THE EFFECT OF SEX EDUCATION ON MARITAL QUALITY IMPROVEMENT IN COUPLES OF QOM

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Abstract:
The purpose of this research was to evaluate the effect of sex education on marital quality improvement in couples of Qom. The hypotheses are Couples’ sex education is effective on the total scores of marital quality and its dimension such as marital satisfaction, sexual satisfaction, marital commitment, marital adjustment, conflict and sexual intimacy. The research method was pretest-post test with control group. 30 couples were randomly allocated in 2 groups of experimental and control. The first group had 6 sessions of sex education but the second one did not have any intervention. The research instrument was the researcher-made marital quality questionnaire. The results with covariance showed sex education was effective on marital quality improvement (p<0.001) and its dimensions such as marital satisfaction (p<0.001), sexual satisfaction (p<0.001), conflict (p<0.05) and sexual intimacy (p<0.001) but not on marital commitment (p=0.72) and marital adjustment (p=0.66).

Keywords: Sex Education, Marital Quality, Couples

Introduction:
Family is one of the basic foundations in the society. A healthy society needs healthy family and to have such a family, the members must have psychological health and desirable interrelationship (Burnstein, translated by poorabedi et al, 2005). The basis of formation and development of this social and small system is couples’ relationship. Family life strengthening, stability and continuity requires the couples’ broad attitude to each other. If couples accept each other and make love in their relationship, their life stability and quality will be increased. This kind of perception is arising from couples’ psychological and emotional perception in which they had important roles to create from the beginning of their marriage (Sheibani Tazroji, 2008).

Human being always wishes to have desirable quality in his/her life (Hornquist, 1982). The values and evaluation of life are changing during the
time in reaction to life events and experiences. A qualified life is appeared with happiness, satisfaction, pleasure and ability to overcome the problems. Lewis and Spanier (1976, cited by Harper et al., 2000) describes marital life quality as success and functioning of a marriage. Marital life quality predicts marital continuity. Glenn (1990), in relation to marital life quality, explains that many researchers use marital satisfaction and marital quality as a synonym but they are different a lot (Jeanine, 2005). Marital satisfaction is related to couples’ mental (internal) emotions about relationships but marital quality points to the relations of some variable such as marital adjustment, relationship, satisfaction and prosperity (Lewis and Spanier, 1980, cited by Jeanine, 2005). He also declared marital quality is a process which is determined by the degree of marital conflict, satisfaction, closeness and agreement in making decision (Jeanine, 2005).

Concerning these definitions, a variety of factors impact on marital quality such as:

1- Personal factors: gender, health, parenting, social and economical status, work, attitudes to marriage and divorce, pre marriage relationship.
2- Relational factors: marriage length, interactions, pre marriage relationship, children presence, the duty division, the spouse’s marital quality.
3- External factors: parents’ characteristics, parents’ divorce, other important individuals, stressors events (Ayles, 2004).

The quality and couples’ relationships are formed based on 4 basic elements of emotional relationships, cognitive relationships, economical relationships and sexual relationships. Couples’ sexual relationships is a mutual process in which any disorder can make various problems and family unstability. Sexual need is couples’ basic need for marriage and marital connection. One of the important motivation in marriage is sexual desire and it is effective in divorce and family pathologies.

Like eating and drinking, sexual behavior and relations are needs in an individual’s life and it is necessary for a common and healthy life and generation survival (reproduction). From time when Ayles, Kinzy and Masters and Johnson studied the humans’ systematic sexual behaviors, it was cleared that sexual problems and disorders were more prevalent than before. Sexual problems such as less desire, sexual disability, pre mature ejaculation, etc are concealed due to shame, fear, anxiety, inefficiency and guilt feeling between couples. Sometimes they may be revealed by other disorders like depression, physical problems, dissatisfaction of marital life and go ahead to severe family problems and divorce (Ohadi, 2006).

