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Original article

Spirituality and demographic factors associated with sexual function in reproductive-aged married women in Iran

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Abstract

Background: Sexual function problems are associated with fertility in reproductive-aged married women. The present study aimed to determine the status of married women's sexual function and also strove to elucidate the association between both spirituality and demographic factors with sexual function.

Methods: This descriptive, analytical study was performed on 120 married women, referring to two active health centers from Nov 2021 to Feb 2022 in Amol, Iran. Women's sexual function was measured using Female Sexual Function Index (FSFI). Spiritual Well-Being Scale (SWB) was also used to evaluate women's Spirituality. The obtained data were analyzed by Pearson correlation (r) and linear regression analysis.

Results: The mean values for female sexual function and spiritual health score were 25.7 ± 4.6, and 97.9 ±14.0, respectively. Spiritual health positively correlated with sexual function (rho=0.35, P<0.001). Also, spiritual health dimensions including religious well-being (rho=0.20, P<0.028) and existential well-being (rho=0.38, P<0.001) positively correlated with the sexual function of married women. There was a significant and positive correlation between religious well-being and some sexual function dimensions, including sexual arousal (rho=0.22, P<0.017), sexual orgasm (rho=0.20, P<0.027), and sexual pain (rho=0.20, P<0.026). Also, 12%, 4%, and 14% of sexual function of married women can be explained based on spiritual health, religious well-being and existential well-being, respectively. In addition, religious well-being did not have a significant association with sexual desire, sexual lubricant, and sexual satisfaction.

Conclusion: Spiritualty can lead to increased sexual health. Accordingly, spiritual lifestyle may help prevent sexual function problems and their negative effects on couples.

Keywords: Existential psychology, Marital relationship, Religious, Sexual activities, Spirituality

Introduction

On the eve of the third millennium, marriage is still the most important contract of life (1). Marital relationship is one of the most important and preserving factors in the foundation of the family and its development (2). Relationships and marital adjustment are the basis of cohabitation (3). Obviously, sexual health and good performance is an important factor in strengthening the family and is the source of many changes in human life that can be influenced by various factors (4). Optimal sexual function causes peace of mind, strengthens self-confidence, vitality, a feeling of marital intimacy and closer intimacy with the spouse, and also reduces the stresses of daily life. Instead, any differences in this regard lead to feelings of deprivation, frustration and psychological insecurity, stress, anxiety, depression, lack of concentration, violence, increased tension, and feelings of hatred of the spouse, which results in a cold and soulless

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atmosphere in life or the disintegration of common life (5-10). Studies have shown that the root of separation of more than half of couples from each other is sexual issues (11-12) and one of the most important stressors in the family that affects couples' relationships is sexual satisfaction. The quality of satisfaction of this motivation plays a very important role in personal and social health and achieving peace and comfort. Prolonged neglect of sexual instinct in humans has irreparable consequences and in most cases causes disruption in couples' sexual relations and leads to the collapse of the family foundation. If the sexual instinct is not satisfied properly, the high physical and psychological pressures caused by it lead the person astray; disturb his health, and the couple's sexual dissatisfaction leads to feelings of insecurity (13).

Studies have shown that a set of interpersonal factors such as constructive relationships and religious-spiritual commonalities can interact with the health of the marital relationship and affect each other (14). Spiritual health is one of the main elements of health and is a term that was introduced to modern medical knowledge by WHO as the fourth pillar of health. Although the issue of spiritual health has been discussed for more than a few decades, the dimensions of this very important pillar remain unknown (15-16). Spiritual health refers to a state of being that is the result of knowing and behaving positively towards oneself, others, God and nature. It is the one that gives a sense of identity, satisfaction, happiness, beauty, love, respect, peace and inner peace, harmony and purpose to everyone in life (17). Therefore, addressing the issue of spiritual health has a very important role in strengthening the marital relationship, and the importance of recognizing and examining the religious and spiritual factors and strategies that cause the consistency and strength of this institution can be a useful step to promote community culture (18-19). Spiritual health includes both existential and religious well-being dimensions. Existential well-being is defined as the discovery of the meaning of life and how to achieve peace and perfection, and religious well-being is defined as commitment and connection to a specific religious belief (20). The study revealed that the existence of religious beliefs and spiritual health has a great impact on the strength of the family. Belief in God causes one's attitude towards the whole universe to be purposeful. Lack of faith in God causes one to lack cohesion and peace. This leads to weakness and is the source of many differences in family life (21), which can affect the couple's sexual health. Religious beliefs and spirituality manifest themselves in the form of reducing nervous tension and resilient behaviors in family conflicts, and communication with God helps meet the needs of couples towards each other (22). Religious and spiritual attitudes can be effective in marital relationships, because religion contains guidelines for life and provides a system of beliefs and values which can affect marital life (23). Practicing religious and spiritual beliefs can strengthen such emotions as kindness and good mood, happiness, peace and self-confidence in human, and these factors can increase marital satisfaction and loving relationship between couples (24).

