



# Sexual Health Educational Needs Assessment of Newly Married Women in Qom, Iran; a Qualitative Study

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### Authors

Qazvinian L.<sup>1</sup> MSc,  
Khalajinia Z.<sup>2</sup> PhD,  
Khalajabadi Farahani F.<sup>3</sup> PhD,  
Gharlipour Z.<sup>\*4</sup> PhD

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<sup>1</sup>Department of Public Health, School of Health, Qom University of Medical Sciences, Qom, Iran

<sup>2</sup>Department of Midwifery, Faculty of Nursing and Midwifery, Qom University of Medical Sciences, Qom, Iran

<sup>3</sup>Department of Population and Health, National Population Studies and Comprehensive Management Institute, Tehran, Iran

<sup>4</sup>Department of Health Education and Promotion, School of Health, Qom University of Medical Sciences, Qom, Iran

### \*Correspondence

Address: Department of Health Education and Promotion, School of Health, Qom University of Medical Sciences, Qom, Iran. Postal Code: 3715614566.

Phone: +98 (25) 37833595

Fax: +98 (25) 37833595

gharlipourz@yahoo.com

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## ABSTRACT

**Aims** It is essential to empower and improve women's awareness of sexual health. In Iran, the specific needs of women in marriage do not meet due to cultural traits. This study aimed to identify and analyze the sexual health education needs of newly married women, extract their opinions, and enhance understanding.

**Participants & Methods** This qualitative study was conducted by purposive sampling in Qom city, 2019. In-depth interviews were conducted with 22 married women. All interviews were recorded and typed. Data were analyzed using conventional content and was managed and organized using MAXQDA10 software.

**Findings** Educational needs were explained in 4 categories, 12 subcategories, and 28 codes. Extraction of study codes led to the emergence of educational needs of married women in four main categories, including psychological needs, individual and family needs, and recognition of marital factors as well as social and environmental needs. Furthermore, each main category included several subcategories, which were explained using some participants' opinions.

**Conclusions** The results indicated that married women need to receive specialized knowledge and skills in psychological, individual and family, marital factors, as well as social and environmental terms. Currently, the premarital education programs do not address many of these needs, especially sex education. Thus, the results of this study are useful for those in charge of educating couples in planning and implementing education programs based on needs in the pre and post-marriage period and improving the quality of education.

**Keywords** Needs Assessment; Sexual Health; Women

## CITATION LINKS

[1] Analyzing sexual health-related beliefs among couples ... [2] Sexual health education priorities: Perspective from ... [3] Evaluating sexual dysfunction and some related factors ... [4] Evaluation of prevalence of sexual dysfunctions ... [5] Sexual satisfaction in fertile and infertile women ... [6] Comprehensive public health ... [7] Creative contributory contests to spur innovation ... [8] Socio-cultural challenges to sexual health ... [9] Educational needs of couples attending in pre-marriage ... [10] Comparative survey of youth's sexual and reproductive health ... [11] Need assessment of continuing professional education ... [12] Couple communication, emotional and sexual ... [13] The effect of sex education on sexual intimacy ... [14] The relationship between marital satisfaction ... [15] Investigating the Relationship between Sexual ... [16] Sexual health definition from the perspective ... [17] Exploring the reducing satisfactory response ... [18] The relationship between social and family ... [19] The prevalence of sexual dysfunction among ... [20] Reviewing the research methods literature ... [21] Sampling in qualitative research ... [22] Qualitative research method-interviewing ... [23] Competing paradigms in qualitative ... [24] Essentials of nursing research: Appraising ... [25] Prediction sexual satisfaction on the basis ... [26] Further validation of the interpersonal exchange ... [27] The effects of life skills training on marital ... [28] Factors of successful marriage: Accounts ... [29] The Experience of Sexual Problems in Women ... [30] Pornography and marriage ...

