

Evaluation Variables of Sexual Dysfunction in Iranian Women

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ABSTRACT

Libido is met through some factors, including anatomy, physiology, culture, relation to others, growth experiences, and so forth. Healthy sexual behaviors are accompanied with pleasure-seeking and they are devoid of any negative feelings, sin, anxiety, and stress. Sexual hygiene is also a positive part in human life, and as psychologists say it is impossible to know it without enough knowledge about libido. The current project is a case study on diagnosing the sexual disorders, and comparison of the healthy and unhealthy women based on their sexual performance, libido, mental test, and their relationship with different social and economic situations. Using the symptom questionnaire "BSI", interview, conflict FSFI, SAS, and analyzing the variance, the significance of each parameter is investigated. This analysis is conducted by variance and through SPSS soft-ware. The project is going to measure the difference between the healthy and unhealthy women based on their sexual performance in different dimensions, including libido, mental tension, economic situation, and marriage satisfaction.

KEYWORDS: physiology, Evaluation, sexual, dysfunction.

1. INTRODUCTION

Libido has always worked as an interest and basic need, and since the caveman era, there were sexual behaviors. Libido entails the perception of the difference between female and male, and it is usually associated with a deep happy life feeling. According to Freud, most of the sexual activities are not considered, and calling all the pleasure behaviors sexual, makes it difficult to exactly identify the stimulation.

In a similar study, Kaplan and Sadock (2009) said that both sexual and asexual stimulations stimulate the behavior. However, behavior analysis depends on knowing the fundamental stimulations of the individual and its interaction with others. During last three decades, knowledge about health and sexual hygiene has evolved in different aspects, and it somewhat depends on historical, political, and social events. Hence, it is necessary to mention some factors such as resistance to the rights of birth, abortion, homosexuals, and worries about overpopulation, and HIV effects which themselves intrigue the sexual hygiene. Using a parabolic study, Vahdaninia et al (2009) conducted an inter-district study of Kohkiluyeh va Buyrahmad which included all the women from 15 years old whom all were sexually active. According to this study, 35.8% of all the women with feminine sexual disorder had not resort professional help due to several reasons. Beigi and Fahami et al (2008) investigated the under-activity sexual disorder and sexual performance disorders, and they reported that these disorders may be affected by psychiatric demographic properties and lack of sufficient knowledge.

Xu (2008) studied the relationship between social economic situations and mental tension among Latin groups. He considered the effects of income and wealth instruction on the mental tension of Cubans, Mexicans, and Puerto Ricans, and measured the significance relationships for each ethnic group based on the aforesaid parameters.

Generally, the present research is going to compare the healthy and unhealthy women based on the sexual performance to investigate the sexual hygiene and social economic situations and the significance relationships of dependent and independent variables.

Main body

Unfortunately, sexual intercourse for amusement which is against the relational intercourse principles and is defined beyond this era is natural in some societies.

Sexual behavior disorders in women could be categorized into four groups, including libido disorders, feminine stimulation disorder, feminine ejaculation disorder, and feminine sexual pains. Libido disorder involves the first phase of the sexual cycle, i.e. appeal stage. Hence, the ones involved in this procedure take part in the sexual

behaviors reluctantly. The sexual problems related to the psychological factors, include a) hatred, distrust, sexual behavior suppression due to prior experiences based on sexual abuses, depression, anxiety, personality problems and rejection, b) sexual inhibition due to fear of sexual behaviors, intercourse pain, contraception, sexual transmission diseases, and disgrace.

Objectives

1. Distinguishing the women suffering from sexual performance disorder from the ones who are sexually healthy.
2. The comparison of the healthy and unhealthy women based on sexual performance according to libido, mental tension, and matrimonial satisfaction perspective and its relationship with the social economic situation between the Iranian and Indian women.

According to diagram 1, this research project was formed as four main groups of healthy and unhealthy women from high and low social economic situations and conducted a comparison of their sexual performance. The independent variables are the social and economic situations of the healthy and unhealthy women from the perspective of the sexual performance, and the dependent variable is libido and its different aspects. The statistical population consists of women from 20 to 50 years old who were categorized by Tehran consultancy clinics. There are 60 people in each group, including healthy and unhealthy. The data was collected through FSFI, SAS, and the short symptom questionnaire “BSI” together with different social and economic situations. It consists of six parts, including appeal, stimulation, softening, ejaculation, orgasm, and pain. In addition, each question was based the scores from 0 to 5.

