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Original Article

How do Iranian women with sexual problems conceptualize sexuality? A qualitative research

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ABSTRACT

Background & Aim: For diagnosis, prevention and treatment of female sexual problems, it is crucial to understand the ways women conceptualize their sexuality. The aim of current qualitative study was to explore the participant's perceptions and understanding of sexuality.
Methods & Materials: In this qualitative study, fifteen married women aged 21-42 interviewed face to face as they referred to the selected outpatient clinics to receive care and treatment for their sexual problems. The kind of their sexual problems has been confirmed through interview, Brief Index of Sexual Function-Women (BISF-W) and Female Sexual Distress- Revised (FSD-R) questionnaire before conducting in-depth semi-structured interviews.
Results: The obtained theme from content analysis indicated that women conceptualize sexuality as "any interaction between man and woman that leads to pleasure and tranquility". This main theme comprises two categories that include emotional intimacy and sexual intimacy. All the women claimed that emotional intimacy behaviors were the most and the majority of them believed that coital behaviors were the least enjoyable aspects of their sexuality. Women rarely refer to spontaneous sexual desire or fantasy and they believed that pleasure was more important than orgasm in their sexual life. Participants didn't mention to oral and anal sex, and self-stimulation in their statements.
Conclusion: The findings of this research are support previous studies that showed for women emotional closeness is the main aspect of sexuality and it is the prerequisite to a fulfilling sex life. In the other hands, this study show that women's description of sexual norms is different in some aspects from that in women of western context, therefore clinicians should consider participant's definitions and pay attention to the socio-cultural aspects of sexuality.

Introduction

Sexuality is an important aspect of human life and plays a vital role in one's well-being and health and it is the integration of the somatic, emotional, intellectual and social aspects of sexual beings (1). Sexuality means the things people do, think, and feel that are related to their sexual desires (2). Sexuality can be defined as The sum of a person's sexual behaviors and tendencies (3). Sexual problems are widespread in societies and seriously impact on the quality of life as well as one's overall wellbeing, family and societal health (4). The diagnosis of females sexual disease on DSM is a medical model based on the research of Master and Jonson (5) that emphasized similarities in men's and women's sexual response cycle. Existing validated tools for measuring sexual function are also formed based on this approach (6). However, in the interview and narratives in

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qualitative studies, women describe their sexuality differently (7). Accordingly, Tiefer suggested that for better understanding of female sexuality and achievement of successful outcomes for sexual problems, clinicians should emphasize on definition of sexuality from perspective of women themselves (8). Undoubtedly one of the most powerful factors in forming women's sexuality is contextual conditions (9). In Iran, this context changed considerably in the last two decades due to various reasons. First, socio-economic and educational progress in Iranian women has changed life style, marriage setting and traditional women's roles and has led financial independency and consequently has altered the definitions of women about sexual life (10). In other side internet access and intention of young people to imitation of western sexual attitude has changed the women expectation of sexuality (11). Recently we have remarkable researches in the field of women sexuality in Iran, however, we have few information about normal sexuality in women from their own view and accordingly there are few comprehensive, client-based or problem oriented approach to manage sexual problems of the patients (12). In merghati's (2008) study with Iranian women, sexuality had nothing to do with health and women were ambivalent about communicating sexually-related matters or discussing sexual problems with health providers (13). In this qualitative inquiry, we tend to explore "how the participants conceptualize their sexuality. The results of current study can give a voice to the participants' norms and concerns and may help to design culturally based interventions.

Methods

Based on an assumption that sexually-related reality can be interpreted in various ways and women's understandings of their sexuality is dependent on their subjective interpretation, we employed a qualitative study based on Graneheim approach (14). Women who referred to the outpatient clinics to receive care and treatment for their sexual problems were approached in the selected health centers of Tehran University of medical sciences. Data were collected from June 2013 to September 2013. The study was approved by the Ethics Committee of Isfahan University of Medical Sciences and agreed by administrators at the research sites (Tehran University of Medical Sciences). To manage the interview sessions we had three main questions to ask: 1) Women from diverse cultures have different definitions for their sexuality, how would you describe yours? What things do you consider as sexual desire? What sexual behavior means to you?

