

# The Effectiveness of Marital Enrichment Training on Responsibility and Sexual Function in Young Married Women in Amol County

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## ABSTRACT

**Objective:** The present study aimed to investigate the effectiveness of marital enrichment training on responsibility and sexual function in young married women in Amol County.

**Methods and Materials:** This study employed a quasi-experimental design with a pretest-posttest control group structure. The statistical population included all young married women attending welfare service centers in Amol County in 2023. A total of 30 participants were selected through convenience sampling and randomly assigned to experimental (n = 15) and control (n = 15) groups. The Harrison Gough Responsibility Questionnaire (1951) and the Rosen et al. Sexual Function Questionnaire (2000) were used to collect data. The experimental group received six 90-minute group sessions of ENRICH marital enrichment training, while the control group did not receive any training. Data were analyzed using analysis of covariance (ANCOVA) in SPSS-25.

**Findings:** The results of the analysis of covariance indicated that the observed differences in the mean scores of responsibility and sexual function between the groups in the posttest stage were statistically significant ( $p < .05$ ). The findings demonstrated that marital enrichment training led to improvements in responsibility and sexual function among young married women.

**Conclusion:** Therefore, this method can be considered an effective educational and interventional approach to enhance the quality of marital relationships and responsibility among young couples.

**Keywords:** Marital enrichment, responsibility, sexual function, young couples

## 1. Introduction

Sexual health is a fundamental aspect of personal well-being that affects couples throughout all stages of life and is defined as a state of physical, emotional, psychological, and social well-being in relation to sexuality

(Pastoor, 2024; Tat et al., 2018). Among the key elements of sexual health is the enhancement of sexual function and satisfaction with sexual experiences (World Health Organization, 2022). Sexual function is a core domain of sexual health and is defined as the absence of difficulties in the stages of sexual desire, arousal, and orgasm, occurring

without pain and with subjective satisfaction (Banaei et al., 2025). In other words, sexual function refers to the physiological response to sexual stimuli and is divided into the different stages of the sexual response cycle. This applies to both individual and partner sexual desire and includes the phases of desire, arousal (erection), orgasm, and ejaculation (Pastoor, 2024). Achieving optimal and satisfying sexual function has a positive impact on the quality of sexual life, self-esteem, and interpersonal relationships and has broader implications for overall human well-being (Du et al., 2017). The literature suggests that unmet sexual needs, often due to a lack of skills, information, or awareness, are among the main causes of sexual dysfunction (Rakhshae et al., 2020). Overall, sexual function is an important aspect of women's lives and is directly related to their sexual health and marital satisfaction, and identifying the associated factors underscores the importance of attending to sexual function within a cultural context (Roshan Chesli et al., 2024).

Additionally, one of the influential factors in ensuring the health and well-being of the family is the sense of responsibility among spouses. Each partner must understand that entering into a marital life entails responsibilities that did not exist before the formation of the family; these responsibilities are allocated based on the abilities and specific conditions of each spouse. Responsibility refers to the ability to make choices and deal honestly with one's freedom (Rasouli et al., 2020). Culmes and Miyan have defined responsibility as appropriate decision-making, which enables the individual to make choices within the framework of expectations and social norms, resulting in positive interpersonal relationships, security, and peace of mind (Khajeh Noori et al., 2020). In general, the significance of the family's role, in addition to responsibility toward God Almighty, requires the presence of responsibility among all family members. The role of each family member and their respective function is a duty. Family responsibilities contribute internally to improving and developing better living conditions for the family. Moreover, external family responsibility, as the smallest unit and a component of society, manifests as a positive model for other families, communities, and even the nation and country (Yudhiani et al., 2020).

