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# Evaluation of the relationship between emotional intelligence and sexual function of reproductive age women

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## Abstract:

**BACKGROUND:** Desirable sexual function is one of the symptoms of mental and physical health. Many causes can cause sexual dysfunction. Emotional problems in marriage are one of the main causes of sexual dysfunction. The purpose of this study was to investigate the relationship between emotional intelligence and its components with sexual function of women of reproductive age.

**MATERIALS AND METHODS:** The present study was a co-relational–analytic study that was performed on 165 women of childbearing age in the second half of 2018 in selected health centers. Data were collected using a three-part questionnaire including demographic questionnaire, FFI standardized sexual function questionnaire, and Bar-On Emotional Intelligence Questionnaire. Data were analyzed using descriptive statistics, Spearman, and Pearson correlation.

**RESULTS:** Most of the study participants were in the age group of 26–30 years (30.4%). The results showed a positive correlation and a statistically significant relationship between the mean score of all the components of emotional intelligence except the interpersonal relationships, responsibility, empathy, and self-esteem with sexual performance score ( $P < 0.05$ ).

**CONCLUSIONS:** Based on the positive correlation between some components of emotional intelligence and sexual function, emotional intelligence can be considered as an important and effective variable in improving women’s sexual function, so focus on emotional intelligence in counseling and education Individuals and emphasis on promotion are recommended.

## Keywords:

Emotional intelligence, fertility, sexual behavior

## Introduction

Sexual desire is a phenomenon that paying attention to it is realistic and ignoring it is impossible, because, similar to other instinctive desires of the humans, it exists from the birth time and would evolve and blossom in relation to the growth of the individual and would become actual as “sexual activity”. Sexual activity is a multidimensional phenomenon that would be affected by various biological, psychological and social factors.<sup>[1]</sup> It is also one of the signs of the physical and mental

health that would cause mutual pleasure among the couple and would increase individual’s ability for more efficient confrontation with stress and problems of life. One of the most important factors of happiness in the marital life is having a pleasing sexual relationship and if it would not be satisfactory, it would be associated with a sense of deprivation, failure and insecurity in the couple. Therefore, any disorder that would lead to inconsistency and consequently dissatisfaction with the sexual relationship, it could be associated with sexual dysfunction<sup>[2]</sup> and could cause severe personal discomfort and also affect

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interpersonal relationships.<sup>[3]</sup> Sexual disorders have a high prevalence and many individuals are suffering from this problem; in a way that about 20%–30% of men and 30%–40% of women would encounter a disorder during at least one of the cycles of their sexual responses.<sup>[4]</sup> 20%–30% of women report an inability to orgasm during sexual intercourse.<sup>[5]</sup> Also results of a study that was conducted on sexual problems of men and women in 29 countries showed that among women who were sexually active, about half of them had experienced at least one sexual problem.<sup>[6]</sup> Sexual desire might be affected by different factors depending on one's gender. So men and women may have different experiences with sexual desire.<sup>[7]</sup> 15.5% of women have lifelong sexual dysfunction.<sup>[8]</sup> According to the conducted national investigation, 2005, in Iran 31.5% of women had sexual dysfunction. Paying attention to sexual desires is realistic because sexual problems could affect other aspects of personal and social life, and would lead to psychological disturbances, conflicts and failure in marital lives.<sup>[9]</sup> Occurrence of sexual dysfunction could be affected by various factors including mental health, psychological well-being,<sup>[10]</sup> motivation, sexual relationship, sexual partner's function, relationship issues, factors related to individual's characteristics, infertility, drugs, chronic diseases, women's surgery in the pelvic area, gynecological diseases and malignancies, diabetes, pregnancy, and postpartum period.<sup>[11]</sup> According to the conducted studies, one of the main causes of sexual dysfunction is communication, distress and emotional problems in the marital relationship.<sup>[12,13]</sup> Emotions and how to handle them is a part of individual's characteristics and could affect individual's health. Recently, conceptualization of the role of the emotions in the field of marital satisfaction has become widespread using the new term of "emotional intelligence."<sup>[14]</sup> Mayer and Salovey presented the new concept of emotional intelligence about individual's talents based on the Gardner's theory, and expanded the trainable abilities in 5 categories: 1 – Recognizing one's emotions: self-awareness or recognizing any emotion as it expresses (which is the cornerstone of emotional intelligence), 2 – appropriate application of the emotions, self-relief capacity, banishing anxiety and depression, 3 – self-motivation: managing the emotions to reach the goals, 4 – recognizing other's emotions: sympathy and ability of being relied on emotional awareness, 5 – maintaining communications: appropriate reaction in desirable mutual relation with others. According to Mayer and Salovey, individual's ability for compatibility with life depends on their integrated functions of emotional and intellectual abilities.<sup>[15]</sup> Emotional intelligence is the ability to desirably control the mood and psychological status and impulses. It is the factor that would cause hope and motivation in the person after failure to reach the goals. Goleman paid attention

