



Iranian Couples Conceptualization of the Role of Sexual Socialization in Their Sexual Desire: A Qualitative Study

Parisa Samadi¹, Raziye Maasoumi², Mehrdad Salehi³, Mohammad Arash Ramezani⁴ and Shahnaz Kohan^{5,*}

¹Student Research Committee, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

²Department of Reproductive Health, Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

³School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran

⁴Family Research Institute, Shahid Beheshti University, Tehran, Iran

⁵Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

*Corresponding author: Shahnaz Kohan, Associated Professor, Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. Tel: +98-3137927532, Email: kohan@nm.mui.ac.ir

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Abstract

Background: Some researchers consider sexual desire as a biological phenomenon, while others stress its psychological aspect. The question is why people experience different levels of sexual desire in different societies. This question can be answered from a sociological perspective.

Objectives: This study aimed at exploring Iranian couples' perceptions of the role of sexual socialization in their sexual desire.

Methods: This research had a qualitative thematic analysis method. Data collection was performed through 14 individual semi-structured interviews with seven couples, selected through purposive sampling. Thematic analysis was performed concurrently with data collection.

Results: Analyzing participants' perceptions led to the extraction of 333 codes, five sub-sub-themes and two sub-themes "dual role of the parents" and "dual role of the community" in sexual development. The participants' dual role of parents, included parents' ability for sexual training of children and adolescents and the affectionate relationship between parents in the presence of children. Dual role of the community included sources of sexual information and sexual health education, beliefs and sociocultural taboos in sexual issues, and perception of couples from religious teachings about sexual issues. The main theme shared between sub-themes was "dual role of sexual socialization".

Conclusions: Sexual desire was stronger in those whose sexual development had occurred in an active social context. In most cases, however, the couple's sexual desire had weakened because their sexual development had occurred in a passive social context. Educating sexual health experts, who can provide the sexual training needed at the individual, family, and community levels and act as reliable educational resources in line with the religious, cultural and social structure of the Iranian society seems necessary.

Keywords: Sexual Desire, Sociocultural Context, Thematic Analysis, Iranian Couples

1. Background

Sexual desire is a concept that has been defined differently in literature, yet, generally indicates the force, from which people's sexual behaviors are derived (1). It refers to a motivational state that leads to interest in and desire for a sexual subject or activity (2). Sexual desire is a multi-dimensional concept with biological, personal, interpersonal, and social dimensions. Several physiological, psychological, and social factors influence changes and fluctuations in sexual desire (3). Cancer and diabetes are examples of physiological risk factors that can influence sexual desire. Excitements, cognitive incompatibilities, the lack

of sexual function training, and couple's distress are some of the psychological risk factors that can effect sexual desire. Race, ethnicity, and religion are also cultural factors that can influence people's sexual expectations and behaviors (3).

Although biology seems to be a constant part of sexual desire and although the role of psychological factors is undeniable, the formation of sexual behaviors, especially sexual desire in humans, follows the sociocultural structure of the society, in which they live. Every society has its own rules for sexual relationships. As a result, people experience this aspect of their biological dimension very differently (4). According to the social learning theory, all

aspects of sexuality attitudes, meaning, and behaviors are the result of a variety of social forces. Individuals develop their sexual identity through a learning process that is related to their cultural group, family, peers, and specific circumstances (5). Studies have shown that sexual education, culture, and religion of a community can affect sexual desire (3, 6-12). Family and school play an important role in educating children about sexual health, yet except for a few countries, schools have a very limited impact on children in this respect. Therefore, families, as primary education agents, are responsible for adequate sexual education of their children (13, 14). In the Iranian society, sexuality is regulated by cultural restrictions, prohibitions, taboos, and indirect regulations due to the country's traditional and highly religious culture (15).

Sexual dissatisfaction is the primary cause of nearly 80% of marital conflicts, of which 61.4% would later end in divorce (16). Low sexual desire is one of the many different factors that can cause sexual dysfunction (3); a systematic review of studies showed that hypoactive sexual desire disorder (HSDD) is the most common sexual disorder in Iran, which concurs with the foreign literature on this subject (17). Despite the importance and high prevalence of HSDD in Iran and the world and the significant effect of sociocultural factors on this disorder, the relationship between these factors and sexual desire has been less examined, and further studies need to be conducted on this subject in view of the particular context of the society in question (18). Sexual desire depends on the individual's perception of the reality, is context-derived and is affected by the mutual interaction between the individual and the environment (19). Therefore, due to the important role these factors play in the formation of HSDD, further understanding of this concept helps identify existing gaps and this disorder can be reduced by providing the training needed by couples, families, and sexual health experts.

