

The effect of individual consciousness skills' base counseling on sexual satisfaction of women at reproductivef age**Tayebe Ziaei (PhD)**

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Introduction: Sexual satisfaction is an important indicator of sexual health and is strongly associated with satisfaction of interpersonal relationships. Self-awareness refers to pay attention to the thoughts, feelings, and it is the introduction of interpersonal relationships. Due to this relationship, a study was conducted to determine the impact of individual counseling based on self-awareness skills on sexual satisfaction in women of reproductive age of Gorgan, Iran.

Methods: An interventional study was conducted as a field trial on 76 women of reproductive age referred to Gorgan health centers in the fall of 1395. The samples were availability selected and randomly divided into intervention and control groups. In the first step, the Hudson Sexual Satisfaction Persian Questionnaire were completed by all women. Then, the women in the intervention group were consulted with six sessions of individual counseling based on self-awareness skills intervention. One month after counseling, both post-tests were performed in both groups. Variables with T-student and Mann - Whitney using SPSS 16 software were analyzed.

Results: There was no statistically significant difference between mean score of sexual satisfaction before intervention between two controls (103.21 ± 10.15) and intervention groups (102.36 ± 10.00). But, there was a statistically significant difference between mean score of sexual satisfaction after intervention; 103.39 ± 10.04 for the control group and 112.1 ± 7.97 for the intervention group ($P\text{-Value} < 0.0001$).

Conclusion: The results show that to increase sexual satisfaction promoting the awareness about sexual issues is not the only solution, but also promoting the self-awareness skills via recognizing their positive and negative characteristics is necessary. Hence, healthcare providers can use individual counseling based on self-awareness skills to increase sexual satisfaction.

Keywords: individual counseling, self-awareness skills, sexual satisfaction.

Introduction

Sexual satisfaction is the perception of each individual about his/her sexual behavior that finds it enjoyable (1). Sexual satisfaction, as a predictor of emotional intimacy between husband and wife (2), has a significant effect on marital satisfaction (3). Sexual dissatisfaction, on the other hand, causes many problems such as divorce. In this regard, Gheshlaqi et al. have shown that divorce rates are significantly related to sexual satisfaction (4). Sexual satisfaction is controlled by several factors such as psychological and cultural factors, personal attitudes, demographic factors (5), and personality traits (6). Since sexual satisfaction involves both receiving pleasure and giving pleasure, the lack of expressing the feelings also affects sexual satisfaction due to affecting emotions and interpersonal relationships (7). In this regard, Kaveh et al. (2012) stated that knowing life and communication skills would affect marital satisfaction and adjustment (8). Moreover, according to Jafari (2007), sexual satisfaction scores were higher in couples who received premarital communication skills than those who did not receive such a training (9). The World Health Organization (WHO) describes life skills as positive adaptive behaviors that enable an individual to effectively address the demands and challenges of everyday life (10). One of the most important life skills is self-consciousness, which deals with recognizing the characteristics, emotions, strengths, and weaknesses of the self (11). In confirmation of this issue, WHO's considers consciousness and empathy among the five key domains of life skills (12). Solhi et al. also found consciousness as the first priority of learning life skills from the perspective of their participants (13). According to Fenigstein et al. (1975), consciousness has three areas: private, public, and social anxiety. Private consciousness is the tendency to think and focus on thoughts, feelings, and inner motives. Public consciousness is a general understanding of the self as a social individual and others perception of an individual. Ultimately, social anxiety describes the individual's concern for being in the presence of others and, therefore the desire to be alone (14). Franzoi et al. showed that the more private consciousness is, the greater the self-disclosure will be, and thus the higher satisfaction of the relationships (15). In line with this result, Kaveh et al. (2012) also showed that life skills training through increased consciousness increase marital satisfaction (8). In addition to educational interventions, Vjeh et al. (16) also pointed to the positive impact of individual counseling on increasing sexual satisfaction.

