

# The Use of an Online Culturally Oriented Marital Enrichment Package on the Sexual Behaviors of Sexually Distressed Women: A Randomized Clinical Trial

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**Submitted:** 30 November 2022

**Accepted:** 14 January 2023

Int J Behav Sci. 2023; 16(4): 2545-260

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## Abstract

**Introduction:** This study was carried out in order to investigate the online "marital enrichment package with a cultural approach" on the sexual behaviors of women suffering from sexual distress.

**Method:** In this randomized clinical trial, 79 women were recruited. Forty were assigned to the experimental group and attended the four-week program (6 hours), and 39 were assigned to the control group. Sexual behaviours, sexual scripts, and sexual distress were determined by a questionnaire that was completed before and after, eight and 12 weeks post intervention. The control group received the intervention based on the sexual health model post experiment. Independent samples t-test were used for statistical analysis.

**Results:** According to the findings of the present study, significant differences were observed between the groups for the scores of sexual behavior in the follow-ups ( $P=.001$ ;  $F=26.582$ ).

**Conclusion:** The utilization of the four-session culture-oriented marital enrichment packa significantly improved sexual behaviors, altered sexual scripts, and decreased sexual distress. Our findings provide the basis for a larger Randomized-Controlled Trial (RCT) with a longer follow-up period among couples.

**Keywords:** Marital Enrichment, Sexual Behavior

## Introduction

Happiness in married lives and having a successful married life after marriage has nothing to do with dreaming and idealism, and at the same time, it is not something that can be done without any effort and determination. Therefore, it is necessary for people to know that if they intend to improve the conditions of their married life, one of the best actions is to identify destructive factors in life. Marriage and family formation, in addition to providing and satisfying emotional, psychological, sexual, etc. needs, can become a focus for raising healthy and developed generations [1].

Research shows that the positive quality of marital relationships and couples' relationships directly and indirectly affects sexual health [2].

According to the World Health Organization (WHO), sexual health is defined as "a state of complete physical, mental, emotional and social wellbeing related with sexuality" [3].

Humans have experienced sexual desires throughout their lives and in all ages, sexual experience is a personal and private matter, and people have their own unique thoughts and feelings in this field [4].

In general, psychological and physical factors or a combination of the two affect the

increase in sexual distress. However, the precise influence of these factors in the development and progression of sexual distress is unknown [5]. Sexual distress is defined as the experience of negative emotional responses, such as frustration, worry, guilt, anxiety, or discomfort that are related to one's sexual performance [6]. Also, sexual dysfunction is common in women and can have harmful effects on their quality of life [7].

One of the important and influential factors in the quality of married lives is sexual behavior [8]. Sexual behaviors are innate and can be learned spontaneously. Therefore, sexual performance may be described differently in society and even the formation of sexual behavior may change for a person from time to time [9]. Sexual behavior is a complex concept. Hilbert, a contemporary sexologist, defines human sexual behavior based on three factors: sexual capacity (what he can do), sexual motivation (what he wants to do) and sexual performance (what he does) [10].

Many factors have an effect on the creation of human sexual behavior, such as biological factors (anatomy and physiology of reproductive organs), psychological cognitive factors (sexual intelligence, body image, a person's view of sexual affairs) and social cultural factors (sexual affairs) and issues related to gender. In other words, human sexual behaviors include all aspects of the body, life experiences, knowledge, mind and spirituality [11].

Women constitute about 49.6% of the population of Iran. Studies conducted in Iran have reported an average prevalence of sexual problems of 30% to 80% among women in 20-30 years old [11]. Iranian women live in an environment where sexuality as an unspoken issue becomes more complex than it does for men [12, 13]. Although human sexual behaviors include all aspects of the body, life experiences, knowledge, mind and spirituality, they are perceived and interpreted with a variety of meanings under the influence of the culture of sexuality [12, 14].

Since there is usually no constructive emphasis on sexual issues in our culture and the least amount of research has been done in this field, and considering that sexual issues are one of the most important issues in a couple's relationship, it is necessary to carry out such research [15]. Sexual inclinations include a wide range of beliefs, values, feelings and behaviors that originate from spirituality, culture and ethics, and as a result, all these aspects contribute to the creation of sexual disorders. Sexual disorders are common in all societies and can have serious effects on a person's quality of life, general health, as well as family and community health [16].

In recent decades, due to sexual and consequently marital discords, various types of programs have been designed to enrich marital life, to improve, prevent and treat behavioral problems, to resolve emotional and social problems of couples, and to develop effective approaches [14]. One of these approaches is a program to enrich marital life [12]. Marital Enrichment Program (MEP), firstly developed by Olson, has focused on six goals: to discover the strengths of a relationship, to strengthen

communication skills, to resolve couples' conflicts, to explore key family issues, to change budgets and financial plans, and finally, the evolution of one's marital goals [14]. Merghati Khoei et al. showed that enriching sex life in women using culturally sensitive training programs is promising in the Iranian communities [17]. In a field experiment focusing on reducing women's sexual distress we sought to answer the question whether a culture-oriented MEP can impact the sexual behaviors of women with sexual distress in Shiraz, and to what extent the component of sexual behavior are influenced by the intervention.