2. Objectives

The present study was conducted to explore Iranian couples' perceptions of the role of sexual socialization in their sexual desire, to help better understanding of this phenomenon, find strategies compatible with the socio-cultural context of the country, and determine the infrastructures needed to solve the problems in this area of life in Iran.

3. Materials and Methods

This qualitative study was conducted to explore the experiences of couples about sexual desire and the factors affecting it.

The participants consisted of seven officially married, Iranian, Persian-speaking couples in Tehran and Isfahan, who had lived together for at least one year and were willing to participate in the study and had the ability to communicate and share their perceptions of sexual desire.

After obtaining approval from the ethics committee of Isfahan University of Medical Sciences (IR.MUI.REC.1394.3.488), the selection of participants was initiated with purposive sampling of volunteer couples visiting the health center for receiving sexual health information and continued with maximum variation sampling. The researcher was a sex therapist and had sufficient skills in communicating with the participants. She gained the trust of those willing to participate in the study by briefing them on the study objectives and significance, and then made necessary arrangements regarding the time and place of the interviews as per participants' preferences and once they had submitted their informed written and verbal consents. The researcher ensured the participants of compliance with the ethical principles of the research, including the confidentiality of the data and the anonymity of the participants and their preservation of the right to withdraw from the study and discontinue the interviews at any stage. Each interview lasted 70 minutes on average (between 30 and 135 minutes), depending on the degree to which the participant was willing to cooperate with the researcher. The interviews were recorded with a digital recording device. A total of 20 individual interviews were held with the participants. At first, 14 in-depth semi-structured interviews were held. Other interviews were held with the participants during the data analysis if further clarification was needed. Since this research required insight into participants' private life, all the interviews were held individually, so that everyone could freely describe their experiences without concern about their spouse's presence. Since the research subjects were couples, insight was gained into their individual differences in terms of gender roles and their different perspectives on the issues in question and the couple's mutual effects on each other. The interviews were initiated with a general open-ended question of "What do you think about your sexual desire?", "Could you explain your experiences with it?", "Please describe your understanding of sexual desire", and continued with the following questions: "what factors increase or decrease your desire?", "How sociocultural issues are associated with your sexual desire?". Data collection was continued until no new data emerged (i.e. data saturation). The analysis of the data was performed according to the six steps of thematic analysis proposed by Braun and Clarke (20). First, after the completion of each session, the researcher listened to the interview several times to gain a general insight and

then transcribed it verbatim. To immerse in the data and find meaning patterns, the transcribed text was reviewed several times. In the second step, the main statements were determined and their essence was given a name (i.e. coding). In the third step, the 333 codes were organized according to their potential themes. The initial grouping of the codes led to the formation of sub-sub-themes, followed by the sub-themes and main themes. In the fourth step, the sub-themes not supported by many codes were eliminated and some of the sub-themes were integrated while others were moved to other sub-themes. These groupings were based on the internal consistency and external inconsistency of the codes associated with the categories. In the fifth step, themes were determined and the essence of their data, i.e. the general concept of each theme and what aspects of the data it contained, were identified for naming purposes. In the sixth step, a report was prepared on the findings that described each of the themes.

The rigor of the qualitative data was ensured with four criteria, namely validity, reliability, transferability (application), and confirmability (21). The validity of the data was ensured through the researcher's prolonged engagement with the subject and the partial review of the extracted codes by some of the participants (who were speculated to offer the best feedback) and experts' review of the methodology and content of the study. The reliability of the data was achieved by ongoing and thorough recording of the researcher's decisions and activities regarding data collection and analysis and by providing a selection of the interview text for each category. A list of the extracted categories was distributed among a group of non-participants, who met the study inclusion criteria, and they assessed similarities between the study results and their own experiences. For the confirmability of the data, excerpts from the interviews and the codes and extracted categories were distributed among researchers uninvolved in this project yet familiar with qualitative studies, and a consensus was reached about the meanings.

4. Results

Fourteen individuals (seven couples), who met the study inclusion criteria participated in this research. Table 1 presents their details. Three of the participating females had HSDD, as diagnosed by the psychiatrist.

One main theme and two sub-themes were extracted from the analysis of the concepts (Table 2). The main theme was introduced using the participants' descriptions and the sub-theme was then presented in detail using their narratives.

