The Effectiveness of Sex therapy on Sexual Self-Efficacy and Marital Satisfaction of Diabetic Women

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Abstract

Diabetics face a lot of challenges in the different aspects of their lives (physical, psychological and social). One of the disorders which shows a correlation with the poor quality of life and marital dissatisfaction among the diabetics is the sexual dysfunction. Since sexual matters are important parameter of a delightful, peaceful and consistent life, the present study aims to determine the effectiveness of sex therapy on the sexual self-efficacy and marital satisfaction of diabetic females in Babol, Iran. This study is an experimental research in which after running the questionnaire of sexual self-efficacy scale for females (SSES-F), designed by Bailes e al, (1989), and Enrich's questionnaire of marital satisfaction on married women who were members of society of diabetes of Babol, town, 30 of them were selected as sample group and were randomly put into two groups of test and control. The groups were under education in eight 90 minutes sections. After running the post-test, data was analysed using SPSS. Then Multivariate Covariance Analysis (MANCOVA) was used to evaluate the research hypothesis. The results and findings showed that the interference of sex therapy used in this research improves self-efficacy and marital satisfaction in diabetic females of Babol.

Keywords: sex therapy, sexual self-efficacy, marital satisfaction, diabetes

Introduction

Diabetes mellitus (commonly abbreviated as diabetes) is a chronic condition wherein dysfunction of glucose metabolism is a result of problems in production or usage of Insulin (insulin secretion or insulin action or both). This disease shows itself in three main types: type I or insulin-dependent, type II or non-insulin-dependent and gestational diabetes (Toobert et al, 2000). Diabetes is a common disease and a world-wide health concern which WHO refers to as the Silent Epidemic and it is estimated to effect more than 3 percent of whole world population in the next decade (Khatib, 2006, quoted from Nazari et al 1392). Numbers of 1383 in Iran show that 4 million people suffer from diabetes whereas their number will be tripled each fifteen years according to international statistics (Alavi et al, 1383, quoted by Nazari et al, 1392).

Sexual activity and the satisfaction caused by it is one of most important aspects of human life (Litzinger & Gordon, 2005). Wilson and McAndrew, 2000, describe sexuality as one of the important and natural
aspects of personal life and know it to be more than only sexual behaviour (Wilson et al, 2000). Sexual satisfaction is known as a main physiological necessity which plays a vital role in general health and if sexual needs are not satisfied the high physical and psychological pressures will cause serious health problems and will influence the capacity and creativity of the individual (Ziaii et al, 1393). Though sexual response is independent yet it is easily influenced by self-efficacy and non-efficacy and self-esteem and is strengthened or prevented causing sexual dysfunctions (Abarbarel and Robinson, 2004). Investigations show that people with sexual problems have low confidence and are more stressed and agitated (Laurent and Simons, Desrochers et al, 2009, Pinheiro et al, 2009), they suffer from depressive (Baranyi et al, 2009, Chen et al, 2009 and Simon, 2009), their sexual relations are under the influence of their prediction of failure (Duits et al, 2009). Also they suffer from lower quality of life and unpleasant experiences (Baranyi et al, 2009).

Sexual self-efficacy is multi-dimensional and includes each person's beliefs about his/her ability to be significant in sexual behaviours, his/ her desirability for sex partner and the evaluation of the ability and self-efficacy in sexual behaviour (Sadoc et al, 2009). Sexual self-efficacy is vital for having a proper and desirable sexual activity (Breznnyak & Whisman, 2004 and Steinke et al, 2008). Also, sexual activity accompanies a better understanding of sexual self-efficacy and sexual self-efficacy leads to a better social and mental activity (Schick, 2008). In fact, sexual self-efficacy anticipates the sexual activity and there is a general relevance between stress in sexual activity and dysfunction of sexuality (Bailes et al, 2013).