Here, the role of sex education and counseling is observed. Sex education is a method in sexual disorders treatment which increases individual’s awareness in sexual desire, its attitude and cultural values, also it improves and promotes effective relationships in sexual issues (khadivzadeh, 2004).
In many developed countries, there are a lot of clinics to treat sexual problems and they have important roles to resolve sexual problems. Studies in clinics show that loss of sexual desire, inhibited sexual desire, vaginal contraction, painful intercourse is from 18% to 79%. Statistics reveal that 50% of couples experience sexual disorders during their marital life but a few have been under treatment and counseling. Education, counseling and necessary information in sexual responses physiology can remove sexual problems and give awareness and information to take effective and successful steps in confronting sexual problems and marital conflict (Jahanfar and Molaei Nejad, 2005). Sex education in human beings has important role in sexual relationship (Khadivzadeh et al., 2004).

Concerning the importance of sexual relationship in life and its effect on family’s health, also lack of sexual schedule in this area and the importance of sexual relationship to prevent sexual disorders and disease, this research is an attempt to offer couples’ education and studies the effect of sex education on marital quality due to the role of sexual issues in marital life quality.

Research hypotheses are:
1- Sex education is effective on couples’ marital quality.
2- Sex education is effective on different dimensions of marital quality (marital satisfaction, sexual satisfaction, marital commitment, marital conflict decrease, marital adjustment and sexual intimacy).

Research method
It was semi-experimental with pretest, posttest and control group.

Population
They were all couples referring to counseling centers in Qom in 2007.

Sampling method
In this research, 30 couples were selected randomly among couples referring to counseling centers and enrolled and participated in different activities and classes and then they were allocated in two groups of experimental and control.

Research instrument
Since there was not any valid questionnaire to assess marital life quality in our country, the researcher tried to study different scientific resources and concerning various dimensions of marital life quality and cultural problems in our country and finally made the questionnaire. First the questionnaire draft was prepared. Here, the marital life quality draft is of two parts. The first part contains demographic information (age, gender, marriage age, length of marriage time, occupation, education, number of children) and the second one includes five domains of marital quality. They were marital satisfaction, sexual satisfaction, marital commitment, marital adjustment, conflict and sexual intimacy with 152 questions in which 41 were scored reversely but 111 directly. Maximum scores was 483 and the minimum was 21. Then the draft questionnaire was conducted on 104
individuals in research population. To assess marital satisfaction domain, the researcher-made questionnaire was used. It was made of 22 questions in which 21 were on the Lickert scale (always, sometimes, rarely, never) with 0-3 scores. 15 questions were scored directly, 6 ones reversely and 1 as a total with Lickert scale (completely dissatisfied, no idea, completely satisfied) with 0-10 scores. The maximum and minimum scores were between 73-0.

To assess couples’ sexual satisfaction, we studied a lot and we could not find many researches in this field. Again, there was used a draft of 19 questions in which 18 ones were of 4 multiple choices (always, sometimes, rarely, never) with 0-3 scores. The last questions was in Lickert scale (completely dissatisfied, no idea, completely satisfied) with 0-10 scores. 10 questions were scored directly but 8 reversely. The maximum and minimum scores were between 64-0. Any score near 64 showed higher couples’ sexual satisfaction.

To evaluate couples’ adjustment domain, Graham B. Spanier’s (1976) marital adjustment scale was used. This scale was 32 questions to assess marital relationship quality from a spouse’s view or both who live with each other. Factorial analysis reveal that it assesses 4 dimensions of the relationships. They are of couples’ satisfaction, couples’ unity, couples’ agreement and affection exposure. The total scores are between 0-150. Higher score means better relationship.

In this draft for sexual intimacy, 30 questions were planned with 4 multiple choices (always, sometimes, rarely, never) with 0-3 scores. 17 questions were scored directly but 13 reversely. The maximum and minimum scores were between 90-0. Any score near the maximum showed higher intimacy in couples’ sexual intimacy.

Adams and Jones (1997) marital commitment was utilized for marital commitment domain. Its 43 questions were translated and then collated with Iranian’s culture and finally. There was a 21 questionnaire with Licker scale (all of the time, often, rarely, never) from 1-5 scores. 13 questions were scored directly but 8 reversely. The maximum and minimum scores were between 21-105.

At last, the marital conflict domain was evaluated with 28 questions with Lickert scale (always, sometimes, rarely, never) with 0-3 scores. 22 questions were scored directly but 6 reversely. The maximum and minimum scores were between 0-84. Higher score means more conflict in couples’ relationship.