Using a purposive sampling, we invited women who had attended in other quantitative study (a clinical trial) (15) and were under treatment of sexual problem. The eligibility criteria for quantitative study included healthy women 20 or more years old, married and living with her husband in a stable monogamous relationship and diagnosis of female sexual dysfunction with interview, BISF_W and FSD_R questionnaire. Participants invited to qualitative part in the last session of quantitative study. After detailed explanation about research aim and objectives, participants were given reassurances of confidentiality, the opportunity to ask questions or right to withdraw from the study in any time; verbal and written informed consent was obtained. Nobody refused to participate or dropped out research. Any form of sexual problems has been confirmed with interview and standard questionnaire before conducting in-depth interviews. In depth, semi structured interviews were conducted by F.F. face-to-face and individually with 15 women having at least one form of sexual problems in the private room in health

centers. Interview timing was convenient for participants and there was no one present in the interview sessions except the researcher. Interviews lasted 60-90 minutes and recorded by audio recorder for transcription. To maximize sample diversity we recruited from women with all types of sexual dysfunction (primary vaginismus =6, desire disorder = 3, orgasm disorder = 2, secondary vaginismus = 2, dyspareunia =1 and sexual aversion= 1 woman) and from those who responded and not responded to therapy and also patients with different age, education and job. Data saturation achieved with 15 interviews. Analysis has been done after each interview. In 13th interview we reached to saturation but we considered two others interviews for more precise.

Data collection and analysis was a content analysis based on Graneheim approach. Accordingly, transcribed interview were broken down to the meaning unit. Then, each meaning unit was abstracted and labeled and codes were extracted. For analyses process, at the first transcribed interview analyzed by two of the research team independently. Then they compared the codes line by line, discussed about differences and after agreement the text was re-coded. In the next step, all other interviews analyzed by the interviewer and at the end the research team compared the secondary codes and categories with each other. Themes checked for variability and consistency by two participants.

Results

In present study the mean age and duration of marriage of participants was 28.9 (range 21- 42) and 4.7 range (0.3- 23) years, the mean years of education was 14.7 (range 8-22) years, total of 6 patients were household and 9 women being employed (Table 1).

With regard to the research question "how do women describe sexuality?" the obtained theme indicated that women consider "any interaction between man and woman that leads to pleasure and tranquility" as sexuality. This main theme comprises two categories that include: emotional intimacy and sexual intimacy. Prior to any detailed explanations, it is worth to note the following points. Firstly, the majority of participants explained about their sexuality in the chronological order of their occurrence during their adolescence or the time they got acquainted with the opposite sex. Secondly, although sexuality includes different components such as sexual function, activity, attitude and sexual orientation; participants mainly mentioned to sexual activities and behaviors. Thirdly, in most cases, women talked more about those sexual behaviors that they expected their spouse to exhibit, and talked less about those behaviors they themselves showed. This indicates women's opinion about predominance of men's behaviors and passivity of women's behavior.

1. Emotional intimacy

Most of the participants devoted the majority of their talk on the definition of sexual behaviors to emotional intimacy as behaviors and feelings of purely emotional nature and psycho-emotional effect. Expression of love, empathy and intimacy, as signs of loving and being loved, formed women's primary sexual needs.

"To be honest, when I married I had no specific idea about sexual desires. I thought about love and interest, … Now I believe true pleasure lies in being happy, feeling good, and loving him when I am with him." {Participant no. 9, 31 years old, with Primary vaginismus}

Participants did not insist on differentiating between emotional behaviors in men and women, and in most cases emotional behaviors were so intermingled with one another that it was impossible to practically differentiate between their desires.

"The first time I liked someone during my teenage years, I liked to see him and talk to him all the time, liked to be important to him, liked him to meet me and give me a call, liked to be by his side." {Participant no. 1, 27 years old, with Primary vaginismus}

Being romantic, going out, and listening to one another were among women's favorite behaviors from the start of their adolescence to years after their marriage.

"I take great pleasure when my husband suggests, out of the blue and without any prior planning, to go out for dinner. I feel he still loves me like before. I like to have sexual intercourse with him at such nights." {Participant no. 15, 42 years old, with decreased sexual desire}

Even joking, laughing, and playing games could be considered as a sexual behavior by some.

"We have lots of fun when we play chess or cards. He cheats during the game, and I realize that he is teasing me, and then I jump over him and ruin the game and … all these lead to the next nice things." (Participant number 14, 28 years old, with orgasmic dysfunction)

Furthermore, women regarded these emotional behaviors as pre-requisites for sexual behaviors.