In this regard, multiple approaches have been developed for the prevention of marital problems and improving marital adjustment, alongside increasing interest in marriage and relationship education (Neswiswa & Jacobs, 2020, 2024). One such approach is the marital relationship enhancement program known as "Preparation and Enrichment of Marital

Life," initially introduced by Olson and Olson (1999). This program is one of the most successful, and its effectiveness has been documented in various studies (Ghajari et al., 2020; Gholipour et al., 2022). Marital enrichment refers to any intervention designed to prevent common marital pitfalls by reducing destructive interactions and enhancing constructive behaviors. Educational interventions usually aim to protect spouses against risk factors such as destructive relational patterns and irrational beliefs and to promote supportive relational elements such as positive attitudes and marital intimacy (Crapo, 2020). Marital enrichment training is an educational approach for improving marital relationships. It aims to help couples recognize reality, discover both positive and destructive behaviors, develop empathy and intimacy, and acquire skills in effective communication and problem-solving (Ghajari et al., 2020). The goal of this method is to access and reprocess core emotional responses that emerge during couple interactions. This process leads to the development of more secure attachment styles, different interaction patterns between partners, mutual empathy, and the emergence of new interactional models. This training helps couples break negative relational cycles through dialogue, allowing them to communicate more openly and harmoniously, accept responsibility, and engage in emotionally involved and caring relationships (Johnson, 2019).

In the marital enrichment approach, couples are helped to acquire skills necessary for a relationship based on love, affection, support, and care. In this program, couples learn to enrich and cultivate their marital life to effectively manage conflicts (Peterson-Post et al., 2014). The literature on marital enrichment concludes that such programs empower couples with the necessary skills to build functional relationships and stronger family structures, thereby preventing future problems (Jacobi, 2017; Neswiswa & Jacobs, 2020, 2024; Schmidt et al., 2016). Empirical studies indicate that marital enrichment programs are successful in teaching couples the necessary skills to create and sustain healthy relationships (Jacobi, 2017; Quirk et al., 2014). Rasouli et al. (2020) reported that Johnson's relationship enrichment program had a positive impact on couples' marital quality (Rasouli et al., 2020). Jalali Shakhkouh et al. (2019) demonstrated that the marital enrichment program was more effective in improving marital adjustment in the intervention group compared to the control group (Jalali Shakhkouh et al., 2019). Khazian et al. (2021) found in their study that relationship enrichment-based couple therapy improved intimacy and sexual function

among couples (Khazaeian et al., 2021). Nisuwiswa and Jacobs (2020) also stated that empirically tested and effective programs such as marital enrichment positively impact married couples (Neswiswa & Jacobs, 2020). Bakkan and Safarzadeh (2023) found that emotionally-based marital enrichment training improved love, enhanced altruistic behaviors, and increased sexual health literacy among young couples in the experimental group compared to the control group (Bakkan & Safarzadeh, 2023).

In summary, marital enrichment programs do not necessarily target existing problems but also focus on couples' strengths (Schmidt et al., 2016). The literature suggests that couples who experience marital problems significantly benefit from these programs (Neswiswa & Jacobs, 2020, 2024; Quirk et al., 2014) and are attracted to educational interventions (Schmidt et al., 2016). However, there is limited empirical evidence confirming that marital enrichment programs offer effective interventions for couples already experiencing marital difficulties. In these programs, couples learn to enrich their marital lives and manage conflicts effectively. Despite their efficacy, it is important to note that in Muslim countries like Iran, sexual topics are considered taboo and are not typically discussed with outsiders, making the implementation and impact of such training in marital life particularly significant.

Therefore, attention to preventive approaches aimed at reducing factors contributing to divorce is essential. Counseling and psychotherapy centers, support institutions, mental health centers, and families can benefit from the findings of this study to help optimize family functioning and reduce marital conflicts. Given the importance of marriage, family, and the challenges faced by couples throughout life—and considering the significant impact that marital enrichment skills have on responsibility and sexual function in women—this study seeks to answer the question: Does marital enrichment training affect responsibility and sexual function in married women in Amol County?

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest-posttest structure involving an experimental group and a control group. The statistical population consisted of all young married women aged 18 to 35 years who were clients of the Welfare Service Centers in Amol County in 2023, with an approximate total number of 280 individuals. The sample size was determined based on the

minimum required sample for experimental studies (Delavar, 2018) and was set at 30 participants.

