

Relationship between life skills with functional impairment and sexual satisfaction in women

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Abstract

Background: Sexual dysfunction in women is a progressive and prevalent age-related problem which affects quality of life, quality of sexual relations and interpersonal relationships.

Objective: This study aimed to examine the relationship between life skills with functional dysfunction and sexual satisfaction in women referred to health centers of Shahroud University of Medical Sciences.

Materials and methods: This cross-sectional study was conducted on 478 eligible women referred to eight health centers of Shahroud University of Medical Sciences in 2016-2017. The data collection tool was four questionnaires of demographic, General Health (GHQ-28), Life Skills and Sexual Function Index (FSFI). Data were analyzed using SPSS.

Results: Mean score of sexual function was 58.07 ± 10.63 and sexual satisfaction was 4.38 ± 0.99 . The average total score of life skills was 508.99 ± 46.82 , which ranged from the lowest amount in the professional skills as 10.42 ± 2.13 and the highest amount in mental health as 81.93 ± 9.10 . There was a significant relationship between life skills and sexual satisfaction and functional dysfunction. ($p \leq 0.05$)

Conclusion: The findings of the study indicated a relationship between life skills and sexual satisfaction and functional dysfunction, so that increased functional dysfunction and sexual dissatisfaction was observed in people with low life skills.

Key words: sexual satisfaction, functional dysfunction, life skill

Introduction

Sexual function is part of human life and behavior, and according to the World Sexology Association, it is so mixed with personality that it is impossible to consider it as an independent phenomenon (1-3). It is also a multidimensional phenomenon affected by many biological, psychological and social factors. Importance of sexuality is a realistic fact, because sexual problems may have multiple effects on other aspects of individual and social life, so that it may cause mental disturbances, incompatibilities, and failures in marital life (4, 5). Sexual function involves desire, stimulation or motivation, orgasm and suppression (6, 7). Sexual dysfunction is a chain of sexual-psychiatric disorders that is defined as a disorder in desire, stimulation, orgasm and sexual pain (8-10).

These disorders are common in women and various demographic studies estimate its range between 25-50%. Female sexual dysfunction (FSD) is one of the most common problems and affects approximately 40% of women (11, 12). Based on the Sexual Dysfunction Index questionnaire, 31.5% of Iranian women have at least one sexual dysfunction: 35% with lack of sexual desire, 30% lack of stimulation, 33.7% lubrication disorder, 37% orgasm disorders, 26.7% the pain disorders, and 31.5% were dissatisfied (13-15). Important issues such as mental health, sexual relationship, sexual function of partner, personality, infertility, medications, chronic diseases, pelvic surgery, gynecology and malignant diseases, diabetes, pregnancy, and postpartum period are involved factors in sexual dysfunction (16).

Sexual dysfunction exists in all societies and affects the quality of sexual relations of married people(13). It is also known as a factor influencing the quality of life of individuals (9, 15, 17) (9, 15, 16) which can cause severe personal inconvenience and affect personal relationships (18)(17). Currently, physical, psychological, and sexually transmitted infections are evaluated in women to treat these disorders(16) (15). Medication and surgical and mechanical therapies are also used to treat certain types of sexual dysfunction. Some medicines may initially improve sexual performance, but they may impair sexual function after prolonged use. It is hard to show the effectiveness of traditional psychotherapy for sexual problems(19) (18). People with sexual dysfunction usually hide their problem, and lack of proper treatment can cause chronic symptoms, anxiety, introversion and feelings of guilt (20). Several studies have pointed to the role of communication skills and life skills in solving couples' sexual problems and increasing their satisfaction and performance (21-26) (20-25). Life skills can affect the quality of relationships, play a major role in promoting mental health and general health, in reducing family stress and increasing social acceptance (27-30).

It seems important to recognize the family as the most essential social element. Marital satisfaction is a general assessment of the status of marital relationship or the current romantic relationship of an individual. Marital

satisfaction can be a reflection of the level of happiness of individuals from their marital relationships or a combination of pleasure due to many factors specific to a marital relationship. Marital satisfaction can be considered as a psychological situation that is very unstable and at greatest risk in the early years (31, 32). Sexual dysfunction, occurring due to any reason, leads to a decrease in quality of life and dissatisfaction with relationships with others. Sexual dysfunction may lead to problems such as depression or divorce and separation between the husband and wife (32, 33). According to negative effects of sexual dysfunction in women and its complications on the family and society, and given the importance of the family bond, it is necessary to identify the factors related to marital satisfaction, which is the basis for strengthening the family relationship. Considering the factors affecting marital satisfaction, it can be expected that many psychological, emotional and social problems of families and the whole society will decrease by increasing marital satisfaction.