The results of David and Murrow (2013) showed that shared religious relationships are strongly associated with marital satisfaction among couples (25). Ellison et al. (2010) found that couples who are more religious and have closer religious affiliations have better quality of spouse relationship (26). There is a positive and significant correlation between religiosity, happiness and marital satisfaction and as the practice of religious beliefs increases, so does the happiness and satisfaction of marital life, and in this regard, there is no difference between men and women (27).

According to the Islamic and indigenous culture of our country, determining the predictors of spirituality in sexual health is still a serious setback, especially when it comes to experimental studies. Thus, it has already gained the attention of few families, therapists, and researchers. Also, due to various obstacles such as shame and embarrassment, most families are ashamed of expressing their sexual health or do not perceive it as a need (28). Researchers have evaluated the influence of spirituality and religiosity in promoting marital satisfaction; however, there is paucity in research about the influence of spirituality and religiosity on sexual function in Iranian context. Since many components threatening sexual health and marital dissatisfaction have been associated with poor functioning of family spirituality, it can be postulated that spiritual health can positively affect the quality of marital life. Therefore, the present study aims to determine the relationship between spirituality and sexual health and also strives to elucidate the role of

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religious and existential well-being in the sexual function of married women.

Materials & Methods

The present research was a descriptive, analytical study with correlational method, which was carried out in two active health centers in Amol, Iran, over the period between 2021 and 2022. The subjects were 120 married women, whose perception of sexual function and spirituality were meticulously explored. According to Lindman et al., the sample size in correlational regression studies should be at least 100 (29). The inclusion criteria were: informed consent, married Iranian women, residing in Amol, being literate in Persian, living with a spouse for at least one year, being the only spouse, having stable sexual activity (at least in the last four weeks), having permanent marriage, suffering from no major medical illnesses affecting sexual function, no use of drugs that cause sexual dysfunction, having no drug addiction, and suffering from no sexual disorders under treatment in wife or spouse. The exclusion criteria were: failure to complete the questionnaire, not answering more than 10 percent of the questionnaire questions, pregnant women or those who had given birth in the last three months, experiencing a stressful event in the last three months (death or acute illness of close relatives, major change in living conditions). This protocol was approved by the Ethics Committee of the Qom University of Medical Sciences with the ethical code IR.MUQ.REC.1400.086 dated 14 July 2021. The questionnaires for this study, after describing the objectives of the research, initial training on how to complete the questionnaire, ensuring the confidentiality of the data obtained from the research, and obtaining written consent to enter the study, were distributed among the target population. The participants completed socio-demographic characteristic questionnaire, Spiritual Well-Being Scale (SWB) and Female Sexual Function Index (FSFI).

The FSFI with 19 questions measures women's sexual function in 6 areas: 1- desire, 2- arousal, 3- lubricant, 4- Orgasm, 5- Satisfaction and 6- Sexual pain. This scale was developed and validated by Rosen et al. (2000) (30). The Persian version of the FSFI is a reliable and valid tool for assessing women's sexual function. Cronbach's alpha coefficient was reported 0.8, which indicates the good reliability of this tool. It has a score of 2-36. A higher score indicates better sexual function (31).

The SWB was developed by Palutzian and Ellison (1983). It is a 20-item questionnaire whose answers are based on a 6-part Likert scale (from strongly agree to strongly disagree). This scale is divided into two groups of religious well-being and existential well-being, each of which contains 10 phrases and has a score of 10-60. The total score of spiritual well-being is the sum of the scores of these two subgroups (20-120) (32), and is divided into three levels: low (20-40), medium (41-99), and high (100-120) (33). The validity and reliability of this questionnaire were assessed by Rezaei et al. Cronbach's alpha coefficient was reported to be 0.82 (34).

