





## ***Predicting Women's Sexual Function through Sexual Self-Efficacy according to the Mediator Variable of Conflict Resolution Techniques***

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### **Abstract**

**Background:** Sexual function is an important part of women's lives, and several factors play a role in its formation.

**Objectives:** The present study aimed to provide a structural model for predicting women's sexual function through sexual self-efficacy according to the mediator variable of conflict resolution techniques.

**Methods:** This descriptive correlational study was performed on 378 married women who referred to the cultural centers of Isfahan. Female sexual function index, Waziri and Lotfi sexual self-efficacy questionnaire, and the Strauss conflict resolution techniques scale were used for data collection. The data were analyzed using Pearson correlation coefficient and SEM (Structural Equation Model) method using SPSS-24 and AMOS-24 software.

**Results:** The data related to the fit of the model showed that the fit indices of the model are at the desired level; according to the mediator variable of conflict resolution techniques, the prediction model of female sexual function based on sexual resilience was approved. The results showed that sexual self-efficacy has a negative effect on sexual function ( $P > 0.01$ ;  $\beta = -0.30$ ), and conflict resolution techniques also have a negative effect on sexual function ( $P > 0.01$ ;  $\beta = -0.43$ ). The study confirmed the mediating role of conflict resolution techniques in the relationship between sexual self-efficacy and sexual function ( $P > 0.01$ ;  $\beta = -0.1$ ).

**Conclusion:** The findings demonstrated that conflict resolution techniques are one of the basic marital skills to increase compatibility and improve sexual function in couples, as a mediator variable in relation to sexual self-efficacy and sexual function.

**Keywords:** sexual self-efficacy, sexual function, conflict resolution techniques

### **Introduction**

Sexual function is an important part of women's lives and affects their physical and mental health [1]. Sexual dysfunction is a disorder in sexual desires and social psychological changes that affects the sexual response cycle and causes stress and interpersonal problems [2].

This dysfunction includes lack of sexual desire, sexual aversion, and disorder in sexual arousal and orgasm [3]. According to the World Health Organization, healthy sexual relationship is not only defined as the absence of sexual dysfunction,

but also includes physical, emotional, psychological, and social comfort related to sexual orientation and sexual behavior [4]. Based on research findings, psychological factors play an important role in the formation, expansion, and maintenance of health and sexual disorders [5]. Research studies have revealed the role of psychological processes in sexual dysfunction, i.e. human sexual function cannot be considered independent of his/her psychological characteristics [6]. In other words, cognitive psychological factors can play an effective role in

shaping people's sexual behaviors and disorders [7]. Moreover, the role of cognitive processes in women's sexual problems, especially in the reduction of sexual desire, has been confirmed in various studies [8]; however, few studies have examined the role of factors influencing sexual dysfunction despite its high prevalence in individuals and its impact on various aspects of human life [9].

Nevertheless, most people who are involved in the treatment of sexual problems declare that, assessing sexual problems and determining their nature, evaluation of sexual growth and development of an intervening variable such as sexual self-efficacy and the introversion or extroversion of pleasure play a decisive role [10]. According to these people, although the physiological part of the sexual response is autonomic and visceral and is created by increase of blood flow to the genitals controlled by autonomic nervous system, it is easily enhanced or inhibited through emotions caused by merit-demerit, or introspection-extroversion of desire [11].

However, since self-efficacy theory is based on the assumption that individuals' belief in their ability to cope with particular situations affects their mental, behavioral, and emotional patterns at different levels of personal experience and determines whether or not a behavior is shown and if shown to what extent people strive to exhibit that behavior and how much they will endure it [12]. Therefore, sexual self-efficacy is an effective factor that influences the formation of sexual function and other marital behaviors [13-17]; their contribution to sexual function and disorders should be examined [18].

Marital satisfaction, on the other hand, is only partially related to sexual relationship, but it may be one of the most important causes of happiness or unhappiness in a married life [14]. Hence, sexual function is a part of human life and behavior and is intertwined with people's personality that it is hardly separable and it is impossible to talk about it as an independent phenomenon [19]. Sexual desires always have an undeniable effect on the quality of life of individuals and their sexual partner and are affected by marital relationships and conflicts [20, 21]. The basic premise of conflict theory is that all human relationships are affected in some way by

conflict, and without conflict, social groups fail to adapt to environmental changes and lose their power [22]. In this perspective, conflict is considered a technique or method used to reach the solution. Accordingly, conflict is inevitable, and the deeper people invest in intimate relationships, the more emotional conflict they experience [23].

