

Original Research

Sexual dissatisfaction and sexual self-efficacy: an examination of the role of sexual self-confidence as a mediator

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Abstract

Background and objective: Many concepts related to sexual dissatisfaction are discussed here. Two of these concepts are sexual self-confidence and sexual self-efficacy. The main aim of this research is to explore the mediation effect of sexual self-confidence on the relationship between sexual self-efficacy and sexual dissatisfaction.

Methods: This research was carried out with the relational screening model. In this context, sexual self-efficacy, sexual dissatisfaction, and sexual self-confidence were examined with the Pearson correlation coefficient and mediation analysis.

Results: The results of the correlation analysis demonstrated that sexual self-confidence and sexual self-efficacy are significantly related to sexual dissatisfaction. Before the mediation analysis was carried out, the sexual self-efficacy meaningfully predicts sexual dissatisfaction in the first regression model. The mediation analysis proved that sexual self-confidence has a mediation role in the relationship between sexual self-efficacy and sexual dissatisfaction.

Conclusion: It is thought that sexual self-confidence is a more important factor for men's sexual satisfaction or dissatisfaction than is sexual self-efficacy.

Keywords

Sexual satisfaction; Sexual dissatisfaction; Sexual self-confidence; Sexual self-efficacy; Male sexuality

1. Introduction

Sexual experiences are very important for mental and physical health. McLeod [1] states that, according to Maslow, sexual experiences are part of self-actualization. There are variables that affect the pleasure obtained from sexual experiences, as well as important variables that are affected by the satisfaction obtained from sexual experiences. For example, some researchers [2–4] have stated that sexual satisfaction is a crucial variable for marital satisfaction and life quality. Both sexual and non-sexual viewpoints of a marital relationship reveal sexual satisfaction [5]. Sexual satisfaction is a multidimensional experience consisting of components such as

feelings, thoughts, personal attitudes, and beliefs [6]. In addition, sexual satisfaction depends on certain variables, such as the frequency, duration, location, technique, and satisfaction involved during intercourse [7]; general relationship satisfaction [8]; loyalty and determination [9]; marriage quality [10]; and sharing and communication [11]. According to the World Health Organization [12], communication is an important variable that affects sexual satisfaction. On the other hand, sexuality can mean different things for men and women.

Sexual expectations for and the sexual satisfaction of women and men may differ. According to McCabe [13], men tend to experience sexuality more frequently than

do women. Based on this study, it is thought that men have more sexual experiences because of the existence of prostitution houses where they can have extra-marital relationships. It can be said that having a sexual experience means having more sexual intercourse. There are certain factors that determine the sexual satisfaction levels of men. One of these factors is premature ejaculation. The premature ejaculation rate is between 20% and 30%, and it is a common problem in all societies [14]. Another factor is that hormones play an important role in male sexual satisfaction [15, 16]. Studies show that male sexual satisfaction is significantly related to sexual education [17] and relationship satisfaction [18–20]. Another concept that affects sexual satisfaction is sexual self-disclosure. Sexual self-disclosure is the clear and understandable transmission of sexual desires and fantasies to the other partner [21]. Studies have shown that self-disclosure increases sexual satisfaction as it increases trust and satisfaction in close relationships [19, 21, 22]. Another factor associated with sexual satisfaction may be sexual self-efficacy.

According to Bandura [23] and Miller [24], self-efficacy is related to a person's confidence in their ability to achieve a certain result. It is emphasized that a self-efficacy belief can be specific to a particular task or be related to a personality trait [25–28]. It is thought that individuals with high self-efficacy have more self-confidence in fulfilling certain duties or responsibilities [29]. From this definition of self-efficacy, it can be seen that there are many definitions of sexual self-efficacy. It is a multidimensional variable that includes a person's beliefs about effective sexual functions, desire for a partner, and self-evaluation of sexual acts [30]. Kafaei Atrian *et al.* [31] have emphasized that sexual self-efficacy is necessary to have appropriate and positive sexual function. Sexual self-efficacy is a belief regarding a person's sexual ability related to sexual intercourse or other sexual acts. Furthermore, it is a person's beliefs about being successful in their own emotional reactions and behaviors in a sexual context [32]. It has been emphasized that greater sexual self-efficacy is related to the frequency of sexual intercourse and greater sexual adjustment among both men and women [33]. It has been stated that negative or positive feedback that promotes sexuality will affect sexual self-efficacy [34].