The data was analyzed using SPSS version 22 software. Demographic variables were analyzed using descriptive statistics. Pearson correlation coefficients, both multiple and binary linear regressions were used for data analysis to evaluate the impact of spirituality variable and its dimension (religious well-being, existential well-being) on sexual function. The significance level for all tests was less than 0.05.

Results

The mean age of married women was 35.3 ± 8.2 (17-51 years) and their husbands were 40.3 ± 8.5 (19-65 years). The average duration of marriage was 14.2 ± 8.1 (2-34 years). The majority of women were housewives (85%) and their husbands were self-employed (49.2%). The highest frequency of education level was diploma in women (31.7%) and high school in men (30%). A quarter of women were dissatisfied with income adequacy. Most women had a private home (65.8%) and two children (44.2%) (Table1).

The mean and standard deviation of sexual function of married women was 25.7± 4.6 and in different dimensions of sexual function, including: sexual desire 4.1 ± 1.0, arousal 3.8± 1.0, lubricant 4.4± 1.0, orgasm 4.5 ± 1.0, sexual satisfaction 4.5 ± 1.1, and sexual pain was 4.5 ±1.1. The lowest mean of sexual function was in the sexual arousal dimension (Figure 1). The mean of spiritual well-being was 97.9 ± 14.1, and in different areas of spiritual health including: religious health 53.0 ± 6.3 and existential health was 45.0 ± 9.7. The highest mean of spiritual health dimensions was religious well-being. Also, the highest percentage of spiritual well-being was high (Table 2).

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Table1. Socio-economic, demographic, and reproductive characteristics of participants (n=120)

Table2. Self-reported sexual function and spirituality of participants (n=120)

	N	%
Age, (year), Mean (SD)	35.3	8.2
Husband age, (year), Mean (SD)	40.3	8.5
Marriage duration (year), Mean(SD)	14.2	8.1
Housing type		
Private	79	65.8
Rented	41	34.2
Occupation		
Housewives	102	85.0
Employed	18	15.0
Husband occupation		
Unemployed	3	2.5.0
Worker	40	33.3
Employee	18	15.0
Self-employed	59	49.2
Education		
Illiterate and low literate	20	16.7
High school	32	26.7
Diploma	38	31.7
University	30	25.0
Husband education		
Illiterate and low literate	23	19.2
High school	36	30.0
Diploma	28	23.3
University	33	27.5
Income adequacy		
Satisfied	19	15.8
Fairly Satisfied	71	59.2
Unsatisfied	30	25.0
Child number		
0	18	15.0
1	43	35.8
2	53	44.2
>2	6	5.0
	Mean	**SD**
Sexual function	25.7	5.6
Sexual desire	4.1	1.0
Sexual arousal	3.8	1.0
Sexual Lubrication	4.4	1.0
Orgasm	4.5	1.0
Sexual Satisfaction	4.5	1.1
Sexual Pain	4.5	1.1
Spiritual Health	97.9	14.1
Religious well-being	52.9	6.3
Existential well-being	44.9	9.7

Total score of Sexual function is 36; higher score indicates better sexual function

The correlation analysis revealed that all of the sexual function dimensions correlated significantly with each other (P = 0.010). Also, the findings of this analysis showed that all spiritual health dimensions, including religious well-being and existential well-being significantly correlated with each other (rho=0.58, P<0.001). According to the results of Pearson's correlational analysis, spiritual health positively and significantly correlated with sexual function (rho=0.35, P<0.001) and all sexual function dimensions (P<0.05). Also, spiritual health dimensions, including religious well-being (rho=0.20, P<0.028), and existential well-being (rho=0.38, P< 0.001) significantly and positively correlated with the sexual function of married women. The strongest correlation was between orgasm with sexual satisfaction (r=0.73, P<0.001), and then orgasm with sexual arousal (rho=0.65, P<0.001). There was a significant and positive correlation between religious well-being with some sexual function dimension including sexual arousal (rho=0.22, P<0.017), sexual orgasm (rho=0.20, P<0.027), and sexual pain (rho=0.20, P<0.026) .There was a significant and positive correlation between existential well-being with all of the sexual function dimensions (P<0.05). The correlational findings and results were significant at the 0.01, and 0.05 levels (2-tailed) (Table 3).