Sexual relationship is one of the most important factors of effective marital satisfaction (Rastgoo et al, 1393). While it is only one of the many factors that influence marital satisfaction, sexual relationship has a profound effect on marital satisfaction (Rush, 1983 quoted by Dibayan et al, 1384: Byers, 2005). In other words sexual satisfaction can anticipate the marital satisfaction independently (Literzinger & Gordon, quoted by keshvarzsafiee, 1393). Marital satisfaction is a positive and desirable attitude that a husband and wife would develop towards the different aspects of marital life such as relationship, personality matters, handling conflicts, economic matters, sexual relations and children (Taniguchi, Freeman, Taylor & Malcarne, 2006). Marital satisfaction is the most important and fundamental to have a stable and long-lasting marriage. If couples can gain higher satisfaction levels they would protect their family from the damages. Nevertheless marital problems and challenges and following them decreasing marital satisfaction is present in all marriages at least at some intervals of time. On the other hand, Ellis believes that marital satisfaction decreases during the normal growth and thus marital satisfaction requires a permanent protection and care (Kamali et al, 1393).

Illness or health influences marital satisfaction as Mirjana (2001) expressed, good health and the absence of chronic illnesses is related to higher levels of marital satisfaction. Investigations show that in patients with chronic illnesses marital satisfaction is related to factors like the seriousness of the disease, physical disabilities related to the disease, family support and the couple's or individual's depression level (Cano et al 2004 & 2000). The influence over inter-personal relationships is one of the hard and problematic aspects of chronic illnesses such as diabetes, a metabolic illness that causes defects in various organs and leads to a decrease of life duration (tubert et al 2000). As expressed before sexual problems are very common among the diabetics. It is obvious that the emergence of symptoms and problems and their permanence caused by diabetes may influence the couple's relationships individually or together, directly or indirectly in a negative manner and disrupt their marital satisfaction. (Nazari et al, 1392). Investigations on the inter-personal nature of chronic illnesses express that couples' marital and sexual satisfaction often decreases after a chronic illness attack (Sampson et al, 2006 & Kiecolt-Glaser & Newton, 2005). There are not many investigations related to the treatment of dysfunctions and psychiatric problems caused by diabetes for the patients and their relatives such as interactions, family and marital matters. To consider the effect of psychiatric defects on the ability of the patient for managing his/her diabetes effectively seems to be very important (Trigwell & Peveler, 1998).
Although Marital satisfaction and sexual activities are unfavourable in diabetic patients, ignoring this problem without trying to solve it puts the marital relationships in danger and leads to a lot of struggle and conflicts. One of the strategies to reduce the problems and make improvements is sex therapy. Teaching the proper ways of making an effective relationship with sex partner can repair the past harms and better present relationships and also facing with the future failures better (Brotto et al, 2010). Naturally the lack of information or incorrect information about sex matters is hazardous leading to sexual defects, dangerous behaviours, venereal diseases, reduction of sexual pleasure and satisfaction, unwanted pregnancy and family and marital problems (Samaelvand & hasanvand, 1393). Thus, teaching the sexual relationship skills leads to the improvements in marital and sexual relations and increases marital and sexual satisfaction (Vaziri et al, 1389).

Many researches confirm the effectiveness of sex skill training in improving the quality of family and marital life. Salimi & Fatehizadeh (1391) investigated the effect of sex-training with behaviour-cognitive method on the knowledge, self-expression and sexual warmth among married women of Mobarakeh town, Isfahan province, Iran and showed that sexual training with behavioural-cognitive method increased knowledge, self-expression and sexual warmth. Sehat et al (1392) investigated the effect of sex training on sexual satisfaction of couple in Isfahan. The results showed that training increased the couples' satisfaction. Tonekaboni, Hasanzadeh and Ebrahimi (1392) investigated marital satisfaction among women and the results showed that marital satisfaction increased after the sex-training (Samaelvand & Hasanvand, 1393).

Methodology
The population of interest in this research consists of all women suffering from type II diabetes, in Babul, Iran whom their age ranges from 25 to 60 years old. Though there is no absolute and exact statistics on this population was not at hand (approximately 38000 people suffer from type II diabetes who 8716 of them are a member of one of the diabetes societies, where the number of men and women is not presented separately). However in the primary screening 200 diabetic women who were members of the society were randomly selected and responded to the women's sexual self-efficacy questionnaire and ENRICH marital satisfaction questionnaire. 185 of the population got low scores in sexual self-efficacy questionnaire while 158 people got low scores in marital satisfaction questionnaire. From among these 149 women with low scores in both questionnaires were randomly selected and 30 of them were again randomly selected and were divided into two 15 members groups (one test group and the other the evidence group). First the two groups responded to the two questionnaires and then the test group were under the education in eight 90 minutes sections for a one month duration, twice a week. After the end of education the two groups responded to the two questionnaires again and the obtained data was analysed using SPSS statistic software.

