

Original Paper

Emotional Intelligence and Men's Sexual Performance



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ABSTRACT

Introduction: Sexual performance affects the quality of life of the individuals and their sexual partners. Impaired sexual performance would lead to certain problems. Emotional intelligence is effective in the improvement of sexual satisfaction.

Objective: The present study was conducted to evaluate the effect of emotional intelligence on men's sexual performance.

Materials and Methods: The present correlational analytical study was conducted in 2018 in the health centers of Rasht City, Iran on 100 men who were selected using a randomized cluster sampling method. The study data were collected using the demographic questionnaire, the Bar-On emotional quotient inventory, and the international index of erectile function through self-report after confirmation of their validity and reliability. The obtained data were analyzed by the indicators of central tendency (mean, standard deviation) and the Pearson correlation coefficient. P value of less than 0.05 was set as the level of significance for all the statistical tests.

Results: The Mean±SD age of the samples was 34.59±6.15 years and most of them had academic degrees and married for more than two years. Their Mean±SD emotional intelligence and sexual function scores were 307.37±21.14 and 23.4±16.7, respectively. There was a significant positive correlation between emotional intelligence and the components of sexual function, including libido ($r=0.72$, $P=0.001$), sexual arousal ($r=0.57$, $P=0.001$), orgasm ($r=0.58$, $P=0.001$), satisfaction with intercourse ($r=0.75$, $P=0.001$), and total satisfaction ($r=0.74$, $P=0.001$).

Conclusion: There is a significant and direct correlation between men's emotional intelligence and sexual function. So emotional intelligence is one of the crucial factors in the couple's satisfaction with their sexual function and making efforts for its improvement could resolve the couple's dissatisfaction to some extent.

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Highlights

- Various factors affect sexual function and most couples experience changes in the quality of their sexual function.
- There is a significant and positive correlation between emotional intelligence and sexual function components, including sexual desire, sexual arousal, orgasm, sexual satisfaction, and overall satisfaction.
- The mean score of emotional intelligence in the study population was found high and appropriate.

Plain Language Summary

Family is one of the most important institutions of society and its formation and, more importantly, its stability is one of the backbones of society. Sexual health is not only an essential and integral part of the health and well-being of individuals but also a critical factor in maintaining married life. The proper sexual function keeps couples in healthy condition. Emotional Intelligence (EI) is an essential factor in the ability to succeed in life and directly affects mental health. Since sexual satisfaction is a feeling, it is necessary to study it in the context of emotions. Despite the importance of sexual intercourse in physical and mental health, few studies have been conducted on the sexual issues of men. Following the change in social attitudes towards sexual health in the last decade and the importance of maintaining the foundation of the family in today's industrial society, the need to investigate the factors affecting sexual function has become increasingly apparent. The present study was conducted to determine the relationship between EI and male sexual function referring to health centers in Rasht City, Iran. The results indicated that the mean score of EI in the study population was high and appropriate, and there was a significant and positive correlation between EI and sexual function components, including sexual desire, sexual arousal, orgasm, sexual satisfaction, and overall satisfaction. Therefore, a useful step can be taken to create satisfaction, enhance sexual function, and stabilize and sustain married life of the young couples by providing the necessary grounds for increasing the EI in these couples using educational and counseling measures. It is hoped that this training is implemented at all levels and in the pre- and post-marriage stages.

Introduction

Family is one of the most important institutions of each society and the formation of the family and, more importantly, its stability is among the priorities of society. One of the essential functions of marital bonding is to meet the sexual needs of couples legally and legitimately. Sexual desire is a natural and physiological desire and the basis of human needs, leading to the survival of generation. Researchers have accepted sexual desire as a building block of the family and consider its satisfaction a crucial issue and a necessity [1].