Some researchers have stated that sexual self-efficacy depends on safe experiences of sexual intercourse [35]. In addition, studies indicate that individuals with low sexual self-efficacy have risky experiences of sexual intercourse [36–39]. Regarding self-efficacy in terms of gender, it has been found that men have greater self-efficacy than do women [40, 41]. On the other hand, when the literature was examined, there were no studies that emphasize the relation between sexual self-efficacy and sexual dissatisfaction. However, there are studies that examine the relation between sexual satisfaction on the one hand and marital adjustment [10], marital happiness [42], and marital well-being [43] on the other. A factor thought to be related to both sexual self-efficacy and sexual dissatisfaction is sexual self-confidence.

When the studies related to sexuality, self-confidence, self-

efficacy, and marriage are considered in general, it is clear that there is almost no research related to the concept of sexual self-confidence. Sexual self-confidence is defined as a person's ability to experience their sexuality comfortably, to have sexual awareness, to open up about their thoughts and feelings about sexuality, and to have the courage to engage in sexual relations [44]. Studies on self-confidence show that self-confidence has a positive effect on many variables such as healthy behavior change, academic achievement, and self-regulation [45–47]. Sexual self-confidence is thought to be an important factor for sexual satisfaction. Lauster [48] states that individuals should have a minimum level of self-confidence to meet their sexual desires. On the other hand, Gökner [49] states that an individual's sexual self-confidence is a factor increases sexual desire both women and men, but excessive confidence will scare away the opposite sex. In the study conducted by Çelik [44] on sexual self-confidence, it was found that the sexual self-confidence level of married individuals with high marital life satisfaction was higher than that of married individuals with low marital life satisfaction. Considering these results, it can be thought that sexual self-confidence may also be related to sexual satisfaction and may have a mediating role in the relationship between sexual dissatisfaction and sexual self-efficacy.

2. Methods

This study was carried out with the relational screening method. This method aims to investigate the existence or degree of co-change between two or more variables. In this context, the relations between sexual self-efficacy, sexual dissatisfaction, and sexual self-confidence were examined via correlation and mediation analysis.

2.1 Sample

All subjects gave their informed consent for inclusion before they participated in the study. The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of Siirt University (03.02.2021, 35). Before data was collected, the aim and procedures of the research were clarified for each participant. In addition, the participants were asked whether or not they would like to participate in the study. The participants were selected with the convenience sampling method. This sampling method was preferred because it is difficult to apply other methods related to the subject of the study. Therefore, the data of the study were collected only from individuals who voluntarily participated in the study. In this context, scales were sent online to all married men accessible to the researchers, but only 110 of these men participated in the study. For this reason, the sample of the study consists of 110 married man. The average age of the participants is 35.8 years (with a minimum of 25 and maximum of 60 years), the average length of marriage is 8.5 years (with a minimum of 1 and maximum of 33 years), and the education level varies between primary education and the doctorate level.

2.2 Data collection tools

2.2.1 Golombok rust sexual satisfaction scale

This measurement was originated by Golombok and Rust [50] and adapted into Turkish by Tuğrul *et al.* [51]. It is a scale for evaluating the quality of sexual intercourse and sexual dysfunctions. There are two separate forms, each consisting of 28 items on a five-point Likert scale (never = 0, always = 4) prepared for men and women. In this study, only the male form was used. In the adaptation study of the scale, it was seen that the internal consistency coefficient was 0.92. To examine the validity of the scale, the scores of the individuals with and without sexual problems were compared with the *t*-test, and it was concluded that the scores of the problematic and unproblematic individuals differed significantly in the male form of the scale. As a result of the discriminant analysis conducted to determine the validity of the scale, it was seen that the rate of correctly distinguishing the groups of the items of the scale was 98%. Furthermore, exploratory factor analysis showed that the scale explained 67.9% of the total variance.