In addition, for sample selection in this study, 65 young married women who were willing to participate were initially recruited through convenience sampling and completed the Responsibility and Sexual Function Scales. Among them, 30 individuals who scored below average on both the Responsibility and Sexual Function Questionnaires and met the other inclusion criteria were randomly assigned to either the experimental or control group (15 participants per group).

Inclusion criteria consisted of being between the ages of 18 and 35, living with their spouse during the study period (neither partner seeking divorce or separation), having been married for at least three years, not attending other counseling sessions concurrently, possessing sufficient education to comprehend the intervention material and complete the questionnaires, and providing full informed consent and signing the consent form. Exclusion criteria included withdrawal from the study, missing more than two training sessions, and having psychological disorders such as depression that might affect marital life.

To collect data, following authorization from the Islamic Azad University, the researcher visited the Welfare Service Centers in Amol County and selected eligible participants. The intervention was delivered by a senior clinical psychologist to the experimental group in six 90-minute sessions conducted twice a week. The intervention followed the main ENRICH marital enrichment program package based on the Olson model (2012), version 2000. The control group did not receive any intervention.

Before the sessions began, ethical considerations including research objectives, confidentiality, and participants' privacy were explained, and informed consent was obtained as a commitment to participate. Pretests were administered to both the experimental and control groups prior to the intervention, and posttests were conducted after the completion of the sessions.

### 2.2. Measures

#### 2.2.1. Responsibility

To assess responsibility, the Responsibility subscale of the California Psychological Inventory (1951) was used. This subscale comprises 42 items selected from the original 462-item questionnaire. The original inventory was developed by Harrison Gough in 1951 with 648 items across 15 scales to assess 15 personality traits. In 1957, the number

of scales increased to 18, and in 1987 the inventory was revised again, expanding to 162 items and 20 subscales. The 42-item Responsibility subscale is used to measure traits such as conscientiousness, sense of commitment, diligence, seriousness, reliability, rule-abiding behavior, and a general sense of responsibility. The items are scored dichotomously (0 or 1). For agreeing with certain items (e.g., items 2, 4, 10, 20, 22, 24, 26, 30, 31, 32, 33, 34, 37, 38, and 39), participants receive 1 point; disagreement yields a score of 0. For the remaining items, scoring is reversed. Scores range from 0 to 42, with higher scores indicating greater responsibility. The reliability coefficient of the scale in a study by Rezaei (2018) was reported as  $r = 0.65$  (Rezaei Pir Loujeh, 2018). In the present study, the Cronbach's alpha reliability coefficient was reported as 0.85.

### 2.2.2. Sexual Function

This questionnaire was developed by Rosen et al. (2000) and includes 19 items assessing six domains: sexual desire, sexual arousal, lubrication, orgasm, sexual satisfaction, and pain. Items 3 to 14 and 17 to 19 are scored from 0 to 5, and items 1, 2, 15, and 16 are scored from 1 to 5. Factor weights are 0.6 for desire, 0.3 for arousal and lubrication, and 0.4 for orgasm, satisfaction, and pain. Higher scores indicate better sexual function. Based on the weighted scoring system, the maximum score for each domain is 6, and the maximum total score is 36. A score of 0 indicates no sexual activity in the past four weeks. The cut-off scores for the overall scale and subscales are: total score = 28, desire = 3.3, psychological arousal = 3.4, lubrication = 3.4, orgasm = 3.4, satisfaction = 3.8, and pain = 3.8. Scores above these thresholds indicate good functioning. In the study by Fakhri et al. (2011), the internal consistency for the total and subscale scores was above 0.70 in both healthy women and women with sexual dysfunction. In various studies, the reliability of this questionnaire has been deemed satisfactory with a coefficient of 0.82 (Banaei et al., 2025). The Cronbach's alpha in the present study was reported as 0.97.

## 2.3. Intervention

### 2.3.1. Marital Enrichment Training

The marital enrichment training sessions were conducted based on the ENRICH model in six 90-minute weekly sessions over a two-month period, using the Olson et al. (2012) training package. The validity of the protocol was confirmed by its developers and is supported by strong face

and content validity. Additionally, the content validity of the package was verified by two experts in couples counseling. The experts assessed the "relevance," "clarity," and "simplicity" of the educational content using a four-point Likert scale. The recommended revisions were incorporated into the package, and the final version was approved by the experts for use in this study.

