

Investigation of Marital Intimacy Based on Lifestyle

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Abstract

The present study aimed to investigate marital intimacy based on lifestyle. The study sample consisted of 100 people (50 females and 50 males) who were selected among staff of Ministry of Education in Kangavar city. Personal Assessment about Intimacy in Relationships and Health – Promoting Lifestyle Profile II were used to collect data. Data were performed by using Pearson correlation and hierarchical regression analysis. The results showed that healthy lifestyle is positive prediction of marital intimacy. By increasing healthy lifestyle, couple's intimacy can be improved.

Keywords: marital intimacy, lifestyle, Couples

Introduction

Marriage is the most important and highest social customs and security to achieve emotional needs adults and survival of human has always been emphasized. Marriage can be an important decision in person's life and marriage intimacy is one of the main factors that determine quality of life and mental health of the individual (Nikpoor et al., 2009). Marital intimacy means understanding each other and interaction

friendly between material and spiritual needs of the spouses. Marital intimacy is the most fundamental pillars of various factors such as financial status, age of marriage (Mirzamani and Pouretamad, 2004). The person feels that his marriage with his life partner has paid high cost; generally, the person will be less satisfied with his marriage. Conversely, the more you think of marrying her partner earns more profits from their shared her life will be more satisfied (Stiles, 2004). In a comprehensive approach, Bagarozzi (2001) considered marital intimacy as emotional, psychological, intellectual, sexual, physical, spiritual, intellectual, social, aesthetic and recreational and in this framework is designed to assess. Meanwhile, one of the factors that have been studied over the past three decades and its role in all aspects of life is frequently emphasized is "lifestyle". By enumerated factors influencing marital intimacy factors all can be combined in comprehensive lifestyles. Lifestyle is fundamental concept in individual's social life. Both as cause and consequence of lifestyle in place a structure for defining preferences, lifestyles and determinant of social status is considered (Hendricks & Hatch, 2006). Reduction deaths from various diseases (eg, cardiovascular disease) in many parts of the world, at least partly attributed to adopt a prudent lifestyle, such as changes in diet, engaging in physical activity and smoking (Spencer et al, 2005). Lifestyle concept is proposed in field of "health promotion model". This pattern of life was taken in the context of biological, psychosocial aspect. Lifestyle is the way in which individual selected during lifetime that in fact influence culture, race, religion, socioeconomic status, belief is (Phipps et al., 2003). Pender (1982) distinguished maintenance of health and health promoting behaviors. In his view, the maintenance of health represents the tendency of stability (robustness) and to reduce the human face of danger and disease implies. Health promoting behavior indicates the tendency to increase the level of human development and the well-being implies. Today,

various researchers (Pysyngr et al., 2009) emphasized the importance of lifestyle as a determinant of health, both physical and mental health impact and vice versa. He also emphasized that following an unhealthy lifestyle can provide the basis for variety of physical and psychological maladjustment.

On the other hand, the researchers suggest that lifestyle factors are flexible and can be changed easily through proper education and can be unhealthy to healthy lifestyle changes, prevented many incompatibility issues.

The importance of a good life style that is somewhat new branch of medical science called "lifestyle medicine". Its use prevention and control of diseases. Accordingly, a healthy lifestyle for all health-related factors such as nutrition, exercise, stress management, smoking cessation, and so it takes (Claus, 2004). Today, it is believed that 70% of diseases are associated with an individual's lifestyle (Behdani, Sargolzaee, Ghorbani, 2000). So many human illnesses includes cardiovascular diseases, respiratory, muscular and motor systems, etc., directly and indirectly caused by lifestyle or are affected by it, or at least exacerbated lifestyle or keep them involved(Ahmadvand,2001).

On the other hand, as stated in marital intimacy is a multidimensional variable that does not have specific domain. It may be that effect of the different fields, especially in the situation of higher education, career, and social relations of the track (although this effect is bidirectional interface). It comprehensively reflects compliance with the demands of life (Rezaei and Esfandiari, 2010).

The greatest joy and the deepest sense of inner satisfaction of human life and the inner peace that would be make happy member family that love and kindness and love one another rule. Seriousness and extraordinary efforts and heroic actions and even progress and success at work because that is when satisfaction toys can be used to relax and enjoy family and happiness and joy was shared (Purian,2005).

Based on the above, aim of present study was to investigate marital intimacy based on lifestyle.

Method

This study is correlational.

Static population

The study included all teachers and staff of Kangavar's Ministry of Education was married which according to Ministry of Education in Kangavar city were 700 people.