The validation of the questionnaire was conducted by the researchers. To determine content and face validity, 5 university professors in counseling and psychology studied and confirmed it. Then, it was conducted on 106 couples in Qom. Cronbach alpha coefficient was utilized to determine the reliability and it was affirmed. The calculation of reliability coefficient with omitting one by one questions showed that deleting none of questions is not effective in reliability coefficient.
Table 1: Cronbach alpha in marital quality domains

<table>
<thead>
<tr>
<th>Marital quality domains</th>
<th>Marital satisfaction</th>
<th>Sexual satisfaction</th>
<th>Marital commitment</th>
<th>Marital adjustment</th>
<th>Marital conflict</th>
<th>Sexual intimacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach alpha</td>
<td>0.88</td>
<td>0.83</td>
<td>0.77</td>
<td>0.96</td>
<td>0.90</td>
<td>0.81</td>
</tr>
</tbody>
</table>

**Conducting Method**
To participate in this research, the sample group were contacted, then they had primary interview and protocol completion (written satisfaction of couples) and then pretest was fulfilled in two groups. Afterwards, 6 sessions of educating were conducting for men and women separately. After 2 weeks, we had posttest. The sampling groups have the following criteria:
- Lack of severe conflicts or divorce
- Lack of severe psychological- personal disorders
- Not participating in sex education classes or life skills previously
- Having at least one year marriage
- Having at least guidance school document

Sex education was offered step by step for men and women separately through some systemic assignments and practices by the counselor. Its format is as follow:

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Establishing relationships, explaining the method, sessions purposes, the necessity and importance of marital relationship and sex education in couples’ life</td>
</tr>
<tr>
<td>Session 2</td>
<td>The familiarity with sexual physiology and behavior</td>
</tr>
<tr>
<td>Session 3</td>
<td>Correcting incorrect beliefs about sexual issues</td>
</tr>
<tr>
<td>Session 4</td>
<td>How to establish sexual intimacy</td>
</tr>
<tr>
<td>Session 5</td>
<td>Instructing appropriate techniques of sexual relationships</td>
</tr>
<tr>
<td>Session 6</td>
<td>The familiarity with sexual disorders</td>
</tr>
</tbody>
</table>

**The statistical method of data analysis**
In this research all the data was analyzed by SPSS. The descriptive statistics was used to calculate mean, standard deviation and inferential statistics for covariance analysis.

**Research findings:**
To test research hypotheses, covariance analysis was used. In this method post test means were compared after modification of pre test scores. First, Levin test was computed to study hypothesis of variance equality. Observed F
does not show any significant differences (F= 0/035) to Levin test of marital quality in level( p>0/05). Therefore, the assumption of variance equality is accepted and to analyze the data, covariance analysis can be used. The results of Levin test of variance equality hypothesis for marital satisfaction, sexual satisfaction, marital commitment, marital adjustment, conflict and sexual intimacy show that Levin test is applied to both groups of experimental and control in all domains (concerning the sample size and equality of both groups, not considering such a hypothesis does not affect on calculating covariance analysis).

Hypothesis 1: Sex education is effective on couples’ marital life quality.

Table 2: The mean and standard deviation of the total score of marital quality in pretest and post test on the separation of groups and gender

<table>
<thead>
<tr>
<th>groups</th>
<th>gender</th>
<th>pretest</th>
<th>posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>mean</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>Woman</td>
<td>15</td>
<td>348/93</td>
<td>34/54</td>
</tr>
<tr>
<td>Man</td>
<td>15</td>
<td>357/00</td>
<td>31/35</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>352/96</td>
<td>32/67</td>
</tr>
<tr>
<td>Woman</td>
<td>15</td>
<td>342/00</td>
<td>40/82</td>
</tr>
<tr>
<td>Man</td>
<td>15</td>
<td>360/20</td>
<td>37/52</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>351/10</td>
<td>39/62</td>
</tr>
</tbody>
</table>

The mean of experimental and control groups in pretest and posttest is in table 2 in which we can not see any significant differences in scores mean of both groups in pre test (p>0/05), but there is significant difference in post test (p<0/05).

