The Relationship between Self-Efficacy for Coping with the Problems with Sexual Problems in Married Women

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Abstract: Sexual behaviors are of great importance on the life of many people. The importance of sexual behavior and its critical role in many relationships show that sexual behavior can be very effective on mental health and life quality. The aim of the current study is evaluating the relationship between self-efficacy for coping with the problems with sexual problems in married women. The current study is a correlation study. Statistical population was all married women aged between 30 and 40 in Tehran, among them 110 women were selected through network (snowball) sampling method. The major questions of the research are that (a) Is there a relationship between self-efficacy for coping with the problems with sexual problems in married women? (b) What is the most important contribution of self-efficacy for coping with the problems for predicting the variables of sexual problems? For collecting data, multistage questionnaire (msq) contains 26 phrases for self-efficacy for coping with the sexual problems provided by Snell, Fischer and Wolters (1993) was used. The structural equation method (sem) was used for data analysis through smart pls software. The results of the investigation were shown that there is a meaningful relationship between predictive variable of self-efficacy for coping with the problems and reference variables (sexual motivation, internal sexual control and external sexual control) and there is not a meaningful relationship with decisiveness.

Keywords: Self-Efficacy, Sexual Motivation, Sexual Decisiveness, External Sexual Control, Internal Sexual Control, Married Women

1. Introduction

When In the present societies, families encounter with some problems that originate from lack of sexual satisfaction and the presence of sexual problems [1–26]. Continuous sexual problems may lead to hidden or obvious anger and fury or disgust between couples [27–37]. These factors weaken the feeling of confidence in people, attenuate sexual motivation and lead to depression, anxiety or sexual dissatisfaction and by considering its importance; it may be possible to prevent more problems and to solve the problems through informing about natural sexual reactions and usual disorders in this field [38, 39]. Based on this approach, having information about natural sexual performance and its related disorders is of great importance on the quality of life [40]. Natural sexual reactions are usually divided into four stages including: (a) desire, (b) motivation, (c) orgasm and (d) tranquility. Disorders are usually happened in one or more stages. Sexual desire disorder is a huge limitation for life quality of person and may have negative effects on all features of life [41–55]. These disorders divide into lack of sexual desire and sexual disgust. In lack of sexual desire, there is not sexual imagination while in sexual disgust; genital sexual contact is prohibited and disgusting [56–59]. Most researches which have been performed about the problem emphasize on the critical role of sexual issues on strengthening the family so that Watson said that "sexual relationships is one of the most important issues of life and undoubtedly, incorrect sexual relations is the cause of many miseries of woman and man" [60–66].

In two–factor theory of Masters and Johnson, accurate data about sexual problems and disorders were collected through observations of subjects during sexual intercourse. Based on the obtained results from laboratory tests, they were suggested a theory about sexual problems and disorders. Their model consists of two elements or factors, both are effective on sexual disorders: 1) Performance anxiety happens when the considered person afraid of inability to perform marriage duties with good quality. 2) Role of viewer happens when during sexual activity; the considered person is mainly viewer not active participant.

The first element, performance, is a conditioned or learned behavior and it happens when unfortunate experiences such as (a) sexual–mental traumas, e.g. rape or sexual abuse in childhood; (b) cultural and social taboos that lead to feelings of shame and fault about sexual issues; (c) shameful or humiliating sexual experiences in sexual relationships (e.g. seems to be all thumbs against wife); and (d) too much alcohol drinking in men affect the inability to erection and its maintaining.

When these factors lead to anxiety during sexual operation, the second element of Masters and Johnson's model, i.e. role of viewer, acting. It means that in this stage, the considered person acts as a viewer and continually supervise his/her ability in sexual operation and the reactions of their partners instead of being calm during sexual activity [67–77]. In this regard, sensations deviate from sexual stimulants, which leads to motivation and enjoy, and focus on stimulants that make feedback about what good or bad performance is [75, 76]. Satisfactory sexual life is an important factor in the quality of life and sexual desires and appeals show the attitude of the considered person to him–or her–self and this attitude makes his/her identity [76–86]. As a result, it is not surprising that severe mental pains may happen when there are some
problems in sexual activity [80–85].

People who have sexual problems are usually of low self-reliance, anxiety and stress, depression, their sexual relationships is subjected to failure prediction and have unfortunate experiences [70–86].

Self–efficacy is defined as the judgment of person about his/her thoughts and abilities not what has been done. Self–efficacy is one of the basic mechanisms in Bandura's social cognitive theory. Bandura (1977) defined self–efficacy as paying attention to beliefs or judgment about his/her ability in doing the duties and responsibilities [85, 86]. This theory considers self–knowledge as the base of decision–making and consider the characteristics of human being.