"Naturally, one should feel good about being with someone, or being attached to someone, so she can have an intercourse with that person and enjoy that intercourse." (Participant number 13, 24 years old, with decreased sexual desire)

All Women believed that these desires were transcendent and spiritual, that was why they liked those desires and expressed them easily. In addition, as these behaviors are merely emotional and have not entered the physical stage yet, they are less censored or resisted by women as there were no fears of defloration, pregnancy, or transsexual diseases. In other words, they had less conflict with the current cultural and moral principles.

"From the very beginning, I felt good about making friends, about having someone and being important to him. I used to cultivate such thoughts in my mind… they are always free to go wherever they liked. I did not control them much as they were of not much risk… but I didn't want it for my own relationship and for being touched; so I resisted as I thought that, from a moral perspective, sexual intercourse should occur after marriage." {Participant number 1}

2. Sexual intimacy

This category contained those behaviors that were formed by the five senses and were of a physical nature, leading to physical pleasure as well as emotional and mental tranquility. In this category women describe behaviors with physical nature and psycho-emotional effect. In terms of the motivation and objective behind these behaviors, women divided these behaviors into coital and non-coital behavior groups.

"I hug my husband, kiss and caress him; however, I do these same things to my kids to tell them I love them. But when I want to have sex, I do these first but do it in a certain way to convey my intent." {Participant number 14, 28 years old, with orgasmic dysfunction}

Even though all five senses contribute to sexual behaviors, women show a greater tendency toward receiving tactile and auditory stimuli from their spouse, and in return, they make use of visual and gustatory stimuli as sexual behaviors with greater ease.

"I'd like my spouse to hold me, caress me, and talk to me – of course, I have to mention that my spouse likes to be silent, and regard talking quite abnormal at such circumstances - … I also convey my desire somehow, for instance, by wearing certain dresses, or by putting on make-up. You know, there are some certain words or actions whose meaning my husband knows."

Closer attention to the above statements shows that the women participating in the present study would rather express their

sexual behaviors covertly than overtly. To express their needs, they made use of symbols, signs and jokes that were particularly meaningful to that couple.

"Generally speaking, I don't like to give voice to my needs. I would never state them expressly. Otherwise, my husband would think what kind of a woman I am. However, I make some certain jokes which he understands." (Participant number 15, 42 years old, with decreased sexual desire)

The women emphasized that men's and women's objective of sexual behavior are quite distinct from one another. Emotional attachment is more important than orgasm for women.

"I believe men are attracted to women and marry them for sexual desire, while women marry for love and not sexual desire… when I used to think my husband is with someone else, I felt bad and didn't enjoy even though I reached orgasm; now that I know he is not with anyone, I am happy even without any orgasms." (Participant number 14, 28 years old, with orgasmic dysfunction)

Also, the majority of women showed a great tendency toward non-coital behaviors, such as touching, kissing, caressing, sexual expression, foreplay, and love making, while regarding their husband's interest and need as coital. That was why the women who were suffering from decreased sexual desire or orgasm mentioned that they had referred for resolving their own problem, while those who were suffering from dyspareunia or vaginismus were seeking medical treatment as per their husband's request or for the purpose of childbearing.

"I feel relaxed even now when I rest my head on his shoulder. I take great pleasure in his caressing and the sense of security it gives. I still believe (as I believed in the beginning of our marriage) that love-making is of greater priority than sexual intercourse… So, I have no problem and I don't feel any need for sexual intercourse. But it is completely different for men. For men, it is the opposite. It is the main thing for men." (Participant number 4, 35 years old, with dyspareunia)

Such a difference in men and women was a cause for women's complaint. The majority of women claimed that their husband is not much interested in love-making, or they make love only before sexual intercourse. They believed that, in most cases, either men's and women's desire stand in sharp contrast to each other, or husbands do not understand their wife completely.

"I still love, like before, to hug and kiss him … but anytime I do that, it ends in sexual intercourse, while most of the times I only intend to make love and enjoy it. This makes me not to hug him next time." (Participant number 10, 27 years old, with Primary vaginismus)

In some cases, women exhibited no tendency toward coital behavior. Such a negative attitude toward coital behavior is sometimes due to fear from dyspareunia or unpleasant sexual experience they had especially in their first sexual intercourse.

