

Chapter VI

Summary & Conclusions

Chapter 6

SUMMARY AND CONCLUSIONS

Universally marriage is considered essential for getting pleasure, happiness and peace of mind on account of satisfaction through interactions of spouses with trust, understanding and fulfilling social obligations. In addition to these universally known characteristics, in Indian set up, spirituality and religious bindings are also attached to a marriage. Consequently, marriage gets special importance through culture and family. The traditional Hindu marriage enables one to achieve four major objects of human life, namely, Dharma, Artha, Kama and Moksha, through various institutionalized rituals and belief patterns. Hence, in the process of enculturation, importance of protection of marriage is strongly recommended, advocated and advised for several generations in India. Marriage remains important as the socially sanctioned bond in which sexual relationship between married couples is institutionalized. (Kapadia, 1990).

In religious texts like Manusmriti and Mahabharata, the prescribed marital roles, of husband and wife including their sexual life are emphasized strongly (Kapadia,1990). Due to ideal stereotypes of masculinity and femininity have historical and mythological roots in the patriarchal Indian context, within marriage, for a man, sexual performance is highly important, to prove his male role as a 'husband' and to have a good control over his family.

Conceptualization of sexuality as an essential aspect of one's identity and selfhood, shaped by social and cultural contexts, intricately linked with gender, is

a social construction of a biological drive. Sexuality is intervened with many factors such as socio-bio-psychological and cultural factors. Additionally, because sexuality is considered a very personal and highly intimate part of life and is interwoven with myth, taboo and morals, it demands a highly sensitive research approach, which becomes many times difficult too.

According to Basu (1994), researching sexuality anywhere in the world, at any time, is challenging. In India, it is complicated by societal taboos that surround a discussion of issues of sexuality.

Myths and misconceptions in the area of sexuality are rampant, which lead to ambiguity and further to mental stress. Male and female sexuality, its linkage to gender influence, generally low level of knowledge regarding sexual health, upbringing, and impact of media are some of the factors strongly associated with sexual behavior. There are several ideas widespread in people's mind about sex and sexuality, sex organs, sexual attributes, which do not have any scientific base but which still play a significant role in terms of 'shaping the sexuality of a lay person' and sometimes influences negatively people's sexual behavior. Expressing feelings in the area of sex and sexuality are tabooed even today and explicit conversation is socially unacceptable. Even married couples do not have any open dialogue regarding sex. All these above-mentioned factors interact with each other in a highly complex manner, and perhaps lead to collective outcome of sexual problems for some of the individuals.

In a society, in which, male sexual role is widely promoted, sexual dysfunction impacts feelings of self-worth and self-confidence. The dysfunction

may impair the quality of life of affected men and their marriage. Damage to personal relationships can develop marital discord and the anger, depression, and anxiety engendered spill over into all aspects of life. Sexuality being a highly sensitive issue for the society at large, disclosing the sexual dysfunction is far more distressing and embarrassing for men suffering from it in this culture.

Sexual dysfunction of husband has many repercussions in his marital-familial life. This could have a deep impact on individual's personal, emotional, familial and social life. It can hamper general level of happiness and satisfaction of married couples. It can lead the man towards more difficult situation such as facing interpersonal, psychological and psychosomatic problems.

Studies carried out so far in India and abroad, provide a huge body of information. There are several studies on organic and psychogenic sexual dysfunction, marital adjustment and self-concept. Though in India, studies related to sexuality are comparatively less, they identify many important issues related to sex and sexuality. It was revealed from review of literature that researches conducted so far in sexuality were mainly focused on "sexual behavior, which was many a times limited to actual sexual functions". There were hardly any studies targeted to sexual dysfunctions, with exceptions of some clinical studies related to treatment of infertility, caused by sexual dysfunction. After understanding the depth of issue of male sexual dysfunction, it was decided to investigate various issues linked to it especially in the life of married men. It was felt necessary to take up a study to understand intricate multiple aspects of

sexual dysfunction, separately and in relation to the self concept and marital adjustment of sexually dysfunctional men.

Present research was taken up with objectives to understand various consequences of male sexual dysfunction on the self-concept and marital adjustment of married men. Two groups of couples i.e. Study Group with husbands who had psychogenic sexual dysfunction and Control Group with normal men, matched in age, education and years of marriage (minimum two years) were compared. The socio-cultural background of both groups was same in addition to matched age and education, therefore both groups were homogeneous and comparable.