Table 3: The results of covariance analysis of remained scores of marital quality in post test

<table>
<thead>
<tr>
<th>resources</th>
<th>Dependent variable of marital quality</th>
<th>Sum of squares</th>
<th>Freedom degree</th>
<th>Mean of squares</th>
<th>F</th>
<th>Sig.</th>
<th>Eta coefficient</th>
<th>Statistics power</th>
</tr>
</thead>
<tbody>
<tr>
<td>group</td>
<td>posttest</td>
<td>17548/36</td>
<td>1</td>
<td>17548/36</td>
<td>42/48</td>
<td>0/001</td>
<td>0/46</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 3 shows that the difference between groups is significant in posttest(F=42/484, P<0/001) which explains the effectiveness of sex education in couples’ marital quality improvement in marital quality questionnaire. Thus, the effective coefficient of 0/46 in groups differences in marital quality scores in posttest is related to the influence of couples’ sex education. Therefore, it can be concluded that sex education is effective on marital quality improvement and the first hypothesis is approved.

Hypotheses 2-7: Sex education is effective on marital quality dimensions (marital satisfaction, sexual satisfaction, marital commitment, marital adjustment, marital conflict decrease and sexual intimacy).
Table 4: The results of covariance analysis of remained scores in marital quality dimensions in posttest

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Sum of squares</th>
<th>Freedom degree</th>
<th>Mean of squares</th>
<th>F</th>
<th>Sig.</th>
<th>Etta coefficient</th>
<th>Statistics power</th>
</tr>
</thead>
<tbody>
<tr>
<td>marital satisfaction</td>
<td>1862/24</td>
<td>1</td>
<td>1862/24</td>
<td>26/155</td>
<td>0/001</td>
<td>0/34</td>
<td>0/99</td>
</tr>
<tr>
<td>sexual satisfaction</td>
<td>2617/61</td>
<td>1</td>
<td>2617/61</td>
<td>151/59</td>
<td>0/001</td>
<td>0/75</td>
<td>1</td>
</tr>
<tr>
<td>marital commitment</td>
<td>11/074</td>
<td>1</td>
<td>11/074</td>
<td>0/16</td>
<td>0/64</td>
<td>0/003</td>
<td>0/06</td>
</tr>
<tr>
<td>marital conflict</td>
<td>208/248</td>
<td>1</td>
<td>208/248</td>
<td>3/54</td>
<td>0/04</td>
<td>0/06</td>
<td>0/45</td>
</tr>
<tr>
<td>marital adjustment</td>
<td>34/962</td>
<td>1</td>
<td>34/962</td>
<td>0/49</td>
<td>0/48</td>
<td>0/01</td>
<td>0/1</td>
</tr>
<tr>
<td>sexual intimacy</td>
<td>2274/106</td>
<td>1</td>
<td>2274/106</td>
<td>60/73</td>
<td>0/001</td>
<td>0/55</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4 reveals that F is significant in 0/05 level for marital satisfaction, sexual satisfaction, marital conflict, and sexual intimacy. It means that there is a significant difference between the mean in experimental and control groups in these dimensions and the hypotheses 2, 3, 5, and 7 are approved. Concerning Etta coefficient and statistics power, it can be concluded that sex education increases marital satisfaction, sexual satisfaction, marital conflict, and sexual intimacy and their total scores but F is not significant in 0/05 level in marital adjustment, marital commitment, and hypotheses 4 and 6 are rejected.

**Discussion and Conclusion**

In this research, the scores mean of marital quality before and after the educational intervention between two groups of experimental and control shows that before the educational intervention the scores mean of marital quality are 352/96 and 351/1. In other words, marital life quality in both groups is in an average. Of course, there are not any researches in this field. The results also show that there is no significant difference between scores mean of two groups before the educational intervention. Therefore, marital life quality in two groups was in an almost the same condition but after the educational intervention the scores mean of marital quality in experimental group was 385/6 and in control one was 350/16 (table 2).

In this regard, the results of covariance analysis reveal that there is significant difference between marital quality scores of experimental group after educational intervention (F=42/48, P<0/001) (table 3). This increase from 352/96 to 385/6 points to the importance and effectiveness of sex education on couples’ marital quality increase.