Sexual health is an essential and integral part of ensuring the health and well-being of individuals and one of the most critical factors in maintaining a married life. Proper sexual function is one of the most critical factors in the health of men and women [2]. The World Health Organization defines sexual health as the harmony of mind, feeling, and body leading to the completion of personality, communication, and love [3]. Normal sexual intercourse is one of the essential reasons for happiness

in married life [4]. Any disorder leading to inconsistency and therefore dissatisfaction with sexual relationships may cause sexual dysfunction [5], which can create problems such as anger, violence, depression, separation, and divorce [6].

Sexual function is a part of human life and behavior and is intertwined with the personality of the individual. The quality of sexual function affects the quality of life of the individual and his or her sexual partner [7]. Male sexual function comprised 5 areas of erectile functioning, orgasmic function, sexual desire, sexual satisfaction, and overall satisfaction. Thus, male sexual function is one of the influential factors in marital relations, and a disorder in any stage not only causes male dissatisfaction with sexual intercourse but also disrupts it [8]. Various hypotheses have been put forward to enhance sexual function, including Emotional Intelligence (EI). Emotional intelligence is vital in the lives of individuals, and studies have shown that 80% of an individual's success in the stages of life is related to EI, and only 20% to intelligence quotient.

EI is defined as a person's ability to evaluate and control emotions in himself or herself and others [9]. In other words, EI refers to the ability to understand the environment properly, to self-motivate, to recognize, and to control one's own emotions and those of others. It facilitates thinking and communication [10] and also increases self-confidence and internal control in individuals [11].

Therefore, EI is a fundamental and effective method of promoting marital satisfaction [12]. In this regard, Yarmohammadian et al. study indicates that life skills training and EI have a significant effect on marital adjustment in young couples. Thus, EI is useful in couples' marital satisfaction [13]. EI has internal elements, including self-awareness, self-concept, emotions, independence, and the capacity for self-fulfillment and determination. It also has external elements, including flexibility, accepting reality, solving emotional problems, and dealing with stress and impulsivity [14].

Emotional traits in EI are essential elements distinguishing it from cognitive intelligence. EI is an essential factor in determining the ability to succeed in life and it directly affects his mental health [15]. Since sexual desire is a feeling, it should be studied in the context of emotions [16]. Despite the importance of sexual relationships in physical and mental health, a few studies have been conducted on men's sexual issues [17]. Following the changes in social attitudes towards sexual health in the last decade and the importance of maintaining the foundation of the family in today's industrial society, the need to examine the factors influencing sexual function has been highlighted more than ever. Therefore, the present study was conducted to determine the relationship between EI and sexual function of men referring to health centers in Rasht City, Iran.

Materials and Methods

The present study is a correlational analytical study conducted in 2018 in Rasht. The statistical population included all men referring to health centers in the city. Based on the pilot study, the correlation coefficient of 0.4, 90% power, %5 error, and drop-out of 40%, a sample size of 103 people were determined. Sampling was performed over three months (September to November 2018). In this regard, 105 men were interviewed and the goals of the study were explained to them. Eventually, 100 men cooperated with the researchers and remained in the study. Therefore, the study performed on 100 men selected by cluster and random sampling method. Health centers in Rasht were

the research setting of this study. Rasht was divided into four regions: north, south, east, and west. Each area was considered one cluster; then from each area, one health center was selected based on the table of random numbers. Next, those men referring to that center to receive health services for themselves, their children, and their wives were entered into the study based on the inclusion criteria.

The inclusion criteria included willing to participate in the study, being 18 to 40 years old, being Muslim, having Iranian nationality, living in Rasht or its suburbs, getting married and living with their spouses, having a sexual relationship for the past four weeks, being literate, lacking marriage history, not getting sick, lacking sexual, psychological and personality disorder, lacking a history of addiction, not taking medication or hospitalization due to mental illnesses, lacking sexually transmitted diseases such as vasculitis, lacking cardiovascular, mental, neurological, thyroid and cancer diseases, and not taking drugs affecting sexual function such as anticholinergic, psychotropic, cardiovascular, neurological and hormonal medicines, lacking stress experienced in situations such as infidelity, death, serious illness, divorce or separation in the samples or their spouses. All inclusion criteria were checked based on men's self-report and their health records.