Despite the above-mentioned interventions that proposed for a positive relationship between life skills and consciousness and their effects on marital satisfaction, some researchers did not achieve this positive relationship. Findings of Mahdavi's study on assessing women's satisfaction with marital relationships did not show a significant relationship between life skills of women and their sexual satisfaction (17). An inverse relationship was also

observed by Bay et al. between sexual consciousness and sexual performance, stating that women with higher sexual dare and lower sexual consciousness had a better sexual performance (18).

In the review of the literature, no study was found on the effect of individual counseling (based on consciousness skills) on sexual satisfaction. Considering the suggestions made in previous studies on life skills training and counseling in which consciousness is one of the priorities (8, 13) and due to the existence of limitations in the field of understanding sexual desires, especially in women and their shame of expressing sexual problems (19), the present study was conducted to determine the effect of individual consciousness skills' base counseling on sexual satisfaction of women at childbearing age referring to Gorgan health centers in 2016 for individual consciousness skills' base counseling assuming that it has a positive effect on sexual satisfaction.

Materials and Methods

The present work is an interventional field trial study that was conducted with both intervention and control groups and a pretest-posttest design. The statistical population of this study was all married women of reproductive age in Gorgan city who referred to health centers for health services or as a companion. The statistical sample included a selected group of the research population that met the required entry criteria. The statistical sample was 40 individuals in each group determined according to Vjeh et al. study (16) with a 95% confidence coefficient and 5% chance of loss. A total of 80 individuals were randomly selected and assigned to the two control and Intervention groups. Sampling was conducted in two steps. In the first stage, at least three centers were randomly selected out of six urban centers. Then, the samples were selected in each center in an accessible manner, regardless of the amount of initial sexual satisfaction. Next, their number in each center was equally divided based on the population and assigned into two groups. The inclusion criteria were the desire to participate in the project, having secondary school third grade degree and higher, passing at least six months after the last birth, having permanent marriage for the woman and her husband, not having a history of a tragic accident in the past six months, not having a history of using psychiatric drugs or chronic mental and physical illnesses, not having a history of surgery for hysterectomy, oophorectomy, cystocele, and rectocele, not having pregnancy, infertility, and lack of postmenopausal, not having a history of drug abuse for women and her husband, lack of genital diseases, absence of severe marital conflicts, and unwillingness to be pregnant during the course of the study. All these criteria were determined based on participants' self-declaration. The exclusion criteria of the study were to declare discontinuation of participation in the program, pregnancy, occurrence of adverse events, diagnosis of psychiatric disorders during the study, and failure to

answer more than 5% of the questionnaire questions. Two instruments of the demographic profile and the Persian version of the Hudson Sexual Satisfaction Questionnaire (20, 21) were used for data collection. The Sexual Satisfaction Questionnaire was translated into Persian by Moshk Bid et al. The questionnaire has 25 questions based on a 5-point Likert scale, with "never", "rarely", "sometimes", "most of the time", and "always" set options. Options are scored from 1 to 5 points. In Questions 1, 2, 3, 10, 12, 13, 16, 17, 19, 21, 22, and 23, the "never" option is scored 1, and "always" is scored 5, and in other questions scoring was done Inversely. The content validity method was applied to determine the validity of the research and a re-test method was used to determine the scientific reliability, which was confirmed with a correlation coefficient of 0.98 (22). The reliability of the questionnaire was obtained by Cronbach's alpha (0.79).

For the sampling, after obtaining permission from the center's authorities, the researchers conducted interviews with the interviewees providing that they accepted the conditions, filled out the written consent forms, and met the entrance criteria. Afterward, they were given questionnaires to complete. Then, if the person was in the intervention group, she was invited to do individual counseling. The number of individual counseling sessions was announced in the following table after conducting a pilot test for six sessions (for 45-minutes). The content of the counseling sessions was prepared according to "Student Life Skills

Training" (11) textbook. It is of note that counseling was conducted by a senior midwifery counselor after receiving consciousness skills training and getting approvals from relevant supervisors and counselors.