to cognitive and emotional intelligence and stated that, in best cases, IQ is only responsible for 20% of the success in individual's life; 80% of success depends on other factors and individual's destiny in most cases rely on the skills that would create emotional intelligence.<sup>[16]</sup> Emotional intelligence is trainable and has social roots, and people, consciously or unconsciously, would learn to express their emotions in dealing with others.<sup>[17]</sup> Mayer and Salovey (1990) believed that the most basic effective ability in emotional intelligence is accurate reception and recognition of the emotions. People are different in their ability for receiving and recognizing themselves' and others' emotions. Furthermore, people have significant differences in their ability for expressing their emotions.<sup>[15]</sup> Regarding the emotional differences between men and women, since girls would find their linguistic skills faster than boys, so they could express their emotions more frankly, and they also could replace fights with emotional reaction better than boys, and in fact, women has a stronger sense of sympathy than men. Generally, when women get married, they are totally trained for the role of managing the emotions and feelings and therefore, by providing appropriate education, they could have a better growth in this field; while men do not have sufficient understanding of the importance of this matter for maintaining their marital relationship.<sup>[16]</sup> Therefore, considering the importance of sexual function during fertility ages in women and its relation to emotional elements and also considering the trainability of emotional intelligence and its improvability during life, women do not have a good social standing and their emotions are usually ignored in Iran. Research is also scarce in this regard. Hence, the present study was conducted to evaluate the relation between emotional intelligence and women's sexual function during their fertility ages.

## Materials and Methods

This descriptive-correlational (cross-sectional) study was carried out on 165 married women referring to Yazd health centers in 2015. The sample size was calculated at 165 based on the results of similar studies<sup>[18]</sup> and the correlation coefficient formula; considering  $r = 0.3$  with confidence coefficient of  $\alpha = 95\%$ , test power of  $\beta = 90\%$  and a sample drop of 10%.

Then, the participants were selected from the study environments regarding the inclusion criteria and after taking informed consent from them and assuring them of the confidentiality of their information. The inclusion criterion for selecting the health centers for sampling was covering more than 3000 household population (based on the information from the health deputy of Yazd). Sampling was performed using simple random method based on random numbers table, and the number of

samples from all selected health centers was determined by proportion of the population covered, and also because of the probability of falling samples from each center.

The inclusion criteria for the participants were investigated in-person through the questionnaire considering the facilities and equipment, which included being Iranian and Muslim for women and their husbands, being of fertility age (15–45 years old), willingness to participate in the study, not being pregnant and not breastfeeding during the time of the study according to women themselves, not suffering from any disabling diseases that prevents them from participation in the study according to women themselves, not consuming any drugs that intervene with sexual function including drugs used for psychotherapy such as tricyclic antidepressants, clomipramine, amitriptyline, doxepin, imipramine, nortriptyline, desipramine, monoamine oxidase inhibitors including isocarboxazid, metzelin, tranylcypromine, fluoxetine, lithium carbonate, valprat, phenytoin, phenobarbital, antipsychotic drugs, and phenothiazine including chlorine promazine, fluphenazine, perphenazine, thioridazine, also diuretics, anti-hypertensive drugs such as methyldopa, beta blockers, alpha blockers and anticancer drugs, which their consumption was determined through questioning, not being addicted to opioids according to their statements, not having a history of sexual abuse during any period of their lives according to their statements, lack of intense marital conflicts during the past months, having normal and safe sexual relationship (self-statement), having passed elementary school, and being able to at least read and write.