Thus, emotional conflict arises from the level of investment in the relationship [24]. There is an optimal amount of conflict that allows families and other groups to progress and provides their increasing efficiency in order to collaborate; thus, the relationship between group and family conflict and health is a curved relationship [25]. Although the lack of conflict or its very high levels can lead to violence between group members in the lower part of the group, optimal levels of conflict can be useful [26]. Research has shown that sexual behavior is associated with marital conflict and how they interact with each other [14-16, 27].

Accordingly, women's sexual function is affected by different individual, psychological, and social variables and factors. Research studies have also shown that sexual orientation is always at the center of human's attention, interest, and curiosity, and it has an irreversible effect on a person's quality of life and sexual partnership. This has led to the consideration of sexual functions in discussions of psychiatric disorders as a classified disorder in the form of a diagnosis [28]. Therefore, identifying and diagnosing these disorders and being aware of factors influencing this process can help solve couples' problems and improve their relationships.

Also, research studies on the role of psychological factors on sexual function have less focused on the factors mentioned in the present study and have mainly focused on other psychological factors. Nevertheless, due to the influence of individual and interpersonal factors, the present study set to predict the sexual function of women through sexual self-efficacy according to the mediator variable of conflict resolution techniques.

### **Methods**

A descriptive correlational study was conducted. After approving the research topic and obtaining the code of ethics of IR.IAU.DEHAGHAN.REC.1399.004 and

preparing the necessary documents, such as letter of introduction from the university and coordinating with officials of the cultural centers of Isfahan, two municipal districts were selected, and then two cultural centers were randomly chosen in each district.

Married women who met the inclusion criteria were selected as the required subjects. Afterwards, the questionnaires were distributed to the respondents and necessary explanations about the questionnaire items were provided; the participants were given the necessary opportunity to complete the questionnaires.

The study population included all married women living in Isfahan for the second half of 2019. According to Cochran's formula for unlimited communities, the sample size was estimated 384 people; for the sake of caution, 400 questionnaires were given to individuals meeting the inclusion criteria and referring to Isfahan's cultural centers to receive services. Questionnaires with more than 10 unanswered items were excluded, and finally 378 questionnaires were statistically analyzed.

#### **Inclusion criteria**

The inclusion criteria involved residing in 15 municipality districts of Isfahan, lack of acute mental and physical illness, having at least junior high school degree, being 25- 40 years old, and having desire to participate in the research.

#### **Research tools**

The questionnaires included a researcher-made questionnaire of demographic information (age, education, and years of married life) and standard questionnaires for female sexual function, sexual self-efficacy, and conflict resolution techniques.

#### **Female sexual function index**

This questionnaire was developed by Rosen in 2000. The questionnaire is a six-dimensional tool that examines women's sexual function through 19 questions on sexual desire or arousal, vaginal moisture, orgasm, sexual satisfaction, and pain. The score for each question on sexual desire item is 1 to 5 and for sexual arousal, vaginal moisture, orgasm, sexual satisfaction, and pain is 0 to 5. Individuals' score in each section is calculated by adding the scores of the items related to that section and multiplying the sum of scores by the coefficient value of each section. Coefficients of sexual desires, sexual arousal, vaginal moisture,

orgasm, sexual satisfaction, and pain were calculated 0.6,0.3,0.3,0.3,0.4,and0.4, respectively. The range of scores for sexual desire is 1.2 to 6 and for other dimensions is 0 to 6.

A higher score indicates individual's better sexual function in the sample. Cutting points for sexual desire, sexual arousal, vaginal moisture, orgasm, sexual satisfaction, and pain were calculated 1.2, 2.8, 2.8, 2.6, 3, and 3, respectively, and calculated 28 for the overall score of the sexual function index.

The validity and reliability of this test have been confirmed by various research studies. Studies conducted by Izoduri et al. showed that this scale has good internal homogeneity of 0.78 and test-retest reliability of 0.95 and can significantly differentiate women with sexual dysfunction from women with normal sexual function [29]. Mohammadi et al. (2008) reported the reliability of sexual desire, sexual arousal, vaginal moisture, orgasm, sexual satisfaction, and pain scales as 0.70, 0.90, 0.90, 0.91, 0.76, and 0.88, respectively. Also, they reported the reliability of the whole scale as 0.92 [30]. Using Cronbach's alpha, the questionnaire's validity was estimated 0.96, and 0.92 using the split-half method.