Sampling

The study sample consisted of 100 teachers or staff education is Kangavar city. The number of the 14 schools of the city (6 elementary schools, 6 middle school, high school and 6) were selected. First, using cluster random sampling from 14 schools were selected school districts in Kangavar. Then, go to the schools, and the method of sampling of the teachers was asked to complete questionnaires intended.

Measures

- **Personal Assessment about Intimacy in Relationships**

This questionnaire measures the seven components of intimacy. Factor analysis showed a significant factor in the five elements of intimacy that include intimacy, emotional, social, sexual, intellectual and recreational. Schaefer and Olson (1981), ten questions for each component devoted to the highest loadings were selected for inclusion in the fifty questions. PAIR current edition of only 41 questions that subject answered to a rating of 1 means "there is no such need" and 10 means "There is a great need" to every question. Khamse and Hosseinian (2007) reported in a study of the reliability of the test-retest method of

calculating the intimacy with which to close the emotional, psychological, intellectual, sexual, physical, intellectual, social, aesthetic and recreational, respectively, 0.89,0.82, 0.81, 0.91, 0.80, 0.65, 0.76, 0.51 and showed acceptable reliability of this scale.

• **Health – Promoting Lifestyle Profile**

This scale has 52 items that measures frequency of self-report of health-promoting behaviors (Walker & Hill-Polerecky,1996). This instruments uses a four-point Likert scale is used, which consists of four possible responses are: "1 = never," "sometimes = 2", "3 = often," and "4 = to normal." A total score is obtained for the tool. The total score is calculated from the average of the responses to all 52 items obtained. This scale measures six dimensions of health-promoting lifestyle. The dimensions are: growth, spiritual growth, interpersonal relationships, nutrition, physical activity, responsibility towards their own health, and stress management (Walker & Hill-Polerecky,1996). Morovvati (2005) reported questionnaire 0.871 for Cronbach's alpha and internal validity of questionnaire subscale between to 0.60 to 0.74.

Results

Results Table 1 showed significant relationship between lifestyle and marital intimacy. To investigate the role of lifestyle in predictive regression analysis was used .

	Variable	1	2	3	4	5	6			
1	Lifestyle	1								
2	Emotional intimacy	0.441**	1							
3	Psychological	0.441**	0.723**	1						
4	intimacy	0.367**	0.854**	0.776**	1					
5	Intellectual intimacy	0.198*	0.654**	0.688**	0.754*	1				
6	Sexual intimacy	0.230**	0.713**	0.732**	0.789**	0.920**	1			
7	Spiritual intimacy	0.376**	0.333**	0.675**	0.646**	0.539**	0.573**	1		
8	Aesthetic intimacy	0.571**	0.567**	0.877**	0.787**	0.646**	0.662**	0.693**	1	
9	Social intimacy	0.486**	0.666**	0.538**	0.666	0.770**	0.780**	0.351**	0.816**	1

Table 2. Summary of results of regression analysis of marital intimacy lifestyle

Predictors variables	B	β	P	R	R ²	F
Lifestyle	1.01	0.45	0.0001	0.454	0.206	25.41

As Table 4 shows a healthy lifestyle is able to predict marital intimacy. In this case, "healthy lifestyle" positively and significantly predict of marital intimacy. In fact, for a unit change in score of "healthy lifestyle" change the size 0.45 caused scores of marital intimacy.

Discussion and Conclusion

According to Walker & Hill-Polerecky (1996), Healthy lifestyle with wide range that covers most areas of life, within the framework of the training programs are written. On the other hand, Bagarozzi (2001) argued that marital intimacy has several dimensions that impact on marital satisfaction and whose influence it. Overall, our results suggest that planning for health, efforts to improve the physical and mental health, and optimal management challenges of life (the pursuit of healthy life style), provides fertile ground for improving marital intimacy. There is also evidence of marital satisfaction and marital intimacy is created and placed on the other hand leads to marital intimacy. The sample consisted of middle-aged (30-50 years), respectively. But as studies have shown the variables discussed in other age periods are also traceable. Therefore, the results are not generalizable to the young and the elderly. For this purpose, cross-sectional studies of different age groups, or multi-year longitudinal research is needed.

It is suggested that future research to enhance the generalizability of the results first, the sample and the wider participation of community groups and organizations is used, secondly, the examples include the different age groups (study period), or check for a specific sample over time (longitudinal study) are studied. Health behaviors circuits (of

six) to young people are on the verge of forming common life, taught, because research has shown that health behaviors circuit helps to increase marital intimacy.

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