Data gathering tool for the present study was a three-part questionnaire which its first part contained demographic characteristics, including age, duration of marriage, number of pregnancies, number of abortions, history of infertility, number of children, educational level and occupation. The second part contained sexual function and to evaluate the sexual function of the participants, female sexual function index standardized questionnaire was used with 19 5-choice questions and evaluated libido status, arousal, orgasm, sexual pain, vaginal moisture and sexual satisfaction. Each question has 5 points that would multiply by that field's factor and by summing the scores of the 6 fields, the total score would be achieved. Scores lower than 28 would be considered as sexual dysfunction.<sup>[19]</sup> According to various studies, this questionnaire has a high validity and reliability. Validity of the sexual function questionnaire was determined using the study of Mohammadi which considering the significant level, the mean score of the entire questionnaire with each of the fields in the groups

had a high validity. The reliability of the scales and subscales was determined by calculating Cronbach's  $\alpha$  as 70% for all the participants.<sup>[3]</sup> The third part of the questionnaire was BAR-ON emotional intelligence. To evaluate emotional intelligence based on the "Bar-On" model, Bar-On emotional intelligence checklist has been made; it consisted of 15 subscales that are categorized in one general factor of emotional IQ and contains 90 questions. Among all the introduced tools for evaluation of emotional intelligence, Bar-On questionnaire would evaluate all the elements of emotional intelligence and in fact, is the most comprehensive questionnaire for evaluation of emotional intelligence. This questionnaire is scored based on a 5-point Likert scale in which 1 is totally disagreed, 2 is disagreed, 3 is almost agreed, 4 is agreed and is totally agreed. Scoring is from 5 to 1 (5 is totally agreed and 1 is totally disagreed) and some questions are scored negatively or in reverse. The total score of each scale is equal to the sum of the all the questions of that scale and the total score of the questionnaire is calculated by summing the scores of the 15 scales. Higher scores indicate more success in the scale and also the entire questionnaire and vice versa. The total score of emotional intelligence is the sum of all the gained scores and it could be ranged from 90 to 450. Results of the scores of emotional intelligence were expressed in the form of 15 elements of problem-solving, happiness, independence, stress tolerance, self-actualization, emotional self-awareness, realism, interpersonal relationships, optimism, self-respect, self-control or impulse control, flexibility, social responsibility, sympathy and self-express.<sup>[20]</sup> Psychometric features of this questionnaire were evaluated by Golparvar and Khaksar that reported Cronbach's  $\alpha$ , Spearman and test-retest coefficients for this questionnaire as 0.93, 0.90 and 0.85 respectively.<sup>[21]</sup> Reliability coefficient of this questionnaire was first determined by Dehshiri *et al.* using test-retest method, which was reported as 0.74.<sup>[22]</sup> Furthermore, using Cronbach's  $\alpha$ , the reliability of this questionnaire was calculated as 0.93 in the study of samui<sup>[23]</sup> Therefore, the conducted investigations on the face and content validity of this questionnaire showed a high level of validity.<sup>[24]</sup> Descriptive and inferential statistics were used for analyzing the data. Statistical analysis was performed using a statistical software package IBM SPSS version 16 (IBM, USA, 2007).

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## Results

In the present study that was conducted to evaluate the relation between emotional intelligence and its elements with sexual function of women in fertility ages, 165



women were participated. According to the results of the study, most of the participants were 26–30 years old (30.4%). 56.6% of the participants were housewives, 53.6% had university degrees and 37.5% of the participants were married for <5 years. Regarding fertility variables, results showed that 17.3% of the participants had infertility problems. 29.2 of the participants had no children and 35.7% of the participants had experienced abortion at least once.

Evaluating the relation between emotional intelligence and demographic characteristics, regarding the participants' age, the highest mean score of emotional intelligence belonged to the age group of 31–35 years old which was 310.05 ( $P = 0.64$ ). Regarding the educational level, the highest mean score of emotional intelligence belonged to the group with university degrees which was 308.37 ( $P = 0.21$ ). Regarding the participants' occupation, the highest mean score of emotional intelligence belonged to the employee group which was 317.72 ( $P = 0.08$ ). Regarding the duration of marriage, the highest mean score of emotional intelligence was 320.8 which belonged to the group that were married for 16–20 years ( $P = 0.37$ ). Regarding the participants' age, the highest mean score of sexual function belonged to the age group of younger than 25 years which was 66.38 ( $P = 0.35$ ). Regarding the educational level, the highest mean score of sexual function belonged to the group with university degrees which was 63.2 ( $P = 0.17$ ). Regarding the participants' occupation, the highest mean score of sexual function belonged to the freelancer group which was 68.6 ( $P = 0.38$ ). Regarding the duration of marriage, the highest mean score of sexual function was 64.36 which belonged to the group that were married for <5 years ( $P = 0.31$ ). According to the results, among the housewives there was a significant correlation between 6 elements of emotional intelligence (problem-solving, independence, self-actualization, emotional self-awareness, optimism and self-respect), among the employees there was a significant correlation between 6 elements of emotional intelligence (happiness, independence, stress tolerance, self-actualization, emotional self-awareness and self-control) and among freelancers and those with other occupations there was a significant correlation between self-control with the total score of sexual function ( $P < 0.05$ ). Regarding the relation between individual's emotional intelligence and their educational level, the mean score of emotional intelligence was the highest among participants with university degrees and this increase in the score was statistically significant in the fields of independence, emotional self-awareness, optimism and self-actualization ( $P < 0.05$ ) [Table 1]. The mean score of other fields of emotional intelligence, emotional intelligence and sexual function had no significant difference between the age groups ( $P > 0.05$ ).