#### **Sexual self-efficacy questionnaire**

This questionnaire was developed by Waziri and Lotfi Kashani based on the Schwartz General Self-Efficacy Questionnaire. The prepared questionnaire has 10 questions scored in a four-choice continuum from 0 (not at all correct) to 3 (completely correct). In preliminary studies, the reliability of the sexual self-efficacy questionnaire was reported 86% using Cronbach's alpha, 81% by Spearman-Brown split-half method, and 81% through Guttman method. Also, the validity of the sexual self-efficacy questionnaire in Iran has been confirmed by researchers using the content validity method [31]. The validity obtained for this questionnaire was estimated 0.92 using Cronbach's alpha and 0.73 applying the split-half method.

#### **Conflict resolution techniques scale**

The Revised Conflict Tactics Scales (CTS2) by Strauss, Hamby, McKay, and Sugarman (1983) assesses the physical and psychological violence of couples against each other over the past 12 months. This 52-item questionnaire includes three scales of negotiation, psychological aggression,

and physical assault. The highest scores in this questionnaire indicates the use of violent methods in resolving conflicts. The scale of negotiation is divided into the subscales of cognitive and emotional conflict management, and the other two scales include forms of mild and severe violence. This questionnaire possesses two tests with repeated items. Half of the items contain descriptions of aggressive actions (aggressor form) and the other half measures spouses' behavior towards the aggressor's behavior (victim form). Various studies have indicated the reliability and validity of this test in different countries and cultures. In Strauss's (2004) research, the validity of the questionnaire was confirmed by examining convergent validity and structural validity. Cronbach's alpha coefficient was also reported to be 0.79- 0.95 [32].

Panaghi et al. (2011) confirmed the validity of the questionnaire through exploratory factor analysis, and Cronbach's alpha coefficient was reported 0.66- 0.86 [33]. The validity of this questionnaire in the present study was estimated 0.95 by Cronbach's alpha method and 0.82 by the split-half method.

Data was analyzed employing SEM (Structural Equation Model) method and Pearson correlation coefficient by SPSS-24 and AMOS-24 software.

### Results

The participation rate was estimated 96%. The demographic characteristics of the research subjects are given in (Table 1).

*Table 1: Demographic characteristics of research subjects*

		Mean	Standard deviation
Age		32.53	7.74
Years of married life		7.098	3.76
Education		Frequency	Percentage of frequency
	Diploma and lower	136	35.1
	Associate and bachelor	199	51.4
	Higher education	52	13.4

Table 2 shows the mean, standard deviation, and correlation matrix of the research variables, the

results of which indicate the multiple non-linearity of the research data.

*Table 2: Mean, standard deviation and correlation matrix of research variables*

Component	Mean	Standard deviation	Normality	1	2	3
<b>Sexual function</b>	56.85	12.65	0.079*	1		
<b>Conflict resolution techniques</b>	171.116	21.615	0.701*	**0.331	1	
<b>Sexual self-efficacy</b>	17.155	4.063	0.182*	**0.214	**0.243	1