In this research, the variables such as age, gender, education, marriage age, number of children, and pretest are controlled. It indicates that sexual
relationship has important role in couples’ marital quality improvement. The research results show that sex education influences on marital quality improvement. These results are consistent with Schickedanz et al(2001), Jaffe(1998), Berryman et al(2002), Helmerszht and Delpishe(2000), Vender Zandern(1997) and Baron & Byrne(2004) who explained(cited by Jahanfar & Molaei nejad, 2005) sex education plays an important role in family health, sexual aggression in the family, inadjustment decrease in the family and couples’ sexual pleasure experiences. In Iran ,there are not enough researches in sex education. Sex education helps couples to be familiar with sexual anatomy and physiology, incorrect attitudes about sexual problems which send the couples away, prepare healthy contacts to sympathize and empathize and secure environment to expose sexual intimacy, instruct practices to increase attentive behaviors and decrease psychological, sexual and emotional distance and finally improve couples’ marital life quality.

The results in the second hypothesis showed sex education increases marital satisfaction, sexual satisfaction, marital conflict and sexual intimacy. As it is seen, the scores mean of marital satisfaction of two groups were 50/73 and 50/23 before the educational intervention which do not show any significant differences in the mean scores of both groups and they were in the same condition.

The scores mean of marital satisfaction in two groups before the intervention showed couples were acceptable in marital satisfaction. The scores mean of marital satisfaction in experimental group was 61/63 and in control one was 49/73 after the intervention. Covariance analysis (table 4) points to the significant differences of marital satisfaction scores in experimental group before and after the intervention (F=26/15, P<0/001). It shows the impact of sex education on marital satisfaction increase in experimental group. The confirmation of this hypothesis in posttest is consistent with Pakgohar et al (2006) which believes sex education can create positive feeling, closeness, the spouses’ intimacy, marital relationship increase and marital satisfaction.

Yousefi (2006) paid attention to the study of the relationship between sexual knowledge and attitude and marital satisfaction and clarified there is a positive and significant correlation between sexual knowledge and attitude and marital satisfaction. Markof and Gililand(1993) (cited by Jahanfar and Molaei nejad, 2005 with the assessment of history, medical background, life experiences, life daily conflicts, marital adjustment and sexual functioning studied the relationship among stress, sexual functioning and marital satisfaction and understood that marital satisfaction is related with some aspects of sexual functioning. Mosavi et al (2006) showed there is a significant relationship between women’s sexual functioning and marital satisfaction. Women with desirable sexual functioning have more marital satisfaction.
Sexual satisfaction scores were 41/2 in experimental group and 42/76 in control group before the intervention and it does not show any significant differences among sexual satisfaction scores in two groups and they are in the same condition as the marital satisfaction. The sexual satisfaction scores mean between two groups showed sexual satisfaction was in average before the intervention. It has increased from 41/2 to 54/66 in experimental group but there is not any difference in control one. Covariance analysis (table 4) points to the significant differences of sexual satisfaction scores in experimental group after the intervention (F=151/59, P<0/001). In confirming this hypothesis in posttest, Henderson and verofe(1994) (cited by Jahanfar & Molaei nejad, 2005) came to this conclusion that there is a difference between satisfaction of sexual relationship in the first year of marriage and marital health and sexual satisfaction is of importance for both sexes. This result is congruent with Honarparvaran’s(2006) results which knows the sexual dissatisfaction in disturbed family relationship, lack of attention to women’s needs and desire, sexual dissimilarity and harmony caused by daily problems and issues, lack of sexual information, weak emotional relationship with the spouse, guilt feeling during intercourse, negative attitude to sexual problems, lack of foreplay, sexual harmful request, man’s inability to satisfy his spouse, inappropriate sexual experiences in marriage and Pakgohar et al (2006) who showed premarriage counseling in sexual problems on sexual and asexual satisfaction increase goes up satisfaction in marriage.