Counseling was conducted using an eclectic approach (23). The counselor decided on the number of advisory sessions based on the individual differences of the clients. Also, they decided about the end of the consultation sessions based on the perceived changes in their feelings, thoughts, and moods and after ensuring that all content and exercises were performed. Two of the participants from the intervention group declined their cooperation. Also, 33 out of the remaining 38 participants continued for 6 sessions, 3 of them for 5 sessions, and 2 others for only 4 sessions. The participants came once a week for the first and second sessions but the next meetings were held at closer intervals and almost two sessions per week. One month after the last counseling session, the post-test was administered and 38 participants from each group responded to the posttest. SPSS software (version 16) was used for data analysis. In order to investigate the normality of the data, the Shapiro-Wilk test was applied. Descriptive statistics were used to describe the research units and independent t-test and paired t-test was used for analyzing the data normality. Also, the Mann-Whitney and Wilcoxon tests were used for analyzing the normal distribution of the data. After categorizing the scores in each subject, the chi-square (χ^2) and the Fisher tests were for the normality analysis at a confidence level of 0.95.

Table 1: The contents of individual counseling sessions based on consciousness

Session number	Content
First session	Introduction, introducing the rules of counseling sessions (talking about the duration of the meeting, that the phones should be turned off, etc.), emphasizing the confidentiality of the information, expressing the counseling purposes, defining life skills and consciousness skills and its role in life, identifying the emotions (expression of a scenario), classifying the emotions, summing up, and giving assignments
Second session	Reviewing the previous session and the assignments, defining self-concept, completing and presenting descriptive sheets (how to communicate in different environments such as home, with friends), summing up, and giving assignments
Third session	Reviewing the previous session and the assignments, presenting positive characteristics, analyzing the impact of positive characteristics in personal life (in relation to the spouse and children), summing up, and giving assignments
Fourth session	Reviewing the previous session and the assignments, reviewing the negative characteristics and weaknesses, finding solutions by the authorities for them, examining the impact of weaknesses and negative characteristics in personal life (in relation to the spouse and children), summing up, and giving assignments
Fifth session	Reviewing the previous session and the assignments, expressing honors, talents, abilities, and skills, providing a definition for self-esteem by the authorities, and completing it by the counselor if needed, completing the self-esteem barometer, summing up, and giving assignments
Sixth session	Reviewing the previous session and the assignments, reviewing personal goals, reviewing beliefs and values, talking about favorite places and important people in the participants' lives, summing up, and talking about their feelings about the counseling sessions

Findings

The statistical analysis was performed on the 76 remaining participants in the study (38 controls and 38 intervention groups) who responded to the posttest. The Fisher, Chi-square, T-test, and Mann-Whitney results indicated that there was no statistically significant difference between the two groups in terms of demographic variables. In the intervention group, the mean age of women was 30.89 years out of which 78.9% were housewives, 57.9% had a diploma, and

89.5% were Persian. In the control group, the mean age was 29.92 years out of which 65.8% were housewives, 23.7% had a diploma, and 78.9% were Persian. According to the results of the paired T-test and Wilcoxon, the mean of sexual satisfaction score had a significant difference in the intervention group before and after the counseling, while there was no significant difference in the control group.

