfied or happy with the sexual aspect of his or her relationship (5). Restoration of lasting and satisfying sexual function requires a multi-dimensional understanding of all factors contributing to the problem (6). Some researchers believed that the main cause of most marital divorces in Iran is couples' sexual dissatisfaction (7, 8). Couples' sexual issues are multifaceted and involves diverse attitudes, values, and

feelings of couples in marriage. On the other hand, dynamic social forces such as race, class, cultural norms, ideology, religious and family organizations along with political factors such as marginalization, oppression and social discrimination can all affect sexual satisfaction in families (9-11).

The multifaceted nature of sexual satisfaction has led to different approaches to couples' sexual issues and sexual satisfaction (12-14). A review of the related literature suggested limited knowledge and information relating experiences of couples on sexual satisfaction declines and most studies focused on examining the impact of different therapeutic and counseling approaches. and less attention has been paid to the role of macro-structural, social, religious, and cultural factors (5, 8, 15, 16). Although comprehensive approaches to couple therapy and counseling by correcting relationships and interactions have positive effects on couples' sexual satisfaction ,however, the role of social and cultural structures on the formation of these relationships and interactions can be as beneficial as counseling and educational interventions (17). Therefore, the purpose of this study was to investigate factors that may decrease couples' sexual satisfaction especially individual socio-cultural factors through a qualitative research.

Methods

Study design and Participants

This study was a qualitative research using the 5-stage content analysis method as recommended by Granchheim and Lundmen (18). Data were collected with no pre-assumptions and focused on participants' responses. The participants were selected from referrals to 5 social work clinics in Tehran and 2 social work clinic in Khorramabad. All interviews were conducted with couples in Tehran and Lorestan social work clinics. The first author contacted the participants and after declaring their willingness, she set the time of the interviews. The interview was performed with. In this study, sampling started purposeful and continued until theoretical saturation was achieved. Researchers usually define data saturation as the point when "no new information or themes are observed in the data (19).

Data collection

Data were collected using in-depth semi-structured interview. A few open-ended questions were used to guide interviews by the research team. These focused on couples' experiences about sexual satisfaction reducers and affected factors. The interview questions evolved during the process of the study. In total, 25 interviews were conducted with participants. On average, interviews lasted for about 40 to 60 minutes. All interviews were conducted by the first author. After taking informed consent of the participants, the interview contents were recorded, transcribed and analyzed according to the principles of the content analysis method.

Data analysis

This study was a qualitative research using the 5-stage content analysis method as recommended by Granchheim and Lundmen (18). Data were coded and analyzed from the start of the data collection process. Coding stages were performed with an emphasis on constant data comparison, asking more detailed questions and writing memos during

the interviews. Each recorded interview was transcribed in a text file, and a line-by-line review was done to extract data meaning units and codes. Then, concepts were formed by comparison of codes to determine an understanding of their common features and differences.

In this study, Trustworthiness and quality of results were determined as creditability, transferability, dependability and conformability (20). The strategy for gaining trust was to allow enough time to collect and analyze data, and to use multiple methods to collect information. Data and results of analyses were checked by some participants (member checking).

Results

In this qualitative study, 12 couples (12 female, 12 male) were participated. Table 1 shows demographic characteristics of the participants and the setting of social work clinics. The mean age of the participants was 41.37 years (Standard deviation = 1.2). The majority had a master degree (33%) followed by bachelor science. More than half of the interviews took place in public social work settings.

Table 1. Demographic Characteristics of Participants (n = 12 couples)

Characteristics	N (%)
Gender	
Female	12 (50%)
Male	12 (50%)
Age	
20–34 years	8 (33.33%)
35–49 years	6 (25%)
50–64 years	10 (41.67%)
Degree	
National diploma	4 (16.66%)
Bachelor science	12 (50%)
Master of science	8 (33.33%)
PhD	2 (8.34%)
Setting	
Public	14 (58.33%)
Private	10 (41.67%)

The main themes and subthemes found through this study's analysis are discussed below.