Bandura (2000) stated that self–efficacy is a creative power to effectively systemize the cognitive, social, emotional and behavioral skills of human [80–86]. He believes that knowledge, skills and previous achievements of people are not appropriate predictive for their future performances but the beliefs of human about his/her abilities for performing those are affected their performances. Based on the learning social theory of Bandura, believe in self–efficacy affects the choices of person. People tend to do the works that feel are able to do and avoid from works that are not able to do. Self–efficacy beliefs determine that how much amount of energy consumes by people for their activities and how they can resist against obstacles.

Self–efficacy is one of the most important components of success and compatibility and it relates to more health, though integrity and behavior. The theory of self–efficacy is based on the assumption that the belief of person about his/her ability to resist against special conditions affect his/her thought, behavioral and emotional models in various levels of experience and it determines that whether a behavior will show or not and if it shows, what would be the effort of person for doing it and how he/she resists against it.

Judgment about self–efficacy can affects the thoughts of person about ability or inability for doing a work (e.g. I can do it or I can't do it), the emotions of person (motivation and happiness against anxiety and depression) and his/her performance (high commitment against misery).

If there is a relationship between self–efficacy for coping with the problems with sexual motivation, decisiveness, external control and internal control in married women?

What is the most important contribution of self–efficacy for coping with the problems for predicting the variables of sexual problems?

2. Results and Discussion

The current research is a descriptive and correlation study. Statistical population of the current study is including all married women aged between 30 and 40, lived in Tehran that were selected by network (snowball) sampling method. Regarding unavailability of the volume of statistical population, the investigated sample was consisted of 110 married women aged between 30–40 lived in Tehran were selected by snowball sampling method. Researchers were accessed to other members, in a pyramidal pattern, through some friends which have the considered conditions. Snowball sampling is a non–probabilistic sampling method that is suitable when the under studied units cannot be easily identified; particularly, when these units are very rare or cannot be publicly expressed due to cultural limitations. In this method, the first identified or selected sampling unit can be used by actuary for identifying and selecting the second sampling unit. In this manner, other sampling units also can be identified and selected.

The questionnaire of self–efficacy for coping with the problems was designed by Chinese et al. [76–86] in order to evaluate the self–efficacy related to the methods used by people to cope the problems. This scale is a questionnaire with 26 phrases in which, subject must identify, in an 11 item Likert scale (from 0=I can't do this to 10=surely can do this) his/her performance when encountering with a problem. The coping self–efficacy scale includes three scales: using problem–oriented coping solutions (12 phrases), stopping negative thoughts and emotions (9 phrases) and gaining the support from friends and family (5 phrases).

Sexual multistage questionnaire (msq) of Snell, Fischer and Wolters (1993) is an objective tool for self–evaluation which is presented for measuring the sexual problems of human [80–86]. A 5 point Likert scale was used for collecting the answers of people, the point of each phrase is between 0 and 4; it is not proportional (0), it is proportional to low extent (1), it is proportional to some extent (2), it is proportional to medium extent (3), it is very proportional (4).

The internal reliability of every 12 scales of sexual multistage questionnaire was calculated by Cronbach's alpha coefficients. The members of sample were 372 people (265 women, 17 men and 4 unidentified) which were selected from lower parts of psychological courses in a small university of one of the central states of US. The average age of members was 24.1 ranged from 17 and 60. Alpha coefficients for scales of sexual decisiveness, sexual motivation, sexual internal control, and sexual external control were calculated as 0.77, 0.91, 0.80 and 0.86, respectively.

There are various reasons for validity of sexual multistage questionnaire. Snell et al. (1993) were found that among students, marks of women and men in MSQ is not only related to their sexual approaches and interchange pattern in sexual relationship, but also is related to their marks in other tools that are conceptually similar to MSQ. In addition, sexual behavior of men and women were predictably related to their marks in scales of msq [85, 86].

For analysis of data collected in the current research, structural equation method (sem) were used through smart pls software.

To evaluate the hypotheses of research, structural equation modeling is used. This method is a model for investigation
the linear relationships between research variables and questionnaire questions. In other words, structural equation modeling is a powerful statistical technique that simultaneously combines the measuring model and structural model by a statistical test. Smart PLS software is used. In PLS, two models tested: external model which is equivalent to measuring model and the second model is internal model which is equivalent to structural model. Reliability and validity of research tool are tested in external model while the hypotheses of research are tested in internal model.

Before testing the research hypotheses, descriptive characteristics of self-efficacy for coping the problems, internal sexual control, external sexual control, sexual decisiveness and sexual motivation were evaluated.

The average and standard deviation of sample group for self-efficacy for coping the problems are 78.92 and 10.96, respectively. The highest average is for sexual variable related to sexual motivation (28.08) with standard deviation of 7.22 and the lowest average is for sexual decisiveness (26.57) with standard deviation of 7.68.