## Introduction

Sexual health implies a condition in which a couple enjoys a healthy, appropriate, and normal sexual relation so that their physical, mental, and behavioral condition is desirable and represents harmony, fondness, and affection in marital life [1]. For each individual, the realization of sexual health means enjoying sexual behavior and avoiding factors that lead to sexual repression and disorder in sexual relations, including fear, false beliefs, feeling guilty, and physical disorders and diseases that interfere with fertility and sexual function [2]. Research on sexual health in Iran shows that the rate of sexual function disorders among Iranian men and women is common and considerable [3-5]. About 50 percent of married women over 35 years have never had an orgasm, and 30 or 40% of men referred to sexual disorders clinics suffer from premature ejaculation [1]. Some researchers believe that the main cause of 80 percent of marital discord is sexual dissatisfaction [6]. In another study, 63.2% of studied individuals had problems in their marital life. There was a significant relationship between their precedent of marital life and sexual function disorder. Most disorders happen during the early years [3]. Although the WHO emphasizes sexual health education as a human right and necessary for development, there is still no comprehensive plan for sexual health in Iran [7, 8]. Many spouses' needs have remained unanswered [9]. Educating young couples on correcting beliefs and attitudes and educating them on the right method to respond to emotional and physical needs can be the main subjects in counseling sessions before marriage. Recognizing and curing sexual disorders, recognizing worries, and helping spouses improve their marital life quality would affect increasing sexual satisfaction.

Consequently, it would have a considerable role in preventing family disagreements and their consequences [3]. Couples' instructional priorities should be extracted; a needs assessment can achieve this. Needs assessment is the process of collecting data about their needs and priorities [10]. Today needs assessment as a missing link in health education planning threatens results of educational planning seriously; not paying attention to spouses' expectations leads to loss of resources, cost, and human resources [11]. Most of the implemented educational programs in Iran have been scheduled without considering the real need of the target group; accordingly, programs would not succeed [6, 12].

Generally, studies confirm that an increase in sexual knowledge causes an increase in marital satisfaction [13]. An increase in sexual satisfaction leads to improved quality of life, marital commitment, and mental health improvement [14-16]. By investigating the divorce rate in Iran that has increased recently, dissatisfaction with sexual instinct and sexual life is one of the important reported factors [14, 17]. Based on

the Immigration and Demographic statics of Organization of Civil Registration in Qom, in 2017 marriage to divorce ratio had been 2.8 in Qom and 3.4 in the Whole country that is higher than average [18]. Considering that most divorces happen during the first five years of marital life and sexual dissatisfaction is the main cause in 50 percent of divorces [19], it shows paying heed to sexual health and empowerment and increasing youth' knowledge who are on the brink of marriage is a necessity, for designing an appropriate intervention to achieve this goal, couples' ideas should be considered.

Although many studies have been done for determining couples' educational needs, there are a few qualitative studies. Accurate expression of sexual needs by couples leads to the design of educational programs tailored to the country's cultural characteristics. The current qualitative study aimed at identifying and investigating newly married women's sexual health education needs in Qom.

## Participants and Methods

The current study is a qualitative study using a content analysis approach. Twenty-two newly married women in Qom were selected by purposeful sampling and using participants in classes of consultation centers; semi-structured interviews interviewed them. Participants were individuals with diversity in education, age, social-economic status. Being Iranian, being able to speak Persian, being married about one until five years, tend to participate in the discussion, not suffering from mental and physical disorders, not referring to sexologist after marriage, not having a child under one year old, not being pregnant, first marriage, not being divorced were inclusion criteria.

A questionnaire guide was used in the interviews, and the questioning process depended on the individuals' answers. Interviews were carried out interviews with guiding questions such as "What do you think you need to be educated about in married life? What factors do you think affect sexual satisfaction?; What factors do you think affect sexual performance?"; "What do you think are the most important educational needs of couples in the first years of marriage?; Do the educational needs change before and after married life?". In addition, the participants were encouraged to continue the discussion. Sampling was continued until data saturation. Interviews lasted from 60 to 90 minutes. All interviews were conducted in an agreed location with participants, including religious sites, comprehensive health centers, and participants' workplaces. The researcher listened to the transcripts of the recorded interviews several times at the earliest convenience. The content of the interviews was then transcribed verbatim on paper, and the information was reviewed.

Data were analyzed by mental interpretation of textual data content via coding systematic process and finding themes or patterns [20, 21]. For gaining a general understanding,

- 1) Interview texts were read several times;
- 2) Texts were divided into semantic units, and the semantic units were summarized and named as codes;
- 3) After creating codes, similar codes were combined inductively, and those codes with similar concepts were located in the same category;
- 4) After comparing categories, similar categories were located in a category; and
- 5) Therefore, themes were formed.