The findings of the study on determining the predictors of spiritual health in sexual performance of married women showed a positive significant association between spiritual health and its dimensions (religious and existential well-being) with the sexual function of married women (P<0.05). Based on the linear regression analysis, the variables of spiritual health (β = 0.35, P< 0.001), religious well-being (β = 0.20, P <0.028), and existential well-being (β = 0.38, P <0.001) were the significant predictors of perceived sexual function. The strongest predictor of sexual health was existential well-being. The higher spiritual health in all dimensions were associated with better sexual function. The spiritual health factor explained 12% of variance in FSFI scores for married women. Also, the results of regression analysis revealed that 4%, and 14% of the sexual health of married women can be explained in terms of religious well-being, and existential well-being, respectively (Table 4).

Table3. The correlations between sexual function and spirituality dimensions

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	Sexual function	Sexual desire	Sexual arousal	lubricant	Orgasm	Sexual Satisfaction	Sexual Pain
Spiritual Health	0.35**	0.20*	0.36**	0.20*	0.33**	0.36**	0.23*
Religious well-being	0.20*	0.13	0.22*	0.14	0.20*	0.12	0.20*
Existential well-being	0.38**	0.21*	0.38**	0.20*	0.35**	0.44**	0.20*

**.Correlation is significant at the .01 level (2-tailed). *.Correlation is significant at the .05 level (2-tailed).
Note: Statistical significance was determined by calculating Pearson's correlation analysis

Table 4. Linear Regression model for sexual function and its dimensions with spirituality

Model	Depended	In depended	B	SE	Beta	t	R^2	Adjusted R^2	P-value	CI 95% B
Linear Regression model for sexual function and spirituality										
1	SF	Spirituality	0.11	0.03	0.35	4.09	0.12	0.12	0.001	0.06, 0.17
2	SF	Religious well-being	0.15	0.07	0.20	2.22	0.04	0.04	0.028	0.02, 0.28
3	SF	Existential well-being	0.18	0.04	0.38	4.46	0.14	0.14	0.001	0.10, 0.26
Linear Regression model for sexual desire and spirituality										
1	SD	spirituality	0.01	0.01	0.20	2.20	0.04	0.03	0.030	0.001, 0.03
2	SD	Religious well-being	0.02	0.01	0.13	1.39	0.02	0.01	0.167	-0.01, 0.05
3	SD	Existential well-being	0.20	0.01	0.21	2.28	0.04	0.03	0.025	0.003, 0.04
Linear Regression model for sexual arousal and spirituality										
1	SA	spirituality	0.02	0.01	0.36	4.15	0.13	0.12	0.001	0.01, 0.04
2	SA	Religious well-being	0.03	0.01	0.22	2.42	0.05	0.04	0.017	0.01, 0.06
3	SA	Existential well-being	0.04	0.01	0.38	4.39	0.14	0.13	0.001	0.02, 0.05
Linear Regression model for sexual lubricant and spirituality										
1	SL	spirituality	0.01	0.01	0.20	2.23	0.04	0.03	0.028	0.002, 0.03
2	SL	Religious well-being	0.02	0.01	0.14	1.56	0.02	0.01	0.120	-0.01, 0.05
3	SL	Existential well-being	0.02	0.01	0.12	2.20	0.04	0.03	0.030	0.002, 0.04
Linear Regression model for sexual orgasm and spirituality										
1	SO	spirituality	0.02	0.01	0.33	3.83	0.11	0.10	0.001	0.01, 0.04
2	SO	Religious well-being	0.03	0.01	0.20	2.24	0.04	0.03	0.027	0.004, 0.06
3	SO	Existential well-being	0.04	0.01	0.35	4.06	0.12	0.12	0.001	0.02,0.06
Linear Regression model for sexual satisfaction and spirituality										
1	SS	spirituality	0.03	0.01	0.36	4.19	0.13	0.12	0.001	0.01,0.04
2	SS	Religious well-being	0.02	0.01	0.12	1.34	0.02	0.01	0.184	-0.01,0.05
3	SS	Existential well-being	0.05	0.01	0.44	5.35	0.20	0.19	0.001	0.03,0.07
Linear Regression model for sexual pain and spirituality										
1	SP	spirituality	0.02	0.01	0.23	2.57	0.05	0.05	0.012	0.004,0.03
2	SP	Religious well-being	0.03	0.01	0.20	2.25	0.04	0.03	0.026	0.004,0.06
3	SP	Existential well-being	0.02	0.01	0.20	2.23	0.04	0.03	0.028	0.002,0.04

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There was a significant and positive association between spiritual health and its dimensions with the sexual function and its dimensions (except religious well-being with sexual desire, sexual lubricant, and sexual satisfaction) ($P<0.05$).

