The effect of planned behavior training on changing the lifestyle of women with cold temperament

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1. ABSTRACT

The prime objective of the present study is to evaluate the outcome of planned behavior training on changing the lifestyle of women with a cold temper Quasi-experimental research method and its design of pre and posttest type with control and experimental collection and statistical population including all cold-tempered women referring to family counseling centers in Hamadan with whit 809 people in the first half of 1400, of which 30 people were available by sampling method and were randomly replaced in two groups of control (15) and experimental group (15 people). To collect information from lifestyle questionnaires (LSQ), Halbert Marital Relationships (HISD), Behavioral training package was planned which was taught to the experimental group in 9 sessions of 60 minutes virtually. The results of the research hypotheses were analyzed using analysis of covariance and SPSS software version 25. Showed that planned behavior training has a positive and significant effect on changing the lifestyle of cold-tempered women. It is recommended to use this educational model to change and improve the lifestyle of cold-tempered women.

Keywords: planned behavior, women, lifestyle, cold temper

1. INTRODUCTION

Sexual health is an essential element of woman’s health but it is regularly ignored. Past literature reveals that around 40% of women face sexual problem in their life Kingsberg and Woodard (2015). Although cold temper and similar problems are a general distress for majority of the women, they may feel hesitation to discuss sexual problems with their health care providers. Furthermore, these providers may not entirely concentrate on all characteristics of women’s gender. But numerous studies show that lifestyle changes can be helpful in overcoming the complexities of women’s sexual well-being (Herbenick et al. 2009).

In 2001, the state’s general medical doctor described sexual health as an action to encourage sexual health and behavior: Inseparable sexual health depends on physical and mental health. Sexual dysfunction and disease is a cause of physical and mental health problems, these disorders and ailment can add to bodily and psychological health difficulties. Sexual fitness is not restricted to the lack of disease or dysfunction, and its importance is not limited to the reproductive years (Sutcher, 2001). This explanation of sexual health shed the light on the complications of sexual health. With the preamble of a drug such as sildenafil, there is a major cause of sexual dysfunction in men (erectile dysfunction).
However, sexual dysfunction is common in women but more difficult to define and treat. Cold temper in psychology means not enjoying sex and not wanting to have sex and is one of the widest sexual disorders in women. Different people have different degrees of sexual desire, so if a couple's sexual desire is different, it does not mean that the woman has a cold temper. Symptoms of a cold temper in women include: "Reluctance to have sex, lack of sexual thoughts or fantasies, not taking the initiative to have sex, not enjoying sex, and not experiencing orgasm in sex" (Baradaran-Akbarzadeh et al., 2018) "To diagnose cold temper, the above symptoms should last for at least 6 months and these symptoms cause problems and discomfort for the person and his sexual partner" (Beheshtian, 2019).

With the prologue of a drug such as sildenafil, there has been more concentration on male sexual dysfunction (erectile dysfunction). However, female sexual dysfunction is more common than, more difficult to treat and define (Shah, 2009). Cold temper in psychology means not enjoying sex and not wanting to have sex and is one of the most common disorders.

Different people have different levels of sexual desire, so if a couple's sexual desire is different, it does not mean that the woman has a cold temper. Symptoms of cold temper in women include: "Unwillingness to have sex, lack of sexual thoughts or fantasies, not taking the initiative to have sex, not enjoying sex and not experiencing orgasm in sex". To diagnose colds, you need symptoms that should last at least 6 months and these symptoms cause problems and discomfort for the person and his sexual partner (Beheshtian, 2019). Ways to solve sexual problems in women due to the complexity of the issue and the problem has many difficulties. Among these problems can be the cultural conditions of society and the taboo of raising issues and problems in the field, especially for women. Therefore, a large percentage of women are ashamed to go to doctors to treat this problem and raise the issue with a doctor, and even. The definition of the disease is not considered for such a problem, so psychological therapies are more desirable than medical therapies.

One of the appropriate methods suggested by psychologists and psychiatrists in this regard is the method of teaching planned behavior. This method is very close to lifestyle education and can change people's attitudes and lives without any socio-cultural and value restrictions. According to the DSM-IV definition, permanent lessening in sexual desire is sexual dysfunction, an everlasting or frequent decline in sexual excitement, pain during intercourse, and a problem or incapability to arrive at orgasm.

These disorders are age-related, progressive and common in women, and various demographic studies estimate the prevalence of these disorders between 25-50% (Kadri, McHichi Alami, & McHakra Tahiri, 2002), sexual dysfunction in women including numerous diseases It is differentiated by loss of libido, arousal disorder, lack of ability to reach orgasm, or hurting in intercourse.

