

Relationship between Sexual Satisfaction, Happiness and Mental Health among Spouses District of Islamabad Gharb, in 2014-2013

Hadis Musazadeh Moghadam¹, Vahid Farhadi², Hamid Feizi³

^{1,2,3} Department of Psychology, Kermanshah Branch, Islamic Azad University, Kermanshah, Iran

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ABSTRACT

The aim of this study was to determine the relationship between sexual satisfaction, the happiness and mental health, the couple was to be multivariate correlation study, 50 pairs of simple random sampling, among all couples living in the district of Islamabad Gharb in the year 2014 were selected questionnaire marital satisfaction Enrich (Olson, 1989), emotional intelligence -On and Goldberg General Health questionnaire 28 items and Hiller (1979). The data from the test, t-test, multiple regression, and correlation analysis, and were used to calculate the data 16spss software, findings showed that satisfaction with sexual relations with happiness and mental health, a significant correlation there. The difference between women and men (husband and wife) are given in terms of these variables is not with significant correlation between sexual satisfaction, the happiness and mental health, is likely to be properly trained in sexual relationships, the couple will marital satisfaction and happiness is to promote and enhance the mental health impact.

KEYWORDS: Sexual satisfaction, happiness, mental health, Couples

INTRODUCTION

Human sexual activity, in addition to being instinctive been crucial for him, and over time the religious concepts, mysticism, history has also been associated with them [1]. Throughout history, humans have a minimum in order to reproduce, and the continuation of his generation, which requires sexual intercourse [2]. Therefore sexual activity, as one of the most important aspects of life, accordingly. Which can be influenced by individual characteristics, interpersonal relationships, family situation, social and cultural environment, records his sexual activities and partner, is the physical and mental health and hormonal status [3]. Young states that in this context, the pleasure of sex and the ability of individuals to create mutual pleasure, sexual satisfaction call [4]. Strength of the marital relationship without having a satisfactory sexual relations, is in jeopardy; sexual pleasure from the pleasure that one person in your life, benefit from it and it is a pleasure, life difficulties and problems between couples. It can be tolerated [5]. This is because, the authors argue that the marital relationship satisfaction, sexual satisfaction is always require [6,7] is one of the most important aspects of the relationship between the spouses, often ignored, is sex. "Libido, is a taboo in all societies and religions, wrapped in a halo of superstitious stuff, and talk about it, usually with negative feelings such as shame, embarrassment, fear and guilt associated., however, that sexual behavior like eating and drinking as part of the needs of all human lives, and the lives of common words necessary for a healthy, he is a human survival. Then when Ellis, Kinsey, Masters and Johnson and later, began a systematic study of human sexual behavior it was clear that the problems and sexual dysfunction is more common than previously was thought. presence of sexual problems, such as lack of sexual desire, impotence and so on, perhaps because of fear, anxiety, shame and embarrassment or feelings of inadequacy and guilt are hidden and not spoken, and women, because of timidity and modesty, just do not report symptoms, and sexual problems are impacted by other symptoms, such as physical symptoms, depression, and dissatisfaction with the marriage, may occur [8]. not satisfaction of sexual relations, in addition to the psychological impact on the individual, such as depression, emotional imbalance and personality, consequences such as aggression, violence, sexual relationships outside the family, and other family members, family and community health, affect health and happiness also, the relationship between were. Some of research including studies Alipoor, 2000, [9] implies that happiness, strengthens the immune system, and strengthen the immune system, improves one's health. Vinhovn, 1984, [10] the relationship between happiness and health, this suggests that, firstly, the lack of happiness is stressful, and stress can lead to serious illnesses. Second, happy person, in the event of a serious illness, can be improved so that it would be for spiritual growth and happiness thirdly, it is useful because it helps the person's happiness, not coping with stress. Some experts, including Myers, 2000, believe that the first