4.1. Dual Role of Sexual Socialization

Analyzing the couples' perceptions of sexual desire led to the extraction of the theme "The dual role of sexual socialization". A weak sexual desire appears to be more common when the individual has been subject to passive sexual socialization; a few of the couples had experienced an enhanced sexual desire through efficient sexual socialization. This perception of sexual socialization was explained at two levels, including the family and the community.

4.2. Dual Role of Parents in Sexual Development

The participants, especially the females, described and shared their experiences of this development as passive, although a few participants did describe an active sexual development. The analysis of the results revealed the parents' inability to provide sexual education for their children and adolescents. The parents' suppressive and punitive view of sex had led to a poor sexual development and a weakened sexual desire in the participants.

In a few cases, however, the parents had had positive effects on their children's sexuality during childhood and the participants had obtained adequate sexual knowledge and skills through reliable educational resources and the media, in which case they experienced proper sexual development and had an enhanced sexual desire.

4.2.1. Parents' Ability for Children and Adolescents Sexual Training

The majority of the participants had not received any sexual training from their parents and had not been allowed to ask questions about the subject, as their parents considered it disrespectful. The parents were also unable to assume this critical role, as they had not received culturally-compatible sexual education themselves and had no access to reliable resources for training on this subject. The parents believed that sexual education could be a premature introduction of the children to sexual subjects and that it could cause them to cross the boundaries of decency, although, in reality, a lack of sexual knowledge led to a fear of the opposite sex in adolescence. Participant 6, a 31-year-old female with a bachelor's degree said:

"We didn't talk about this subject in my family, and if we asked a question about sex, our parents would not give us an answer".

The participants mostly described their parents' way of dealing with sexual issues as suppressive and punitive, and their curiosity and demands had often been neglected during childhood and adolescence. For these parents, being a good child meant not having any contact with the opposite sex during childhood; this way, a need that might

Table 1. The Characteristics of the Participates

Participant Number	Sex	Age (y)	Education Level	Occupation	Number of Children	Duration of Marriage
Couple 1						
1	Man	52	Diploma	Taxi driver	2	27
2	Woman	50	Diploma	House wife	2	27
Couple 2						
3	Man	33	Bachelor degree	Employee	0	8
4	Woman	28	Bachelor degree	Photographer	0	8
Couple 3						
5	Man	31	Diploma	Self-employed	0	3
6	Woman	31	Bachelor degree	Hair dresser	0	3
Couple 4						
7	Man	38	Bachelor degree	Employee	0	12
8	Woman	37	Ph.D. student	Laboratory chief	0	12
Couple 5						
9	Man	43	Bachelor degree	Employee	2	19
10	Woman	40	Ph.D. student	Employee	2	19
Couple 6						
11	Man	37	Under diploma	Self-employed	0	13
12	Woman	35	Diploma	Employee	0	13
Couple 7						
13	Man	35	Bachelor degree	Self-employed	0	1
14	Woman	21	Diploma	House wife	0	1

Table 2. The Main Theme, the Sub-Themes, and Sub-Sub-Themes

Main Theme	Sub-Theme	Sub-Sub-Theme
Dual role of sexual socialization	1. Dual role of parents in the sexual development	1.1. Parents' ability for children and adolescents sexual training
		1.2. The affectionate relationship between the parents in the presence of the child
	2. Dual role of community in the sexual development	2.1. Sources of sexual information and Sexual health education
		2.2. Beliefs and sociocultural taboos in sexual issues
		2.3. Perception of couples from religious teaching about sexual issues

have been resolved with a simple conversation with the opposite sex became an insatiable thirst by way of suppression.

Sexual restrictions and deficiencies in adolescence only led to further curiosity about the opposite sex, early marriage, marital conflicts, and extramarital relationships. Participant 3, a 33-year-old male with a bachelor's degree revealed:

“Sexual desire is like a growing seedling. Instead of growing the seedling of sex to maturity, the parents keep cutting it off. They don't realize that they can't dry out its roots. Every time they cut it off, it's like they are cutting the flesh of a person

while the seedling continues to grow anyway; they can't dictate to someone to have no sexual needs”.

The parents of some of the participants had described sex as a beautiful and pleasurable relationship when they were adolescents, and this positive view had been conveyed to them very well. Parents, who knew how to provide sexual training to their children through reliable resources and the guidance of knowledgeable people, had successfully offered their children a sexual education appropriate to their age and within the limits of the family. This act had largely satisfied the adolescents' needs and they felt no need at that age to gather information from un-

reliable resources or from friends.