Objectives

Following were the objectives of present study.

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.

Study was taken up with certain assumptions about self-concept of men and marital adjustment of couples. Therefore, 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.

Study design

The design of this research was a quasi-experimental design. The study was carried out in Pune city between 2001 and 2006. The methodology followed for collection of data in the present research seemed to be able in terms of, order of

administration of tools and supportive use of qualitative methods (clinical interview) to quantitative one (Marital Adjustment Questionnaire and Self-Concept rating scale). Use of qualitative methods i.e. analysis of clinical histories of men provided satisfactory data, which proved to be helpful to carry out further analysis effectively even in the sensitive area of sexuality research.

Analysis of data brought many facts and realities regarding men's psychogenic dysfunction to the forefront. Many aspects of the life of sexually dysfunctional men were unfolded and many new questions evoked after completing the analysis.

Conclusions

Self-Concept

The third chapter consisted of the results obtained after analyzing of Self-Concept scores of men with a comparative approach. All the three differences between Means of Self-Concept scores of two groups were found highly significant ($P > .001$), as a result of which, the first hypothesis being a null hypothesis was rejected. Men from Study Group obtained their Self-Concept scores significantly lower than that of men from Control Group.

In item-wise analysis many comparisons between the groups indicated statistically significant differences, however, few commonalities were also found among men. The responses of men of Control and Study Groups were almost similar for many of the positive statements, which were designed to assess their self-rating for their social-life, their social self, individual's attitudes and behavior in social circumstances, inter-personal relationship in society, sense of comfort

while being with people etc. Men of both groups have also shown similarity in responses on statements regarding their tolerance level, feelings of being sexually attractive, and having expectation from oneself, being intelligent, being likeable, etc.

Item-wise analysis depicted that men from Study Group had higher acceptance for negatively connotated statements, and less acceptance for positively connotated statement. The results are self explanatory of disturbed psychological status of men as a result of their sexually dysfunctional status. It was visible in the analysis that sexual dysfunction took its toll by reducing positive thinking and by increasing negative thinking about their ownelves in case of men from Study Group. In the present sample, large amount of emotional disturbance was evident in self-ratings of Study Group. It has been observed that the Study Group has expressed emotional disturbance in the form of feelings of insecurity, depression, guilt, restlessness, self-blaming and fear of failure. Most of the respondents from Study Group showed poor self-Control, worthlessness, less assertiveness and strong feelings of hopelessness. They lacked in self-reliance and showed high dissatisfaction with themselves.

Item-wise analysis revealed many details of behavior of the members of Control Group. Most of the Control Group had many positive feelings about themselves. Most of them, perceived themselves as comfortable, intelligent and self-reliant, satisfied, less aggressive, highly rational, responsible and contented. They reported about being self reliant while making decision, having good self-control. Most of the respondents were assertive and felt no anxiety for facing

failures. The Control Group seemed to be emotionally more stable. They did not rate high negative feelings such as anxiety, insecurity, feelings of hopelessness, worthlessness and feelings of humiliation.

Many comparisons were carried out between various distant factors in their life histories and Self-Concept of men from both the groups. Some of the factors seemed especially important in determining the Self-Concept of men. Health in childhood seemed to be important for the men of Control Group. For men from Study Group, parents' marital life was proved to be significantly influential; also, history of broken engagement affected their Self-Concept significantly. In addition to that, father's opinion about his marital life was significantly contributing to limit the negative thinking of men from Study Group and longer duration of sexual dysfunction caused lowering their Self-Concept scores.

Most of the current life factors did not show any relationship with the scores of Self-Concept for men of either groups. Only 'fatherhood' had significant relationship with Self-Concept of men. Many of the factors from past history as well as current life were studied. Out of eighteen factors studied very few factors, such as health in childhood, parents' marital life, and history of broken engagement, difference in education of spouses, type of marriage, having and not having children showed relationship with Self-Concept.