Eventually, results of the present study revealed a positive correlation and significant relation between the scores of all the fields of emotional intelligence except for interpersonal relationship, responsibility, sympathy, and self-express with the score of sexual function ( $P < 0.05$ ) [Table 2].

## Discussion

The importance of maintaining the family roots in the current industrial world would explain the role of effective factors on sexual function more than ever. Therefore, the aim of the present study was to investigate the relation between emotional intelligence and sexual function in women of fertility ages. According to the results, most of the participants were aged from 26 to 30 years; also, in the study of Jafaryazdi and Golzari, from the 109 participants, 17.43% were aged from 27 to 29 years and the mean age of the participants was 35.5 years<sup>[25]</sup> which is line with the results of the present study. Regarding the relation between emotional intelligence and demographic characteristics, the highest mean score of emotional intelligence belonged to the age group of 31–35 years, participants with university degrees and employees. In this regard, the study of Dehnavi *et al.* showed no significant difference between any fields of emotional intelligence with age and educational level. These results are also in line with the study of Tony but do not agree with the results of the present study.<sup>[26]</sup> Regarding the duration of marriage, the highest mean score of emotional intelligence belonged to the participants who were married for 16–20 years. It seems that as the years of marriage increases, by gaining experience, individuals would learn strategies for expressing their emotions and controlling the tensions.

Regarding the relation between sexual function and demographic characteristics, in the field of age, the highest mean score of sexual function belonged to the age group of younger than 25 years. In this regard, results of the study by Bahrami *et al.* showed a significant relation between age and sexual function in a way that 49.8% of the participants who were aged younger than 25 years and 87% of the participants who were aged above 40 years had sexual dysfunction;<sup>[27]</sup> results of the study by Bahrami *et al.* was not in line with the results of the present study. Regarding the educational level, the highest mean score of sexual function belonged to the group with university degrees. Furthermore, results of the study by Jazz *et al.* revealed a reverse significant relation between educational level and sexual function.<sup>[28]</sup> Results of the present study were also in line the study of Azadi and Fathi women with higher educational levels, are more satisfied with their marital life and have more happiness.<sup>[29]</sup> Regarding the relation between sexual function and emotional

**Table 1: The relation between the mean score of sexual function and emotional intelligence and its fields in the participants based on their occupation, educational level, and age group**

Variables	Emotional intelligence elements							
	Optimism	Self-respect	Self-control	Flexibility	Responsibility	Sympathy	Self-express	Emotional intelligence
Occupation								
Housewife ( <i>r, P</i> )	0.26, 0.008	0.25, 0.01	0.1, 0.29	0.19, 0.05	0.09, 0.36	0.18, 0.06	0.07, 0.44	0.33, 0.001
Employee ( <i>r, P</i> )	0.24, 0.12	0.24, 0.12	0.39, 0.01	0.24, 0.12	0.08, 0.62	0.004, 0.98	0.06, 0.67	0.39, 0.01
Freelancer ( <i>r, P</i> )	0.1, 0.87	-0.1, 0.87	0.89, 0.04	0.2, 0.74	-0.22, 0.7	0.3, 0.61	0.666, 0.21	0.6, 0.28
Others ( <i>r, P</i> )	0.09, 0.62	-0.06, 0.75	0.39, 0.03	0.07, 0.71	-0.14, 0.46	-0.17, 0.37	0.18, 0.33	0.14, 0.47
Educational level								
Illiterate ( <i>r, P</i> )	0.31, 0.14	0.04, 0.82	0.2, 0.34	0.1, 0.64	-0.02, 0.92	-0.03, 0.85	0.13, 0.53	0.32, 0.13
Elementary and middle school ( <i>r, P</i> )	0.32, 0.01	0.34, 0.009	0.11, 0.42	0.2, 0.13	0.14, 0.29	0.2, 0.13	0.17, 0.2	0.32, 0.01
Under diploma and diploma ( <i>r, P</i> )	0.2, 0.05	0.15, 0.14	0.32, 0.002	0.16, 0.12	0.002, 0.98	-0.001, 0.99	0.04, 0.66	0.31, 0.003
Age group								
>25 ( <i>r, P</i> )	0.25, 0.14	0.23, 0.17	0.58, 0.00	0.35, 0.03	0.38, 0.02	0.23, 0.18	-0.1, 0.55	0.5, 0.002
26-30 ( <i>r, P</i> )	0.15, 0.26	0.1, 0.45	0.13, 0.34	0.1, 0.46	0.06, 0.63	0.15, 0.27	0.12, 0.38	0.24, 0.08
31-35 ( <i>r, P</i> )	0.21, 0.21	0.54, 0.001	0.008, 0.96	0.05, 0.76	0.06, 0.68	0.1, 0.55	0.21, 0.21	0.27, 0.1
36-40 ( <i>r, P</i> )	0.16, 0.41	0.05, 0.78	0.35, 0.06	0.27, 0.16	-0.17, 0.38	-0.1, 0.58	0.48, 0.008	0.27, 0.15
41-45 ( <i>r, P</i> )	0.46, 0.04	0.14, 0.54	0.21, 0.38	0.14, 0.55	-0.11, 0.63	-0.14, 0.56	-0.15, 0.53	0.26, 0.27