People, who had witnessed their parents reading sexually informative books and studying about contraceptive methods in their adolescence followed their parents' lead and were interested in reading about the subject. Being allowed to form healthy friendships and relationships with the opposite sex during adolescence and before marriage under the family's supervision had the added advantage of gaining marriage skills and perceiving the opposite sex as humans rather than objects of pleasure and desire.

Some of the participants, who were themselves parents sought to offer their own children a proper sexual education and did not consider having children a barrier to having sex and believed that they could maintain their sexual attraction to their spouse, despite having children. Participant 8, a 43-year-old male with a bachelor's degree explained:

"I try to provide my sons with sexual information appropriate to their age. I have even read a couple of books on sexual education for kids and have attended a couple of seminars at my son's school. These have all helped me better bond with my kids".

4.2.2. Affectionate Relationships Between the Parents in the Presence of the Child

A number of participants regarded their parents as a positive element in their sexual development and considered their loving family a factor that had contributed to their sense of pleasure and security, and their family had helped form a model of life filled with love and had taught them how to express affection. Participant 9, a 40-year-old female Ph.D. student said:

"One issue that I think affected my development very much was the ever-present love and affection between my parents, which I enjoyed very much. It somehow gave me a sense of security, and I wished that I could have a life full of love in the future, just like my parents".

4.3. The Dual Role of Community in Sexual Development

The majority of the participants had grown up in a passive social context. The lack of sexual education classes for couples, sociocultural beliefs, and taboos concerning sex and the inaccurate interpretation of religious teachings had made religious practice a pretext for avoiding sex, and on many occasions, had made sex nothing more than a duty. The cumulative of these factors had led to the formation of a passive social context and had weakened sexual desire in most of the participants. In contrast, some of the participants either understood that religious teachings are in favor of sex or had gained access to reliable educational resources, which had led to an appropriate so-

cial context for learning about sex and had thus enhanced their sexual desire.

4.3.1. Sources of Sexual Information and Sexual Health Education

Most participants revealed that they had no access to reliable information about sex in their adolescence. The ever-ambiguous and puzzling issue of sex in adolescence, the children's embarrassment to ask questions, the parents' silence or inaccurate answers to the child's questions or postponing answers had only paved the way for the child to gather information from unreliable resources and spread misconceptions. Seeking answers from peers had caused the exchange of inaccurate and inadequate information, false fears and concerns, a tendency to commit high-risk behaviors and wrong models of sexual relations. Participant seven, a 37-year-old female Ph.D. student said:

"My sister married before I got married. It took her six months to actually have sex. She kept complaining about how much it hurt. When I got married and was about to have sex for the first time, I felt such pain and fear that I couldn't do it for a whole year!"

According to most of the participants, their poor knowledge about sex was due to the little sex education they had received at the beginning of their marriage. The education provided was mostly about reproductive health and offered nothing about sexual health. The lack of knowledge about the anatomy of male and female genitalia before marriage had caused an irrational fear of the first sexual intercourse and had made some individuals unable to satisfy their spouse's sexual needs after marriage or had led to an unreasonable fear of diseases of the genital tract; some females did not even know how to satisfy their own sexual needs, realize their sexual potentials, and reach orgasm. Participant ten, a 37-year-old male, without a high school diploma said:

"We have no sex education classes anywhere, and the only education we receive is the 20 minutes of class they offer before we get married. We took this class 13 years ago, and the counselor didn't say anything useful, only the usual stuff everyone knows".

Most of the participants said that it was likely for the media to have destructive effects on the various stages of sexual life and argued that watching animation movies with a content that was inconsistent with the Eastern culture during childhood and the early immersion in romantic novels during adolescence had expedited their involvement in emotional relationships and caused an early marriage with only emotional rather than logical considerations.