It is not unusual for a woman to have troubles with other group of womanly sexual disorders, and these problems may partly cover. Sexual dysfunction and sexual well-being difficulties can affect women of all ages, even before, during, and after menopause (Armstrong, 2011). In addition, sexual dysfunction can affect married or single women. A number of women go through for years in peace without sharing their anxieties with others, yet their sexual associates, and subsequently, having sexual problems can be extremely separating for women (Brandenburg & Bitzer, 2009).

Cold temper which in Latin culture is defined as Hyperactivity Disorder (HSDD), is defined as constant or regular shortage or lack of sexual need or acceptance of sexual action. This problem is the most common sexual dysfunction in women (Armstrong, 2011). Moreover, cold tempers are connected with important levels of emotional and mental suffering as well as less satisfaction with sex and intimacy. Cold temper are also linked with decreased common physical condition, including piece of physical and mental health. For women who struggle with little libido, the reason may be a number of factors, including medical situations and prescriptions.

Communication causes such as disagreement or sexual dysfunction (co-worker) For example, erectile dysfunction and early ejaculation in a male partner Stressors such as monetary problems, job stresses and family commitments can also play a role in reducing sexual aspiration. Moreover, cultural, communal, spiritual values
and ethics can depressingly affect women’s sexual desire, particularly in women who grew up in very preventive cultures or religions (Kingsberg & Woodard, 2015) when assessing a person’s sexual health. Especially for his emotional health, it is important to consider the patient’s medical history.

Sexual function is affected by numerous aspects of depression including low energy, low interest, low self-esteem and lethargy (Basson, Rees, Wang, Montejo, & Incrocci, 2010) Furthermore, a lot of medicines can negatively influence sexual function. The utilization of antidepressants, especially serotonin reuptake inhibitors (SSRIs), verbal contraceptives, and corticosteroids can be connected with cold temper mutually serotonin reuptake inhibitors and selective norepinephrine reuptake inhibitors are linked with impaired libido, genital arousal, and delayed or lost orgasm (Lorenz & Meston, 2012). Menopausal sexual well-being has distinctive characteristics.

Indicators of menopausal sexual dysfunction consist of vaginal aridity, hurt through intercourse, chronic and recurrent painful sexual dysfunction, vaginal bleeding connected with sexual activity, decreased sexual response, and spoiled sexual provocation (Simon, 2011) in postmenopausal women. Estrogen levels cause the muscles of the genitals to weaken, leading to pain and disturbance for the duration of sex.

Poor penile strength and pelvic floor surgery can show the way to chronic painful sexual dysfunction, sexual distaste, and loss of libido (American College of Obstetricians and Gynecologists, 2011). Women can use several medications such as lubricants to help relieve aridity and intercourse more easily, but psychotherapy seems to have better effects and fewer side effects.

Low libido is beatable though a healthy lifestyle. Particularly, exercise is proved a successful strategy. Depressed women who don’t used medication, exercise improves their sexual functions. Research with women taking serotonin has shown that exercise is beneficial in increasing sexual relaxation. One study found that in women with detectable sexual dysfunction, a 30-minute intense exercise regimen, three times a week, was sufficient to improve clinical performance in terms of sexual ability, especially libido (Lawrence and Maston, 2014). The results also showed that exercise is beneficial in women who use serotonin.

Rapid exercise stimulates the genitals in women taking serotonergic antidepressants (Lorenz & Meston, 2012). There are other features of a person’s standard of living that can change women’s sexual function. At last, the effect of alcohol on sexual function is one more significant consideration of lifestyle. Research on alcohol and sexual arousal shows that alcohol reduces physiological sexual arousal, whereas self-reported stimulation increases at lower levels of intoxication and has no consequence at higher levels of intoxication (Gilmork et al. 2013).

Sexual function is an imperative factor, but it is evidently not an effective factor in sexual pleasure in women. Considerable relations have been observed among women’s sexual satisfaction and various factors of quality of life, as well as age, physical health, and general well-being and happiness (Pujols, Flood, & Maston, 2010). It may come as no surprise to find that research shows that persistent pressure has a pessimistic effect on sexual health. For women, high levels of chronic daily levels have been associated with higher sexual problems and lower levels of sexuality (Hamilton & Meston, 2013).

Research is investigating a system that gives details of this relationship. There are two mental and physiological components that can potentially play a role in the association between tension and sexual function (Hamilton & Meston, 2013). Research demonstrates that one of the most influential educational curriculums for women with colds is based on theoretical approaches. Axes are based on patterns of behavior change. In the planning process of an educational program choosing a health education is very first step and effective health education depends on mastering the utilization of the top theories and policies suitable to each event (Kirby, Obasi, & Laris, 2006), the theory of planning behavior (TPB) is one of the well-known models of behavior change.