* **Corresponding Author:** Vahid Farhadi, Department of Psychology, Kermanshah Branch, Islamic azad University, Kermanshah, Iran

condition of happiness is associated with health. Human health, and the subsequent Happiness may depend on each other. Despite the research, happiness is still at the starting point and start [11]. Based on these studies, a statistically significant association between levels of happiness and psychological symptoms has been observed [12]. Based on these studies, health may be a determinant of happiness, and the subsequent feelings of happiness, can increase the health of the population [13,14] Therefore, it is still associated with health, happiness, is considered one of the points . According to studies, still precisely the relationship between happiness and health, not specified [14] happiness, the scientific name of the individual assessment of their life is. People can live their overall judgment, or in the evaluation of specific areas, or recent emotional feelings in relation to what happened to them, studied them [15]. Also of happiness, as a set of emotional and cognitive evaluations of life, and the degree of quality of life as people know, they are generally positive assessment [16] With respect to the items listed above and the importance of sexual health and happiness, in this study, the relationship between sex and happiness, and mental health among couples district of Islamabad Gharb, the study finds.

Research Objectives

The overall goal

The main objective of this study was to investigate the relationship between sexual satisfaction and happiness, and mental health among couples district of Islamabad Gharb, is in 2014-2013.

Partial goals

Secondary objectives:

- Determine the relationship between sexual satisfaction, and mental health among couples in District of Islamabad Gharb in 2014
- Determine the relationship between happiness and mental health, among couples in District of Islamabad Gharb in 2014

(1) determine the relationship between satisfaction with sexual relations between married couples happily district of Islamabad Gharb in 2014 Determine the level of satisfaction with sexual relations between spouses (husband and show each other) District of Islamabad Gharb, in the year 2014

Determine the level of happiness among married couples (couples) District of Islamabad Gharb, in the year 2014

Determine the mental health of couples (husband and show each other) District of Islamabad Gharb, in the year 2014

The research hypotheses

- Satisfaction with sexual relations with happiness and mental health among couples district of Islamabad Gharb, there is a significant relationship.

1 between sexual satisfaction, and mental health among couples in District of Islamabad Gharb, there was a significant relationship.

Between happiness and mental health, among couples in District of Islamabad Gharb, there was a significant relationship.

Satisfaction with sexual intercourse, with happily married couples living in District of Islamabad Gharb, there was a significant relationship.

Sexual satisfaction in couples (husband and show each other) District of Islamabad Gharb, are different.

The amount of happiness among married couples (husband and show each other) District of Islamabad Gharb, are different.

The mental health of couples (husband and show each other) District of Islamabad Gharb, are different.

METHODS

Considering the objective, descriptive and correlational, the target population in this study, couples in Islamabad Gharb, which included 100 patients, ie 50 couples (50 men and 50 women), for example, randomly selected for the data analysis of this study, descriptive statistics (mean, standard deviation, frequency), and for testing hypotheses, methods of statistical t-test, and multiple regression and correlation, as well as to calculate the data, the software 16 spss software is used.

Research Tools

A measure of marital satisfaction in this study to measure sexual satisfaction, marital satisfaction measurement scale was used, the questionnaire is reliability 47 question questionnaire, using

Cronbach's alpha, 0/92 Been reported. [17] as well as the research questions of internal consistency using Cronbach's alpha for the 0/89= a women, and 0/84= a man is achieved. [18]

-An Emotional Intelligence Test: In this study, to measure happiness, emotional intelligence test is used to test -An times, has 90 questions and 15 scales which, by Bar-on 3831 patients from 6 countries (Argentina, Germany, India, Nigeria and South Africa), the 48/8% male and 51/2% of whom were women, were executed, and systematic in North America, Normalization Normalization results obtained showed that, test the reliability and validity of the test is appropriate is. answer on 5-point Likert scale (strongly agree, agree, somewhat disagree, and completely disagree) is set.

According to the results of the scientific literature, the research aimed to test the validity coefficient 0/7 or higher, and for clinical trials aimed 0/9 approved, and were suitable. In the case considered, the Cronbach's Alpha was calculated 0/93. Thus, for different purposes, applicable and approved. On the other hand, the reliability is good, in other ways of measuring reliability, 0/80 is reported in this study, the reliability of the test method - one 0/88 was announced.