"I enjoy it by the time we are love making. But, I get nervous as soon as we try to have a sexual intercourse. I only think of the pain then." (Participant number 12, 28 years old, with Primary vaginismus)

Some other participants' negative views about sexual intercourse were rooted in their education, family and social beliefs. Parents used to advise their daughter against boys; in time, this attitude had turned sexual intercourse into a dirty relationship devoid of any value and pleasure. Superstitious beliefs on hymen and the pain of the first sexual intercourse had also contributed to their fear, and avoidance, of these behaviors.

"*I had heard that someone was paralyzed because of the pain of their first nuptial night, and as I was always and by nature scared, I also thought I would get paralyzed."*

(Participant number 3, 21 years old, with primary vaginismus)

In other cases, they stated that coital behaviors proved to be pleasing only after a while when one could trust her husband and some pleasant experiences were gained. Otherwise, these behaviors proved neutral to them in the beginning of their marriage.

"I was 17 when I got married. I didn't know much. And my mother used to warn us against men… I didn't have any specific ideas in the beginning. I had sex just for my husband. My husband had also no experience. Little by little, and through experience, I found out that I could also enjoy it." (Participant number 15, 42 years old, with decreased sexual desire)

As mentioned before, the women participating in the current study regarded "the behaviors with an emotional nature and functionality" as transcendent and spiritual, and felt free expressing them, but they used to self-censor, or even control and suppress, those non-coital, and especially coital, behaviors, which was mainly due to shyness and non-acknowledgement of this need in the society in addition to their fear of pregnancy. Some of them believed that sexual intercourse is pleasing specifically to men, and did not consider it as their right to enjoy it themselves. Voicing one own's sexual needs, initiating the sexual intercourse and performing some certain sexual behaviors by women was regarded as immoral and inappropriate by some participants.

"In the beginning of our marital life, I liked to approach my husband, but I didn't know what he would think of me. I was too shy to mention it. I didn't even show I was enjoying it, and he also approached me with less frequency so as not to annoy me much. Little by little, it occurred to me that it was not what I used to think. Years later, I found out that I had never had any orgasms." (Participant number 8, 37 years old, with decreased sexual desire)

Table 1. Participant's demographic characteristics

Participant's name*	Age	Husband's age	Year of marriage	Year of education	Occupation	Sexual Problem (DSM-IV)
1 Afra	27	29	5	12	Part-time	*Pri. vaginismus
2 Bagha	24	29	4	16	Student	Sexual aversion
3 Parva	21	26	3	8	Homemaker	Pri. vaginismus
4 Tina	35	38	1	17	Homemakerusehold	Dysparounia
5 Sana	28	38	1/2	18	Full-time	Pri. vaginismus
6 Javaher	24	27	2	13	Full-time	Orgasm disorder
7 Chehre	29	33	5	8	Homemaker	*Sec.vaginismus
8 Houra	37	34	6	10	Homemaker	Desire disorder
9 Khorshid	31	38	1/3	22	Full-time	Dysparounia
10 Darya	27	30	4.5	16	Full-time	Pri. vaginismus
11 Zahra	28	26	2	16	Homemaker	Pri. vaginismus
12 Raha	28	31	3.5	16	Full-time	Pri. vaginismus
13 Ziba	26	28	3.5	22	Full-time	Desire disorder
14 Jila	28	28	7	17	Full-time	Orgasm disorder
15 Sara	42	47	23	10	Homemaker	Desire disorder

* Pri. = Primary vaginismus

*Sec. = Secondary vaginismus

* The present names are not the real ones

The participants of the study regarded orgasm as significant and pleasing. The significance of orgasm stood out in women with higher social and cultural levels. Even in some cases, expectations from orgasm were unrealistically high, indicating sexual perfectionism in these individuals. It was the case in one of the participants that despite

experience normal orgasm, was unsatisfied and she considered normal orgasm as "not pleasurable" experience:

"I used to enjoy it, but I never had the orgasm I expected. I had watched in the movies how women get stimulated suddenly, how they lose consciousness out of pleasure such that they don't feel anything else around them, how they cried out and were in a mood not like anything else in the world … my orgasm was just a normal pleasure." (Participant number 6, 24 years old, with orgasm problem)