2.2.2 Sexual self-confidence scale

This scale was developed by Çelik [52]. It includes 13 items on a four-point Likert scale (never = 1, always = 4). High points on the scale indicate high sexual self-confidence. The fit indices of the model obtained as a result of the second-level confirmatory factor analysis ($\chi^2/df = 2.72$, RMSEA = 0.072, SRMR = 0.05, AGFI = 0.90, GFI = 0.93, IFI = 0.95, and CFI = 0.95) were found to be at an acceptable level. The Cronbach's alpha value of the measurement was found to be 0.88.

2.2.3 Sexual self-efficacy scale

This scale was originated by Humphreys and Kennett [53] and adapted into Turkish by Çelik [54]. The scale consists of five items on an eight-point Likert scale (strongly agree = 8, strongly disagree = 1). Items 3 and 4 are reverse coded. High points on the scale indicate high sexual self-efficacy. The fit indices of the model obtained as a result of the confirmatory factor analysis were examined, and it was found that the chi-squared value ($\chi^2/df = 2.8$, $p = 0.03$) was meaningful and that the fit index values (RMSEA = 0.074, SRMR = 0.027, AGFI = 0.95, CFI = 0.99, GFI = 0.99, NFI = 0.98, RFI = 0.94, and IFI = 0.99) were found to be at acceptable levels. The Cronbach's alpha value of the measurement was found to be 0.71.

2.3 Statistical analyses

In this study, the simple mediation model was tested to determine the mediation effect of sexual self-confidence in the relation between sexual self-efficacy and sexual dissatisfaction among men. Collected data were analyzed with the PROCESS version of SPSS. Of the 125 raw data points collected, 15 incorrectly filled data points were deleted, and analyses were carried out on 110 data points. In accordance with the research criteria, the participants were men who have been married for at least 1 year. Before mediation analysis, data were checked in terms of linearity, normality,

and multicollinearity problems. The results of these examinations showed that there was no multicollinearity problem and that data were normally distributed. In this context, variance inflation factors, the condition index (CI), skewness, kurtosis values, and normal scatter plots were examined. The results of these examinations showed that there was no multicollinearity problem and that data were normally distributed.

3. Results

Table 1 presents the descriptive statistics of the variables and their intercorrelations. As shown in Table 1, sexual self-efficacy and sexual self-confidence are positively related to sexual dissatisfaction. The relationships between variables were analyzed with the Pearson correlation coefficient, and mean and standard deviation values were analyzed with descriptive statistics.

TABLE 1. Pearson correlations coefficients, means, and standard deviations.

	a	b	c
a-Sexual dissatisfaction	1		
b-Sexual self-confidence	-0.51**	1	
c-Sexual self-efficacy	-0.36**	0.44**	1
Means	25.00	37.39	31.01
Standard deviation	10.94	6.60	6.73

***p* < 0.01.

As demonstrated in Table 2, before mediation analysis, the result of the simple linear regression demonstrated that sexual self-efficacy significantly predicted sexual dissatisfaction (Coeff. = -0.60; 95% CI: -0.88 to -0.31; $p < 0.001$).

TABLE 2. The result of regression analysis.

Predictor	Coeff.	SE	<i>p</i>	F	R	R ²
Constant	43.53	4.62	<0.001	16.87	0.37	0.14
Sexual self-efficacy	0.60	0.15	<0.001			

As seen in Fig. 1 and Table 3, the results of both mediation analyses found that sexual self-efficacy significantly predicts sexual self-confidence (Coeff. = 0.44; 95% CI: 0.27 to 0.60; $p < 0.001$), but it does not significantly predict sexual dissatisfaction (Coeff. = -0.28; 95% CI: 0.58 to 0.01; $p > 0.05$). Sexual self-confidence significantly predicts sexual dissatisfaction (Coeff. = -0.72; 95% CI: -1.02 to -0.42; $p < 0.001$), and it also decreases the effect of sexual self-efficacy on sexual dissatisfaction (from 0.60 to 0.28). Finally, similar findings were obtained from the bootstrapping analysis with 50,000 resamples. The results of the bootstrapping analysis demonstrated that the relationship between sexual self-efficacy and sexual dissatisfaction was mediated by sexual self-confidence. As seen in Fig. 1, the predictive level of sexual self-efficacy on sexual dissatisfaction differs for groups defined by the level of sexual self-confidence. In the group with high sexual self-confidence, as sexual self-efficacy increases, sexual dissatisfaction decreases more than in the group with

TABLE 3. Mediation model coefficients.