Health Questionnaire GHQ-28: One of our tools in this study, the GHQ-28 questionnaire is Goldberg and Hiller. The questionnaire, in order to detect non-psychotic psychiatric disorders, was developed, extensively, for the detection of minor psychiatric disorders, and screening of non-psychotic psychiatric disorders, medical centers and other societies, used in various situations. Subjects responded to each question on a four-degree range specified. Form 28-point, using factor analysis, the long form was provided. 4 is a scale, the scale contains 7 questions. Scales that include somatic symptoms, anxiety and insomnia, social dysfunction, severe depression.

RESULTS

Table 1) descriptive indicators variables sex, happiness and mental health according to gender

Table1: shows the frequency, mean, standard deviation Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Mental Health	Man	50	19.6200	12.24560	1.73179
	Woman	50	22.7200	13.84173	1.95752
Sex	Man	50	18.6200	2.33771	.33060
	Woman	50	18.3200	3.11965	.44119
Happiness	Man	50	22.8600	4.17969	.59110
	Woman	50	22.2800	5.05900	.71545

Indicators describe the variables sex, happiness and mental health, according to the gender variable, in Table 1) are shown.

Table 2: Correlation of variables Correlations

		Mental Health	Sex	Happiness
Mental Health	Pearson Correlation	1	-.304**	-.635**
	Sig. (2-tailed)		.002	.000
	N	100	100	100
Sex	Pearson Correlation	-.304**	1	.379**
	Sig. (2-tailed)	.002		.000
	N	100	100	100
Happiness	Pearson Correlation	-.635**	.379**	1
	Sig. (2-tailed)	.000	.000	
	N	100	100	100

** . Correlation is significant at the 0.01 level (2-tailed).

The results of Table 2) shows that:

1) between the sexual and mental health and solidarity -0/30 achieved that level 0/01 is that significant increase satisfaction with sexual relationships, mental health (cut scores) increases Yabd bnabrayn null hypothesis rejected and the researcher's hypothesis, the relationship between sexual satisfaction and mental health in 0/01 confirmed.

2) between happiness and mental health, the correlation coefficient -0/63 obtained, 0/01 level is significant, with increased happiness, mental health (cut scores) increases so reject the null hypothesis, and the researcher's hypothesis about the relationship between happiness and mental health, in the 0/01 confirmed.

3) between sexual satisfaction and happiness correlation coefficient 0/37 Respectively, in the 0/01 is significant, with increased sexual satisfaction, happiness increases. so reject the null hypothesis, the

researchers hypothesized that the relationship between sexual satisfaction and happiness in the 0/01 confirmed.

Table 3: different variables, by gender Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Mental Health	Equal variances assumed	2.732	.102	-1.186	98	.238	-3.10000	2.61361	-8.28663	2.08663
	Equal variances not assumed			-1.186	96.565	.238	-3.10000	2.61361	-8.28759	2.08759
Sex	Equal variances assumed	4.204	.043	.544	98	.588	.30000	.55131	-.79406	1.39406
	Equal variances not assumed			.544	90.838	.588	.30000	.55131	-.79514	1.39514
Happiness	Equal variances assumed	2.418	.123	.625	98	.533	.58000	.92804	-1.26167	2.42167
	Equal variances not assumed			.625	94.632	.533	.58000	.92804	-1.26249	2.42249

The results of Table 3) show that:

1) to determine the difference in sexual satisfaction, and gender of the t-test was used. This hypothesis is based on the value of t (0/54), degrees of freedom (98) and a significant level of sig (0/58), the null hypothesis is accepted and investigator in the 0/05 rejected. So we come to the conclusion that the sexual satisfaction of men and women, the differences were not statistically significant.

2) Also, in order to examine gender differences in happiness, according to Table 3 it can be seen that, in the assumption regarding the value of t (0/62), degrees of freedom (98) and a significant level of sig (0/53), the null hypothesis is accepted and investigator in the 05/0 is. and reject the conclusion reached that, between emotional intelligence and gender differences were not statistically significant.

