Chapter II

Methodology

Chapter 2

METHODOLOGY

This research attempted to investigate (i) the differences in the self concept and Marital Adjustment of ob both, men having sexual dysfunction and men do not, (ii) the differences in Marital Adjustment of wives of both the groups of men, (iii) the differences in the clinical histories of men of both the groups as the antecedent.

Study design

This was a two-group quasi-experimental research design. Study group consisted of sexually dysfunctional (psychogenic) married men, obtained from referrals from various clinicians. Control Group men were matched with Study Group men on age, education and years of marriage, and were specifically obtained from Family Planning Centers so as to confirm that men to be included in the Control Group were sexually functional. Wives of men of both the groups were involved in the study for assessment of marital adjustment.

The study was conducted in Pune city, Maharashtra, India, between July 2001 and September 2006.

Table 2.01

Types of Variables and the Method of Data Collection

Independent Variable	Method
1) Sexual dysfunction with duration of at least six months	Interview after referral from doctors / self referred men
Dependent Variable	**Method**
1) Scores of self concept	Self-concept rating scale
2) Marital adjustment score	Marital-Adjustment questionnaire
3) Spouse's level of marital adjustment	Marital-Adjustment questionnaire
Control Variables	**Method**
1) Duration of marriage (All men married minimum for two years)	Interview
2)All men in the reproductive age group i.e. 21 to 55 years	Interview
3)Control and study groups matching on age and education	Interview

The study was taken up with the following objectives.

Objectives

1. To study and compare the Self-Concept of married sexually dysfunctional (patients) men with that of men, not having sexual dysfunction (non-patients/normal).
2. To study and compare the scores of Marital Adjustment of married sexually dysfunctional (patients) men with that of men, not having sexual dysfunction (non-patients/normal).

3. To study the difference in Marital Adjustment of the wives of two groups of men (patients and non-patients).
4. To investigate and compare the various antecedent factors from the case histories of men of two groups, and to find out predisposing, precipitating and maintaining factors related to sexual dysfunction.

On the basis of the review of various previous researches, it was thought that men from Study Group would have intact Self-Concept hence null hypothesis was applied for statistical analysis. It was thought that their marital adjustment would be lower than that of Control Group. It was also thought that there would be a difference between past experiences of men of the two groups and also there would be difference between Marital Adjustment of the wives of two groups on men. Therefore, directional hypothesis was applied for the comparisons of marital adjustment of couples and alternative hypothesis was applied for the comparison of histories of men. Hence it was hypothesized that:

Hypotheses

1. There would not be any difference between the scores of self concept of the two groups of men.
2. Study (dysfunctional) group would be having lower marital adjustment than Control group.
3. The Marital Adjustment scores of men and their wives from the Study Group would be less congruent than the scores of men and their wives from the Control Group.

4. There will be considerable difference found between the histories of men from Control Group and men from the Study Group.

Sample

The sample of study group consisted of 60 married men with sexual dysfunction and their wives. Control group consisted of 60 "normal" married men and their wives.

Table 2.02

Sample of the Study

Respondents	Control Group (n)	Study Group (n)
Husbands	60	60
Wives	60	60
Total	120	120

Both the groups were considered eligible to participate in the study after fulfilling following criteria.

1. Married couples within the reproductive age group i.e. men - 21 to 55 years and their wives.
2. Couples married for two years minimum.
3. Duration of sexual dysfunction be present for more than six months.

All these men and women from both the groups were physically and mentally normal and healthy, with the exclusion of men of study group having psychogenic sexual dysfunction.

Study group

The sample of study group was gathered through three different processes namely 1 - referred cases by various medical professionals, 2 - referral by primary clients, 3 - self referred cases. Many medical professionals from various faculties such as urology, psychiatry, dermatology and gynecology referred individuals with psychogenic dysfunction. Medical professionals such as urologist, dermatologists and psychiatrists referred cases with erectile dysfunction, premature ejaculation and a few cases with sexual desire dysfunction. The cases referred by gynecologists were mostly of unconsummated marriage, painful intercourse and infertility. Self referred and cases referred by primary referral had complaints of low desire in sexual activity, loss of erection, premature ejaculation, inability to have sexual intercourse and a few cases of inter-spouse conflicts due to male sexual dysfunction. Some of the individuals had associated health problems such as low stamina, body ache, headache, lower back pain. Many of these men had psychological complaints such as anxiety, feelings of frustration and generally low mood etc.

The response rate for such reference was as follows; referral by medical professionals 46.67%, (28 cases), referral by primary referrals (15%, - 9 cases), and self referred cases (38.33%, - 23 cases). All the participating couples of the study groups gave consent to use the data for this study.