Variables	Emotional intelligence elements							
	Problem-solving	Happiness	Independence	Stress tolerance	Self-actualization	Self-awareness	Realism	Interpersonal relationships
Occupation								
Housewife ( <i>r, P</i> )	0.29, 0.003	0.43, 0.00	0.23, 0.02	0.18, 0.08	0.21, 0.03	0.28, 0.005	0.14, 0.16	0.04, 0.67
Employee ( <i>r, P</i> )	0.19, 0.23	0.53, 0.00	0.32, 0.04	0.5, 0.001	0.04, 0.009	0.4, 0.009	0.3, 0.05	0.24, 0.12
Freelancer ( <i>r, P</i> )	-0.2, 0.74	0.5, 0.39	-0.63, 0.25	0.5, 0.39	1, 0.87	0.6, 0.28	0.00, 1	0.56, 0.32
Others ( <i>r, P</i> )	-0.07, 0.71	0.16, 0.39	-0.03, 0.85	0.2, 0.29	-0.06, 0.74	0.03, 0.86	0.03, 0.84	0.05, 0.79
Educational level								
Illiterate ( <i>r, P</i> )	0.23, 0.28	0.53, 0.008	-0.11, 0.59	0.03, 0.89	0.29, 0.18	0.23, 0.27	0.11, 0.61	-0.16, 0.45
Elementary and middle school ( <i>r, P</i> )	0.36, 0.006	0.53, 0.00	0.27, 0.04	0.11, 0.38	0.17, 0.21	0.26, 0.05	0.08, 0.55	0.24, 0.07
Under diploma and diploma ( <i>r, P</i> )	0.12, 0.23	0.25, 0.01	0.21, 0.04	0.46, 0.00	0.23, 0.02	0.3, 0.004	0.23, 0.02	0.13, 0.21
Age group								
>25 ( <i>r, P</i> )	0.29, 0.09	0.43, 0.01	0.47, 0.005	0.72, 0.00	0.32, 0.06	0.46, 0.006	0.31, 0.07	0.16, 0.36
26-30 ( <i>r, P</i> )	0.27, 0.04	0.29, 0.03	0.09, 0.49	0.06, 0.66	0.12, 0.36	0.03, 0.02	0.15, 0.26	0.21, 0.13
31-35 ( <i>r, P</i> )	0.2, 0.22	0.35, 0.03	0.1, 0.53	0.07, 0.65	0.26, 0.12	0.25, 0.13	0.09, 0.57	0.004, 0.98
36-40 ( <i>r, P</i> )	-0.01, 0.95	0.51, 0.005	0.12, 0.53	0.52, 0.004	0.13, 0.49	-0.01, 0.94	0.26, 0.17	0.08, 0.65
41-45 ( <i>r, P</i> )	0.14, 0.54	0.37, 0.11	0.19, 0.41	-0.03, 0.88	0.43, 0.06	0.29, 0.22	0.02, 0.92	0.06, 0.78

