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INVESTIGATING THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND SEXUAL FUNCTION AMONG REPRODUCTIVE AGE WOMEN ADMITTED TO HEALTH CENTERS OF ISFAHAN IN 2016

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ABSTRACT

Introduction: Couples are faced with serious and several problems in modern society to establish and maintain marital relationships and to have desired sexual function. Deficiency in emotional adequacies of spouses or emotional intelligence might be among the factors causing these problems, which needs research and investigation in this area. This study was conducted to investigate the relationship between emotional intelligence and sexual function among reproductive age women.

Method: This study was a descriptive-correlational study, in which data were collected using cross-sectional method. In this study, 223 reproductive age women admitted to health centers of Isfahan were selected as sample of study. Sampling lasted 5 months since June to September of 2016. The data were collected using researcher-developed demographic characteristic questionnaire, Female Sexual Function Index (FSFI), Graves Emotional Intelligence Standard Questionnaire. Validity and reliability of these tools were determined by using content validity, and Cronbach's alpha coefficient, and the obtained findings were analyzed by using descriptive statistical tests (relative and absolute frequency distribution table) and inferential statistics (Pearson correlation coefficient) by using SPSS 18 software.

Results: The mean score of emotional intelligence was found 118.3 out of 168. Emotional intelligence score of women showed significant correlation with general sexual function and its areas ($P < 0.05$).

Discussion and Conclusion: Emotional intelligence is a factor affecting sexual function, so it is recommended for officials to pay more attention to use educational programs such as training the life skills to enhance the emotional intelligence of couples in order to change their unrealistic desired thoughts.

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Introduction

Human beings have needed sexual intercourse for reproduction, continuity of generation, and to develop their identity throughout of history, and they have not been able to survive without considering this phenomenon. Sexual instinct is source of many developments in human life, since it has existed from the birth of a child, as other natural desires of human, and it is developed and flourished with growth of human [1].

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In this regard, World Health Organization (WHO) considers sexual health as coordination between mind, feeling and body resulting in development of personality, communication, and love [2].

Sexual relations are considered as one of the most important causes of happiness in marital life of couples. If couples do not achieve full sexual satisfaction in their sexual relations, their mental and psychological balance will be disturbed. Therefore, sexual activity is considered as a part of human life and behavior, and as psychologists believe, it is interwoven with one's personality, so that it is impossible to consider it as an independent phenomenon [3].

However, this instinctive activity might be affected by biological, mental, social, family and cultural factors, and physical and mental health [4] and cause sexual dysfunctions. In fact, any dysfunction leading to lack of coordination and thus dissatisfaction in sexual relation can bring sexual dysfunction [5]

Sexual dysfunctions are manifested in various forms of sexual desire, dysfunction in sexual arousal, and dysfunction in orgasm. According to DSM-V classification, sexual dysfunction is characterized through dysfunction in sexual response cycle processes, with or without pain during sexual intercourse [6].

In an international study conducted on 27500 men and women among 29 countries, findings revealed that 39 percent of the participated women reported at least one of the problems resulted in decreased sexual function [7].

And Findings of a study carried out in 28 cities of Iran reported that the prevalence of sexual dysfunctions in women was 31.5% (orgasm dysfunctions (37%), sexual dysfunction (35%), sexual arousal dysfunctions (30%) and pain during sexual intercourse (26.7%)) [8].

Findings of other studies in Iran suggest high prevalence of sexual dysfunction in women. In addition, many of these studies found that lack of communication skills with spouses, lack of ability for empathic understanding of what spouse experiences and lack of awareness of their needs are correlated with proper sexual function. Therefore, being aware of emotions and the way that this awareness can influence interpersonal relationships can be also effective in sexual function of couples as one of the most important dimensions of life [9].

Much evidence shows that couples are faced with numerous problems in our modern society to establish and maintain intimate relationships and to understand emotions by their spouses [10]

Deficiencies in emotional adequacies of spouses or emotional intelligence, along with many other factors might leave adverse effects on their common life, which can lead to deficiencies in self-awareness, continence, empathy, and the ability to soothe each other [11].

In the study conducted by Bakhshayesh [12] it was reported that spiritual intelligence and emotional intelligence have a positive relationship with marital satisfaction and emotional intelligence had higher impact than spiritual intelligence on marital satisfaction. Holley [13] also reported that there is a significant relationship between emotional intelligence and divorce rate. Finally, a study carried out by Beirami et al [14], it was stated that emotional intelligence and conflict resolution methods are able to predict changes in marital satisfaction significantly.