Besides, the higher level of marital satisfaction makes people more relaxed in performing their social, cultural and economic services and duties, and also families will benefit from this advancement. Evidence suggests that women often lack information and have poor sexual skills, while these are behaviors that enable individuals to adapt and effectively deal with the demands and challenges of life. Considering the fact that no specific research has been conducted on the relationship between life skills and sexual performance so far, this study aimed to determine the life skills, with Sexual function and satisfaction in women referred to health centers of Shahrood during 2016-2017.

Material and Methods

This cross-sectional (descriptive-analytical) study was conducted on 478 women referred to health centers of Shahrood for periodic examinations or other services. The samples were selected by multistage random sampling method. The number of samples in this study was estimated to be 450 in the 10% prevalence of self-esteem (extracted from Ramezani's study in Tehran), which practically reached 478 cases (34). In the first stage, 2 centers of 8 centers and 1 base from 5 urban bases (clusters) were randomly selected and then based on the number of visits using available method. The inclusion criteria was the age between 15-49 years old, have reading and writing skills, nationality of Iran, married and living with the husband, at least one year of marriage, no recent abortion or delivery, no physical and psychological disorders, no gynecologic diseases. Exclusion criteria were those who scored more than 23 for their health assessment using the General Health questionnaire (with psychological problems). For data collection, four questionnaires containing demographic questionnaire (age, education, occupation, prevention method and number of children) were used. The validity of the demographic questionnaire and its content validity were evaluated using the revision comments of 10 university professors; its reliability was

also measured using the Re-test method. The General Health Questionnaire (GHQ-28) has 28 questions in four scales (physical symptoms, anxiety and sleep disorders, impaired social function and severe depression) and each scale has 7 questions. Options range from zero to three scores. Those who obtained the score of 24 or higher were suspected of being ill or having a disorder and were excluded from the study. Those who obtained the score of 23 or less were identified as healthy persons. The general health questionnaire was validated in the study of Nourbala et al. because they assessed the reliability of this questionnaire using the Symptom Checklist-90-Revised SCL-90-R test. Both questionnaires were highly validated and re-test method was used to determine their scientific reliability. The third questionnaire is life skills and includes 142, 5-options questions in 17 areas, including questions 1-11 about self-awareness training, 12-21 about having a goal in life, 22-32 questions about human communication skills, 33-44 about interpersonal relationships, 45-52 about decision making, 53-75 about hygiene and mental health, 76-81 about problem solving skills, 82-89 about participation and collaboration skills, 90-95 about creative thinking skills, 96-109 about critical thinking, 110-114 about understanding Principles of Freedom, justice and equality, 115-120 about participation in beneficial activities, 121-125 about showing social behaviors, 126-130 about the citizenship of globalization, 131-133 about professional skills, 134-137 about skills on the observance and use of safety tips, 138-142 about how to collect information. Samples expressed their life skills based on a very Low scale of 1 and a very high score of 5. The minimum total score was 3 and maximum score was 170. For each life skill separately, the average amount was calculated. Test retest method was used to determine the reliability. For this purpose, the questionnaire was completed by 15 women referred to the health center who had the same characteristics similar to the research samples. Then, the questionnaire was completed again by the same individuals and the correlation coefficient was obtained as 0.78. The face and content validity was approved by completing the questionnaire by 10 faculty members and approved after necessary corrections. The final part of the questionnaire was the Persian version of the FSFI, which evaluated sexual satisfaction and function, and included 17, 5-options questions, in which the questions 1-2 were about sexual desire, 3-5 about stimulation, 6-8 about lubrication, 9-11 about orgasm, 12-13 about sexual satisfaction, 14th question was about family life satisfaction and 15-17 about sexual pain, in order to evaluate the sexual desire, orgasm, sexual pain, vaginal moistness, and sexual satisfaction. Each question had 5 points (from zero to four), multiplied by the factor of that area, and the final score was obtained by adding all six scores. The minimum score was 2.40 and the maximum score was 32.20 with the average 22.57. Scores higher than 22 were considered without sexual dysfunction and score less than 22 was classified as sexual dysfunction. For each of the sexual stages, the average score was calculated separately. The average sexual desire score was 3.91, with minimum score of 1.20 and maximum score of 6.00; the mean score less than 3.6 was considered as having a sexual desire disorder.