3) and also to examine gender differences in mental health, the t-method. According to this hypothesis, the t (-1/18), degrees of freedom (98) and a significant level of sig (0/23), the null hypothesis is accepted and investigator in the 0/05 rejected. So we come to the conclusion that the mental health of men and women, the differences were not statistically significant.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.639 ^a	.408	.396	10.17486

a. Predictors: (Constant), Happiness, sexual

In Table 4 with respect to the coefficient of determination R Square (.408), 0/48 of the variance related to mental health by sexual satisfaction, and happiness is explained

Table 5: ANOVA^b

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	6933.917	2	3466.958	33.488	.000 ^a
	Residual	10042.193	97	103.528		
	Total	16976.110	99			

a. Predictors: (Constant), Happiness, sexual

b. Dependent Variable: Mental Health

According to Table 5), because of the significant results in Table sig (00/0) less than 05/0, so the null hypothesis, that the relationship between sex and happiness, there is no mental health reject the assumption is. And researcher, based on the relationship between sex and happiness, and mental health 95/0 confidence level, may be approved.

Table 6: Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	66.487	7.414		8.968	.000
	sexual	-.352	.402	-.074	-.876	.383
	Happiness	-1.720	.239	-.607	-7.200	.000

a. Dependent Variable: Mental Health

In Table 6) with respect to significance sig (0/00) is obtained, which is less than 0/05, the null hypothesis (zero regression coefficients are rejected), and considering the coefficients of columns Beta, 0/07 percent, variability in mental health by sexual intercourse, and 60 percent of the variability in psychological health, happiness explained similarly, the effect of each variable can be judged.

RESULTS AND DISCUSSION OF THE RESULTS

In the first hypothesis, the results showed that satisfaction with sexual relations with happiness and mental health among couples district of Islamabad Gharb, confirmed the hypothesis of a significant relationship. And in the second hypothesis, based on the results of multivariate correlation between sexual and mental health, solidarity -0/30 achieved that level 0/01 meaningful. The second hypothesis is confirmed. Buta only 0/07 percent of the variance in mental health, sexual satisfaction variable, can be explained that the low explanatory power is. and results of this study, the findings of Pato and Taheri (2008); Amiri and Khodabandehloo (2008); Bradbory and Fincham and Beach (2003) is consistent [19, 20,21] also in the third hypothesis, between happiness and mental health, the correlation coefficient -0/63 respectively, in the 0/01 is significant, and 60% of the variability in mental health, the happiness is explained. With this Omidian (2007) who showed up at the Happiness score could predict the inverted test scores, mental health, and reduce the risk score, and conversely higher scores on mental tests predict derive their happiness was poor, it was consistent. [22] In studies of the fourth hypothesis, sexual satisfaction and happiness, the correlation coefficient 0/37 respectively, which is significant at the level 0/01 in the fifth hypothesis, to examine differences in sexual satisfaction, and gender of the t-test was used. The results showed that, according to the t (0/54), degrees of freedom (98) and the level of significance sig (0/58), satisfaction with sexual relations between men and women, no significant differences in the 0/05 there were no significant differences, the results of this research Houston, Coughlin and Hats and Smith, 2001; Mult, Legal and Sheila, 2002, which indicated that the men and women sexual satisfaction, there is, contrary to the [23] the sixth hypothesis, in order to examine gender differences in happiness too, the t-test results showed that this assumption regarding the value of t (0/62), degrees of freedom (98) and the significant, sig (0/53) between happiness and sex, there were no significant differences in the level 05/0, also in the seventh hypothesis, in order to check mental health differences between men and women, the results of table t, according to the value of t (-1/18), degrees of freedom (98) and a significant level of sig (0/23), the null hypothesis is accepted and investigator in the 0/05 rejected. So we come to the conclusion that there is no significant difference between men and women, mental health, with research Beeler and colleagues (2008), vatiant. [24]

Conclusions

Finally, to summarize, according to the study, satisfaction with sexual relations with happiness and mental health among couples there, but these three components in terms of gender, there were no significant differences Nshd.br on the results of this study and clarify the relationship between sexual satisfaction, happiness and mental health authorities in planning and providing appropriate educational services to inform and educate couples regarding sexual relations for marital satisfaction and happiness, and mental health suggests also, this study can be a basis for the studies, thereby enhancing the effectiveness of the intervention, marital satisfaction, happiness and mental health will be assessed.