The sexual self-efficacy scale for females (SSES-F): this questionnaire was designed by Bailes et al, (1989). It has 37 items, sampling capabilities in four phases of: interest, desire, arousal and orgasm. In addition, the measure samples diverse aspects of female individual and interpersonal sexual expression such as communication, body comfort, acceptance and enjoyment of various sexual activities. The questionnaire consists of eight subscales as follows: interpersonal orgasm, interpersonal interest or desire, sensuality, individual arousal, affection, communication, body acceptance and refusal which respectively has 9,6,6,4,3,5,2 and 2 expressions. In this questionnaire the final score of each subscales is the sum of the questions related to that subscales. Each question controls the reactions i.e. does the female do the described activities and estimates her capacity to take part in the activity. The estimation is done in the range of 10 (quite uncertain) to 100 (quite certain). If one section is not estimated it will be scored zero. Capacity scores of each subscale is done through the average estimation of that subscale. The SSES-F validity in

Data Analysis
The average age of participants in the test and evidence groups are respectively 38.8 and 39.13. The average marital life duration for the test and evidence groups is respectively 16.93 and 17.2. In the test group 6 persons have primary school education, 4 have secondary school education, 4 have BA degree and 1 have MA degree. In evidence group 7 persons have primary school education, 5 persons have secondary school education and 3 persons have BA degree. To investigate the research hypothesis chart, average and standard deviation were used as descriptive statistics analysis tools and for inferential statistics analysis multivariable covariance was used. Initially, presuppositions i.e. homoscedasticity of regression (homogeneity of variance), linear correlation, distant data, normal distribution and random distribution of data (or variables) and the correlation of dependant variable data were analysed. All the analysis process was done through SPSS version 19 was used.

Table 1. Mean and standard deviation pre-test and post-test of sexual self-efficacy and marital satisfaction variable

<table>
<thead>
<tr>
<th>Pre-test group</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual self-efficacy</td>
<td>test</td>
<td>15</td>
<td>49.33</td>
</tr>
<tr>
<td></td>
<td>observation</td>
<td>15</td>
<td>48.67</td>
</tr>
<tr>
<td>Marital satisfaction</td>
<td>test</td>
<td>15</td>
<td>49.07</td>
</tr>
<tr>
<td></td>
<td>observation</td>
<td>15</td>
<td>46.60</td>
</tr>
<tr>
<td>Post-test group</td>
<td>N</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Sexual self-efficacy</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital satisfaction</td>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First hypothesis: sex-therapy training positively effects sexual self-efficacy of diabetic women of Babul.

Table 2. The analysis of covariance results for sexual self-efficacy variable

<table>
<thead>
<tr>
<th>variable</th>
<th>Ss</th>
<th>df</th>
<th>ms</th>
<th>f</th>
<th>sig</th>
<th>D²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual self-efficacy</td>
<td>2096/146</td>
<td>1</td>
<td>2096/146</td>
<td>74/104</td>
<td>0/0005</td>
<td>0/740</td>
</tr>
<tr>
<td>Error (sexual self-efficacy)</td>
<td>735/453</td>
<td>26</td>
<td>28/287</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As seen in the above table the level of meaningfulness of self-efficacy is equal to 0.0005 which is lower than the alpha level 0.01. Thus, the calculated F is statistically meaningful and it can be concluded that sex-therapy training positively effects sexual self-efficacy with a probability of 0.99.
Considering the meaningfulness of average differences with a certainty level of 0.99 it can be concluded that the research hypothesis about the positive effect of sex-therapy over the sexual self-efficacy of diabetic females of Babul is confirmed.

Second hypothesis: sex-therapy training is positively effective on the marital satisfaction of diabetic women of Babul.