**Table 2: Evaluating the relation between participants' emotional intelligence elements and sexual function**

Sexual function	Emotional intelligence elements							
	Problem-solving	Happiness	Independence	Stress tolerance	Self-actualization	Emotional self-awareness	Realism	Interpersonal relationship
<i>R, P</i>	0.21, 0.005	0.41, 0.00	0.2, 0.008	0.28, 0.00	0.23, 0.002	0.28, 0.00	0.18, 0.01	0.11, 0.15
Sexual function	Emotional intelligence elements							
	Optimism	Self-respect	Self-control	Flexibility	Responsibility	Sympathy	Self-express	Emotional intelligence
<i>R, P</i>	0.23, 0.002	0.2, 0.008	0.24, 0.001	0.18, 0.01	0.05, 0.46	0.08, 0.26	0.1, 0.18	0.32, 0.00

intelligence with demographic characteristics, results showed a significant correlation between the score of sexual function with 6 elements of emotional intelligence among the housewives (problem-solving, independence, self-actualization, emotional self-awareness, optimism,

and self-respect), with 6 elements of emotional intelligence among the employees (happiness, independence, stress tolerance, self-actualization, emotional self-awareness and self-control) and this indicated lack of a significant relation between the mean score of emotional intelligence

and sexual function with occupation. The mean score of different fields of emotional intelligence, emotional intelligence, and sexual function had no significant difference between various age groups.

Eventually, results indicated a positive significant correlation between all the elements of emotional intelligence except for interpersonal relationship, responsibility, sympathy and self-express with the score of sexual function. According to the results of the study by Afkhamiaghda *et al.* there was a significant relation between the elements of emotional intelligence (sympathy, emotional recognition, self-control, social skills) and marital compatibility was statistically significant meaning that, the higher the rate of the elements of emotional intelligence, the higher the level of marital compatibility.<sup>[30]</sup> The study of Schutte *et al.* showed that individuals with higher emotional intelligence had higher sense of sympathy, self-control, social skill, cooperative responses, loving relationships, and marital satisfaction in social situations.<sup>[31]</sup> Results have indicated that couples with higher emotional intelligence would probably have the ability to understand their spouse in the time of conflict and disagreement and would express their emotions and feelings more easily. This would prevent prolonged conflicts. Consequently, they would experience more desirable relationships, more satisfaction and less conflicts.<sup>[32]</sup> People with higher emotional intelligence have higher marital satisfaction and benefit more from their marital and family environment and they are usually organized, affectionate, successful, motivated and optimistic people.<sup>[33]</sup> Also related to age and relationship duration, EI was significantly negatively correlated with female sexual desire.<sup>[34]</sup> Women in the lowest of emotional intelligence had an increased risk of infrequent orgasm.<sup>[35]</sup> Schutte *et al.* investigated 37 volunteer couples in a study. Participants with higher emotional intelligence scores had a significantly higher satisfaction with their marital lives. In general, results of this study also approved a significant correlation between emotional intelligence with interpersonal relationships and marital satisfaction,<sup>[31]</sup> which is in line with the results of Shamsai *et al.*,<sup>[32]</sup> Koochak Entezar *et al.*,<sup>[36]</sup> Lavalekar *et al.*,<sup>[37]</sup> Karen and Tamaren,<sup>[38]</sup> Burnette *et al.*,<sup>[39]</sup> Abdollahi *et al.*<sup>[40]</sup> and Fard and Behbudy<sup>[41]</sup> In general, results of the study indicated that marital satisfaction is one of the valuable results of emotional intelligence. In fact, emotional intelligence, by increasing satisfaction, would improve individual's ability and status in the fields of decisiveness, intimacy and responsibility and could decrease interpersonal conflicts. So, by improving the welfare and adaptive abilities of the individuals, emotional intelligence is effective in decreasing interpersonal problems and consequently improvement of the relationships.

### Limitations and suggestions

Individual differences, mental, psychological, and environmental status, and even differences in the perceptions of the participants were effective in their responses to the questions, controlling for which was not possible; thus, the statements of the individuals were considered valid.

The results of this study could be beneficial in clinical and educational contexts to increase the awareness of health care personnel and couples. Future studies are recommended to evaluate the effect of emotional intelligence training on improving sexual disorders.

### Conclusions

Results of the present study showed the importance of educational activities and by providing the facilities for education, skills such as communicative skills, sympathy, self-belief, expressive and perceptive skills, decision-making ability and management, that would improve one's relationships with others and increase mutual compatibility, could improve the sexual function of the couples.

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### Conflicts of interest

There are no conflicts of interest.

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