REFERENCES

- [1] Kohanzad Sh. [About impotence in men]. 1st ed.Tehran: Danesh Publications, 1994: 9 (Persian).
- [2] Philips NA. Female sexual dysfunction: evaluation and treatment. Am Fam Physician 2000; 62 (1): 127-36, 141-2.

- [3] Fourcroy JL. Female sexual dysfunction: potential for pharmacotherapy. *Drugs* 2003; 63 (14): 1445-57.
- [4] Young M, Denny G, Young T, Luqui R. Sexual satisfaction among married women. *Am J Health Studies* 2000; 16: 73-84.
- [5] Asghari H. [The role of mental health on marriage and divorce]. 1st ed. Tehran: Goftego Publications, 2002 (Persian).
- [6] Young M, Luquis R. Correlates of Sexual Satisfaction in marriage. *Canadian J Hum Sexual* 1998; 7 (2): 115-128.
- [7] Beutel ME, Schumacher J, Weidner W, et al. Sexual activity, sexual and partnership satisfaction in ageing men-results from a German representative community study. *Andrologia* 2002; 34:22.
- [8] Ovhadi, Behnam (2005) .veins and sexual behavior in normal and abnormal human. Tehran, Sadegh Hedayat published.
- [9] Alipoor Ahmad, Noorbala, Ahmed Ali. (2000). A preliminary study of the reliability and validity of the Oxford Happiness at Tehran University students. *Journal of Thought and Behavior*, Number 1
- [10] Veenhoven, R. (1984) .Data book of happiness. New York: Reidel publishing company.
- [11] Myers, D. (2000) The friends and faith of happy people *American psychologist*, 55 (1), 56-57.
- [12] Natvig GK, Albrektsen G, Qvarnstrøm U. Associations between psychosocial factors and happiness among school adolescents. *International Journal of Nursing Practice*. 2003; 9 (3): 166-75.
- [13] Kozma A, Stones MJ. Predictors of happiness. *Journal of Gerontology*. 1983; 38 (5): 626-8.
- [14] Perneger TV, Hudelson PM, Bovier PA. Health and happiness in young Swiss adults. *Quality of Life Research*. 2004, 13 (1): 171-8.
- [15] Paeizi M, Shahrarai M, Vali E, Safaei P. A Study of the impact of assertive training happiness and academic achievement of high-school girls. *Psychological Studies*. 2008; 3 (4): 25- 43. [persian]
- [16] Rojas M. Heterogeneity in the relationship between income and happiness: A conceptual referent-theory explanation. *Journal of Economic Psychology*. 2007, 28 (1): 1-14
- [17] Amato P, Booth A. Consequences of parental divorce and marital unhappiness for adult well being. *Soc Forces* 1991; 69 (3): 895-914
- [18] Banes R. Adult attachment and marital satisfaction: Evidence for dyadic configuration effects. *J Soc Pers Relat* 2004; 21: 273-8
- [19] Pato, Mojgan., And Taheri, Salar (2008). Marital relationship, the couple's well-being and perfectionism. *Abstract Proceedings of the Third Congress of Family Pathology, Shahid Beheshti University*. 87 85.
- [20] Amiri, Ali., And Khodabandehloo Mohammad Reza. (2008). Study of mental health and marital satisfaction, and academic performance of students of Master of Science, International University of Qazvin. *Abstract Proceedings of the Third Congress of Family Pathology, Shahid Beheshti University*, 58.
- [21] Bradbruy, TN, Fincham, ED, & Beach, SR (2003). Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family*, 62 (4): 64-98.
- [22] Omidian, Morteza (2007) examine the general state of health and happiness in Yazd University students, Volume I, Number 1.
- [23] Huston, TL, Coughlin, JP, Houts, RM, & Smith, Sh. E. (2001). The connubial crucible: Newlywed years as predictor of marital delight, distress and divorce. *Journal of Personality & Social Psychology*, 80 (2): 232-252.
- [24] Bailer J, Schwarz D, Witthft M, stubingr C, rist F (2008) Prevalence of Mental Disorders among college students at a German university. *Psychother. Psychosom Med Psycho*