The general make-up of the Self-Concept of Study Group was remarkably different than the Control Group. Strong emotional disturbance was the main characteristic of their Self-Concept profile. Poor self-Control, worthlessness, less

assertiveness and strong feelings of hopelessness, confusion while taking decision and feelings of humiliation were few of such negative emotion rated high by the men of Study Group. Uncontrolled aggression, lack of self-reliance and high dissatisfaction with themselves were few more negative descriptions they agreed with. High anxiety and fear of failure were common responses among these men. It appears that many of these negative feelings were strongly associated with their sexual dysfunction. Self-blaming and guilt were also reported by many of these men. After careful understanding of their responses, it was realized that there is a strong association between sexual dysfunction and low rating on self-concept with high emotional disturbance.

The Study Group was lacking in natural phenomenon of sexual functioning, which involves unique combination of physical, emotional, and social expression, which allows married individuals to come together to reproduce, bond, and enjoy each other. It also provides a physical closeness, which gives the comfort, and support, which is essential for all relationships and particularly in marital relationship. After analyzing the responses of Self-Concept of the Study Group it was felt that Study Group was having sexual dysfunction as either a cause or a consequence of low self concept resulting into being at risk of continuity of both i.e. low self concept and sexual dysfunction. To sum up, Study Group was sexually dysfunctional and hence deprived of basic biological need, which was reflected through their lowered self-concept ratings, high agreement shown to negative emotional descriptions, and high acceptance for negative self-thoughts and feelings.

Then the question that arises in mind is, does initial low self concept puts an individual in a vulnerable position that he faces many problems in many areas in his life. Some problems faced in the area of sexual health can lead to sexually dysfunctional status or because of socio-cultural pressure of masculinity and further expectations of sound sexual performance; sexual inadequacy takes a huge toll that the person starts looking down upon himself that can shake his hard core self and as a result his self-concept deteriorates.

In this case, then, formation of sound self-concept is the issue, which should be in the focus. Responsible parenting and improved childrearing practices along with proper care in school set-up could be the possible solution. Many theories explained the process of formation of Self-Concept in which initial years of life are most important. As it was seen in the present research, parental disputes, strained relationship between parents, parental adultery could be some of the factors, which were negatively instrumental in formation of self-concept of men from Study Group. Academic underachievement during adolescent period could be another reason for maintenance of initially formed low self-concept. The issue of academic underachievement causing over indulgence in sexual behavior was verbalized during the clinical interview by a few respondents from the Study Group and on the contrary many of the respondents from Control Group reported about their habit of masturbation was disappeared after higher studies were started. Both these groups had definitely different perceptions towards their own sexual behaviour, i.e. men from Control Group had healthier attitudes. They considered their habit of masturbation as one development phase but men of

Study Group had strong feelings of guilt, shame etc. towards the same. There is scope to think that if scholastically backward adolescents get adequate guidance and opportunity for better academic / occupational development, then they might develop more positive Self-Concept. It appears that scholastic underachievement can be instrumental in formation of negative Self-Concept, for which schools can take up intervention programs through which attempts can be made to enhance the Self-Concept of such students.

If socio-cultural pressure of sexual performance causes lowering the Self-Concept in case of sexually dysfunctional men, then there is a need of longitudinal study related to both the factors, which can throw light on the reality. If such study is taken up as an interventional study, then the therapeutic intervention and changes in Self-Concept could be possibly observed.

Marital adjustment

Analysis of marital adjustment of both the groups depicted significant difference between the two groups. As it was hypothesized the couples from Study Group had less marital adjustment than the couples of Control Group. Therefore, the second hypothesis, which was directional, was statistically proved and completely accepted. In addition to all three types of marital adjustment, the couples of both the groups have also shown significant difference on the comparison of their marital happiness scores. If the hypothesis had extended to self-perceived marital happiness, it would have also been accepted. The

additional interesting finding about self perceived marital happiness was revealed only out of researcher's curiosity. It was not hypothesized initially.

After doing initial analysis it was noticed that couples from both the groups had significantly different inferred love and bond, agreement and disagreement in issues related to daily life, trust and general marital satisfaction and explicit love and marital bond and self-perception about marital happiness. Although, the two groups were different in all types of marital adjustment, large difference was present in their B type of marital adjustment. Primary broad understanding about the differences between marital adjustments of the two groups was clearer after carrying out item-wise analysis of all three clusters of marital adjustment and self-perception about marital happiness.