Watching pornography in adolescence and before marriage had led to excessive sexual arousal, masturbation,

and motivation for high-risk sexual behaviors in some of the participants. Even some of those, who were actually looking for information about contraception and healthy sexual relationships, had failed to find reliable sources and had hopelessly searched for the information they needed on the internet and in pornographic materials or had used pornography for increasing their arousal, especially when the couple's sexual desires did not match. Watching such unreal depictions of sexual relationships had not helped, and rather caused excessive sexual arousal, poor orgasm control, sexual dissatisfaction, feelings of inadequacy compared to porn movie stars, a desire to perform similar and sometimes high-risk sexual behaviors and fantasies, and false beliefs about sex. A male participant explained that he had read something on the internet about female's orgasm and had tried to achieve that state with his wife. Participant eight, a 43-year-old male with a bachelor's degree discussed watching pornography:

"I got my sexual ideas by watching porn. I fantasized having sex with my wife just like a sex scene in a porn movie, which is most often rather long, but later realized that many of these scenes can't be acted out in real life".

A few of the participants revealed that their timely knowledge about their sexuality and sexual desire before marriage had helped them in choosing a spouse and having proper sex from the start of their marriage. This group had been able to access reliable sources of information, such as scientific resources or sex education classes and videos and books about healthy sex and had experienced positive outcomes in their marriage, such as reduced sexual confusion, increased quality of sex life and increased sexual drive; nonetheless, they noted that these classes were very rare in the community and access to educational videos or reliable books was very hard. They revealed that watching educational or romantic videos and pictures, especially with their spouse, reinforced their sexual desire. Participant 9, a 40-year-old female Ph.D. student said:

"When I went off to college, I got so much information about sexual stuff and found the answer to my questions. Gathering more information meant more arousal for me. If it was in any other way, I would not have reached this quality of sex in my life. I think information, education, and knowledge play a major role in this".

4.3.2. Beliefs and Sociocultural Taboos Regarding Sexual Issues

Most of the female participants revealed that the society valued female's lack of sexual knowledge, and if females had any knowledge of the subject or express their sexual desires, they would be labeled unchaste. They argued that they had not learned how to take the initiative in sex and did not even feel they had such a right. Being brought up by their families with misconceptions about

modesty and prudence had distanced them from sexual matters and their taboos of single life had persisted into their marriage. A middle-aged female participant said that she thought deriving pleasure from sex was only the right of young people, and therefore, avoided sexual arousal in her own sex life, out of the fear of stigmatization. Participant one, a 50-year-old female with a high school diploma said:

"Showing desire is embarrassing for me. Perhaps it is prudence. I don't know what to call it. Maybe it's rooted in when I was single. I wasn't even allowed to shave my legs when I was single. That is how restricted we were, and it seems that it has stuck in our head forever".

Some of the participants argued that virginity is considered a virtue for females and fear of losing it and concerns about being reproached by the family and community make females confused about whether they should control their sexual desire or have sex with their legal husband. The participants had these concerns even though sexual intimacy becomes legitimate as soon as the man and woman sign their religious marriage contract, even if they still do not share a home. The husbands were also concerned about their wife becoming embarrassed towards her family if she lost her virginity before they shared a home. Participant seven, a 37-year-old female Ph.D. student said:

"Once, after having signed our religious marriage contract (but still living apart), we were having sex with no intercourse, and although we were very careful to leave my virginity intact, I felt a slight pain and realized that I was bleeding, so I thought I had lost my virginity! That incident was so awful that my husband prayed to God to let him live long enough to marry me, so I would not fall into disrepute".

Half of both the male and female participants revealed that they had sex not because they desired it, but due to their sense of duty and just to satisfy their spouse and see the pleasure and calmness that ensued. They said that their spouse's pleasure was their priority. Participant four, a 28-year-old female with a bachelor's degree said:

"Often, even when I don't feel like having sex or when I'm not ready, my husband's needs take priority over my own needs and I tell myself 'Let him be satisfied'. I usually don't object to him when he asks for it".

Most of the female participants argued that they sometimes gave in to having sex despite their physical and mental exhaustion and despite the inappropriate time and place. They tended to remain silent in such situations and accepted their husbands' unorthodox sexual requests, such as asking for oral or anal sex. They said that they accepted to have sex and even pretended to derive pleasure from it for fear of losing their spouse and to prevent interpersonal problems and resentment between them, avoid

extramarital sex, and to maintain the integrity of their family. Participant 12, a 35-year-old female with a high school diploma said:

“Often, sex is only an obligation for me, like eating food, you don’t like and feeling nauseated as you swallow. But I have to do it, even though I don’t enjoy it at all. Sometimes I even have to pretend that it is very pleasurable, while it isn’t like that at all!”