After obtaining written consent, the study questionnaires were completed based on self-report. Data collection tools in this study were included:

1. A demographic profile questionnaire that collects the samples' information of age, level of education, and duration of the marriage.

2. Bar-On EI questionnaire, which has been standardized in Iran by Samouei et al. It has 90 questions and its validity and reliability have been confirmed in this study. Items were rated on a 5-point Likert-type scale from 5 to 1 (5: strongly agree to 1: strongly disagree) and in some questions in reverse from 1 to 5 (1: strongly agree to 5: strongly disagree). This questionnaire consisted of 5 components of intrapersonal (emotional self-awareness, self-expression, self-esteem, self-improvement, independence), interpersonal (empathy, social responsibility, interpersonal relationships), compatibility (realism, flexibility, problem-solving), stress control (stress tolerance, impulsivity control), general mood (optimism, happiness). The total score for each scale was equal to the sum of scores for all questions on that scale. A higher score indicates higher EI in the individual [18].

3. The International Index of Erectile Function (IIEF) is an international index of erectile function that the patient can complete. It consists of 5 areas: erectile function, orgasmic function, sexual desire, sexual satisfaction, and overall satisfaction. Each question has 5 options ranging from 1 to 5 points, and the total score of all answers is used to assess sexual function. The lowest score was 5 and the highest was 25. A score of 22-25 indicated a lack of sexual dysfunction; a score of 5-15 is a sign of severe sexual dysfunction. The validity of this questionnaire used in other countries confirmed by Mehraban et al., in a study on the Persian version of the IIEF and the role of Doppler ultrasound in the evaluation of the men with sexual dysfunction [19]. The reliability of the questionnaire was assessed by conducting a pilot study on 20 individuals using the inclusion criteria. The Cronbach alpha score was 90%; therefore, the reliability of the questionnaire was confirmed.

The obtained data were analyzed in SPSS V. 16. The Kolmogorov-Smirnov test checked the normal distribution of study variables. The mean and standard deviation indices used to describe the data. The Pearson correlation coefficient was used to see the correlation between quantitative variables regarding the assumption of normality; otherwise, the Spearman correlation coefficient was used. The partial correlation coefficient was also used to adjust quantitative variables. A multivariate linear regression model was used to determine the relationship of the study variables with sexual function score. In this study, $P < 0.05$ was considered statistically significant.

Results

The Mean \pm SD age of the study participants in this was 34.59 \pm 6.15 (with an age range of 25-42 years). Among the study participants, 18% had a postgraduate degree, 55% a bachelor's degree, 24% diploma, and 3% lower than diploma. Demographic characteristics, sexual function scores, and EI in each of its components are presented in Table 1. The findings showed that the mean and standard deviation of the EI score was 307.37 \pm 2.14, and sexual function was 23.4 16.7.

The Spearman correlation method was used to investigate the correlation between sexual function and EI due to the lack of data normality. The findings showed a significant and positive correlation between EI and sexual function components, including sexual desire, sexual arousal, orgasm, sexual satisfaction, and general satisfaction (Table 2). Partial correlation coefficients in-

dicated a positive and significant correlation between the components of sexual function with EI.

The regression model justified 62% the distribution of sexual satisfaction with contextual variables of age, education, duration of the marriage, number of children, and the standardized score of EI. Negative scores on estimates showed a decrease in the mean score of sexual function, and positive scores indicated an increase in the sexual function score per unit increase of the corresponding variable. In this model, the variables of education level ($P=0.004$) and EI ($P=0.01$) had a significant relationship with sexual function. Subjects with diploma ($B=0.8$) and a bachelor's degree ($B=0.79$) had a significantly higher sexual function mean score than those with lower diploma degree ($P=0.004$). EI had a significant relationship with sexual function score ($P=0.01$, $B=0.65$) in such a way that for an increase of 1 unit in the standard deviation of EI, the mean score of sexual function increased by 0.6 units (Table 3).