In the first session, participants were introduced to each other, group rules were established, and the goals and framework of the intervention were presented. Participants' expectations were collected, shared goals were defined, a participation agreement was signed, and initial assessments of communication, intimacy, and sexual function were conducted. The second session focused on intimacy training, providing definitions and techniques to enhance sexual, physical, intellectual, and behavioral intimacy between spouses. The third session involved cognitive restructuring, including a review of the previous session's homework, identification of each woman's perspective on relational issues, education on irrational thoughts, the ABC model, disputation techniques, and strategies to challenge irrational beliefs. The fourth session addressed sexual issues, highlighting the importance of sexual relationships, introducing the sexual response cycle, identifying barriers to pleasurable intimacy, and boosting sexual confidence while correcting common sexual myths through psychoeducational interventions. The fifth session focused on home management, teaching how to deal with children, handle financial problems, and navigate relationships with families of origin. The final session taught conflict resolution through structured problem-solving, including defining marital conflict, normalizing its presence, understanding the role of self-perception, identifying the problem-solving process, and recognizing barriers to resolution. The session concluded with a posttest assessment.

## 2.4. Data Analysis

Descriptive statistics, including mean and standard deviation, were used to analyze the data, and univariate analysis of covariance (ANCOVA) was conducted to test the research hypotheses using SPSS version 25.

## 3. Findings and Results

Based on the descriptive findings, the majority of participants in the experimental group (66.66%) and in the control group (53.33%) were aged between 25 and 30 years.

Most participants in the experimental group (53.33%) held a bachelor's degree, while the smallest proportion (6.67%) had a master's degree. Similarly, in the control group, most participants (46.67%) had a bachelor's degree, and the lowest proportion (6.67%) held a master's degree. Regarding marital duration, the majority of participants in the experimental group (46.67%) had been married for less than

5 years or between 5 to 10 years, with the lowest proportion (6.66%) having more than 10 years of marital life. In the control group, most participants (40%) had been married for between 5 to 10 years or more than 10 years, while the lowest proportion (20%) had been married for less than 5 years. The results of the study variables are presented in [Table 1](#).

**Table 1**

*Descriptive Statistics (Mean and Standard Deviation) for Responsibility and Sexual Function Components in Experimental and Control Groups at Pretest and Posttest*

Variable	Experimental Group – Pretest M (SD)	Experimental Group – Posttest M (SD)	Control Group – Pretest M (SD)	Control Group – Posttest M (SD)
Responsibility	18.73 (1.71)	22.07 (1.67)	18.20 (1.82)	18.60 (1.65)
Desire	4.67 (0.72)	7.60 (0.73)	4.67 (0.82)	4.93 (0.70)
Arousal	10.67 (0.98)	13.73 (1.16)	10.33 (1.29)	10.40 (0.91)
Lubrication	10.27 (1.34)	13.00 (1.25)	10.13 (1.41)	10.20 (1.32)
Orgasm	8.40 (0.99)	12.00 (1.07)	8.40 (0.99)	8.47 (0.92)
Satisfaction	8.20 (1.01)	11.73 (1.28)	8.87 (1.06)	8.20 (1.15)
Pain	8.80 (1.27)	11.53 (1.46)	8.67 (1.29)	8.67 (1.11)
Sexual Function	51.00 (2.45)	69.60 (3.25)	51.07 (2.69)	50.87 (2.95)

As shown in [Table 1](#), the mean responsibility score in the pretest for the experimental group was 18.73 and increased to 22.07 in the posttest. In the control group, the mean responsibility score was 18.20 in the pretest and 18.60 in the posttest.

In the experimental group, the pretest mean scores for desire, arousal, lubrication, orgasm, satisfaction, and pain were 4.67, 10.67, 10.27, 8.40, 8.20, and 8.80, respectively. In the posttest, these means increased to 7.60, 13.73, 13.00, 12.00, 11.73, and 11.53, respectively.