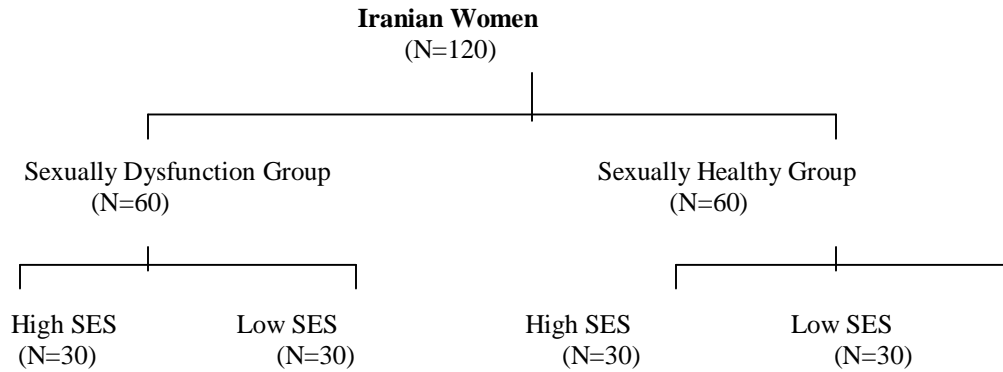


Table 1 was presented based on ANOVA results with the general criterion of libido. F values were significant for the main effects of sexual performance “SF” and the social and economic situations “SES” (p<0.00). Hence, the results indicate that the attitude towards libido was significantly higher in the two sexually healthy groups (mean=157.00) than the sexually unhealthy group (mean=133.35). The mean scores for libido in the group with the high social and economic situation was significantly higher (157.52) than the group with the low social and economic situation (133.63). Furthermore, F value 9.20 for the bilateral effect of the sexual performance interaction “SF” and the social and economic situation “SES” for the reliability 0.003 were significant.

Table 1: Summary results of ANOVA on the measure of overall attitude about sexuality

| Source of Variation | Sum of Squares | df | Mean Sum of Squares | F-value | P-value |
|-----------------------|----------------|-----|---------------------|---------|---------|
| A (SF) | 17934.07 | 1 | 17934.07 | 22.26 | 0.000 |
| B (SES) | 17112.41 | 1 | 17112.41 | 21.24 | 0.000 |
| AB (SF x SES) | 7410.41 | 1 | 7410.41 | 9.20 | 0.003 |
| Error (within groups) | 93436.43 | 116 | 805.49 | | |
| Total | 135893.32 | 119 | | | |

Table 2 indicates the results of ANOVA according to the attitude towards women libido. F values for the main effects of SF and SES statistically differed significantly (p<0.00). Accordingly, the attitude towards women libido was significantly higher (mean=5193) than SPJ group (mean=46.95), and the mean scores of women libido in the group with high social and economic situation (51.02) was significantly higher than the group with low social and

economic situation (47.87). However, the effect of bilateral interaction SF and SES were not statistically significant in this scale.

Table 2: Summary results of ANOVA on the measure of attitude about women sexuality

| Source of Variation | Sum of Squares | df | Mean Sum of Squares | F-Value | P-Value |
|-----------------------|----------------|-----|---------------------|---------|---------|
| A(SF) | 745.01 | 1 | 745.01 | 8.07 | 0.005 |
| B(SES) | 293337.41 | 1 | 293337.41 | 3.18 | 0.000 |
| AB(SF x SES) | 126.08 | 1 | 126.08 | 1.36 | 0.245 |
| Error (within groups) | 10712.83 | 116 | 92.35 | | |
| Total | 11881.59 | 119 | | | |

Table 3 shows the mean comparisons between bilateral interaction SES and SPJ for the sexual stereotype. Hence, the highest means of the healthy women’s scores belonged to the group from the high social and economic situation which is significantly different from the other three groups. Mean differences between SPJ groups from high social and economic situation and the healthy groups with low SES and SPJ groups from low social situation were not significant. Table 4.35 shows the correlation coefficients among different aspects of attitude to libido and matrimonial satisfaction for the women sample suffering from sexual performance disorder. Libido has a positively significant correlation with matrimonial satisfaction, personality issues, amusement activities, family and friend ($p < 0.01$), financial management, children and family ($p < 0.05$), and libido in men has a positively significant correlation with all the issues of matrimonial satisfaction, except financial management, sexual relationship, children, family, and religious tendencies.