The theory of planned behavior is a cognitive-social model of value expectation that says that intention is the key determinant of behavior (Kirby et al., 2006). There are three independent variable including attitude, abstract norms and perceived control that influence intention. Attitude reveals a person’s positive or negative
assessments of a behavior. The abstract norm refers to the fact that perceived social pressures may or may not cause a person to engage in certain behaviors.

Finally, perceived control is perceived as difficulty or ease regarding the execution of a particular behavior and it is assumed that it affects the behavior both directly and indirectly. (Rahmati, Niknami, Amin, & Ravari, 2020)

According to the theory of planned behavior, people estimate activities positively and plan to do it when they think that influential and significant people imagine that the behavior must be done and that the behavior is under their control. In addition, this theory assumes that attitudes, abstract norms, and perceived control are determined by the underlying beliefs of the structures. Is the most complete and suitable hypothesis for studying human behavior, especially in areas where people feel ashamed, culturally and morally limited in showing the facts about themselves (Armitage & Arden, 2002), according to this study, the issue is whether the training of planned behavior can change the lifestyle of cold-tempered women in Hamadan? And to what extent does this method affect the five dimensions of the lifestyle of these women?

Importance and Necessity of Research Since 1970, when Masters Johnson published two volumes of his most famous book, a new approach to better understanding physiology and ultimately the treatment of sexual disorders has emerged, leading to much better treatment outcomes. The present study is based on the increasing trend of divorce in recent decades in the world (Yang & Long 1998). One of the first signs of an emotional divorce is a decrease in the couple's sexual relationship. At first, men and women have love and affection for each other, but they do not have sex or hugs, or it is very rare. As a result, love and affection gradually diminish and emotional divorce takes place. Sexual reluctance diminishes happiness and joy in life and leaves irreparable consequences and may even lead to a real divorce. Sometimes cold temper themselves cause other sexual disorders (Masil & Elgana, 2014)

Cold temper in marital relationships can have a variety of causes, most of which are related to psychological issues. However, many people seek to strengthen their body and often ignore the psychological factors that contribute to this problem. The findings of this study can help in identifying ways to change lifestyles and improve women's coldness in married life. Counselors, counseling and psychology students, families, especially cold-tempered women and their spouses can also benefit from these results And if the planned behavior training is effective on changing the lifestyle of cold-tempered women studied in this study, this method can be applied in treatment programs to enhance lifestyle change and treat cold-tempered women with cold-tempered disorders. Organizations such as welfare, counseling and psychology students, families, family counseling centers, sex therapists, and family counselors can also benefit from these results.

2. DATA COLLECTION TOOLS

The tools used in this study were as follows. LSQ Lifestyle Questionnaire To measure lifestyle variables in research subjects, the LSQ Lifestyle Questionnaire was used. This survey has 70 questions and its purpose is to estimate dissimilar characteristics of physical health lifestyles, exercise and health, weight control and nutrition, disease anticipation, psychological health, religious health, social health, avoidance of drugs and calamity avoidance drugs And environmental health.

Its response range was the Likert type. This questionnaire is in the Likert scale and has 4 options: constantly with a score of 3), usually with a score of 2) (now and then with a score of 1) and never with a score of 0). This tool is multidimensional and has 5 factors, which are: 1- Physical health, exercise and health; Weight control, nutrition and disease prevention 2- Mental health religious health and social health 3- Avoidance of drugs, drugs and alcohol 4- Accident prevention 5- Environmental health. This questionnaire was translated and redesigned by Lali, Labdi and Kajbaf in 2009 at the University of Isfahan and tested in the statistical community of teachers in Isfahan.
Halbert Marital Relationships Questionnaire (HISD) This questionnaire was developed in 1992 by Apt and Halbert to measure couples' sexual desire. The HISD questionnaire has 25 questions, each of which has four five-point Likert answers from ever to never.

This questionnaire has been used in many international studies. As mentioned above, this questionnaire consists of 25 items that measure the subject's sexual desire. The Sexual Desire Questionnaire is widely used by clinical therapists to measure sexual and marital problems, especially colds in women, in scientific research. Each item is scored on a 5-point Likert scale.

Which includes: [always, always have such a tendency = 0] [most of the time I have such a tendency = 1] [sometimes I have such a tendency = 2] [I rarely have such a tendency = 3] [I never have such a tendency = 4] so scores this questionnaire is obtained by summing the scores of 25 items. Questions 1, 3, 5, 7, 8, 9, 10, 12, 13, 17, 18, 19, 20 are scored in reverse. The minimum and maximum scores of sexual desire are between zero and 100, with a high score indicating a high level of sexual desire and low scores indicating a lack of sexual activity and cold temper in the subjects.

Quasi-experimental method with pre-test and post-test design with two experimental and control groups has been used in this study. Referred counseling centers or themselves in the first quarter of 1400 have referred to family counseling centers in Hamadan.