The mean stimulation disorder was 2.92 with minimum score of 0.00, and the maximum score of 4.50; the mean score less than 3 had a sexual stimulation disorder. The average lubrication score was 3.07 with minimum score of 0.00 and the maximum score of 4.50; the mean score less than 3 was considered as sexual dysfunction. The mean score of sexual orgasm was 4.10 with minimum score of 0.00 and a maximum score of 6.00; the mean score less than 4 had sexual orgasm dysfunction. The average score of sexual satisfaction was 4.37 with minimum score of 0.00 and the maximum score of 6.00; the mean score less than 4 had sexual satisfaction disorder. The mean score of sexual pain was 4.17 with minimum score of 1.20 and maximum score of 6.00; the mean score less than 4 had sexual dysfunction.

Validity and reliability of the questionnaire were confirmed by Hasani et al. in the Iranian population in 2006 (35). Data were analyzed by SPSS software version 22 and Chi-square, Fisher's exact test, independent t-test and Mann-Whitney test; 0.05 was considered as significant level. The obtained information was presented in absolute and relative abundance distribution tables. All information obtained in this study was completely confidential and anonymous. In addition, the present study was approved by the Ethics Committee of Shahroud University of Medical Sciences under IR.SHMU.REC.1395.36 code dated 28/02/1395.

Results

The mean age of the participants was 30.72 ± 8.82 years. The level of education in most of the samples (39.7%) was high school and 80% were housekeepers. The most commonly used contraceptive method (32.8%) was condom. The average number of children was 1.7 ± 0.99 . The mean score of life skill test was 508.99 ± 46.82 ; the lowest life skill score was 337.00 and the highest score was 789.00. The lowest mean was observed in professional skills as 10.40 ± 2.09 , and the highest mean in mental health as 82.30 ± 8.86 . The sexual performance score varied from a minimum of 2.00 to a maximum of 87.00 with the mean sexual performance score of 58.07 ± 10.63 . The score of sexual satisfaction varied from the minimum of 0.00 to the maximum of 6.00 with the mean score of sexual satisfaction of 4.37 ± 0.98 . Most of the items related to life skills, had a correlation with sexual function and satisfaction, which means improved level of life skills can increase the sexual function and satisfaction. The level of life skills, different aspects of sexual function, sexual dysfunction and sexual satisfaction are shown separately in Tables 1, 2, and 3. The mean score of life skill in both groups, with and without sexual dysfunction and mean scores of life skills in both groups with and without sexual satisfaction are also shown in Tables 4 and 5.

Table 1: Simple correlation coefficient of sexual function, sexual satisfaction and life skills

	sexual function	sexual satisfaction	life skills
sexual function	1		
sexual satisfaction	0.548** 0.000	1	
life skills	0.113* .014	0.142** 0.002	1

(Two-tailed test): P<0.05*: p<0.01**

Table 2: Frequency distribution of life skills and distribution of sexual satisfaction in women referred to health centers of Shahroud

Rate	life skills	The number (percentage)	Sexual satisfaction	The number (percentage)
Yes	245(51.3)		Yes	190(39.7)
No	233 (48.7)		No	288(60.3)
Total	478(100)		Total	478(100)

Table 3: Frequency distribution of sexual dysfunction in terms of components of sexual function in women referred to health centers in Shahroud

Sexual dysfunction	Components of Sexual Function	Sexual desire The number (percentage)	Arousal The number (percentage)	Lubrication The number (percentage)	Orgasm The number (percentage)	Pain The number (percentage)
Yes	232(48.5)	111(23.2)	54(11.3)	244(51.0)	244(51.0)	238(49.8)
No	246(51.5)	367(76.8)	424(88.7)	234(49.0)	234(49.0)	240(50.2)
Total	478(100)	478(100)	478(100)	478(100)	478(100)	478(100)

Table 4: Comparison of mean scores of life skills components in study subjects with sexual function in women referred to Health Centers in Shahroud

sexual dysfunction	p value	T test value	No	Yes
life skill				
Self-awareness	.027	-2.223	39.6545	38.7069
Having a Goal in Life	.234	-1.193	36.1016	35.5560
Human communication skills	.063	-1.860	40.1992	39.2328
Interpersonal Relations	.851	-.189	44.2561	44.1552
decision	.339	-.957	29.0244	28.6940
Mental health	.000	-3.594	83.7033	80.8233
Skills in problem-solving	0.151	-1.438	22.0691	21.6422
Collaboration skills	.027	-2.225	28.3211	27.4655
Creative thinking skills (creativity)	.000	-3.750	22.0772	20.9698
Critical Thinking	.001	-3.491	51.3252	49.3405
Understanding the principles of freedom, justice and equality	.05	-1.928	18.8537	18.3448
Participate in activities that improve the interests	.007	-2.686	21.8089	21.0043
Showing social behaviors	.013	-2.505	18.5650	17.9310
Citizen of globalization	.102	-1.637	18.1016	17.6767
Professional skills	.174	-1.361	10.5325	10.2716
Skills related to compliance and application Safety Tips	.993	-.009	14.1138	14.1078
How to collect information	.028	-2.209	16.8862	16.0690
Total life skill	.001	-3.362	533.2368	506.8977