Data were analyzed by a conventional qualitative assessment using MAXQDA.10. To examine the data, four criteria of acceptability (Credibility, Confirmability, reliability (Dependability), and transferability) were used [22-24]. To increase the acceptability or validity of the data in this study, various samples were used. The coded text was also returned to some participants, and the degree of conformity of the selected codes with their opinions was examined. Regarding the reliability of the data, the researcher made a complete record of the activities to collect and analyze the data. For a correct and deep understanding of the participants' narrations, the data were read at least five times; deep and continuous mental conflict made it possible to increase the breadth and depth of the data. Two university professors- one who had a PhD in Health Education and Health Promotion and another with a PhD in Reproductive Health who were familiar with qualitative research and data analysis, verified the confirmability of the data.

Before interviewing, participants were acknowledged about the study's goals. Hence they took part in the study willingly. They were taken written and verbal Informed consent for utilizing a voice recorder. They were assured that obtained information was to utilize for the study and voices would be deleted at the end. They were also allowed to leave the study at any stage. The study was confirmed by the Ethics Committee of Qom University of Medical Sciences before being done.

### Findings

Twenty-two women with an average age of 27.5 (18-44 years old) and their husbands with an average age of 31.1 participated in the study. The average length of marriage was 2.9 years, and the average number of children was 0.3 (Table 1).

By analyzing data on need assessment in sexual health instruction in newly married women from Qom, four main categories, including psychological needs, family and individual needs, marital life factors, social-environmental needs, have been extracted (Table 2).

**Table 1)** Participants' demographic information

Variable	Levels	N (%)
Age (Year)	20	3 (13.6)
	20-30	14 (63.6)
	30 or more	5 (22.7)
Level of Education	Without a high school diploma	1 (4.5)
	Diploma	6 (27.2)
	Associate degree	2(9.0)
	B.s	6 (27.2)
	MSc and higher degrees	6(27.2)
Occupation	Theological education	1 (4.5)
	Employee	10 (45.4)
	Student	2 (9.0)
	Homemaker	9 (40.9)
Number of children	Worker	1 (4.5)
	No child	16 (72.7)
	One child	5 (22.7)
	Two or more children	1 (4.5)

**Table 2)** Instructional needs of sexual health in newly married women

Main category	Sub-category	Main themes
Psychological needs	Interpersonal interaction	Understand each other, Identify needs
	Life skills	Accept differences, Effective communication skills
Family and individual needs	Social-economic status	Couples' families, Financial problems
	Men and women's rights	Lack of information on legal issues couples, Presence of children
	Character	Couples' self-knowledge, Character Recognition wife
	Religious and cultural beliefs of family	Religious advice, Men's resistance to education
Marital life factors	Sexual talk	Explicit in expressing sexual fantasies, Ask each other for opinions
	Sexual satisfaction	Beauty, good performance, Orbital ethics
	Sexual function	Promoting sexual awareness, Male sexual management
	Sexual schema	Dysfunctional sexual beliefs
Social-environmental needs	Information resources and education system	Content, Time, educator The education system, Promote media literacy
	Counseling centers for before and after marriage	Access, Follow up, the cost

A) **Psychological needs:** Most participants mentioned the need to educate couples' psychological issues. Mutual understanding and knowing each other's needs are factors in increasing sexual satisfaction. Mutual understanding includes understanding differences, mental, physical, and sexual needs, and spouse's desires. One of the participants said: "Couples need to accept differences, and this requires training. There are two different cultures, different upbringing... I saw that even small differences have created big problems." (26-year-old woman - health expert)  
Learning life skills was another point that participants

mentioned. One of these skills can be effective verbal or nonverbal communication skills. Based on most participants' ideas, sexual and mental issues are related. A couple who have a good relationship can have a good sexual relationship. One of the participants said: "Wives and husbands should learn how to talk. These days they don't know how to talk to each other at all." (A 29-year-old woman, Nutrition expert)

**B) Family and individual needs:** Social-economic status is one of the effective factors on couples' sexual health. For some women, couples and their families need to be instructed, too. Hence they can make their children ready to get married. In this regard, one of the participants said: "If I had the authority, I would hold classes for families. Family education is very important in couples' education. Parents should prepare their child for marriage..." (A 19-year-old woman, diploma)

Economic problems in the current condition of society that leads to an increase in women's employment or double pressure on men for providing his family were issues mentioned by participants. All participants emphasized women's intelligent management, contentment, and finding a balance in life. In this regard, one of the women said: "My husband works two shifts. He is always tired mentally and physically; he has no time to have a sexual relationship when he comes home. Men should know that making money is not the only important thing." (A 25-year-old nurse)