Analysis of A-marital adjustment revealed that couples from Study Group were having significantly different scores on many items. Apparently, though there was a small difference between the means of men and women and couples of Control and Study Group on A-marital adjustment score (pl. ref. Table1, 2 & 3), the item wise analysis of the same, has thrown much light on the peculiarities of men, women and couples of both the groups.

Taking initiative in sexual behavior by the spouses whenever opportunity was present was one of the items, which was most relevant to the present research. The responses on this question unfolded many details of sexual behavior of these couples. There was significant difference ($p > .01$) between the two groups on this item. Men taking initiative in sexual act between couple is common expectation and also a general practice in our culture. In the present

sample only 9% women from Control Group took the initiative in sexual act but as large as 21% women from Study Group exhibited such behaviour. Underlying reason for this was that most of the women initiated sex, were suffering from 'childlessness'. They were under tremendous pressure regarding conception and hence took extra efforts against the 'set rules' of culture.

Infertility can be the socially visible outcome of hidden cause of male sexual dysfunction and not disclosed even in family but it is a blame and stigma on womanhood. As a result, women are targeted and blamed by the families and society for childlessness. In the present sample most of the men and even their wives from Study Group did not want to disclose the real reason of childlessness. Stigma attached to sexual dysfunction prohibits the sufferers even from seeking treatment and it contributes to continuation of problem. Public awareness regarding sexual problems and their correct treatment is most important. In programs like sex education normally information is imparted regarding various sexual and reproductive health issues but usually issue of treatment seeking is touched in margins.

Items, which assessed trust received by and showed by the spouses, thoughts of regrets about marriage, feelings of shame about spouse, disputes and taking care of patch-up after fights, thoughts of divorce were some of the issues dealt with in cluster A-marital adjustment. Couples have shown a statistically significant difference with the scores of couples from Control Group on all these items. Overall, the two groups were different in many ways. The sexual behavior was totally different in both the groups. Disputes were very

common in the Study Group couples and in addition to that there were no efforts made to patch-up from either of the spouses. More women from Study Group explicitly reported thought of separation. Generally, the results of this cluster are indicative of instability of marriage in the case of Study Group. On the contrary, Control Group couples were having more stable marriages with adequate trust and bond as a living unit.

There were many significant differences between the two groups on many items of B-marital adjustment. The Control Group members were happier, contented and satisfied in their overall marital life and also in their day-to-day marital life. The trust between the spouses of Control Group was reflected strongly than that of the couples of Study Group. But, indirectly strength of trustworthy relation and strong marital bond of Control Group was revealed on the questions regarding maintaining friendly relationships with opposite sex persons of their own self and of their spouse but men and women from Study Group showed disagreement and did not show openness regarding the issue of friendship. To conclude, as it was expected the members of Study Groups were more prone to face daily life troubles due to disagreement with their spouses, resulted into distress of strained relationship among couples.

Inter-personal stress between these spouses might be a constantly active force keeping them aloof. Because of sexual dysfunction of men, these couples were maintaining physically distant relationships (revealed from item-wise analysis of A-marital adjustment cluster). There was no physical intimacy between most of the couples from Study Group. In addition to that they also had

many troubles in day-to-day life, which were revealed through clinical interviews such as disturbance of business routine, problems in sleeping arrangements, compulsion of rituals etc. In addition to all this, though they had frequent disputes, there were no attempts to patch-up those. Probably, physical intimacy and sexual pleasure can be acting as motivation for initiation of such patch-up in disputes. But in the case of Study Group there was no possibility of getting such 'reward'. So, their day-to-day life was more troublesome and emotionally dry. Wives from Study Group were suffering from deprivation of sexual pleasure, which might be manifested through irritability and lack of satisfaction in daily life.

Item-wise analysis of C-marital adjustment revealed that there was a significant difference between the two groups regarding frank expression of love and belonging towards marital partners and experiencing overall marital satisfaction. Hence, when explicit expression of marital love and bond was an issue, then Control and Study Group members were significantly different from each other.

Since there were many questions on self-perceived happiness, six clusters were prepared according to specific domains and then the responses were analyzed.