Some of the participants argued that the unequal rights of men and women cast their shadow over their entire relationship as a couple. The society attaches great importance to the fulfillment of male’s sexual desires, and it seems that male’s needs should be satisfied in any place, at any time and as the man wishes. Wrong traditional beliefs regarding sex have made this relationship further a men’s right, which is why men are given the right to polygamy due to their greater sexual needs, and which is also why men do not feel guilty about having multiple wives. In the traditional Iranian culture, expressing sexual desires and initiating sex is essential for males and is also a sign of power and virility and is widely accepted and encouraged. The men believed that women need social support and engagements in order to be relieved of their loneliness, rather than someone to meet their sexual needs, and therefore, did not try to arouse their wife by showing affection and committing to foreplay and striving to make them reach orgasm. Participant three, a 33-year-old male with a bachelor’s degree noted:

“Under the law, a man can be polygamous, but women have no such rights. I think this is because women’s sexual needs are not like men’s, and they need more support and a shoulder to lean on to avoid being lonely rather than someone to meet their sexual needs. But men don’t need such support from anyone”.

4.3.3. Perception of Couples from Religious Teaching About Sexual Issues

According to the participants, some use religious practices as a pretext for avoiding sex and consider sexual pleasure a barrier to transcendence and closeness to God. Some females, who were committed to their religion even avoided wearing revealing clothes in front of their husband so that they would not sexually stimulate them and considered such behaviors and clothing undignified. A middle-aged female, however, believed that such behaviors are Godly and bring one closer to God, yet her husband thought that she looked for any excuse to avoid sex. Participant 8, a 43-year-old male with a bachelor’s degree said:

“Our religious leaders have stressed the importance of couples having sex and getting a sexual education, but this causes some constraints with regards to, say, praying, especially saying the morning prayer, or in Ramadan when you have to perform ablution before the call to worship”.

In contrast, some of the participants believed that religious leaders and Imams had always offered good advice to couples and had viewed sex with one’s spouse as a good thing. These participants considered religious teachings and advice very important, and hearing what their religious leaders had said in the past helped them improve their sex life. They did not consider religious obligations an impediment to having sex and believed that they could be attractive to their spouse and keep having sex, despite these practices. Participant two, a 52-year-old male with a high school diploma disclosed:

“A few years ago, my wife heard a clergyman on the TV say that couples should have sex either a minimum or a maximum of twice weekly. She has tried since then for us to have sex twice a week”.

5. Discussion

The present study addressed Iranian couples’ perceptions of the role of sexual socialization in their sexual desire. The analysis of the data led to the emergence of the theme of ‘the dual role of sexual socialization’; in most of the cases interviewed, a poor sexual development in a socially passive environment had reduced the participant’s sexual desire. The couples considered the family and the society’s structure as two main factors involved in the process of sexual socialization and their level of sexual desire. Parents’ inability to offer proper sex education to their children and their tendency to conceal sexual desire and emotions from their children, the absence of sex education courses for couples at the community level, exposure to sexual content through the media and unreliable educational resources, common beliefs and sociocultural taboos and the misinterpretation of religious teachings had caused a weakened sexual desire in most cases. Some results showed that couples’ sexual desire was reinforced if they had received proper sex education during their childhood and adolescence, obtained sexual information and skills from the media and reliable sources, and properly understood religious teachings’ support for sexual relations.

Analyzing the couples’ experiences showed that some parents neglected their responsibility for conveying sexual information to their children due to the issue of sex as a taboo, embarrassment or ignorance; furthermore, they also controlled, suppressed and punished their children for any sexual curiosity. Parents need knowledge, skills, comfort, and confidence to talk to their children about sexual issues (22). In one study, Sharifi et al. examined parents’ experiences of providing sex education to their children and found that one of the most common methods of providing this education was for the parents to exert direct or

indirect control over their children on various aspects of their sexuality (14).

The results showed that some parents avoided having sex when their children were inside the house due to embarrassment and the likelihood of them finding out, and thus hide their affection for their spouse from their children. Shairif et al. also showed that most parents limited their affection for each other and their marital relations in the presence of their children and did not perform even such simple behaviors as sitting next to each other when their children were around (14).

For a few participants, the parents had contributed positively to their sexual formation. Similar to the present study, Sharifi et al. also found that some parents wanted their children to witness their parents' affectionate behaviors towards each other in the family environment so as to learn about intimacy and safety. In these cases, the parents' control over their children's sex education had helped them properly train their children on sexual issues and answer their questions in an age-appropriate manner; as a result, the children had no need to gather information from unreliable sources and friends (14). Studies showed that children need attention and sex education and are eager to learn, yet adults are not trained in this area to be able to answer their children (23).