Table 3: Post-hoc mean comparisons of SF and SES interaction for sexual stereotype (N=30)

| Groups | SDY-LSES | H-LSES | SDY-HSES | H-HSES | $q(r,df) \times \sqrt{\frac{MS\ Error}{n}}$ (0.95) (0.99) |
|---------------|----------|--------|----------|---------|---|
| Ordered Means | 45.57 | 45.57 | 46.97 | 60.20 | |
| 45.57 | | 0.00 | 1.40 | 14.63** | 3.69 4.50 |
| 45.57 | | | 1.40 | 14.63** | 3.36 4.20 |
| 46.97 | | | | 13.23** | 2.80 3.70 |

* $P < 0.05$; ** $p < 0.01$

DISCUSSION

The present study was conducted in line with investigating the mental social issues or the point of views towards sexuality, matrimonial satisfaction and psychological issues from the perspective of social economic financial situation and sexual health in Iranian women. Furthermore, the relationship among different aspects of the dependent measures in four groups of women, including with sexual appeal, healthy, the women with high and low SES was studied.

Davidson, Darling, and Norton found that the women who regularly attended the religious circles more considered masturbation as a sin and an unhealthy activity than the ones who less attended such circles. Hence, it could be concluded that the negative attitude towards parents’ beliefs, personal emotions and religious beliefs could prepare individuals for sexual disorders, and as McCabe and Dickens’ multi-regression analysis indicated the sexual disorders could be predicted based on the individual’s attitude towards libido. Heimen and LoPiccolo, in their study on the orgasmic criteria, presented a set of problems related to women with sexual disorders which were about the beliefs about women’s sexual conservatism. It was based on the role of age, physical appearance, and performance beliefs. According to Jaime and Dario, high level of education and high levels of social and economic situation in women had a significant relationship with their sexual satisfaction.

In this regard, Sandra and Bears presented a plan about the effect of attitude to love and libido. They found that matrimonial satisfaction and sexual satisfaction for men and women differ to each other. According to the present project, the women with sufficient knowledge about the relationship with the sexual partner and successes in distinguishing the conflict in family are sexually healthier. Merghati, Richters, and Whelan found that matrimonial life is integrated with the sexual concepts and meanings in the Iranian culture. Women usually lack the appropriate

words to express their sexual desires in matrimonial life. Furthermore, Iranians believe that talking about matrimonial life in public damages their social credit. The breakout of the mental disorders in Iran is not comparable with the other countries. In this regard, Rudolph says that the mental disorders of the social life affect the economic advancements of the individuals. Mental disorders usually remain unknown and they are not well-treated. Hence, their effects on the patients' families and society are underestimated. The results of the current project are based on the researches conducted by Aragona, Monteduro, Donata, Francisco, and Bianca. They investigated the effect of sexual difference and the matrimonial situation on the psychological issues.

Zayder et al studied the link between the relationship quality and the anxiety disorders. Each sexual partner of this study prepared 14-day reports which are involved with emotional state and satisfaction from the relationship. According to this study, during the days that women experienced increase, it was more probable that their husbands report quality decrease of matrimonial relationship. It seemed that the effect of anxiety had a significant role in carrying out a matrimonial relationship in the couples who reported higher levels of interaction and setting a relationship.

Conclusion

The women with healthy sexual performance and the ones with unhealthy sexual performance are significantly different in the attitude aspects of libido, matrimonial satisfaction, and mental tension. The women from high social and economic situation are significantly different with the ones with the ones from low situations in the aspects of attitude to libido, matrimonial satisfaction, and mental tension. The healthy and unhealthy women from the perspective of sexual performance from high social and economic situation are significantly different in libido, matrimonial satisfaction, and mental tension. There is also a significant relationship among women social and economic situation and the level of matrimonial relationship and sexual disorders.

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