Individual deficiencies

Individual deficiencies are those factors that reduce couples' sexual satisfaction and have personal origin. They can be caused by cognitive distortions and sexual dysfunction. This category includes cognitive distortions and immobility in sex.

Cognitive distortions: Some couples pointed out that their partner had false beliefs about sex, which also affect their expectations. Some of these beliefs are related to gender attitudes and differences in male and female sexual desires. A patriarchal view of sex ignores women's desires. Also beliefs associated with superstitious. These false beliefs cause the sexual partner to ignore his or her needs in order to free from tension and conflict.

(Female, 33 years old, Bachelor, Housewife)

"My wife thought that satisfaction was only for man, and the woman was born to meet the demands of a man, he doesn't ask me about my desire.

(Male, 30 years old, ND, shopkeeper)

"I wanted to experience different forms of sexual relationships, but I was sure if I told my wife she would have bad thoughts about me. I am worried that if I tell my wife

she will think that I am a playful man."

Some couples mentioned that their partner has sufficient knowledge about sex and marital issues but he does not use them in practice.

Immobility in sex: In our interviews, some couples mentioned that they did not have enough sexual skills and unfamiliar with their spouse duties. One woman explained her experience like this, (Female, 43 years old, MSc, employee):

"How much of our life is devoted to sex, maybe once a week, but it has a huge impact on our relationship. When I have a good relationship with my husband, I could easily solve my life problems, but I expect this relationship is as important to me as it is to his, I understand my husband and he understands me."

Some of the skills include the ability to express their opinions, pay attention to gender differences, perform marital affairs, be able to separate sexuality from other marital issues, and use efficient problem-solving techniques. (Male, 38, bachelor, freelance)

"She doesn't care for herself, she has good physique but she doesn't dress well, her hair is always slippery and heels, I'm a man, I care about her and I want my wife to be beautiful." He continued: *"If my wife and I have a problem now because no one has taught us how to behave".*

Interpersonal conflicts

Interpersonal conflicts arise from communication with family, friends and social environments. Some of these conflicts are due to interference by others and weak interpersonal communication skills. The interference in private affairs creates tension, conflict and insecurity in couples. Below are some examples of what participants said.

(Male, 41 years old, bachelor, worker)

"There are no private matters between me and my wife, everyone is aware of things, which makes me afraid to get close to my wife."

(Female, 33, Bachelor, Housewife)

"My family interferes in my private affairs, they push us to have babies, they are curious about our privacy"

Weak interpersonal communication skills

This concept is derived from a combination of concepts such as weak relationship with spouse's family, inability to ask for help, inability to maintain family privacy and lack of discourse skills. Below are examples of these.

(Male, 62 years old, bachelor, retired employee)

"We don't know how to talk with others, my wife and I constantly champion each other. This is happening again and our problems remain unresolved."

(Female, 38 years old, ND, Freelance)

"The counselor told us that you had to talk to each other to get rid of the misunderstandings, My wife has to learn to care for me more than her family, in that case I would like to talk to him".

Resolving dysfunctional issue: One of the most basic problems was that couples don't have problem solving skills. These skills include accurate identification of the problem and its roots. Sexual problems could arise from the body, the psyche, the relationships, society and the economy. Once we have a clear understanding of the causes, it will be easy to find a solution. We need to plan for problems and we have to work together, finally we need to

seek help from a specialist. All of this requires skills and couples who do not have these skills make the problem more complicated. In this case, knowing is not enough, couples must turn their lessons into action.

(Female, 46 years old, National Diploma (ND), clerk)

"We had a problem with our relationship for a few years, but we didn't know who to help out, I was embarrassed to talk about sex. It's hard to say, but I don't know who to trust to be ridiculed later."