Couples from both the groups were almost similar except one cluster, namely, domestic chores. It was noticed that couples from both the groups had difference of opinion about self-perceived marital happiness regarding domestic chores. In different words, husbands from both the groups had similar behavior

and attitudes towards domestic chores and therefore wives of both the groups were equally unsatisfied regarding sharing of responsibilities of domestic chores.

Although, couples were similar to each other in many clusters, there was a significant difference between men and women from both the groups. Thus, from the results of analysis of clusters of marital happiness, it appears that couples of both groups had similar behavior in many aspects of marital life. But the comparison between only men and only women of the two groups, on different clusters of self-perceived marital happiness, provide a strong evidence of discrepancy between their behaviors.

Many remote and current factors from history of men were taken for finding out their relationship with different type of marital adjustment. Distant factors such as health in childhood, family's financial condition, parents' marital life, father's opinion about his marital life, mother's opinion about her marital life, type of marriage and having or not having children were taken up for analysis. Results show that health at present and health in childhood seemed to be significantly important for men of Study Group. There was adverse relationship found between mother's marital life and C-marital adjustment of men from Control Group. Love marriage was proved to be helpful in establishing satisfactory marital bond and marital adjustment. The significant difference was found between love and arranged marriage. History of broken engagement was proved to be highly affective for marital adjustment of men from Study Group. Similarly, parenthood was also highly positively associated with B, and C marital adjustment scores.

Some of the current life factors, such as; perception about age difference between the spouses, spouses social relationship, quality of communication, relationship with in-laws and physical appearance of spouse were found to be significantly positively associated with groups of men and women of control as well as Study Group men and women. Duration of marriage and sexual dysfunction were found to be significantly associated with marital adjustment. The relationship between the last two factors was found to be adverse. Fewer years of marriage as well as sexual dysfunction were negatively associated with marital adjustment.

Other than these factors communication was also the most significantly associated factor with marital adjustment for both the groups. Social relationship of spouses was another issue, which was significantly related with marital adjustment in case of study group.

Overall, The Control Group couples were mentally and emotionally more close which was reflected through their higher rating on implicit marital adjustment (A-marital adjustment). Item wise analysis made it very clear that the couples of Study Group had less trust, less implicit and explicit love. Their day-to-day life was more problematic due to various issues such as sexual behavior, maintaining social relationship, domestic chores, job and occupation etc. Trust, good quality communication, openness were some of the factors lacking in their relationship. They had thoughts of regrets for marriage. Generally, men of both the groups were distinctly different in many ways than the two groups of women.

Women's marital adjustment

Analysis of discrepancies of women's marital adjustment scores depicted that there was no significant change between the women of two groups. It was hypothesized that Study Group women would show less congruence with the marital adjustment scores of their husband whereas women of Control Group would obtain more congruent scores of marital adjustment with their husbands. But, there was no significant difference found between the discrepancies, hence

the third hypothesis was not accepted. There were hardly any changes between the two groups of women. When the analysis is done at the minute level, the differences were seen. They were as follows: Women of Study Group had a significantly different type of adjustment regarding their day-to-day life. (B-marital adjustment) They have obtained more congruent B-marital adjustment scores than women of Control Group. Women of Study Group had thoughts of getting separated from their spouses. Women from Study Group were less happy and satisfied in their marriage. They were not confident about making judgment about their spouse's marital satisfaction and happiness.

Similarity between women from both the groups was certainly not expected. They were having definitely different types of husbands as their life partners. The difference was in a highly sensitive area of sex. Though, their husband's sexual dysfunction was not disclosed, it was certainly troublesome between the couple-interactions. Then, why there was no difference between these two groups of women? There are two possible explanations. Either it can be due to a strong cultural impact. Women are not supposed to resist to anything

because their marital role is secondary. Due to strong cultural influence, women, in any case tend to show satisfaction towards their husband. Moreover, they learn to seek satisfaction in any given situation in their husband's home or, there was a difference between the two groups of women but the researcher could not find the same with the tools used in present study. There should be such a tool, which will nullify the cultural impact and produce information irrespective of any socio-cultural influences. Marital adjustment questionnaire had to be supported with some other tool to find out the difference between the two groups of women. Detailed clinical interviews could have been a better choice to eliminate other influences on women's behavior. But, it was beyond the limits of present research.