Discussion

Women described sexuality as all feelings and behaviors that lead to comfort and pleasure and included behaviors with emotional intimacy (emotional nature and psycho-emotional effect) and sexual intimacy (physical nature and psycho-emotional effect). All the women claimed that emotional intimacy behaviors were the most and the majority of them believed that coital behaviors were the least enjoyable aspects of their sexuality. These findings are in line with Bratto et.al.'s study that reported most of the women in both groups -with and without sexual arousal disorders- noted their sexual desire was focus on emotional closeness with their partner (80% and 75% respectively. Also these researchers showed that in the narrative of women in both groups in description of desire, only equal small number of women (30%) even talked about orgasm (6). Our results represent further support of Basson's intimacy based model that clarified that the goal of sexual activity for women is not necessarily orgasm but rather emotional satisfaction and feeling of connection with a partner (16).

Similar to other studies (8, 17), the present research shows that although the majority of women experienced pleasure with touching, kissing, caressing, sexual expression, foreplay, and love making, but in definition of "having sex" , they referred to coital behaviors that show the female sexuality has shaped more under "coital imperative" and andocentric context. Nicolson believes that the female's sexuality and norms has been seen as a response to male interests and little attention has been paid to the concept of normal sexual behaviors from women's view (18).

In the women descriptions, sexual interest and arousal were used interchangeably and synonymously that is further support for integration of interest and arousal in DSM-V(19). Participants inclined to distinguish between the aim of sexual intimacy in women's and men's and believed that these differences were based on difference on sexual desire and interest of women and men. They considered men's desire spontaneous, constant and uncontrollable. Women rarely refer to spontaneously desire and desire was always part of arousal. Other researches although showed that spontaneous desire is mostly related to men sexuality and lack of impulsive desire in women should not consider as a sexual problem (20). In the present study, few women initiated in sexual activity, yet they didn't see it as a sign of lack of interest. This finding reconfirms the intimacy model of Basson that claimed female desire is a responsive desire. This model states that many women who are sexually functional and satisfied do not have the spontaneous desire (16).

Most women distinguished between pleasure and orgasm. Pleasure referred to emotional intimacy and orgasm to a physical enjoy. In women's opinion pleasure was more important than orgasm, and just some women with higher socio-economic level concerned about experiment of orgasm regularly that can be shows the influence of media in definition of normal sexual relationship. Similarly, Nicolson found that "orgasm is not central to sexual fulfillment" for many women and orgasm is more medical

and commercially demand. She suggested that popular beliefs about normal sex and orgasm mainly formed based upon the medical model, than the natural and everyday sex and consequently many women were placed in a dysfunctional category unwisely (18).

Some parts of recent findings showed that women's description of sexual norms is different in some aspects from that in women of western context. Participants in the present study didn't mention in their statements to fantasy, oral, anal sex and self-stimulation. When we asked about these terms, still nobody considered oral or anal sex pleasurable and it was just a seldom activity for the husband satisfaction. Few women stated that they enjoy masturbation or fantasy but with guilt feelings. In all women watching porno movies were accompanied with very disgusting feelings. These findings replicate Diamond's opinions that enjoyable sex has different definitions in different socio-cultural context (21). In definition of sexuality, no participants mentioned about her sexual orientation that it could be due to religious context of our society that heterosexuality presumed as the only norm.

Number of limitations must be considered in this study. The present study has been done in women with sexual problems who had received individual or group therapy. It is possible that therapy effect on the women's description and perception of "sexuality". Also the opinions of women with sexual problems who seek treatment may be different from whose don't seek help. . In addition, in the present study high number of patients with vaginismus may be effects on the findings. With considering the entrance criteria of this study (stable monogamous relationship), it is likely that we missed some important interpersonal factors and consequently we overemphasized socio-cultural factors. Future researches could explore the concept of sexuality in healthy women and also it is crucial to know the men's description and understanding about sexuality.

Our findings have implication for communities; in that the sexual education is in the beginning stages and can reveal some hidden aspects of women sexuality. The findings support that women have varying definition of sexuality depending on their sociocultural context and every clinician should consider this heterogeneity in diagnosis and treatment of female sexual problems.

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Conflict of Interest

The authors declare that they have no conflicts of interest

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