These studies investigated the impact of marital satisfaction and adequacy in the presence of emotional intelligence, which seems that this variable might influence sexual function, since emotional intelligence can be a prerequisite for successful and proper sexual activity. In addition, both of these variables are effective on mental health, interactions, and coping with everyday problems and enhancing the life skills. Therefore, more studies are required on their relationships.

This study was conducted to evaluate the relationship between emotional intelligence and sexual function of reproductive age women.

Methodology

This study was a descriptive-analytic study in which data were collected using cross-sectional method. The population of study included married reproductive age women who met the inclusion criteria of study and the research environment was health centers of Isfahan. The sample size of this study was estimated to be 223 people with 5% confidence level and 95% accuracy. The quota random sampling method was used in this study and samples were selected from each center using convenient method.

The inclusion criteria of study included reproductive age women (15-49), lack of a wide range of diseases, no experience of surgery in the sexual organs in women and their husbands, lack of using drug by samples of study and their husbands, common life and lack of separation of couples, lack of sexual dysfunction in husband of the women, lack of severe stress during the last year, such as the death of close relatives, leading to mental harm, and lack of pregnancy or being in the first trimester of postpartum period.

Questionnaires in this study included: 1) Female Standard Sexual Function Index (FSFI) 2) Graves Emotional Intelligence Standard Questionnaire, and Demographic Characteristics Questionnaire

The sexual function questionnaire had 19 items. Scores considered for items in areas of desire, sexual arousal, vaginal moisture, orgasm, pain and sexual satisfaction were. By summing up the scores of the six areas, the total score of the scale was obtained. The maximum score for each area was 6 and for the total scale, it was 36. The higher score suggests better sexual function. Score zero suggests that the person had no sexual activity during the last 4 weeks.

The second part of the questionnaire related to items about emotional intelligence using Graves Questionnaire. Graves Standard Questionnaire includes 28 items in areas of self-awareness, self-management, social awareness, and relationship management.

The reliability of the Rosen et al Female Sexual Function Inventory (FSFI) was obtained 0.88 using the Cronbach's Alpha coefficient for total scale, while it was reported 0.79 to 0.86 for sub-scales [15]. To examine the reliability of the Graves Emotional Intelligence Questionnaire, the reliability coefficients of the re-test were reported from 0.73 to 0.90 [16].

The obtained results were analyzed using descriptive statistics (absolute and relative frequency distribution tables) and inferential statistics (Pearson correlation coefficient) using SPSS 18 software. The error level of all tests was considered 0.05.

Findings

The personal and social characteristics of the subjects of study are as follows: The age range of women was 17 to 49 years and the age range of their husbands was 22 to 60 years with an average age gap of 4.9 (years 0-17 years). Mean marriage duration of them was 10.9 (4-35 months), and the mean number of their children was 1.5 (0-5 children). Majority of women were housekeeper (82.2%) and had high school education (46.2%), and majority of their husbands were employed (92.1%) and had high school studies (45.3%). Majority of subjects reported their economic status in the moderate range (80.8%), and reported their living place status appropriate (84.6%).

The findings of this study suggest that the relative frequency of sexual dysfunctions in reproductive age women was 23.8%. The highest dysfunction was related to areas of mental arousal (36.4%), sexual desire (36%), sexual pain (26.2%), sexual satisfaction (22.4%), orgasm (16.8%) and vaginal moisture (6.5%). In addition, the mean of the sexual function in the subjects of study was estimated to be 25.1 out of 36.

Based on the findings of the study, the highest sexual dysfunctions were related to mental arousal and sexual desire areas.

Considering the relationship between emotional intelligence and sexual functions in reproductive age women, results revealed that the mean score of emotional intelligence is 118.3 out of 168 and significant relationship was found between emotional intelligence with general sexual function and its areas ($P < 0.05$) in [Table 1].

Discussion

Relative frequency of sexual dysfunction in reproductive age women was 23.8%. The highest dysfunction was related to areas of mental arousal (36.4%) and sexual desire (36%).

Based on the findings, the highest sexual dysfunction was related to areas of mental arousal and sexual desire. The study conducted by Wallwiener et al [17] on evaluating the frequency distribution of sexual dysfunction in German women revealed that the most common sexual dysfunction was related to sexual desire (8.7%). Findings of study conducted by Jihehua [18] on the frequency distribution of sexual dysfunction among reproductive age women living in urban areas of China revealed that the highest sexual dysfunction was in the areas of sexual desire (37.6%) and mental arousal (36.8%). Findings of study conducted by Zhang et al [19] also showed that the highest dysfunction was related to sexual desire (10.5%). Comparing these studies with present study shows that they are same in terms of type of dysfunction, but statistics found on these dysfunctions vary, suggesting ethnical, cultural and religious differences between our country and other countries.