The interviewed couples had not had access to reliable educational resources throughout their life, from childhood to adulthood, and had, therefore, sought sexual information from their friends and peers, the internet, and pornographic materials when they were young. Access to animation movies and books with inappropriate content for their age also led to poor consequences. The results of a study by Habib and Soliman on the effects of cartoons on children showed that watching modern animations with sexual or violent content widely affected the children's memories. This sexual content triggered early toddlers mind to be attracted to the opposite gender anatomy, and brain dysfunction in the fertilization process (6).

Adolescence comprises of one of the most important periods of children's development since a lot of changes occur in an adolescent that can influence the family and the society. Despite the belief that sex education may encourage people to have sex, studies have shown that not only does the lack of proper sex education not prevent such relationships, it also forms and consolidates false sexual beliefs and attitudes, due to the inaccessibility of reliable educational resources (7). Other studies have shown that formal sex education makes adolescents be more patient until they can have sex, encourages their use of contraceptives, helps them choose a better sex partner and improves their reproductive health (24, 25). In line with these findings, a study by Mosavi et al. also identified the lack of sex

education. The majority of adolescents receive sexual information from invalid resources and incorrect methods (26).

The interviewed couples had received no sexual education in their adulthood when they were getting married or after their marriage. There are currently no formal sex education programs within the health care system in Iran (27, 28), which has led to the spread of false information about sex in couples and their consequent experience of sexual problems and sexual dissatisfaction (27, 29). Sexual dysfunction is largely caused by hypoactive sexual desire disorder, and the lack of information about sexual function, and cognitive incompatibilities can be a risk factor for HSDD (3). In one study, Kaviani et al. showed that education positively influences women's sexual desire and that centers for sexual health education are very limited; they thus stressed the need for setting up sexual health education units at all health centers (8).

The analysis of the couples' perceptions showed that some were seeking sexual information yet had to turn to the internet and pornographic materials to find this information due to their lack of knowledge about safe ways of improving their sexual function and their lack of access to reliable sources and educational videos. Other studies reported a general lack of sex education and people's greater inclination towards pornographic materials, the satellite TV and the Internet, which supports the present findings on the lack of formal sex education and the public resort to informal sex education (28, 29).

The analysis of the results also showed that receiving sexual information from reliable sources positively affects people's sex life and watching educational and romantic movies and pictures with one's spouse reinforces sexual desire. Levine proposed a list of 11 stimuli that result in sexual desire based on his 20 years of psychiatric experience, which included watching, reading or hearing about another couple's passionate relationship (30).

The majority of the interviewed women also felt that they had no right to have sex and only did so to be dutiful wives and to keep their family foundation intact. In the traditional Iranian culture, female's lack of knowledge about sexual matters is considered a value, and having sexual knowledge might mean being labeled as adulterous. Refaie Shirpak et al. also found that the culture of virtue and modesty imposed on people through a series of cultural and religious values has made women unable to discuss their sexual needs and preferences with their husbands and has made them remain silent and give in to sex to maintain the integrity of their marriage, despite having no desire for sex or not finding sex pleasurable (28).

Moreover, virginity is considered a value in Iran, and for fear of losing their virginity before marriage and hav-

ing to deal with the community's and family's reproach, women try to satisfy their own and their husband's sexual needs through sex without intercourse or through masturbation, even after they sign the religious marriage contract that makes sex legitimate for them. This result was confirmed by other studies (31, 32). Researches have also found that virginity delays the initiation of vaginal intercourse, however, it does not deter sexual desire and only makes people resort to non-coital sex and masturbation performed by the partner (9, 33).

Some women and men have sex without feeling any sexual desire whatsoever, and only perform this act to accept their spouse's requests or to see their joy and relaxation. These findings suggest a culture of sacrifice among Iranian married women and men. According to previous studies, couples report on different forms of self-sacrifice in their life, including sexual relations. The motivation for sacrifice may include obtaining positive outcomes, such as the spouse's happiness and well-being and long-term intimacy with the spouse and keeping the marriage or avoiding negative outcomes, such as conflicts and the sexual partner's loss of interest in the relationship (10, 34). 'Sexual obedience' indicates a duty to satisfy the spouse's sexual needs and is used to refer to women's sexual obedience to men (11, 34). Merghati-Khoei et al. also discussed women's sexual obedience and found this form of submission essential to the consolidation of marriage and regarded it as one of the main motivations for women to have sex (11). An interesting finding of the present study was that some men also felt obliged to satisfy their spouse's sexual needs. The disparity between the present findings and the results obtained by Merghati-Khoei may be due to the latter's investigation of women only.