In the control group, the pretest mean scores for desire, arousal, lubrication, orgasm, satisfaction, and pain were 4.67, 10.33, 10.13, 8.40, 8.87, and 8.67, respectively. In the posttest, the scores slightly changed to 4.93, 10.40, 10.20, 8.47, 8.20, and 8.67, respectively.

Additionally, the mean sexual function score in the pretest for the experimental group was 51.00, increasing to 69.60 in the posttest. In the control group, the pretest mean was 51.07 and slightly decreased to 50.87 in the posttest.

**Table 2**

*Results of Univariate Analysis of Variance for Responsibility Between Two Groups*

Source of Variation	Sum of Squares	df	Mean Square	F Value	p-value	Effect Size
Intercept	10.011	1	10.011	8.461	0.007	0.239
Pretest	50.586	1	50.586	42.752	0.001	0.613
Intervention	68.587	1	68.587	57.965	0.001	0.682
Error	31.948	27	1.183			
Total	12576	30				

As shown in [Table 2](#), the significance level for the intervention variable was  $p < .05$ , indicating a statistically significant difference. Therefore, the null hypothesis of equal scores between the control and intervention groups is rejected. The effect size indicates that 68.2% of the variance in responsibility scores is attributable to the marital

enrichment intervention. Based on the mean scores, marital enrichment training improved participants' responsibility.

The correlation matrix presented in [Table 2](#) provides insight into the relationships between the study variables. The results indicate that all correlations fall within the range of small to moderate relationships ( $r = 0.10$  to  $0.30$ ),



supporting the assumption that the study variables are related but do not exhibit multicollinearity concerns.

**Table 3**

*Results of Univariate Analysis of Variance for Sexual Function Components Between Two Groups*

Component	Sum of Squares	df	Mean Square	F Value	p-value	Effect Size
Desire	44.774	1	44.774	81.901	0.001	0.788
Arousal	53.141	1	53.141	76.727	0.001	0.777
Lubrication	50.765	1	50.765	93.951	0.001	0.810
Orgasm	71.378	1	71.378	114.253	0.001	0.739
Satisfaction	80.134	1	80.134	51.892	0.001	0.702
Pain	52.992	1	52.992	35.382	0.001	0.617

As shown in Table 3, the significance level for the components of desire ( $p < .05$ ), arousal ( $p < .05$ ), lubrication ( $p < .05$ ), orgasm ( $p < .05$ ), satisfaction ( $p < .05$ ), and pain ( $p < .05$ ) is statistically significant. Therefore, the null hypothesis of equal scores between the control and intervention groups for these components is rejected. Based on the mean scores, marital enrichment training resulted in improvements in all components of sexual function.

#### 4. Discussion and Conclusion

The aim of the present study was to investigate the effectiveness of marital enrichment training on responsibility and sexual function in young married women in Amol County. The results showed that marital enrichment training had a statistically significant effect on improving responsibility in married women in Amol County. These findings are consistent prior studies (Jacobi, 2017; Jomehpour & Mahmoudipour, 2018; Lorincová et al., 2019; Neswiswa & Jacobs, 2020, 2024). Based on previous research, it can be argued that responsibility refers to the acceptance of tasks requested of an individual, which they have the power to accept or reject (McDonald & Young, 2015). Furthermore, different dimensions of responsibility are beneficial from various perspectives and contribute to individual and social life by enhancing accountability, promoting social dynamism, boosting self-confidence, increasing social monitoring, strengthening human capital, fostering cooperation, increasing social participation, enhancing social capital, creating psychological security, improving social relationships, increasing societal trust, and raising internal satisfaction (Khajeh Noori et al., 2020).

On the other hand, the marital enrichment training approach addresses fundamental family needs such as love, kindness, belonging, trust, loyalty, security, and pleasure (Armin et al., 2020). In fact, this program aims to correct

cognitive distortions and false beliefs, thereby enhancing couples' sense of responsibility. Some individuals enter marriage with unrealistic expectations, beliefs, and fantasies about their own role and that of their spouse, which leads to disappointment, mistrust, and aggression, and causes them to avoid responsibility. However, during enrichment training, couples learn to gradually move toward mutually desired changes and improvements, fostering optimism and positive attitudes that increase responsibility.