Moreover, in the study conducted by Ishak et al [20] sexual dysfunction (39.3%) was reported as the most common dysfunction. In the study conducted by Abduli and Pourmusavi [21], the most common dysfunction was seen in the areas of sexual desire and orgasm (60%). Thus, considering the findings of the present study and all of the mentioned studies, sexual dysfunction in the area of sexual desire in most of reproductive age women is considered as the most common sexual dysfunction, which can influence other sexual response cycle.

In the current study, it was revealed that 77.6% of the studied population had sexual satisfaction, which this finding is in line with results of studies conducted by Higgins et al [22] with rate of 78.6%, McNulti et al [23] with rate of 42.17% and Stanik et al [24] with rate of 64.5%, and this issue indicates the similar satisfaction of women of their sexual activities in the reproductive age.

Considering the relationship between sexual function in reproductive age women, results revealed that the mean score of emotional intelligence was 118.3 out of 168 and there was a significant correlation between emotional intelligence with general sexual function and its areas ($P < 0.05$).

In this study, the mean score of emotional intelligence among the samples of study was obtained at the desirable level. Findings of study conducted by Abdollahi et al [25] indicated that the mean score of emotional intelligence in studied is at the desired level (129.13). In addition, findings of study conducted by Beirami et al [26] revealed that the mean score of emotional intelligence in women was at the desired level (2.27 ± 13.83) and the results of the study conducted by Silva et al [27] also indicated that women had desired level of emotional intelligence (129.91).

As said above, there is a significant correlation between emotional intelligence and proper sexual function in all of the sexual areas. The studies inconsistent and in line with our study are as follows:

Findings of the study conducted by Ali Akbari [28] on the relationship between emotional intelligence and marital satisfaction showed that there is a significant relationship between emotional intelligence of women and marital satisfaction ($p < 0.01$), so that women who had desired level of emotional intelligence reported more marital satisfaction.

In a study conducted by Bourri et al [29] on emotional intelligence and number of orgasms in women, it was found that there is a direct relationship between the number of orgasms and their duration during sexual intercourse. In other words, in women who had higher scores of emotional intelligence, number of orgasms and their duration was two times more compared to women with low emotional intelligence score

In the study carried out by Bourri et al [30] on risk factors predicting dysfunction and dissatisfaction in sexual intercourses in women, findings revealed that there is a significant relationship between emotional intelligence and creation of female sexual dysfunction in all women.

Findings of study carried out by Abdollahi et al [31], Beirami et al [32] and Silva et al [33] also indicated that there was a significant relationship between emotional intelligence and all dimensions of sexual life, so that as emotional intelligence increased, general sexual function was reported at satisfactory level in all of its areas, which it is in line with results of present study.

When couples have higher level of emotional intelligence, they will better understand each other and have more control over their own behaviors and feelings and their spouse, and such people will be more capable in managing and controlling their emotions and their spouses. Thus, they will achieve to better level of satisfaction in their marital life [34].

Beside evidence provided on effect of emotional intelligence skills on sexual function and marital satisfaction, there is much evidence suggests that couples in modern societies are faced many problems in establishing and managing their emotional intelligence with their spouses [35]. It is clear that any defect in the emotional skills of the spouses beside many other factors will leave adverse effects on their shared life.

Considering the findings of these studies and its consistency with the findings of present study, emotional intelligence can be regarded as one of the influential factors associated with sexual function in all its areas, so overemphasis of psychologists on this factor can be confirmed.

Conclusion

Emotional intelligence is an influential factor in sexual function, since by understanding and recognizing his/her own and his/ her spouse positive emotions, one can improve sexual function and by understanding and recognizing his/her own and his/her spouse negative emotions, he or she can take action to reduce or prevent increasing the sexual dysfunctions.

In general, according to results of this study, using educational programs in the area of life skills with the aim of enhancing emotional intelligence of couples in effective way to increase the ability of couples on enhancing the emotional intelligence in order to remove sexual dysfunctions seems to be desired.

Limitation:

The shame of recounting the sexual function and dysfunctions related to it were limitations of the present study.

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Table 1: Pearson correlation coefficient between emotional intelligence score with sexual function score and its domains

Area	emotional intelligence score	
	P	R
Sexual desire	0.03	0.150
Mental arousal	0.02	0.163
Lubrication	0.01	0.176
Orgasm	0.001	0.220
Sexual satisfaction	0.04	0.139
Sexual pain	<0.001	0.238
sexual function score	0.001	0.222

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