Control group

It was a matched sample; recruited with the prior informed consent of all the participants and after conformation of couple being sexually functional i.e. couples whom sought advices for contraception were selected. This was possible after making contact to family planning centers of Pune city or other such authentic sources. They were physically and mentally healthy and normal. Their mental make-up was normal and all of them willingly participated in the present study.

All men included in Control Group were from Pune city. They were having similar cultural and social background as the men of Study Group had. Most of men and their wives from both the groups were Marathi and had similar familial, occupational and social framework. Both the groups were matched on age, education and minimum years of marriage and they also had similar socio-cultural background therefore being homogeneous groups they were highly suitable for comparison.

Sampling distribution

Distribution of sample with different characteristics is presented in Table 2.03 to 2.09

Table 2.03 shows distribution of sample by age and education, which were purposefully matched characteristics of two groups. It would have been ideal to have case matched sample for the present research, but which was difficult. An attempt was made to match both the groups of men on age and education. As a result researcher could collect 17 cases (28.33%) cases with matched age and

education, and another 31cases (51.67) were matched for age groups and level of education. Thus, about 20 % cases were not matching on their age groups and level of education.

Table 2.03

Distribution of Sample by Age and Education

Characteristics	Control Group		Study Group	
Age group	**Husbands**	**Wives**	**Husbands**	**Wives**
< 25	0	04	0	08
25 - 29	10	20	08	18
30 - 34	16	15	18	14
35 - 39	15	07	18	13
40 - 44	09	11	09	06
45 - 49	06	02	05	01
50 - 55	04	01	02	0
Total	60	60	60	60
Education				
Up-to 10^{th} standard	07	0	07	09
Up-to 12^{th} Standard	07	05	09	09
Under-graduate	04	01	06	0
Graduate	23	35	23	35
Post graduate	19	19	15	07
Total	**60**	**60**	**60**	**60**

It can be seen in Table 2.03 that the similar number of men is in the age group of 40 to 49 from both the groups, yet the saturation of cases below the age of forty. Same number of men were graduate in both the groups and also the same

number of individuals were educated up to 10th standard. The similarity between women in both groups (i.e. age – similar number below 30 years and similar number of graduate women) is by coincidence.

Table 2.04

Distribution of Sample according to Duration of Marriage

Years	Control Group	Study Group
1-5	19	19
6 -10	19	16
11-15	12	13
16 -20	07	07
>20	03	05
Total	**60**	**60**

Duration of marriage was the third factor for matching the two groups. Table 2.04 shows most of the cells are similar for both the groups. Couples married for less than fifteen years covered more than two third of the sample of both the groups.

Table 2.05

Distribution of Sample according to Type of Marriage

Type of marriage	Control Group	Study Group	Total
Arranged	41	46	87
Love	19	14	33
Total	60	60	120

Table 2.05 shows distribution of sample by the type of their marriage. Men form Control Group who had love marriage were more in number than the men of Study Group. There is a major difference between these two types of marriage. Arranged marriage is suppose to be a traditional way of getting married with active decisive power of families of couples whereas in love marriage a man and a woman decide to marry with each other irrespective of cultural and familial expectations.

It can be seen in the table 2.06 that difference between the ages of spouses was obtained by subtracting wife's age from husband's age. In one couple of Control Group, wife was older than husband by two years. It can be seen that about two third couples of Control Group had gap between two to six years and in the Study Group similar number of couples had age gap between three to seven years.

Table 2.06

Distribution of Sample according to Difference between Ages of Spouses

Difference of years	Control Group	Study Group
-2	01	0
0	02	01
1	08	03
2	10	03
3	08	13
4	09	03
5	06	13
6	08	09
7	05	05
8	01	04
9	0	03
10	02	0
11	0	02
12	0	01
Total	**60**	**60**

Table 2.07

Distribution of Sample according to Occupation of Couples

Occupation	Control Group		Study Group	
	Men	Women	Men	Women
Regular - Full time service	39	09	38	10
Regular - Part time service	03	06	02	04
Irregular service / job	02	01	02	04
No Job or Housewife	01	38	01	36
Business / self employed	15	06	17	06
Total	**60**	**60**	**60**	**60**

In Table 2.07 though not planned, similarity between almost all cells are similar was obtained by coincidence. The proportion of sample having regular full time jobs and business was almost similar even in groups of women of both groups. However, this similarity assures their cultural similarity and it was helpful in further analysis.