The scores mean of marital commitment in two groups before and after the intervention show that the scores mean of marital commitment in experimental group was 83/03 and in control one was 78/86 before the intervention which is acceptable the same as other dimensions among couples. As it is seen in table 2, there is no significant differences among scores mean of marital commitment in both groups before the intervention. The scores mean of marital commitment in experimental group was 81/56 and in control one was 78/86 after the intervention. Covariance analysis (table 4) points to no significant differences of marital commitment scores in experimental group before and after the intervention (F=0/16, P>0/05). In other words, no significant increase was seen in marital commitment scores after the intervention in experimental group. Since in this research marital commitment means self-giving and sacrificing and concerning Iranians’ culture and religion, it can be predicted other issues except sexual can affect on marital commitment but it can not decrease the value of sex education. This hypothesis is not consistent with Arshi(2007) who claimed that there is a significant relationship between sexual satisfaction and marital commitment and also Crow(1999, cited by Jahanfar & Molaei nejad, 2005) who explained one of the causes in sexual problems is lack of relationship and commitment.
The score mean of marital conflict in pretest in experimental group was 28.1 and in control one was 31.03. Of course there was not seen any significant differences between scores mean of two groups before the intervention but after the intervention the scores mean of marital conflict was 24.93 in experimental group and it did not change in control one. Covariance analysis (table 4) points to the significant differences of marital conflict scores in experimental group after the intervention (F=3.54, P<0.05). This results is congruent with Rahimi & Shams(2007) who believed sexual relationship is better in couples with desirable verbal relationship and marital relationship. Partovi’s et al. research on 120 women revealed sexual desire in women was 39.2%, anger feeling after the sexual activity was 59.1% and after sexual relationship was 66.8%. It means continuous aggression and anger between the spouses prevent desirable sexual relationship (cited by Jahanfar & Molaei Nejad, 2005). Also Naderi and Safarzadeh’s research (2007) showed marital disinterest in frigid women is more. The results of Abdolmohamadi et al (2006) on 192 individuals illustrated that there is a meaningful relationship between relational beliefs and subscales of marital conflicts in the components of sexual relationship decrease. These results are congruent with the present results.

The score mean of marital adjustment in experimental group was 91.93 and in control one was 93.46 before the intervention. Of course, there was not seen any significant differences between scores mean of two groups before the intervention and they were in the same condition. The scores mean of marital adjustment in two groups before the intervention displayed that couples’ marital adjustment was in average. After the intervention, the scores mean of marital adjustment in experimental group was from 91.93 to 93.93 and in control one was from 93.46 to 93.26 which does not show any considerable increase in experimental group. Covariance analysis (table 4) points to no significant differences of marital adjustment scores in experimental group in post test (F=0.49, P>0.05). It can be arising from this point that in marital adjustment, other factors except sexual issues play important role. Schickedanz et al (2001) and Baron & Byrne (2004) explained sex education plays an important role in family inadjustment decrease and acquiring couples’ sexual pleasure experiences which is not parallel to this research. Bazmi (2006) demonstrated sexual skills education in inadjusted couples has increased their sexual and marital satisfaction and adjustment. Javanmard and Mehrabizadeh (2006) declared the increase in couples’ sexual unhappiness decreases their inadjustment. Therefore, there is a negative correlation between couples’ sexual unhappiness and their adjustment which is not congruent with this present result.

The score mean of sexual intimacy in experimental group was 57.96 and in control one was 54.73. It shows couples’ sexual intimacy was in average.
There was not seen any significant differences between scores mean of two groups before the intervention but after the intervention the scores mean of sexual intimacy was 68/86 in experimental group and 54/50 in control one. Covariance analysis (table 4) points to the significant differences of sexual intimacy scores in experimental group in post test (F=10/73,P=0/001). This result is congruent with BerryMccarthy (1999) who believes that when sexual relationship is bad and there are sexual problems ,marriage intimacy and vitality remove and also Amirian et al (2006) who claimed sexual intimacy is related with emotional intimacy and sexual problems affect on covert and overt dynamics of feelings and emotions.

**Suggestion**

Concerning the effectiveness of sex education on marital life quality increase, it is suggested to use this kind of education with other practical methods by the counselors to increase marital quality and treat sexual problems. These practices and skills can be used in pre marriage education, family education, educational workshops and in some papers for couples and counselors. It is also suggested to consider sexual disorders and inawareness and instruct couples appropriate attitudes before the marriage and the importance of sexual problems in childhood and teen years must be considered in family sessions and instruct children and adolescents.
References