The simple regression analysis was run to compute the predictor variable of spirituality and its dimensions (Religious well-being and Existential well-being) with the criterion variables of sexual function. After adjusting demographic characteristics, there was no significant association between the sexual function and such factors as age, husband's age, the duration of marriage, child number, job, and housing type.

Discussion

This research evaluated the influence of spirituality and its components, religious well-being and existential well-being, on sexual function by applying correlational and regression analyses. We showed that the majority of married women had high spiritual health, and the rest had moderate spiritual health. This result is in line with the studies of Zareipour et al. (35), and Tajvidi et al. (2016) (36), while in other similar studies, the spiritual health was at a moderate level (37-40). Numerous studies have shown that the spiritual health of Iranian women is at a moderate and high level. This point can be justified by the religious and cultural beliefs of married women, and this consistency of the results indicates that theology, which forms the basis of all religions and cultural differences, does not have much effect on them (41). Basically, in the system of Islamic education and in order to achieve happiness and closeness to God, the most important educational goal is the development of a balanced personality of men and women based on spirituality and increasing spiritual health (42).

In addition, we founded that religious health score was higher than the existential health score. The same result was reported by Rezaei et al. (37) and Sadrollahi et al. (38), while a contrary result was reported by Tavan et al. (2015) (43), and Rafiei et al. (2015) (44). It seems that due to the lack of the same factors affecting the areas of spiritual health and the differences in demographic variables in different environments, the extent of spiritual health is also variable. Also, according to religious, social and psychological differences and the type of attitude and perspective that individuals have about spirituality and its definition in societies, the existence of statistical differences in the level of spiritual health can be justified (45). In explaining the results of higher religious health score in the present study, it can be acknowledged that many factors are effective in improving, promoting and shaping the spirituality of individuals, and among them, the role of religion is more prominent (46). This can be justified according to the religious conditions of the Iranian people, including people residing in Amol. Religious orientation affects intimacy, commitment and marital relationships and thus makes their participation in spiritual experiences more and stronger (47).

Research data about the predictors of spiritual health on sexual function in married women revealed a positive and significant association between spiritual health with sexual function and all its dimensions. 12.4% of married women's sexual health can be explained based on spiritual well-being. A similar study revealed that there is a significant correlation between marital satisfaction of married women and spiritual health, and in order to improve the quality of life between men and women and marital satisfaction, spiritual health should be considered (39). Balmer et al. (2012) showed that mental resilience, culture and spirituality predict marital satisfaction and among independent variables, spirituality has a unique ability to predict marital satisfaction (48). Rezazadeh believes that spiritual virtues and values are more crucial for marital stability and increasing satisfaction (49), while in another study it was shown that spirituality has no predictive effect on marital satisfaction of married women (50). Bafrani et al. (2013) believed that spirituality is one of the main pillars of a happy life among couples and increases marital satisfaction and compatibility (51). Also, one of the social skills that provides the basis for peace and promotion of spiritual health of couples is desirable sexual relations, which is emphasized in verses and hadiths (42). The truth is that spirituality is considered as a unifying dimension of the emotional, cognitive and behavioral elements in marital relationships (52). The effects of spirituality on marital satisfaction are for various reasons. First, spirituality through strengthening abilities such as prayers, helping others, appreciation, patience with issues and problems, asking forgiveness from God and others, accepting criticism and opinions of others, all of which require a better quality relationship with oneself

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and others and God., can compensate for the disruption in the abilities and functions of the person and makes the person feel empowered and have new and richer capabilities in his mental evaluation, and also always considers God as the supervisor of his actions and behavior and tries to be on the right path. All of these can make people not violate rights and justice and, as a result, have a more effective relationship with yourself and your spouse. The ability to understand and accept each other's thoughts, feelings and emotions in married life is accompanied by a greater sense of satisfaction. (53). In fact, spirituality, due to the use of a set of resources and capacities, helps to increase the quality of life of individuals, especially in the field of married life (54) .