It can be seen in Table 2.08 that almost half of men from Control Group were earning more than 15 thousand and even more than that. Whereas, half of the members form Study Group were earning less than ten thousand rupees, per month. Overall, income wise the Control Group was better because the couples of Control Group were earning more than the members of Study Group.

Table 2.08

Distribution of Sample according to Income of Men and Women

Monthly income (Rs.)	Control Group		Study Group	
	Men	Women	Men	Women
< 5000	05	20	11	17
5000-10000	09	07	22	09
10000-15000	08	02	19	0
15000-20000	09	01	05	01
> 20000	23	04	02	0
No response	06	26	01	33
Total	**60**	**60**	**60**	**60**

Table 2.09

Distribution of Sample according to Number of Children

Number of children	Control Group	Study Group
1	33	15
2	25	23
3	00	00
4 or more	00	01
No child	02	21
Total	**60**	**60**

It can be seen in table 2.09 that Childlessness was present in 21 couples

from Study Group and only two couples from Control Group. The number of childlessness was remarkably high in the Study Group. Most of the couples had one or two children, except one couple having five children from Study Group.

Tools

Table 2.10

The Tools Used for the Research.

	Name of the tool	Administered to
1	Clinical History Proforma	Only men, both groups
2	Self-concept rating scale	Only men, both groups
3	Marital adjustment questionnaire	Couples of both groups

Clinical history

History was taken with the help of self-prepared semi-structured interview schedule. The history taking form underwent several modifications and pre-testing as it was prepared after the in-depth study of various such forms of previous researchers and practitioners. The present history taking form) semi-structured schedule) is also based on points suggested in DSM IV (1994). This interview schedule was focused on demographic information of respondents, childhood experiences, educational history, vocational history, sexual history, couple communication and relationship, couple sexual behavior etc. Detailed information about the issues thought to be more relevant for particular cases was also obtained. Verbalization of thoughts related to sex is supposed to be a difficult job. Initially, a person is likely to get emotionally disturbed and secondly, he might not have acquired the requisite skills of verbal expressions for such a

sensitive issue. From other studies it is known that the most appropriate strategy for exploring sensitive issues is to be flexible and to have reflexive approach (Mc Leod, 1994). In order to provide help in shaping their sex related thoughts in words, a checklist of different sexual thoughts and frequency of such thoughts was administered and responses were obtained from men of Study Group only. The checklist was based on study carried out, for developing a tool for assessment of sexual thoughts and associated emotions experienced by individuals with sexual dysfunction, by Nobre & Pinto-Gouveia (2002). In original study, the authors also assessed the associated emotions but for present study only a set of statements of sexual thoughts was used. A set of 35 culturally congruent statements, expressing various sexual thoughts, such as thoughts related to coital performance, body language of spouse during coitus, physical attributes, marriage, spouse's sexual behaviour, thoughts related to sexual organs etc, were included in this check list. All these statements were prepared in vernacular language (Marathi). To make the tool scorable, five point Likert - scale was used. Scoring was done in ascending and descending manner according to the meaning of these statements. (history proforma and sexual thought check-list enclosed in appendix)

Self-Concept rating scale

Many self-concept measures, widely used in the field of Clinical Psychology were found during the survey of tool. For example, Rosenberg self-esteem scale (1965), Coopersmith self-esteem scale(1967), Self-Description Inventory(SDI)(1971), Self-Concept Questionnaire (SEQ) of Dr. Rajkumar

Saraswat(1984), Self-concept list (SCL) of Dr. Pratibha Deo(1985). But, it was felt that none of the above mentioned tool was fulfilling the specific need of present research. It was thought highly essential that the items in the self-concept tool should tap the respondents' formation of hard-core self-concept. It was also thought important that Self-Concept test should not be very lengthy and complex to respond.

Self-concept tool selected for present study consists of 50 statements. There were 25 positively connotated and 25 negatively connotated statements with five alternatives to show agreement for each statement.

This tool was previously used in research entitled "Women's self Concept" conducted by Kumthekar (1997). In her research she used this list of statement s found in the book of Calhoun and Acocella (1983). The list of statement was prepared and used by Butler and Haigh, the associates of Carl Rogers (1954), in their research, as Q-sort technique. Dr. Kumthekar used the same with Thurstone's pile-sorting technique too. All these sentences were translated in Marathi for her research. Thus, for the present study a paper-pencil tool was prepared with a five point Likert scale to assess the Self-Concept of men of both the groups.