Predictors		Consequent						
		Sexual self-confidence			Sexual dissatisfaction			
		Coeff.	SE	<i>p</i>	Coeff.	SE	<i>p</i>	
Sexual self-efficacy	<i>a</i>	0.44	0.08	0.000	<i>c'</i>	-0.28	0.15	0.0587
Sexual self-confidence		—	—	—	<i>b</i>	-0.72	0.15	0.000
Constant	<i>i</i> ₁	23.87	2.68	0.000	<i>i</i> ₂	60.75	5.54	0.000
		R = 0.44, R ² = 0.20			R = 0.54, R ² = 0.29			
		F (1, 108) = 26.58, <i>p</i> = 0.000			F (2, 107) = 21.56, <i>p</i> = 0.000			

TABLE 4. Total, direct, and indirect effects of the sexual self-efficacy on the sexual dissatisfaction.

Effects	Estimates of point β	95% CI	
		The lowest	The highest
Total effect	-0.60	-0.885	-0.309
Direct effect	-0.28	-0.576	0.010
Indirect effect	-0.32	-0.539	-0.137
Partially standardized indirect effect	-0.03	-0.048	-0.013
Completely standardized indirect effect	-0.19	-0.325	-0.086

low sexual self-confidence.

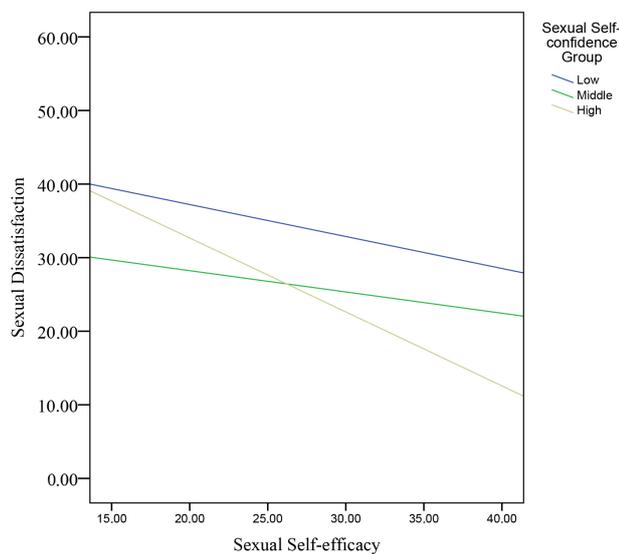


FIG. 1. Mediation role of sexual self-confidence.

In the mediation analysis, the indirect, total, and direct effects of sexual self-efficacy on sexual dissatisfaction were examined; these effects are presented in Table 4. As seen in Table 4, the direct effect of sexual self-efficacy on sexual dissatisfaction is not significant (Coeff. = -0.28; 95% CI: -0.576 to 0.010; $p > 0.05$), but the indirect effect of sexual self-efficacy on sexual dissatisfaction is significant (Coeff. = -0.32; 95% CI: -0.539 to -0.137; $p < 0.001$). As presented in Table 4, partially and completely standardized indirect effects of sexual self-efficacy on sexual dissatisfaction are -0.03 and -0.19, respectively. In addition, standardized beta values were chosen, and the level of significance was set as $p < 0.05$.

4. Discussion

In this study, the mediation role of sexual self-confidence in the relationship between sexual self-efficacy and sexual dissatisfaction was examined. When the results of the research are evaluated, it is seen that there is a significant negative relationship between sexual self-efficacy and sexual dissatisfaction. According to Bandura [23], self-efficacy is related to a person's confidence in their ability to achieve a certain result. However, sexual self-efficacy is a multidimensional variable that consists of a person's beliefs in their abilities regarding effective sexual function, how desirable they are to a partner, and self-judgment of self-efficacy in sexual acts [30]. In this context, it can be thought that men who do not consider themselves sexually competent may experience sexual dissatisfaction.