Table 2: Comparing sexual satisfaction score, before and after the counseling sessions in each group

Title	Intervention **			control *		
	Before	After	P-value	Before	After	P-value
	Mean (Standard deviation)	Mean (Standard deviation)		Mean (Standard deviation)	Mean (Standard deviation)	
Sexual satisfaction score	102.36 (10.003)	112.10 (7.97)	0.0001	103.21 (10.15)	103.39 (10.04)	0.98

Discussion

The present study aims to determine the effect of individual counseling (based on consciousness skills) on sexual satisfaction in married women of reproductive age. Based on the results of the study, after counseling, the sexual satisfaction rate of women in the intervention group was significantly higher than that of the control group, indicating that individual counseling based on consciousness influenced women's sexual satisfaction in the intervention group. No other research was found with the same topic, but the findings of this study confirm the results of some studies that have taken interventions to improve marital satisfaction and adjustment. In the study of Yalsin and Carahan (2006), communication skills training showed a positive effect on marital adjustment and helped couples participating in the study to report more coherence and collaboration (24). In Scholenberger's (2001) study, communication skills enhancement training increased marital adjustment among women (25). Also, Naeem et al. (2016) identified that life skills training was effective in promoting marital adjustment of the units under study (26). Kaveh et al. (2012) found that life skills training – including communication skills, consciousness, empathy, anger control, problem-solving, and expressive expression of emotions – enhances satisfaction and marital adjustment (8). Poorheidari et al. (2013) stated that life skills training increase marital and sexual satisfaction among young couples (27). In two recent studies, researchers have emphasized the role of consciousness skills and their positive effects that allows couples to have a correct recognition of their sexual and non-sexual needs and enables them to learn the correct way of their expression. According to these studies and the results of the present study, consciousness can be

effective in improving the sexual satisfaction of couples and should be given priority in educational and counseling training. Sajjadi et al. (2015) showed that the positive effect of life skills training on marital satisfaction and that it improves the communication status of young couples. This improvement can be applied to train various types of life skills, including consciousness, problem-solving, decision-making, effective communication, interpersonal relationships, and courageous behavior (28). As can be seen, their study is consistent with the results of the present study in terms of the positive effect of the research; however, considering that in the present study only the same result was obtained using a skill, it seems that the present intervention is cost-effective regarding time, energy, and costs compared to interventions that contain a variety of skills and such interventions reduce the complexity of conducting training or counseling for counselors. In addition, clients in the process of education or counseling can have a better focus on learning one type of life skills and the interventions are presented in greater quality and effectiveness.

In explaining this result, it can be stated that after individual counseling about consciousness skills, individuals learn about their positive and negative characteristics, strengths and weaknesses, values, beliefs, achievements, goals, needs, expectations and desires that can influence various dimensions of their lives (11). Women participating in this study sought to improve their positive attributes and strengths and intended to apply those positive characteristics in their relationship with all family members, especially their spouse. They also intended to find solutions by knowing their negative traits and weaknesses and trying to reduce them. In fact, they tried to identify the

problems or weak points in their marital or sexual relations, their conversation with a spouse about sexual issues, expressions of expectations, non-sexual relationships, and resolve them. In this way, they were more satisfied with their sexual relationships by eliminating their negative features and weaknesses or diminishing them.

Considering the results of this research, individual counseling (based on consciousness) sessions has led to an increase in female sexual satisfaction, and since consciousness skills are of particular importance compared to other life skills, it is recommended conducting similar studies on women and men of other ages. One of the limitations of this study was the reluctance of some women to participate in the project due to the high number of counseling sessions and the lower number of consciousness studies compared to other life skills.

Conclusion

Individual consciousness skills' base counseling led to an increase in the level of sexual satisfaction.

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Therefore, it can be stated that to promote women's sexual satisfaction we can improve their consciousness skills by helping them recognize their positive and negative qualities in addition to informing them about their sexual issues. Therefore, the training and application of this skill should be placed at the level of prevention on the agenda of health care centers. Therefore, this counseling approach can be used as one of the effective techniques for increasing female sexual satisfaction if there is no sexual counseling possibility available in health centers.

Acknowledgments

This article is based on the Master's thesis on midwifery approved by the Vice-Chancellor of Research in Golestan University of Medical Sciences and registered as 941218331. Hereby, our appreciation goes to the Deputy Director of Research and Technology at the University who helped us with the approval and also payments of this project.

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