Scoring

Self-concept was scored on three different categories, namely, positively connotated sentence score (positive scores), negatively connotated sentence score (negative scores) and Total score. The total score is the overall computation of individual's self-concept, which is a total of positive and negative

scores. Positively connotated sentences were scored in descending manner. Responses were scored on a five point Likert scale i.e. completely agree=5, mostly agree=4, somewhat agree=3, mostly disagree=2 and completely disagree=1. Negatively connotated sentences were scored in ascending manner. scale i.e. completely agree =1, mostly agree=2, somewhat agree=3, mostly disagree=4 and completely disagree=5. Thus, in both cases, positively and negatively connotated sentences, higher scores are indicative of better Self-Concept. Maximum Self-Concept score can be obtained was 250 and minimum Self-Concept score was 50.

Marital Adjustment Questionnaire

Specially designed Marital Adjustment questionnaire (language – Marathi), based on Burgess and Locke (1960), was initially used in a doctoral study entitled "Impact of broken homes on the adjustment between spouses, between parents and children, and among children " to assess the marital adjustment of couples (Kumthekar,1984). This tool assesses different areas of Marital Adjustment such as agreement/non-agreement on various daily life issues between the spouses, existence of values involved in Marital Adjustment, explicit and implicit thoughts towards the spouses, trust among spouses, self-perceived marital happiness, etc.

The tool consists of 70 questions, five tables/charts with many sub-questions. Almost all questions had multiple choices and respondents were instructed to select their answer and tick them. Very few questions had only

yes/no alternatives and a few were open ended questions. The respondents were allowed to write other reactions in the blank space in the questionnaire. Minor changes in the order of questions from the original were carried out to make the tool suitable for this study. There were two identical forms of this questionnaire, one for men another for women, with the use of gender suitable language in questions. (pl. ref. Appendix). Since the information gathered through this questionnaire was highly personal there were chances of getting the socially approved responses from the respondents. Such human tendency is known to be somewhat inevitable in behavioral and social research. To minimize this risk of social desirability, the cross check items were placed in the questionnaire.

Scoring

Marital adjustment scores namely, A, B & C and scores on self-perception of marital happiness, were also calculated, from the Marital Adjustment Questionnaire. The details of scoring are as follows:

A-marital adjustment

A-marital adjustment score indicates individual's responses to cluster of questions related to sexual behavior, initiation in sexual activities, presence of disputes within couples, initiation in compromising process, regrets for marriage, thoughts of separation, feelings of shame of spouse, usage of humor in couple communication and hiding things from spouse. Thus, A-marital score indicates 'inferred marital adjustment' of couples.

A-Marital Adjustment score was obtained by adding the scores of 12 questions viz, question numbers 44, 45, 48, 49, 51, 52, 53, 54, 55, 56, 57, and 58. The range of score was minimum 21 and maximum 50.

B-marital adjustment

B-Marital Adjustment score represents an individual's responses to cluster of questions related to mutual trust among spouses, agreement and disagreement in domestic aspects and in daily life interacting with spouse and marital satisfaction. Hence, B-Marital Adjustment score indicates 'overall agreement' with the spouse.

B-Marital Adjustment score was obtained by adding the scores of 4 questions viz, question numbers 41, 42, 43, and 46. The range of score was 30 to 110.

C-marital adjustment

The third category was C-marital adjustment score, which represents responses to cluster of questions related to marital happiness of spouses, couple communication, love for each other, & happiness of having children. This category - C-marital adjustment score - indicates 'explicit or directly expressed satisfaction' about marriage.

C-Marital Adjustment score was obtained by adding the scores of 4 questions viz, question numbers 59, 63, 64, 66a & 66b and 72. The score range was 10 to 30.

Self-perceived marital happiness

The fourth category was not a marital adjustment score but it was used to estimate self-perception of marital happiness. In the questionnaire respondents were asked to rate their marital happiness considering various aspects of their spouse's personality characteristics, behavior and other small details. Scores for self-perceived marital happiness were obtained by adding the scores of all 44 statements.

All the responses received on Marital Adjustment questionnaire were scored considering the positive or negative manner of questions. Scoring was done in ascending and descending manner, according to the positive or negative sense of the questions. As a result, the greater score indicates better Marital Adjustment. d accordingly in ascending and descending order so that the greater score indicates better marital adjustment.

Thus, it was thought that both the tools i.e. Self-Concept rating scale and Marital Adjustment questionnaire were most suitable for the present study. Both the tools had been used in Pune city for previous researches and their efficacy was well tested. Therefore, it was decided to use both the above mentioned tools so as to assess the Self-Concept and marital adjustment of the sample.