Discussion

The results of the present study to determine the relationship between sexual orientation and male sexual function showed a significant positive correlation between EI and sexual function. In line with the results of our study, the results of the Faridi study showed a positive and significant relationship between EI and emotional schemas and female satisfaction, including sexual function [3]. The study by Bakhshani also indicated that men had a higher score of EI than women. Also, with increasing EI, sexual function improved in the subjects studied, followed by increased marital satisfaction [17].

Also, another result of their study was that sex is an emotion that should be examined in the context of emotions. Authors believed that poor understanding of emotional states, negative reactions to emotions, and uncompromising strategies in interpreting emotions all could affect this relationship. In this way, it activates uncompromising sexual thoughts and then causes inappropriate sexual function in couples [20].

In the present study, a positive and significant relationship was found between the education level of diploma and bachelor's degree with EI. However, there was no significant difference between the score of EI in subjects with master's and PhD. degrees, compared with the bachelor's degree. However, the study results of Bakhshani et al. are consistent with our results that showed a relationship between education level and EI. The results of their study showed that the average score of EI in sub-

Table 1. Distribution of background specifications, sexual function scores, and Emotional Intelligence

Variable	Maen±SD	Range
Age (y)	34.59±6.15	25-40
Marriage duration (y)	4.20±2.02	1-10
Number of children	0.72±0.55	0-2
Sexual function score	Sexual desire	3.47±0.89
	Sexual arousal	3.24±0.84
	Orgasm	3.49±0.82
	Intercourse satisfaction	3.21±0.83
	Overall satisfaction	3.59±0.92
Emotional Intelligence	307.37±21.14	118-450

Table 2. Determining the correlation coefficient of sexual function and Emotional Intelligence components

Sexual Function Components	r	Sig.*	R	Sig.**
Sexual desire	0.72	0.001	0.61	0.001
Sexual arousal	0.57	0.001	0.43	0.001
Orgasm	0.58	0.001	0.54	0.001
Intercourse satisfaction	0.75	0.001	0.63	0.001
Overall satisfaction	0.74	0.001	0.65	0.001

* The Spearman correlation coefficient;

** The Spearman correlation coefficient with the moderating age and duration of marriage variables.

Table 3. Estimation of the moderated relationship between contextual variables and Emotional Intelligence with sexual function

Variable	B Coefficient	95%CI		Sig.	
		Upper	Lower		
Age (y)	-0.03	0.008	-0.08	0.12	
Marriage duration (y)	-0.02	0.07	-0.14	0.59	
Education level	Lower than diploma	Reference			
	Diploma	0.80	1.464	0.02	0.04
	Bachelor's degree	0.79	1.441	0.33	0.04
	Postgraduate degree	0.67	1.365	-0.13	0.11
Number of children	0.19	0.507	-0.12	0.22	
Standardized score of Emotional Intelligence	0.65	0.740	0.46	0.001	

jects with university education was higher than those with lower-level education. This finding shows the role of higher education in EI [17].

In this study, no significant relationship was found between other contextual variables such as age and sexual function. However, the results of a study in Spain showed a significant relationship between age and EI and sexual function. Researchers found that women had higher EI than men and young and older men had lower levels of EI and also had maximum EI in middle age [21].

In this study, the average score of EI in the study population was found high and appropriate. As seen from the definitions, this type of intelligence is a kind of emotional processing that evaluates the emotions of the self and others, defines the proper expression of emotions and their adaptive adjustment, and will improve the course of life [22]. Therefore, according to the results of a study, EI is the primary and practical structure of the improvement and strengthening process of satisfactory marital relations. With the help of this skill, couples will gain more ability to adapt and cope with the psychological

pressure of married life [23]. The results of other study also suggested that emotional factors and the type of romantic relationships are among the factors affecting couples' sexual satisfaction and performance [24].