To evaluate the internal stability or reliability of structures, the three criteria of Fernel and Locker are considered. The first criterion for evaluating the reliability is functional load of the observed variables. The results obtained from PLS algorithm were shown that the amount of functional load and the obtained T values for the observed variables is in the meaningful level of 0.01. The second criterion for evaluating the reliability of structures is Dilon–Goldstein or composite reliability coefficient (internal compatibility index of measurement model) of structures which should be higher than 0.7. The obtained values for this index indicate that the reliability of structures is acceptable. The third criterion for evaluating internal stability of structures is the average variance extracted (AVE). The average variance extracted indicates the variance of variables that are hidden by the observed variables. Values higher than 0.5 is acceptable for this criterion. Structures and their indices are of good reliability except that questions 2 and 5 in sexual motivation, questions 1, 3 and 5 in sexual decisiveness and question 1 in internal sexual control. It shows that the research tool used in the current study is reliable for women aged between 30 and 40, lived in Tehran.

In order to investigate the validity discriminant of research structures, Chin (1998) suggested that square root of AVE for a structure should be higher than the correlation of that structure with other structures. It can be said that the under studied structures in the current research are of good validity discriminant.

Moreover, Tenhouse et al. (2005) proposed the index for evaluation of common validity for evaluating the quality of data fitting in measurement model. Positive values for the index indicate appropriate quality of measurement tool. Based on this issue, the tool used in the current study is of good quality.

First Hypothesis: self-efficacy for coping with the problems affects sexual motivation.

The results obtained from internal model test were shown that self-efficacy for coping with the problems has a negative and meaningful effect on sexual motivation (P=0.000, t=3.294, β=0.288). In other words, sexual motivation decreases as self-efficacy for coping with the problems increases.

Second Hypothesis: self-efficacy for coping with the problems affects sexual decisiveness.

The results obtained from internal model test were shown that self-efficacy for coping with the problems has not a meaningful effect on sexual decisiveness (P>0.05, t=0.599, β=0.098). In other words, self-efficacy for coping with the problems cannot affect sexual decisiveness.

Third hypothesis: self-efficacy for coping with the problems affects internal sexual control.

The results obtained from internal model test were shown that self-efficacy for coping with the problems has a positive and meaningful effect on internal sexual control (P=0.000, t=1.98, β=0.250). In other words, internal sexual control increases as self-efficacy for coping with the problems increases.

Forth hypothesis: self-efficacy for coping with the problems affects external sexual control.

The results obtained from internal model test were shown that self-efficacy for coping with the problems has a negative and meaningful effect on external sexual control (P=0.000, t=3.616, β=0.316). In other words, internal sexual control decreases as self-efficacy for coping with the problems increases.

The obtained coefficients, the variable of self-efficacy for coping with the problems explains 8, 6 and 10 percent of the variance variations of sexual motivation, internal sexual control and external sexual control, respectively.

After evaluating the path coefficients and testing the structural model of research, Stone–Guesser coefficient Q2 or CV–redundancy was used to evaluate the quality of structural model of research. Positive values of this index for dependence hidden variables indicate appropriate quality of structural model. Regarding this issue, and the obtained values of Q2 for hidden variables, the research structural model is of good quality; it means that independence variables of research are able to predict dependence variables.

3. Conclusion

Although the statistics of sexual problems may be exaggerated, these problems are really presented for millions of women. It is not a simple problem since orgasm and anxieties related to sexual issues including a complicated network of physical and mental factors. Orgasm happens as a result of mutual interaction of mind and body and hence, it includes two minds and two bodies. Studies are shown that
the best and most joyful type of sexual enjoy is resulted from a combining relation of love and peace of mind. When one of sexual partners has a disorder, other one also affects by it. Dialogue between sexual partners can be helpful for predicting and estimating the sexual problem so that it may be found that, as early as possible, whether the problem is physically and or mentally–psychologically.

Sexual activity and the satisfaction resulted from it is one of the most important features of human life. Sexual problems lead to low self-reliance, anxiety and worry and causes that their sexual relationships affects by their prediction of its failure.

Self-efficacy for coping with the sexual problems and the belief of person about his/her ability to encounter with conditions that lead to sexual relationship determines that how it affects his/her sexual issues and whether he/she is of high self-efficacy to overcome the problem and how he/she efforts in this regard. According to results obtained in the current study, women with strong self-efficacy beliefs as a result of successful experiences are believed in her decisiveness against obstacles and problems and resists against them and are of low problems for solving the problems related to sexual motivation and external sexual control and are able to reduce them. As self-efficacy beliefs of person may be in the level of simple, medium and or tough works, i.e. the considered person takes some distance, mentally, from unpleasant thoughts and looks for positive emotions in a negative situation and plans for solving his/her problem and divides it into smaller parts, person may feel self-efficacy against obstacles in three zones and by increasing such feeling, he/she may acts more efficiently against weak performance or perception of failure, when has external control on either a relationship with sexual tendency and belief about various features of his/her sexual issues and leads to increasing it. However, as can be observed in the obtained results, increase in self-efficacy for coping with the problems increase the external sexual control of person about support from friends and family and their attitudes about the sexual issues of person.

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