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## **SEXUAL DYSFUNCTION IN IRANIAN WOMEN: A PSYCHOSOCIAL STUDY**

The aim of this research was to investigate the psychosocial aspects; mainly attitudes about sexuality, marital satisfaction and psychological distress as a function of female sexual dysfunction and socioeconomic status (SES) in Iranian women.

The first objective was to identify the 'sexually dysfunctional' and comparatively 'sexually healthy' sample of Iranian women. The other objectives were to compare the sexually dysfunction and sexually healthy; and high and low SES women on the measures of attitude about sexuality, marital satisfaction and psychological distress. Further to study the relation among various dimensions of attitude about sexuality and marital satisfaction; psychological distress and marital satisfaction in the samples of sexually dysfunctional, healthy, high and low SES women. Based on the objectives, hypotheses were formulated. A four group design was followed and sample consisted of 120 married women ranging in age 20-50 years, assigned to sexually dysfunctional, sexually healthy, high and low SES groups. The following tools were for data collection:

1. Female Sexual Functioning Index (FSFI) developed by Rosen, Brown, Heiman, Meston and Shabsigh (2000).
2. Sexual Attitude Scale (SAS) developed by the researcher.
3. Enrich Marital Satisfaction Scale (EMSS) developed by Olson (1987).
4. Brief Symptom Inventory (BSI) developed by Derogatis (1975).
5. Socio Economic Status Information Schedule developed by the researcher.

Analyses were carried out by two-way ANOVA and Pearson's Product Moment method of coefficient of correlation.

The results of attitude about sexuality as well as its three dimensions of women sexuality, men sexuality and sexual stereotype were found significant. Similarly for the dimensions of 'men sexuality' and stereotypes the two way interaction showed that high socio economic status women belonging to healthy group have shown consistently a positive attitude about men sexually and less 'sexuality stereotypes.

The results of the present research also indicate that overall marital satisfaction was lower in sexually dysfunctional women and the impact was consistently evident on all the dimensions of marital satisfaction. Overall marital satisfaction, personality issues, communication, conflict resolution, sex relationship, equalitarian role, family and friends and religious orientation yielded significant differences for the variable of socio economic status. Further analysis showed a similar trend i.e. the healthy group as well as high SES group consistently scored higher as compared to their counter parts.

Further analysis showed that overall attitude about sexuality, men sexuality and stereotype dimensions have significant positive correlation with the marital satisfaction and its dimensions.

The results in the present study also provide support to the existing literature, as the hypotheses of significant differences between healthy and sexually dysfunctional women and high and low SES as a significant contributor in explaining mental health in Iranian women gets approved. The analyses of correlation amongst the dimensions of marital satisfaction and psychological distress for the samples of healthy, sexually dysfunctional, high and low SES women also yielded significant results but all dimensions are negatively correlated.