According to the available statistics, the numbers of these women were equal to 185 people. The sample size and type of sampling, considering that the research method is quasi-experimental, so the sample size was considered equal to 30 people.

To select the sample of the research subjects, out of 185 women with cold temper, the numbers of 78 women who had a moderate cold temper score using Albert's marital relationship test and we had between 50 and 75 as the initial analysis units and according to Reluctance to participate in the research due to various restrictions, the number of 30 people who expressed their consent to participate in the research, selected and among them, 15 people who have free time and no restrictions to attend the study and participate in the training class. Were in the experimental group and 15 other women in the control group.

Therefore, the sampling method in this study was the available method. It should be noted that the meetings were held virtually and through cyberspace for the experimental group.
After collecting the research data, the collected data were analyzed using SPSS software version 25. To do this, first the normality of data scatter and then the homogeneity of variance of the two groups regarding the main data of the study was examined and after examining the assumptions of homogeneity of variance and distribution of variables, analysis of covariance was used.
Table 2: Results and significant values

<table>
<thead>
<tr>
<th>eta coefficient</th>
<th>Sig</th>
<th>F</th>
<th>(MS)</th>
<th>(df)</th>
<th>(SS)</th>
<th>(Source)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.819</td>
<td>0.001</td>
<td>229/209</td>
<td>827/782</td>
<td>1</td>
<td>827/782</td>
<td>Cold tempered pre-test</td>
</tr>
<tr>
<td>0.712</td>
<td>0.001</td>
<td>66/615</td>
<td>451/215</td>
<td>1</td>
<td>451/215</td>
<td>Cold-tempered study group</td>
</tr>
</tbody>
</table>

Using the value of F statistic of the pre-test row variable (222/209) which is calculated at an acceptable error level of less than 0.05 (0.001), it can be concluded that the assumption of scatter linearity and dependent regression is observed. The results presented in the study groups show the final result of analysis of covariance.

Since the value of F in this row (66.615) was obtained at the confidence level of 0.95 and the effect factor (ETA) at the high level (0.712), which shows a significant difference between the means of the groups. Therefore, the null hypothesis is rejected and the research hypothesis is confirmed. Therefore, it must be acknowledged that: Planned behavior training is effective on the level of cold-tempered women.

In the main hypothesis of the study, the effect of planned behavior training on changing the lifestyle of cold-tempered women referring to family counseling centers in Hamadan has been investigated and the difference between the effect of using this training method in experimental group compared to control group has been investigated. And this has been addressed.

To test this hypothesis, multivariate analysis of covariance was used. The results of testing the above hypothesis indicate that this hypothesis is accepted and there is a significant difference in the lifestyle of the subjects in the experimental group who use the planned behavior training, compared to the control group and this has a statistically significant difference. The obtained coefficient of effect indicates that the use of this educational method has an effect of more than 0.97.

Also, according to the obtained results, it can be said that one of the aspects of standard human life that is disturbed in conditions without care and planning is physical health. Man suffers from a physical disorder when he does not focus on his behavior, sleep, food and all his actions, but acts without planning, scheduling and order.

In such a situation, the physical balance is disturbed and as a result, the person becomes ill. In the planning of planned behavior, special attention is paid to each action, behavior and decision, which improves the physical health of the individual.

3. CONCLUSION

Cold temper disorder in women is a central female sexual disorder that has been well defined for more than three decades. According to modern research, pathogenesis (HSDD) is recognized to imbalances in essential sexual stimuli (dopamine, norepinephrine, malnocorin, and oxytocin) and sex inhibitors (serotonin, opium, endocannabinoids, and prolactin). Epidemiological studies have acknowledged a number of causative aspects, including psychological situations, association anxiety, medical conditions, prescriptions, and menopause. The health care provider should be conscious that the investigative evaluation of a woman with HSDD has a psychosocial perspective and is essentially history-based. Sexual desire reduction screening is a valid tool that helps diagnose HSDD. Treatment for HSDD may also include psychological and social tactics. The factors that are most distressing to the person should be carefully focused while treatment. Concise office-based counseling or recommendation for sexual therapy may be cooperative. Bupropion or buspirone may be used as out of treatment for HSDD.
Postmenopausal women with HSDD may use testosterone. Phlibanserin is currently their FDA-approved drug for the treatment of premenopausal women with cold temper, as its effect is clinically significant in randomized, double-blind, placebo-controlled trials involving thousands of participants. As a result, cold temper are a very common but often undiagnosed disease that can be efficiently handled by non-specialists with suitable estimation and individual treatment (Stahl, Sumer, & Allers, 2011).

The results of the present study showed that the main hypothesis of the research as well as the six sub-hypotheses have been confirmed. These results showed that the use of planned behavior training method has an effect on both lifestyle and its five dimensions and on the cold temper of women with this disorder.

4. REFERENCES


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