The results showed that, due to various cultural and religious factors, the Iranian society gives men greater sexual rights, respects their sexual desires, and views their initiation of sex as positive. In some cases, women give in to having sex and accept their husband's unorthodox sexual demands, despite their inner lack of desire just to maintain the integrity of their family. In a study by Merghati-Khoei et al., most women believed that men's high sexual desire and sexual expression are not just because of the male nature, and these expressions are considered a value for men. Although sexual desire is an undeniable part of being a woman, it should never be expressed by women (11).

The results also revealed the effect of couples' misinterpretation of religious teachings on sexual desire. People may enter a marriage with remnants of their limiting and suppressive perceptions of sex, developed in adolescence and before marriage and may continue to feel guilty about having sex with their spouse and enjoying worldly pleasures. In addition to the shortfalls in sexual health,

religious rules are also excessively entangled with social policies and sexual taboos in Iran and other Muslim countries (28, 35). The misinterpretation of religious teachings has also added to the extent of these challenges. Meanwhile, Islam has not imposed any taboos or prohibitions on sex and its discussion (14). Guilt can, therefore, be regarded as a cultural matter. In the Islamic culture of Iran and many Islamic societies, sexual relations before marriage is considered unlawful and taboo (36-38) and is considered a major sin (37). In a study on the relationship between culture-related guilt and female sexual desire, Woo et al. showed that more sexually-conservative women experience greater guilt and lower sexual desire (12). The difference between Woo's study and the present study is that the latter also interviewed men and found some of them to experience a loss of sexual desire due to feelings of guilt.

In some cases, couples had positive cultural-religious beliefs about sex and their correct interpretation of religious teachings had made them understand that Islam views sex as a factor that makes couples unite and helps maintain the sacred bond of marriage and does not impose any limitations on legitimate sexual relationships. Studies argued that, in the Islamic viewpoint, sex is a natural human need that should be properly satisfied (39, 40). Dominant Islamic discourse on sexuality emphasizes the difference, complementarity, and unity of the sexes, and expects men and women to conform to 'masculine' and 'feminine' gender-role norms prescribed in Islamic traditions (40).

5.1. Conclusions

The results showed that sexual socialization plays a dual role in people's level of sexual desire. In most cases, people do not follow the correct path of sexual development, because they are in a socially passive context that offers them no informed understanding of sexual issues, such as sexual desire. Therefore, they enter sexual interactions in a passive manner and compromise the quality of their sex life and experience negative consequences. However, if one is in the correct path of sexual development at both the family and community levels and gains optimal access to proper sex education, one can have a positive understanding of sexuality and experience sexual self-efficacy in one's interactions.

In view of these findings, further efforts should be made to train parents and groups of sexual health experts, equip and expand specialized sexual health centers, devise formal sex education programs for the various stages of life (especially childhood and adolescence) with respect to the ethical principles in the society and the social norms, improve the quality of sex education in pre-marriage counseling classes through a greater clarification of the subject

of sex, offer ongoing sex education to couples throughout their entire marital life, and publish reliable books and educational resources appropriate to the cultural and social context of Iran.

5.2. Limitations

This article focused on the perceptions of sexual desire in the sociocultural context of Iran from the perspectives of a limited number of Iranian couples living in Tehran and Esfahan. Therefore, the perspectives cannot be generalized to the sociocultural context of Iran, yet like all qualitative studies, it has the ability to be transferred.

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Footnotes

Authors' Contribution: The authors contributed to the article as follows: the first author Parisa Samadi in the conception and design of the study, acquisition of data, interpretation of data, and drafting the manuscript; the second author Raziyyeh Maasoumi in the interpretation of data and revising the manuscript critically for important intellectual content; the third author Mehrdad Salehi in the interpretation of data and revising the manuscript critically for important intellectual content; the fourth author Mohammad Arash Ramezani in interpretation of data and revising the manuscript critically for important intellectual content; the fifth author Shahnaz Kohan in the conception and design of the study, drafting the manuscript, and revising the manuscript critically for important intellectual content. It should be noted that all authors contributed in approval of the version of the manuscript to be published.

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