Knowing about men's and women's rights in life is one of the essential needs for couples. The presence of children overshadows men's and women's rights in marital life. One of the participants in the study believed: "After having a kid couples' sexual needs fade into insignificance gradually, by not managing pregnancy and taking care of children man's needs are ignored, it hurts life." (A 19-year-old woman - student)

Most of the participants emphasized self-knowledge and knowing their partner. Knowing about mental, physical, and sexual needs is a prerequisite for a mutual relationship. Some couples believe that many spouses even do not know about their desires, spirits,... "To me, it is very important for couples to know each other. When wife and husband know about each other's interests, goals, needs, concerns, wishes, and character, they can have a healthier relationship." (A 30-year-old woman, MSc in psychology)

Most of the participants believed that because of patriarchy, men resist learning about marital relations issues. We believe that men should be educated about these issues. One of the participants said: "I had some audio files, but my husband did not listen to them. He said they were nonsense, knew all. Sometimes men do not know anything, but they say they know everything." (A 21-year-old, Arabic literature student)

**C) Recognizing related factors to marital life:** Participants noted that couples must talk about sexual relations. Women's shame and embarrassment hinder them from expressing their sexual needs. Women themselves said they did not have the necessary skills in this area, but they knew its importance. One of them believed: "While having sex, a woman should tell her husband what she wants. They should talk. Maybe husband does not know what his wife wants or he thinks his wife enjoys sexual relation." (A 25-year-old woman, diploma)

According to most participants, factors such as appearance, diversity, love, behavior, and appropriate sexual function effectively affect sexual satisfaction. Women emphasized that couples must know about effective factors on sexual health. For instance, one of the women in the study said: "When a man is bad-tempered, a woman does not like to approach him even he is the most good-looking man. Behavior influences us not appearance. He should be able to forgive, he should be bighearted,..." (A 29-year-old woman, Associate degree in occupational health)

Most participants referred to men's cleanliness and appearance as important factors. One of the participants said: "A man should be clean, not sweaty, observing individual health is very important." (A 23-year-old woman, primary education)

The necessity to improve couples' sexual awareness, especially men's, was emphasized by participants. For instance, one of the participants said: "To increase a woman's sexual satisfaction, his husband should have high sexual awareness, he should know his wife needs love, a woman also should know her husband needs to have sexual relation..." (A 40-year-old woman, Medical records technician)

All participants agreed that talking about sexual issues is taboo in our society. There are some inefficient beliefs, actually lack of sexual awareness damages marital life. One of the participants believed: "Sexual issues are ambiguous in our society; unimportant issues are considered ...." (A 29-year-old woman, MSc in Governmental management)

**D) Social-environmental needs:** Most participants emphasized changing instructional content and presenting confirmed sources in proportion to couples' instructional needs. They believed that education should happen both before and after marriage. For instance, a participant said: "When we do not have good educational resources, pornography channels become more common. Authorized virtual sites should be created to share issues related to sexual health well and scientifically." (A 37-year-old woman, Psychologist)

Most women in the study emphasized changing the current education system; they also emphasized the importance of an educator, time, relevant issues for each region's current situation, age, and culture. One of the participants said: "Instructions in counseling classes are very common; there is no clear

explanation I could not get what they said because I was very young." (A 18-year-old woman, diploma)

Participants argued that improving media literacy, getting familiar with the business goals of pornography and its unrealities are of high importance, and men should not follow such movies. One of the participants said: "Porn movies just incite some men. They do not care about their wives. Such movies engage their attention." (A 31-year-old woman, MSc in environmental health)

Inaccessibility to counseling centers and the high cost of sexual counseling were some mentioned problems by participants. The consultation process should keep on after marriage. One of the participants mentioned: "When we have a problem we do not know where we can refer to..." (A 32-year-old woman, diploma)

## Discussion

In the current study, psychological needs, family and individual needs, marital life factors, and social-environmental needs were identified as the main categories in assessing newly married women's sexual health. Interpersonal interaction and life skills were extracted as sub-categories of psychological needs. Studies show that teaching communication skills to couples affects sexual satisfaction. A sense of intimacy should be created between couples; consequently, sexual relation improves. Women's sexual satisfaction depends on the relationship's non-sexual aspects, such as improving communication, expressing feelings by husband, and respect [25]. Bayers *et al.* showed that couples with unsolved disagreements could not feel love, which causes emotional distance; this emotional distance affects their sexual relations it decreases sexual satisfaction [26]. Pourheidari *et al.* stated that couples who utilize mutual constructive communication patterns in their interpersonal relationships could solve their problems in life or sexual issues via talking to each other; they prevent them from affecting other dimensions of life [27]. According to most participants, sexual and mental issues are related. A couple who have a good relationship can have a good sexual relationship.