\*  $p \leq 0/05$  & \*\* $\leq 0/01$

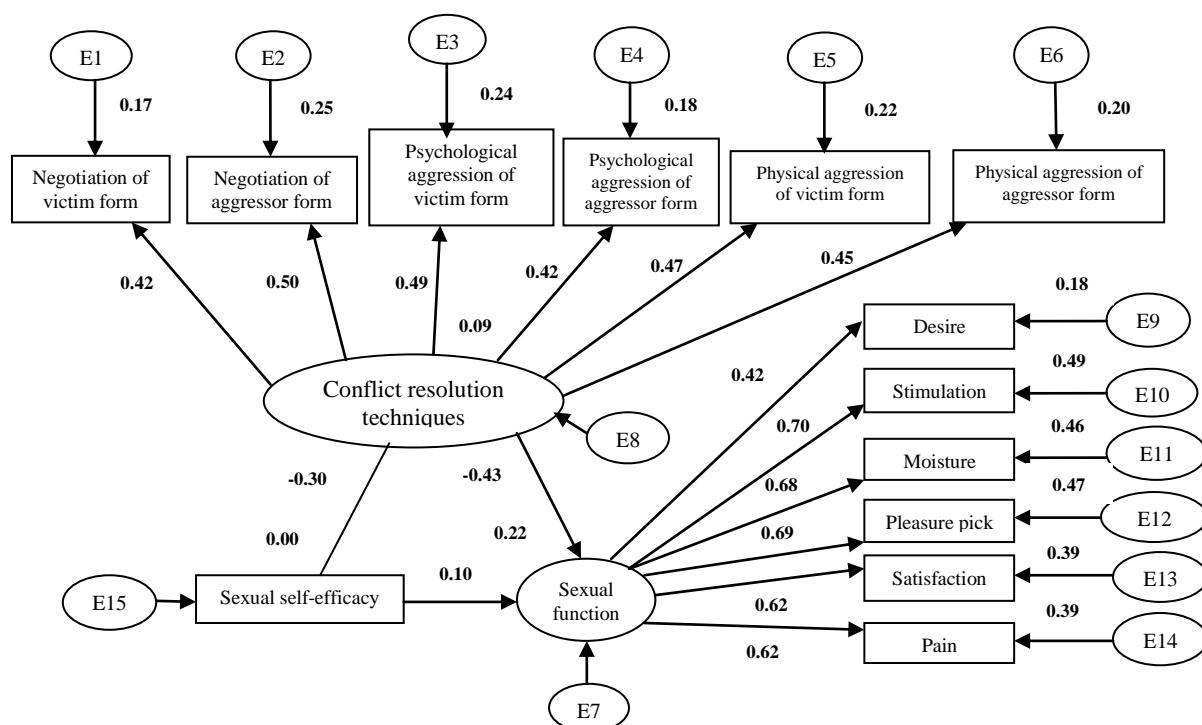


Figure 1: The proposed fitted model

According to Figure 1 and the proposed fitted model, it is stated that the regression coefficients of the effect of sexual self-efficacy on conflict resolution techniques is 0.10 ( $p < 0.05$ ), the effect of conflict resolution techniques on sexual function is -0.43 ( $P < 0.01$ ) and the effect of sexual

self-efficacy on conflict resolution techniques is -0.30 ( $p < 0.01$ ). Nevertheless, in order to examine the fitness of the model and to confirm the role of the mediator variable.

Table 3 summarizes goodness-of-fit indices for the estimated models.

Table 3: Goodness of fit indices of the final drawing

Index of fit	GFI	TLI	IFI	NFI	CFI	RMSEA
Proposed model	0/960	0/985	0/988	0/9191	0/988	0/020

According to Table 4, the coefficient of indirect effect of Sexual self-efficacy on sexual Function

was estimated to be 0.21.

Table 4: Standardized total, direct and indirect effect coefficients

Regression paths	Total effect	Direct effect	Indirect effect
Sexual self-efficacy -> Conflict resolution techniques	- ** 0/304	- ** 0/304	---
Sexual self-efficacy -> Sexual function	** 0/235	* 0/104	- ** 0/131
Conflict resolution techniques -> Sexual function	- ** 0/430	- ** 0/430	---

\*  $p \leq 0/05$  & \*\*  $\leq 0/01$

Table 5 examines the results of intermediary relationships using the bootstrap method. According to Table 5, the confidence intervals for the path of sexual self-efficacy -> sexual function is 0.069 to 0.197, indicating that zero is not in this interval. The indirect path of conflict resolution techniques in the relation between sexual self-

efficacy and sexual function is confirmed ( $P < 0.01$ ). This means that the indirect path of conflict resolution techniques in predicting women's sexual function through sexual self-efficacy is more valid than its direct path. Therefore, the mediator role of conflict resolution techniques is confirmed.

*Table 5: Bootstrap of intermediate path of conflict resolution techniques*

Path	Bootstrap	Standard deviation	Low level	High level	Significance
Sexual self-efficacy -> Sexual function	0/054	0/007	069/0	0/197	0/001

## Discussion

Findings revealed that sexual self-efficacy had a negative effect on conflict techniques ( $P > 0.01$ ;  $\beta = -0.30$ ); with the increase of sexual self-efficacy, the score of couples' current conflict techniques decreased and couples used less aggressive methods and more negotiation and communication methods. Other findings showed that increase in the sexual self-efficacy score increased the sexual function of couples, and sexual self-efficacy had a positive effect on sexual function ( $P > 0.01$ ;  $\beta = 0.24$ ). Statistical analyses manifested that conflict resolution techniques had a negative effect on sexual function ( $P > 0.01$ ;  $\beta = -0.43$ ), so by increasing the scores of conflict resolution techniques and use of aggression by couples in order to solve their problems, their sexual function reduced. Finally, the results showed that the variable of conflict resolution techniques can play a mediating role between sexual self-efficacy and sexual function ( $P > 0.01$ ;  $\beta = -0.13$ ); analysis of couples with the same sexual self-efficacy revealed that couples with higher scores in conflict resolution techniques showed lower sexual performance in comparison with couples who had lower scores in conflict resolution techniques.