Procedure

Pilot Study

Pilot study was conducted using ten couples. Care was taken to select the sample for pilot study varying in age, education in order to confirm the indelibility of the tools to be used in the present research. The procedure followed was similar to one which was decided for the final procedure of data collection. In couple of cases the order of administration of tools was changed so as to find the most suitable order of tools. This was to check the comfort of the respondents while undergoing the whole procedure i.e. taking clinical history, administering Self-Concept rating scale and then filling the Marital Adjustment questionnaire. Very minor corrections were suggested by the respondents of pilot study were made objectively.

After completing the pilot study, it was conformed that the tools used were comprehensible and intelligible even for the less educated respondents. The procedure and order of administration of tools was also confirmed with respect to smoothness and comfort of the same, which was finally used for collection of data in the present research. The responses were analyzed and scoring system was finalized for further analysis of data. Thus, after careful completion of pilot study, the actual data collection fro the present research was started.

Study group

During the first and second sessions in various clinical set-ups of referring doctors and the researcher's own clinic, histories of men were collected through interviews. The data were collected using a framework approach, a method specially developed for applied relevant research (Pope, Ziebland and Mays, 2000). Although the framework approach reflects the original accounts and observations of the people studied, it starts from pre-set objectives (Pope, Ziebland and Mays 2000). In present research, the pre-set objectives were related to the following themes: Individual biography, Parents, History of failure, Sexual history, Circumstantial factors, and Couple marital-sexual life. The data were collected by means of a semi-structured interview schedule (social demographic information) followed by in-depth interviews. During the in-depth interviews the researcher used a checklist of sexual thoughts also.

The interview of every referred patient was held in a one-to-one situation as these patients may not want to discuss sensitive information such as their sexuality and pre-marital sexual behavior in the presence of their spouse. Most of these interviews were conducted in Marahti (the native language of Pune city) Sexual dysfunction is an emotive subject for any individual to talk about, especially in Indian society. Therefore, the researcher took notes during the interviews with the prior consent of the respondents of the respondents. Respondents also gave consent to use this information for study purpose.

The next step was to administer the self-concept rating scale. It was administered only to male partners and then finally both the spouses were requested to fill in the Marital Adjustment questionnaire.

In the study group four Non-Maharashtrian patients could not read Marathi therefore English version of self-concept measurement was administered. The researcher filled marital adjustment questionnaire using one-to-one interview method separately for all these patients and their spouses.

For the four Non-Maharashtrian patients in the Study Group, the s\researcher read out Marital Adjustment questionnaire and translated it in Hindi/English to seek the answers and as English version of Self-Concept rating scale was administered to them.

Control group

After completing 50% of data collection of the Study Group, the collection of data for the Control Group was initiated. The data of Control Group were collected with the same order i.e. 1) history of males by using a semi-structured interview schedule (socio demographic information) and in-depth interview schedule. While taking sexual history during the interview of men, it was confirmed that the couples were sexually functional 2) Administering of Self-concept rating scale to men and 3) The Marital Adjustment questionnaire to both the spouses.

Ethical issues

Informed consent: Informed consent was obtained from all of the participants regarding their participation in this study. All these participants were made aware of proposed research and their contribution to the same. Respondents were made aware of their right to withdraw at any time from the process of data collection. Anonymity and confidentiality were assured explicitly to all of the participants and strictly observed through out the study.

Anonymity and confidentially: In order to serve the purpose of anonymity and confidentiality all the names of the participants were given specific identification number and then those numbers were used for data entry in the computer and for further analysis.

Protection from harm: The researcher was well aware of the fact that reviving memories of traumatic experiences in sexual life or any other aspects of past life can cause emotional disturbance. All necessary precaution was taken to provide counseling and support in such cases wherever emotional disturbance occurred. This was done before respondents departed from history taking session.

Analysis

Qualitative analysis

Content analysis of histories was done in order to understand the qualitative aspects of the life of respondents.

Quantitative analysis

The nature of research problem necessitated the use of various quantitative procedures of statistical analysis.

1) To fide out the significant differences between Means and to verify first three hypotheses, t test was used. While deciding the levels of significance, the type of hypothesis would carefully be taken into consideration.
2) Coefficient of correlation between various antecedent factors, and Self-Concept and Marital Adjustment of respondents was computed.
3) To study the difference between Marital Adjustment of wives of men from the two groups, discrepancies between Marital Adjustment of husbands and wives, their means and significant difference between means was calculated.
4) Chi-square was calculated for comparison of two groups on responses on item-wise analysis of Self-Concept rating scale and Marital Adjustment questionnaire. The same was used to test the fourth hypothesis, to find out the significant difference between the histories of men of two groups.

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