In the current study, family and individual needs were identified as the main category, and social-economic status, men and women's rights, character, religious and cultural beliefs of the family were extracted as sub-categories. Economic problems and childbirth can negatively influence sexual health if a woman is not able to manage them well. Shahsiah *et al.* showed that when marriage lasts more years, marital commitment and sexual satisfaction decrease, which can be accounted for by the presence of children, increase in disagreement between couples, economic problems... [15]. Furthermore, based on female participants, sub-cultural roots cause some men to resist education, while most women were eager to continue education even after

marriage. This finding is in line with the findings of most similar studies [9, 10].

In the study by Asodeh *et al.*, it was noted that couples believed that honesty and mutual trust, religious beliefs, interaction in decision making, supporting each other, and having a friendly relationship are some factors for achieving a happy life [28]. Religious resources are full of recommendations for men and women who want to marry. And according to female participants, despite the cultural invasion and the factors that shake the family's foundation, following such recommendations can lead to sexual health. Therefore, we need to have rich religious resources in couples' instructional packages.

The present study identified factors related to marital life as the main category, and sexual chats, sexual satisfaction, sexual function, and sexual schema were extracted as sub-categories. Talking about desires discarding inefficient beliefs can be a master key in couples' relationships. Still, unfortunately, due to some issues such as shame, embarrassment, and some prejudice, it has not been paid heed. Inefficient sexual beliefs (such as virtuous women do not start a sexual relation,...) have made women accept a passive role in sex; it makes them disenchanted, and consequently, sexual problems arise [29]. Foroutan *et al.*' study stated that sexual dissatisfaction is the cause of 50 percent of divorce in Iran, women's sexual function is lower than men's. Because of shame, most individuals do not state sexual problems as one of the reasons for divorce [19]. Findings show that talking about sexual issues and problems can solve them. The contrary can cause misunderstanding and disagreement. Studies show that instruction on talking about sexual issues with a spouse can increase sexual satisfaction and intimacy. When couples learn to talk about their sexual preferences and desires, they will have a new viewpoint on their sexual relation [2, 29]. All participants agreed on teaching correct sexual function and raising couples' awareness, especially men's or women's needs.

In this study, social-environmental needs were recognized as the main category, and information resources and instructional systems, counseling centers for before and after marriage were extracted as sub-categories. Participants had different ideas on instructional needs of sexual health before and after marriage, but all of them emphasized such instructions both before and after marriage to open a new window in life and start married life; couples should not be abandoned by experts and consultants when they encounter sexual and non-sexual problems after marriage. In Pourmarzi *et al.*'s study, the average score of the need for instruction after marriage had increased compared to before marriage, but it was not meaningful. Priority was the need for improving health in sexual relations before marriage. Although it was not a priority after marriage, the need for instruction has increased [10]. An efficient instructional system including instructor,

content, and resources is one of the important issues in useful instruction. Researches showed that instructor is of high importance for couples [2], couples get information on Internet, from friends, and virtual space [1]; in the current study women, get information from other resources such as books, articles, and their mothers, they believed that men use Internet and porn movies more. Participants emphasized the harmfulness of such resources; pornography is unreliable, increases irrational expectations, and causes men to compare their wives to porn stars. In his study, Doran reported a direct relation between watching porn movies and an increase in divorce, a decrease in marital satisfaction, and happiness [30]. In Iran culture and society, talking about sexual issues do not happen easily. Satisfying participants for participating in the study and sharing their ideas and experiences completely and without self-controlling was one of the current study's limitations.

## Conclusion

Newly married women need to receive information and acquire special psychological, family and individual, marital, and social-environmental dimensions to reach sexual health; many of these needs are not addressed in the current instructional plan. From a women's viewpoint, a good emotional relationship introduces a good sexual relationship. But men may consider them as two different issues. When men do not know about women's sexual cycle, they resist instruction. Inaccessibility to counseling centers in Qom, high cost of consultation, focusing on premarital counseling, lack of instructional services before marriage were some of the problems and obstacles in instruction mentioned by participants. For this reason, emphasizing men's instruction, including comprehensive subjects related to sexual issues based on mentioned needs by couples in instruction programs, and creating a comprehensive center for sexual counseling with the presence of experts in our province can improve couples' sexual health. It is suggested to research men for assessing couples' instructional needs better.

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