Environmental-Social Challenges

4.3.1. Social stigmas: Fear of being labeled and social stigma prevents couples from using counseling. According to the participants, asking for help and having a problem is a burden, and the person who needs help should have a heavy burden on their shoulders before posing a problem or need. Social labels come with judgment and the fear of being judged moves the couple away from trying to solve the problem.

(Male, 40 years old, ND, freelance)

"When we come to consultants, many people think we are crazy or we have something wrong, while sometimes there is no problem and we are seeking advice to improve the situation. These fears make us avoid consulting."

(Male, 53 years old, PhD, doctor)

"As soon as I talk about sexual problems, people think that I am deviant or deficient and they are looking for a label."

Economic destructive: Economic factors affect sexual satisfaction in two respects: the provision of equipment and supplies and the creation of stress. For example, small size of the houses may cause couples sleep with children in the same room and have no privacy. Sometimes couples have to work a few shifts to provide their own expenses and needs, which leaves families.

Spouse unemployment, lack of basic living needs, constant struggle about financial problems and debt were issues that directly or indirectly affect the couple's sexuality.

(Female, 46 years old, National Diploma (ND), clerk)

"We live in Mehr (i.e. low income) housing, in our house the rooms are small and the walls are thin, this causes my wife and I have stress during sex"

Lack of skilled interveners: This concept refers to lack of skilled consultant and unsuccessful marital interventions. Lack of trained employee in many cities, especially in the field of sex, was mentioned by couples. An inexperienced and ineffective counselor makes couples think that their problem was insoluble.

(Male, 40 years old, ND, freelance job)

"I did not have good counseling experience because my sister went to counseling for two years but her information was disclosed."

Discussion

In this study, factors that reduce sexual satisfaction include: personal deficits (cognitive distortions and inattention), interpersonal conflicts (interpersonal interference, weak interpersonal communication skills), and socioeconomic challenges. (Fear of being labeled, economic shortages, lack of skilled interveners). According to the sexological systems theory, in order to obtain an accurate understanding of sexual satisfaction, one needs to understand the dynamic relationship of individual and context, the person with their

biological, cognitive, emotional and behavioral characteristics, the context or systems and the time, which is defined as an ontogenetic, family and historical time (21, 22). In this approach, human development as a product of a dynamic and reciprocal interplay of systems. These systems are known as the microsystem, mesosystem, exosystem, macrosystem and chronosystem (23, 24).

A microsystem is any environment that directly contains the developing individual (22), in this article, personal deficits (cognitive distortions and inattention) are microsystem. A mesosystem is composed of the interactions that take place between the microsystems within an individual's life. Although the couple may be one microsystem, their sexuality as a couple should be considered a mesosystem (23). In this research, interpersonal conflicts (interpersonal interference, weak interpersonal communication skills) are mesosystem.

An exosystem includes institutions that influence an individual's daily settings but are not part of the individual's immediate environment (25). In this study, couples did not mention to mesosystems. A macrosystem is comprised of cultural and societal principles which create contexts and patterns within the outmost setting (15, 24, 26). In present article, socioeconomic challenges (Fear of being labeled, economic shortages, lack of skilled interveners) are microsystem. The results of this study are in line with many other studies (15, 25, 27).

Conclusion

This study showed that sexual satisfaction is a topic beyond gender and a set of factors may affect it. Since sexual satisfaction is a multidimensional issue, extensive interventions (such as family and sex therapy, group work with family, systemic intervention) are needed to improve it. These interventions should consider individual, interpersonal, social and economic areas together.

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Ethical consideration

This research project was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences (code: USWR.REC.1393.183) in January 2015 and this was the result of Phd thesis. The purpose of this study and data confidentiality was explained and written consent was given. The study participants had the right to withdraw from the study at any stage. Subjects were assured regarding the confidentiality of their interviews and elimination of recorded audio files after transcription.

Conflicts of interests

Authors declared no conflict of interest.

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