According to the results of the research, it was determined that sexual self-efficacy predicts sexual dysfunction [55], lower self-esteem, and lower marital satisfaction [56]. One study has shown that sexual self-efficacy training (which is education given to reveal the competence of an individual in sexual matters and to increase sexual satisfaction) has a significant effect on marital satisfaction [57]. These results show the importance of the effect of sexual self-efficacy on marriage and sexual satisfaction. Zare *et al.* [58] have stated that 66.7% of men and 68.4% of women of those who applied for divorce in Iran are not satisfied with their sexual life. Another study found that 50% to 60% of divorces are due to betrayals and secret relationships and that 40% are due to sexual dissatisfaction [59]. Furthermore, studies show that 15% to 41% of men are not satisfied with their sexual life [60, 61].

Another finding from this study is that there is a significant negative relationship between sexual self-confidence and sexual dissatisfaction. It has been stated that individuals should have a minimum level of self-confidence to meet their sexual desires [48, 49]. In this context, it can be thought that sexual

self-confidence is an important factor for sexual satisfaction.

From the mediation analysis conducted in this study, it is concluded that sexual self-confidence significantly predicts sexual dissatisfaction, but sexual self-efficacy does not predict sexual dissatisfaction at a statistically significant level. In the mediation analysis, when sexual self-confidence was added to the model, it was seen that sexual self-efficacy did not significantly predict sexual dissatisfaction. In other words, the effect of sexual self-efficacy on sexual dissatisfaction decreases with the effect of sexual self-confidence. This finding shows that sexual self-confidence has a mediating effect. The mediation model tested in this study shows that sexual self-confidence has a greater effect on men's sexual dissatisfaction levels than on their levels of sexual self-efficacy. When the relationship between sexual self-efficacy and sexual dissatisfaction was examined by grouping participants in terms of their sexual self-confidence levels, it was found that as sexual self-efficacy levels increased for those in the group with high sexual self-confidence, their sexual dissatisfaction levels decreased more than did that of those in the other groups. In this context, it can be said that low or high sexual self-confidence is an important factor in the prediction of sexual self-efficacy's effect on sexual dissatisfaction. Considering that individuals with high self-esteem are assertive, able to express their emotions, and are aware of their own abilities, it can be said that individuals with high sexual self-confidence reduce their sexual dissatisfaction because they are assertive and know what they want.

Although this study offers important findings, it has some limitations. The results of the study are limited to the data collected from a small sample, as individuals generally do not want to voluntarily fill in the scales about sexuality for both cultural and personal reasons. Therefore, the generalizability of the findings of the study could be increased by collecting data from larger samples. In addition, the research was carried out with data collected from individuals who do not have any sexual problems. Therefore, to strengthen the generalizability of these findings, the study could be repeated by collecting data from individuals with and without sexual problems. Based on the findings of this study, it can be emphasized that when performing sexual therapy with men experiencing sexual dissatisfaction, it may be beneficial to consider the sexual self-confidence variable and to make interventions to increase the client's level of sexual self-confidence.

5. Conclusions

The mediating role of sexual self-confidence in the relationship between sexual self-efficacy and sexual dissatisfaction is important in terms of primarily addressing the self-confidence levels of men. Indeed, increased self-confidence in men can indirectly facilitate sexual satisfaction. As a result, there is a negative significant relationship between sexual dissatisfaction on the one hand and sexual self-efficacy and sexual self-esteem on the other. In addition, a positive significant relationship was found between sexual self-efficacy and sexual self-confidence. All these results show that sexual

competence and sexual self-confidence are important for sexual satisfaction. This suggests that having sexual self-efficacy is one of the basic criteria for achieving sexual satisfaction and thus marital satisfaction.

Author contributions

HB and EÇ contributed to conception and design. HB and EÇ contributed to data acquisition, analysis and interpretation. HB and EÇ were a major contributor in writing the manuscript. All authors read and approved the final manuscript.

Ethics approval and consent to participate

All subjects gave their informed consent for inclusion before they participated in the study. The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of Siirt University (03.02.2021, 35).

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Conflict of interest

The authors declare no conflict of interest.

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