Histories of men

While analyzing men's histories significant differences were found between their histories. Men from Study Group definitely had a different kind of past, and in many cases it was instrumental for sexual dysfunction. Other than this, lack of knowledge about reproductive and sexual health, using non-scientific material as a source of information of sex, parental strained relationship, parental adultery, habitual and situational factors were also responsible in continuation of sexual dysfunction. Inter-spouse relationship and communication was another important factor revealed from qualitative analysis. Most importantly, linkage with past experiences in the case of men's sexual experiences and also couple's past inter-personal issues might take a very prominent role in continuation of problem.

Negative past experiences in the area of sexuality can have a deeper impact which can lead to further psychological and emotional disturbance. Pre-marital and extra-marital, overindulgence in sexual activity such as watching blue films, reading pornography were few more issues, which were strongly linked with sexual dysfunction. Habit of masturbation was perceived as cause of sexual dysfunction and it was strongly linked with guilt, shame and also with childlessness status. Many gender issues were involved in self-perception of sexually dysfunctional men towards themselves and their partners. Consequences such as strong emotional disturbance, low self-confidence, irritability, hampered social relationship and both men and women reporting frequent inter-personal problems from Study Group, were reported.

It was envisaged that after analyzing the histories, some of the predisposing, precipitating and maintaining factors related to sexual dysfunction would be identified. Human behaviour is not unicausal but it can be a response to complex interaction of multiple internal as well as external factors. So, it was impossible to identify factors in isolation causing or maintaining sexual dysfunction. Multivariate study with different analytical strategy might be more efficient for such research.

To conclude, there is a significant association between low-self concept and sexual dysfunction. Marital adjustment of sexually dysfunctional men can be definitely hampered. Women generally stick to their traditional roles and do not show any difference in case of sexually functional and dysfunctional husband. History of men can have high significance in shaping their sexual life negatively.

Traditional concepts of masculinity and self-perceived inadequacies can contribute to continuation of sexual dysfunction.

Recommendations

The present study was conducted in Pune city by using a sample of sexually dysfunctional men, only from Pune city. Pune city has more than 350 years of heritage and until the last decade major part of the city was supposed to be a conservative one. With respect to fast development of industry in general and IT industry in specific, now, Pune has become a fairly cosmopolitan city. Author feels that Pune being almost one of the metropolitan cities in India, ethos of cosmopolitan atmosphere will present considerably different picture in results than the actual ground realities of male sexual dysfunction in smaller towns and rural sector of Maharashtra. Therefore, author feels that further study in the other parts of state i.e. smaller towns, where it is presumed that sexual dysfunction exist in men and women, should be taken so as to get more holistic insight into intricate grass root realities of the problem.

The study topic being highly sensitive and moreover highly culture dependent, author feels that sensitivity of topic, level of comfort while talking on issues and overall cultural apprehensions related to sexuality are to be considered while understanding the results. Author does not claim that these are the only possible results out of the study because findings in the area of sexuality may be similar to the tip of an ice-berg effect. Many questions about men and

women's sexuality are still being unfolded. Further study can be taken up including women's history and their sexual dysfunction so as to explore the coping behavior of couples in detail to have more holistic perspective of impact of sexual dysfunction on married life.

Longitudinal study of self-concept can be worth taking up to measure any changes in Self-Concept in pre and post marital sex therapy.

The study was limited to focus on the effects of psychogenic sexual dysfunction on self-concept and marital adjustment and hence, all the men included in the study group had psychogenic sexual dysfunction. It would be more meaningful to take over a comparative study on men with both the complaints i.e. combination of organic and psychogenic sexual dysfunction and only having either psychogenic or organic dysfunction.

Effects of Pre-marriage counseling should be measured meticulously in post marriage life of couples. This kind of research can provide more information for planning of pre-marriage counseling package. Probably, this will include counseling for further satisfactory marital-sexual life of couples.

Limitations

The researcher is well aware about the fact that education of wives could be one of the influential factors in case of marital adjustment. Yet, to consider wives education was beyond the scope of the present research due to sampling constraints.

It would have been more meaningful to have detailed history of men and women of study group so as to get clearer picture of couple-sexual life. Relevant information was obtained from women, but detailed history was not taken since it was beyond the scope of the present research. It was decided to focus only on men of both the groups.