The results of our study also showed appropriate scores on different dimensions of male sexual function, which was directly related to the level of EI in men. Based on other results of a study, the researchers also found a significant relationship between the components of EI (empathy, cognition, emotions, self-control, social skills) and marital satisfaction [9]. Another study found that sexual dysfunction could create a feeling of deprivation, insecurity, endangered mental health, and consequently, family breakdown [25]. The results of the study showed that men with a high level of EI are more balanced and happier in social relationships and show resistance to worrying thoughts. Such men have a higher capacity for commitment and submission to their people or goals; they will be responsible and compassionate, and they will have a precious emotional life. Moreover, these individuals feel empathy and self-control, social skills, more loving and satisfying marital relationships in social situations [26].

Although our study showed a significant relationship between the two variables of EI and sexual function, the results of Willi study showed no relationship between EI and male sexual function. They also stated that gender differences were one of the causes of sexual problems [27]. Similarly, the results of the Silva study showed that EI is a predictor of sexual function. In both of these studies, a high correlation was reported between EI and sexual function [28].

Also, the results of the Yarmohammadian et al. study showed that EI training has a significant effect on marital adjustment and its components (mutual satisfaction, mutual agreement, mutual solidarity, and loving expression) in young couples. Thus, intelligence is useful in couples' marital satisfaction [13]. Moreover, the Abdollahi study showed a positive and significant relationship between EI and marital satisfaction, which also includes satisfaction with sexual function [29].

Following the investigation of the present study results and comparing them with those of other studies, we can conclude that couples with more EI can understand the positive and negative emotions of themselves and their spouses. They empathize more, are responsible, and create a happy and optimistic couple. They are also patient with problems of life, try to solve them in the best way possible, and can control their anger and frustration. It

seems that increasing such characteristics in different ways will rise marital satisfaction. Probably the ability to understand positive emotions and reduce negative emotions or prevent them from getting worse is effective in increasing marital satisfaction. In this way, one can understand and recognize the positive emotions of oneself and one's spouse to strengthen and enhance them.

Furthermore, by understanding and recognizing the negative emotions of himself and his wife, he should try to reduce or prevent their aggravation [30]. In general, various factors influence sexual function and most couples experience changes in the quality of their lives together. According to the results of this study, EI is one of the factors which is vital in a couple's sexual satisfaction, and it will improve male sexual function. Therefore, trying to enhance and improve this ability will practically solve some of the couple's dissatisfaction problems. Moreover, it is possible to take a useful step to create satisfaction, improve sexual function, and the stability of marital life by providing the necessary grounds for increasing the EI in young couples and teaching how to deal with stress and sexual relationship problems through educational and counseling measures. It is hoped that this training is implemented at all levels, before and after marriage.

One of the limitations of the present study was that the research environment was limited to Rasht. It may affect the generalizability of the study results to the entire male population. Also, self-reporting methods for data collection make it possible for men to be biased in higher scores on their performance. Therefore, in future studies, it is recommended to use non-self-explanatory methods in data collection. It is also recommended to study different populations with different cultures and religions to evaluate male sexual function and their EI better and thereby, generalizing it to all Iranian men.

Ethical Considerations

Compliance with ethical guidelines

The study protocols were approved by the Ethics Committee of Rasht Branch, Islamic Azad University, Iran (No.: 1395, 72 IR.IAU.RASHT.REC.).

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Authors contributions

Conceptualization and funding acquisition: Bahareh Kamranpour, Fatemeh Mokhtari; Data collection: Bahareh Kamranpour; Preparing the draft: Fatemeh Mokhtari, Bahareh Kamranpour, Mariam Shakiba; Data analysis: Mariam Shakiba and Fatemeh Mokhtari; Reviewing and editing: All authors.

Conflict of interest

The authors declared no conflict of interests.

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