Furthermore, the increase in the scores of conflict resolution techniques have reduced the sexual function of housewives in Isfahan. In this regard, the findings of the present research are in line with the results of studies such as Ghodrati et al. (2018), who showed that decreasing self-efficacy was significantly related to increased sexual dysfunction [13], and Babaei's (2018) study which revealed a significant inverse correlation between sexual schemas, sexual function, and sexual satisfaction with marital conflicts. In other words, positive sexual schemes, high sexual function, and high sexual satisfaction significantly lead to fewer marital conflicts [14]. Sheikh Ismaili et al. (2018) stated that the stability of marital interactions affects couples' sexual self-efficacy [15]. Zare et al. (2016) demonstrated a direct and significant correlation between sexual self-efficacy and marital satisfaction and quality of sexual life and marital satisfaction [16]. Findings

of Carlson and Soller (2019) also showed that sexual self-efficacy affects the frequency of couples' sexual behaviors and sexual intercourse [17]. Fahami et al. (2015) also showed that people who used more negotiation methods in their marital relationships performed sexually better than those who did not and aggressively addressed their marital issues [27].

In general, the findings of the current study are in line with the findings of some other studies as they approved the role of self-efficacy on couples' sexual performance and their conflict resolution styles; also, couples' aggression techniques can affect their sexual performance.

Based on the interpersonal exchange model, it is assumed that the methods of resolving marital conflict and the quality of couples affect their sexual behaviors [34]. According to this theory, spouses who have a lot of unresolved conflicts in their married life are less likely to engage in emotional behavior and have less marital and sexual intimacy [23]. Research studies have also shown that using negotiation techniques and the reduction of psychological and physical aggression between spouses lead to greater relational satisfaction and thus higher sexual satisfaction, resulting in better sexual function and higher sexual self-efficacy [34]. In other words, couples who have high conflict resolution skills and have the ability to deal with their married life problems by forming an environment free of psychological and physical aggression would create a secure environment in which their spouses may show healthy sexual behaviors, hence enhancing their sexual function and self-efficacy.

In the investment model, the impact of conflict resolution techniques on couples' sexual behaviors is explained, i.e. interdependent structures such as couples' satisfaction levels, quality of alternatives, and couples' investment rate affect their commitment and conflict resolution methods [23]. This model assumes that when people use positive conflict resolution techniques, they can reduce their negative emotions and their spouses, and by substituting negotiation techniques with psychological and physical aggression, they may

increase the perceived desirability of their relationship. As a result, couples can improve their lives by investing in pleasurable behaviors such as sexual behavior. As the use of conflict resolution techniques increases sexual intimacy between spouses and promotes the sense of empowerment in all aspects of marriage, especially the sexual dimension of married life, conflict resolution techniques can be argued to play a mediating role between sexual function and sexual self-efficacy. Considering limited research works in the field of modeling the impairment of sexual function and the variables presented in the current study, the strength of this study can be the innovation in the use of conflict resolution techniques as a mediator variable between sexual self-efficacy and sexual function variables.

Similarly, due to its thematic, temporal, and spatial domain, the present study suffered from limitations such as not evaluating the effect of social, personal, and marital variables on the formation of sexual function, the use of the statistical population of women aged 25– 45 years, and not assessing causal relationships in research findings. Therefore, it is recommended to address the role of other social and interpersonal variables in predicting sexual dysfunction with regard to the variable of conflict resolution techniques in future studies. It is also suggested to conduct a similar study on male population and compare its results with the present study. Additionally, the effectiveness of conflict resolution techniques on sexual function and sexual self-efficacy of married women can be examined in future studies.

### Conclusion

Overall, the findings indicated that conflict resolution techniques are assumed the basic marital skills for increasing different kinds of compatibility and improving couples' sexual function. These techniques are recommended to be taught in counseling sessions in order to reduce sexual dysfunction in couples.

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### Conflict of interest

Authors declared no conflict of interest.

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