The results of this study indicated a significant positive correlation between existential well-being score and sexual function score, and all its dimensions. This means that the higher the existential well-being, the more desirable sexual function couples experience. Existential health has been one of the predictors of sexual function, and its dimensions. Approximately 14.4% of married women's sexual function can be explained by existential well-being. Considering that the purpose of existential well-being is to give meaning and meaning to people's lives, it seems that married women have evaluated their life process in terms of meaning, purpose and level of satisfaction and seek to give meaning to their lives. If married women can find meaning in their lives, they can look at their lives with a sense of perfection and enjoy better marital relationships. Sheikh al-Islami et al. (2016), in this context, believe that spirituality and spiritual thoughts, by giving depth to life and instilling hope, as well as giving meaning to the problems of married life, make couples benefit from the positive points of their lives, which plays an important role in the couple's commitment to their marital relationship. As a result, spirituality strengthens the marital bond of couples (1).

The results of the regression coefficients of sexual function and its dimensions based on religious well-being of spiritual health showed that the component of religious well-being could predict sexual performance. 4% of married women's sexual performance could be explained by religious well-being. The results of a study by Sanaggooei et al. (2012) have also shown that religious adherence, which is one of the components of spiritual health, can be a predictor of marital satisfaction (55). In another study, it was shown that spirituality has a closer relationship with sexual health compared to religious affiliations, which can have practical consequences for health practitioners and policymakers (56). In explaining these findings, it can be said that religious values play an important role in married life of couples and strengthening some values can bring positive consequences in the married life (57). Adherence to religion is an important factor in marriage stability and marital satisfaction (58). Similar studies have shown that religion and religious teachings can play a deep and effective role in promoting marital compatibility (3). In this context, Bagharian and Beheshti (2013) also showed that teaching communication skills based on Islamic teachings increased marital compatibility in couples (59). In the psychological explanation of this finding, it can be mentioned that religious observances primarily help to improve relationships and strengthen and control them between husband and wife, pursue common philosophical views and goals in life, resolve conflicts between yourself and your spouse well, and have mutually satisfying sexual relations (60). Religious people get more sexual benefits from marriage and are more satisfied with it. With the explanation that religiosity fulfills the need for attachment and expressing emotions that a person expects from sexual relations (61). In the present study, it was also shown that there was a positive and significant association between religious well-being and all aspects of sexual performance (except sexual desire, sexual moisture, and marital satisfaction). While Immanuel et al. (2014) in the study of sexual health in relation to religiosity and spirituality revealed that there was a positive and significant relationship between all the different factors of sexual health with different dimensions of spirituality (56). Also, Kamyabinia et al.(2016) in investigating the relationship between religion and female sexual function at reproductive age showed that there is a significant relationship between religious health and sexual function and the components of sexual desire, arousal, lubrication, orgasm, and satisfaction, but there was no significant relationship between religious health and sexual pain component (62). This difference can be due to the difference in the statistical population, the type of study, and the tool for evaluating religious health and sexual function. Regarding the lack of

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change in some areas of sexual function, it can be explained that the component of sexual arousal, orgasm, and sexual pain is more influenced by cultural, social, and religious factors than other components, and on the other hand, it seems that other components such as sexual desire, lubricant, and sexual satisfaction are physical-psychological components and are rarely affected by social and religious factors. Also, regarding the field of sexual desire, it is important to mention that libido disorder in women is a common and often uncomfortable problem and has many negative effects on a person's quality of life. This problem is often multi-factorial and requires a multifaceted assessment and treatment approach. On the other hand, the sexual desire dimension in the sexual response cycle is a complex stage with various factors and is known to be difficult to treat, so it is expected that it will be more difficult to respond to treatment. In confirmation of this matter, Khoramabadi (2021) also believes that sexual desire problems are multi-factorial and are usually difficult to solve (63).

Conclusion: Our findings revealed a high level of spiritual health in married women, and also showed a high prevalence rate of religious health in women compared to existential health. Relationships were found between spiritual health and its dimensions with sexual health in this study. In addition, adherence to spiritual health and religious beliefs has a role in the prevention and reduction of sexual problems in married women. The findings of this research may help decision-making authorities and politicians focus on sexual health issues. This study is novel in the context of Iranian women's culture, but the results cannot be generalized to the whole population. Other religious factors can be considered in future research.

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Conflicts of Interest

None declared.

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