P value<0.05

Table 5: Comparison of Mean Scores of the Life Skills components in study subjects with Sexual Satisfaction in Women Referred to Health Centers in Shahroud

Sexual Satisfaction	life skill	p value	Ttest value	No	es
Self-awareness		.002	-3.105	38.3842	39.7292
Having a Goal in Life		.140	-1.478	35.4211	36.1111
Human communication skills		.025	-2.254	39.0105	40.2049
Interpersonal Relations		.004	-2.760	43.3053	44.8021
Decision		.027	-2.168	28.4053	29.1667
Mental health		.001	-3.499	80.5789	83.4444
Skills in problem-solving		.003	-2.952	21.3263	22.2153
Collaboration skills		.080	-1.757	27.4895	28.1806
Creative thinking skills (creativity)		.001	-3.426	20.9158	21.9514
Critical Thinking		.005	-2.798	49.3789	51.0104
Understanding the principles of freedom, justice and equality		.085	-1.726	18.3263	18.7917
Participate in activities that improve the interests		.008	-2.669	20.9263	21.7431
Showing social behaviors		.000	-3.639	17.6947	18.6285
Citizen of globalization		.796	.259	17.9368	17.8681
Professional skills		.347	-.941	10.2947	10.4792
Skills related to compliance and application		.558	.586	14.3632	13.9444
Safety Tips					
How to collect information		.280	-1.083	16.2421	16.6528
Life skills in all gamuts		.001	-3.448	500.0000	514.9236

Discussion and Conclusion

Sexual dysfunction is a common and serious problem among women, which has an important impact on marital and interpersonal relationships, and their quality of life. The aim of this study was to determine the relationship between life skills and the sexual function and sexual satisfaction of women. Life skills increase the person's adaptability to the environment and problems, and help the person to effectively deal with the marital life issues. Self-awareness and self-expression skills can help the person to know themselves and their sexual and non-sexual needs and how to express their feelings properly. On the other hand, empathy skills can prepare them to understand the needs of their partner more compassionate in terms of emotional and psychological and interpersonal needs, and to have a more honest, respectful, and intimate relationship. Decision-making and problem-solving skills counselling can help them to precisely define the problems encountered in marital life and to identify and review existing solutions to find most appropriate solutions. These skills can avoid stress and anxiety in critical situations and not to use unsafe ways to solve marital problems(25).

In the present study, frequency of sexual satisfaction was 39.7 and the frequency of sexual dysfunction in the studied population was 48.5%, and for each separate component was: 49.8% sexual pain, 51% orgasmic disorder, 51.0% lubrication disorder, 23.2% sexual desire disorder, and 11.3% stimulation disorder, respectively. The results of a structured review and meta-analysis of Ranjbaran in Iran showed that there was 21.6% sexual satisfaction, prevalence of sexual dysfunction was 43.9%, with 42.7% lack of sexual desire, 38.5% of stimulation disorder, 30.6% of lubrication disorder, 29.2% of orgasm disorders, and 40.1% sexual pain(36).

According to the findings of present study, it can be concluded that the level of life skills is effective in improving sexual dysfunction and marital satisfaction in married women. It should be mentioned that professional life skills help a person to know herself better, to understand her husband, develop an effective relationships with him, identify and control her own negative emotions and daily stresses, remain well and meet the needs and challenges of everyday life and to solve the problems in a proper way, and adopt the most appropriate decisions. Also, life skills may cause the person to not think of the stereotype and not accept the information without processing (37) and can empower a woman to effectively find and activate her knowledge, attitudes and values, and to motivate and behave in a healthy way. The present study concludes that the level of life skills has a positive relationship with sexual satisfaction, which is consistent with the studies if Azizi and Pourheidari (25, 30)

The findings of this study indicated the relationship between life skills with sexual satisfaction and sexual dysfunction, so that an improvement was observed in terms of functional disorder and sexual dissatisfaction in people with low life skills. Therefore, it is recommended to health centers and

midwifery and women's clinics to employ counselors or psychologists on sexual education in order to improve the life skills among young girls and women.

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