### Table 3. The analysis of covariance of marital satisfaction variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>ss</th>
<th>df</th>
<th>ms</th>
<th>f</th>
<th>sig</th>
<th>$D^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital satisfaction</td>
<td>181/904</td>
<td>1</td>
<td>181/904</td>
<td>50/492</td>
<td>0/0005</td>
<td>0/660</td>
</tr>
<tr>
<td>Error (marital satisfaction)</td>
<td>93/669</td>
<td>26</td>
<td>3/603</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As the results summarised in the above table shows the level of meaningfulness of marital satisfaction is equal to 0.0005 which is lower than the alpha level 0.01. Thus, the calculated test F is statistically meaningful and it can be concluded that sex-therapy training positively effects marital satisfaction with a probability of 0.99.

Considering the meaningfulness of average differences it can be concluded with a certainty level of 0.99 that the research hypothesis about the positive effect of sex-therapy over the marital satisfaction of diabetic females of Babul is confirmed.

### Table 4. The analysis of covariance of sexual self-satisfaction and marital satisfaction variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>ss</th>
<th>df</th>
<th>ms</th>
<th>f</th>
<th>sig</th>
<th>$D^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group effect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual self-efficacy</td>
<td>2096/146</td>
<td>1</td>
<td>2096/146</td>
<td>74/104</td>
<td>0/0005</td>
<td>0/660</td>
</tr>
<tr>
<td>Marital satisfaction</td>
<td>181/904</td>
<td>1</td>
<td>181/904</td>
<td>50/492</td>
<td>0/0005</td>
<td></td>
</tr>
</tbody>
</table>

| Error             |        |     |        |         |        |       |
| Sexual self-efficacy | 735/453 | 26  | 28/287  |         |        |       |
| Marital satisfaction | 93/669  | 26  | 3/603   |         |        |       |

| total             |        |     |        |         |        |       |
| Sexual self-efficacy | 108400 | 30  |        |         |        |       |
| Marital satisfaction | 81132  | 30  |        |         |        |       |
As it can be seen in the above table meaningfulness level of sexual self-efficacy is equal to 0.0005 which is lower than the bonferroni alpha level 0.005. Thus, the calculated F is statistically meaningful and it can be concluded that sex-therapy training positively effects sexual self-efficacy with a probability of 0.99.

Also it is observed according to the analysis results that meaningfulness level of marital satisfaction is equal to 0.0005 which is lower than the bonferroni alpha level 0.005. Thus, the calculated F is statistically meaningful and it can be concluded that sex-therapy training positively effects marital satisfaction with a probability of 0.99.

Considering the meaningfulness of difference of averages with a certainty of 0.99 it can be concluded that the research hypothesis i.e. the positive effect of sex-therapy over marital satisfaction and sexual self-efficacy of diabetic females of Babul is true.

Table 5. Results of MANCOVA (Multivariate Analysis of Covariance) analysis on the scores of marital satisfaction and sexual self-efficacy post-test, control and test groups

<table>
<thead>
<tr>
<th>Test name</th>
<th>value</th>
<th>F</th>
<th>df (hypothesis)</th>
<th>df (Error)</th>
<th>Meaningfulness level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillai's Trace</td>
<td>.813</td>
<td>54/473</td>
<td>2</td>
<td>25</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Wilks' Lambda</td>
<td>.187</td>
<td>54/473</td>
<td>2</td>
<td>25</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hotelling's Trace</td>
<td>4.358</td>
<td>54/473</td>
<td>2</td>
<td>25</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Roy's Largest Root</td>
<td>4.358</td>
<td>54/473</td>
<td>2</td>
<td>25</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table 5 results show that there is a meaningful difference between self-efficacy and marital satisfaction scores of test and control groups at the level of p < 0.001. Thus, it can be concluded that there is a significant difference between the two groups at least in one of the variables (self-efficacy, marital satisfaction). To find out about this difference covariance analysis in MANCOVA was used.

Discussion and conclusion

The aim of the present research is to assess the effectiveness of sex therapy on marital satisfaction and sexual self-efficacy of females suffering diabetes in Babul town. The results of the analysis showed that the use of this strategy (sex therapy) increases marital satisfaction and sexual self-efficacy in the afflicted. Since there rarely researches addressing this subject matter, few could be named.