Overall, the marital enrichment program focuses on educating couples in areas such as communication, conflict resolution, financial management, marital satisfaction, leisure activities, religious beliefs, parent-child relationships, extended family relationships, realistic mutual expectations, sexual expectations, and the role of relatives in marital life. The ENRICH program developed by Olson (2012) pursues six core goals: fostering couple growth, strengthening communication skills, teaching a ten-step conflict resolution model, expanding personal and family goals, developing budgeting plans, and identifying core family issues. Marital enrichment training equips couples with cognitive, problem-solving, and conflict resolution skills, as well as communication strategies and appropriate behavioral codes, thereby increasing marital intimacy and reducing conflict.

For instance, in cases of marital conflict, when an individual's relationship with their extended family intensifies, excessive physical or emotional involvement of the family of origin in the couple's life can blur the boundaries of marital relationships, leading to increased conflict between spouses (Keyhandoost & Namani, 2017). In this context, marital enrichment education helps couples prioritize their relationship with each other over ties with their families of origin, thereby improving responsibility within the marriage.

The results of this study also demonstrated that marital enrichment training significantly improved sexual function in married women in Amol County. These findings are consistent with prior studies (Bakkan & Safarzadeh, 2023; Balaei, 2021; Jalali Shahkouh et al., 2017; Jalali Shahkouh et al., 2019; Khazaeian et al., 2021; Khodamoradi & Esmacili, 2020; Rasouli et al., 2020). This can be explained by the fact that satisfying sexual desire provides not only physical but also moral, intellectual, and psychological tranquility, whereas dissatisfaction with sexual relationships can lead to profound marital issues. Healthy sexual relationships and satisfaction can serve as a foundation for strengthening emotional bonds between spouses. Greater understanding of the opposite sex and knowledge of appropriate sexual communication enhances mutual comprehension, which in turn improves the marital relationship (Bois et al., 2013).

Furthermore, the main goal of the marital enrichment approach is to meet basic family needs such as affection, kindness, belonging, security, pleasure, and sexual intimacy. Therefore, it is expected that this approach enhances both marital satisfaction and sexual performance. Marital enrichment models help couples develop new, more positive communication patterns using practical tools for resolving relational problems, thereby increasing marital satisfaction and improving sexual function (Keyhandoost & Namani, 2017).

The impact of marital enrichment training on sexual function in women can be explained through several systemic and psychological mechanisms, including how training influences women's expectations, beliefs, and interpretations of each other's behavior, modifies feedback systems between spouses, and restructures marital boundaries. Another explanation for these findings is that when women participate in marital enrichment courses, their marital satisfaction unconsciously improves. Participation in these sessions educates women on how to express love toward their husbands, overcome barriers to a fulfilling sexual relationship, address their husbands' emotional needs, resolve conflicts, manage household finances, enjoy quality leisure time, recognize egalitarian roles, and understand their husbands' ideological orientations. Continuation of such training is expected to result in a stable and healthy marital life and, if delivered effectively, will also enhance sexual function.

## 5. Limitations & Suggestions

Based on the results, it is recommended that the systematic and continuous implementation of marital enrichment training programs aimed at enhancing marital skills such as responsibility and sexual function be considered in academic centers. Replacing the "Population and Family Planning" course with marital enrichment education and implementing such training before marriage is also advised. Moreover, it is recommended that couples seek enrichment counseling to improve communication, overcome challenges, and maintain healthy relationships, thereby enhancing the quality of their marital life.

Among the study's limitations was the absence of a follow-up phase, which restricts the ability to assess the long-term sustainability of the findings. Future studies are encouraged to include a follow-up phase to examine the continued effects of marital enrichment training on conflicted couples. Another limitation was the restricted statistical population, consisting solely of young married women in Amol County, and the use of convenience sampling, which limits generalizability. Therefore, it is suggested that future studies implement marital enrichment training with a broader group of couples and compare the results with those of the present study.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed to this article.

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