Marital satisfaction in diabetics is less comparing the normal population, which is mainly because of sexual dysfunction in the afflicted and this, on its part, affects the quality of life in the diabetics. Najafi et al (1385), confirmed the hypothesis that there is correlation between sexual dysfunction and marital dissatisfaction in diabetic people. Sehat et al (1392), Tonkaboni, Hasan zadeh and Ebrahimi (1392) and Ebrahimpoor et al (1392) in same researches showed that sex therapy training increases sexual satisfaction and marital satisfaction.

Various investigations showed that sexual satisfaction is intensively related to marital satisfaction. Sexual satisfaction is to have desirable feelings towards sexual relationships. On the one hand higher levels of sexual satisfaction may increase the quality of life and as a result strengthens marriage stability and consistency. On the other hand, the concept of sexual satisfaction in marriage whether of the sexual activities or as emotional and sensual satisfaction embodies the individual's understanding of his/her self-efficacy. Therefore, sexual self-efficacy plays a considerable part in marital satisfaction (Vaziri et al, 1389).
Sexual self-efficacy could be taken as the belief that each person has about his/her capacity in sexual functioning and being desirable for his/her sex partner. This belief is a kind of self-assessment of the ability and efficacy in sexual behaviour (Vaziri and lotfi kashani (quoted in Mahammadi zadeh et al, 1393). Therefore, self-esteem level, positive attitude and the couple's empathy is acknowledged to be related with better and more complete sexual satisfaction and deeper sense of delight and it is known that sexual relationships and couples' intimacy increases marital adaptability and cohesion (Litzinger and Christiana, 2005). Reissuing et al, 2005, showed in a research that by increasing sexual self-efficacy in women main and capital sexual problems could be obviated i.e. the higher the self-efficacy level the better the sexual functioning would be. Rostosky et al, confirming this correlation in 2008 expressed that confidence in sexual relationships anticipates the higher levels of sexual self-efficacy and thus to have healthy sexual activities, high self-efficacy and sexual confidence is needed. Powwattana and Ramasoota's investigation in 2008, showed that there is a meaningful relationship between sexual self-efficacy and improvement of sexual activity i.e. the higher the self-efficacy regarding sexual matters the higher the capacity of individuals in overcoming the problems in sexual relationships.

The results from the investigation done by Rastgoo, Golzari and Barati-Sadeh, (1393) expressing that higher sexual knowledge increases marital satisfaction in married women matches with those from Divband (1390), Nejatian, Bagheri and Sharghi (1383), Baron and Byrne (2004) who showed that training in sexual relationship skills and fertility control, increases the sexual satisfaction, marital satisfaction while reduces sexual violence and marital discord regarding married women. Investigation by Rahnama (1380), which showed that marriage counselling has a positive effect on marital satisfaction. Also, the results confirm investigation by Noorani poor et al (1386), which showed there is a meaningful and positive correlation between sex knowledge and conception and marital and sexual satisfaction. Also, this results confirm the investigations done by Rhami (1390), Bakhshyesh and Mortazavi (1387) and Rezaei poor et al (1382) that showed marital satisfaction is intensively correlated with sexual satisfaction. Analysis of the results obtained from investigation by Safiee, Noori and Hasani (1393) named effectiveness of teaching marital and sexual skills over hypo-sexual disorder and marital satisfaction in women, showed positive results both in marital satisfaction and in sexual desire and the skill proved to be useful in their lives. Shahsiah (1387), investigating the effectiveness of sexual training to improve the quality of life of couples in Isfahan which confirmed that the training is effective on the quality of life generally. The results of a research by Pakgohar et al (1384) also showed that sexual training can arise positive feelings like intimacy and affection and may increase sexual relationship and marital satisfaction between husband and wife. Researches by Nobre & Pinto-Gouveia (2008), also showed that teaching sex skills is significant in provocation during the relationship and orgasm in women.

Considering the results of the present research which showed that sex therapy relatively improves sexual self-efficacy and marital satisfaction in diabetic females, it is suggested that to enhance the level of psychological health of them a comprehensive and anticipatory educational program through health-care centres should be offered.

This research suffers some limitations and problems like any other such investigations. The training program was limited to a small group of the afflicted women in Babol, and thus the data and results must not be over generalised. Also, since sex matters are taboos in some societies there are, unfortunately, few researches addressing the subject matter.

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