## Method

This research was a randomized clinical trial with a pre-test-post-test group and an eight-week and 12-week follow-up with a control group. The statistical population of the research was made up of all married women working in several government agencies of Shiraz city in 2021. Based on the call in the agencies, the applicants to participate in the training sessions to enrich couples' relationships were registered and the samples were purposefully selected from among the people who had registered. People with sexual distress were selected and included in the research.

In this study, in order to randomize the selection of the sample in the intervention and control groups, participants were assigned numbers from 1 to 120 respectively, then using the random block allocation method with blocks of four, people were divided into two groups of 60. Training sessions were applied to the experimental group, and finally, after checking the exit criteria, a total of 79 people remained in the intervention (40 people) and control (39 people) groups.

It should be mentioned that after the completion of the research stages, with the aim of minimizing dropout in the control group and in order to comply with ethical considerations, marital satisfaction education was implemented in one session for the evidence group. The inclusion criteria of the study were a history of marriage and having a spouse, age 20 to 60 years, minimum education, living in Shiraz, willingness to participate in the study and not having used psychotherapy in the past year. The exclusion criteria of the study were lack of willingness to participate in the research, being absent from training sessions (one session) and severe marital disputes at least in the last year (based on the self-report of the volunteers).

The tools used in this study were as follows:

**Sexual Distress Questionnaire:** This scale was created by Dragatis et al. [18] to assess sexual distress, which consists of 13 items. The scores on a 5-point Likert scale are between zero and 4 (never = 0 and always = 4). The total score is the sum of the scores of 13 scale items and is between 0 and 52, and the higher the score, the higher the distress and sexual distress. A score equal to or greater than the cutoff score of 11 indicates women with sexual distress. The internal consistency of the scale with  $\alpha$  coefficient is in the range of 0.93-0.86. In addition, differential validity by differentiating women with sexual

dysfunction from women with sexual dysfunction and appropriate divergent validity with the sexual performance index of desirable women has been reported [19, 20]. This questionnaire was created to evaluate the anxiety related to sexual issues. The Cronbach's alpha of this questionnaire has been reported as 0.94 and the cost of retesting has been reported to be 0.89 [21]. In this study, the Cronbach's alpha of this questionnaire was 0.95.

**Sexual Behavior Questionnaire:** This tool is based on a 33-item questionnaire to evaluate sexual behavior in women of reproductive age. This 33-item questionnaire was designed and psychometrically evaluated by Qurashi et al. in 2012 [22]. The questions of this questionnaire are scored on a six-point scale from not at all, little, medium, much, very much and I don't know. The sexual behavior questionnaire evaluates the four areas of capacity, motivation, performance and sexual schema. In this tool, the first 10 questions are related to sexual capacity, the second nine questions are related to sexual performance, the third 11 questions are related to sexual motivation, and the last three questions are related to sexual schema. Each question is rated between zero and five. The minimum and maximum sum of the average

numerical sexual capacity is between (0-50), sexual motivation (0-45) sexual performance (0-55), sexual schema (0-15). The scoring of this questionnaire is in such a way that the total scores are divided into three parts. If the obtained score of sexual behavior is less than 33 percentile, it is considered low, if it is between 34-67 percentile, it is considered average, and if it is above 68 percentile, it is considered high or favorable [23]. In this study, Cronbach's alpha of sexual behavior questionnaire was 0.91.

The therapy protocol was taken from the book of my wife (Skill training in marital and sexual relations) and was validated in the research of Moeni et al. [17] (Table 1). In order to check the hypotheses, variance tests and t-test were used in the SPSS-22 software environment. This study took into account ethical considerations, including obtaining informed consent to participate in the study and paying attention to the rights of the participants, confidentiality, protecting their information, the freedom of action of the participants to withdraw from the study at any stage and to provide native package treatments to enrich relationships.

**Table 1. Protocol of Marital Enrichment Package**

Sessions	The content of sessions
1	Awareness of the importance of sex education in the formation of a correct sex life Understanding the importance of proper sexual interactions in a married life Skill training in marital relations. Presentation of homework
2	Teaching the concept of communication, teaching to identify the growing steps of marriage, identifying factors that are effective in strengthening or destroying relationships, gaining the ability to talk to one's spouse about sexual issues, how to communicate, feelings and relationships with others such as spouse, family, relatives. The influence of culture on communication patterns, how to behave with the spouse in sexual relations. Presenting the assignment
3	Anatomy and function of sexual-reproductive organs in women and men, familiarity with the function of male sexual organs, sexual responses of men and women, sexual function of men and women, central factors in sexual stimulation, sex hormones in women and men, presentation of homework.
4	Vocabulary and human sexual response patterns Identifying sexual vocabulary and stages of sexual interaction between husband and wife Managing the wedding night and understanding the sexual cycle in men and women Sexual responses and sexual communication skills Effective factors in sexual relationship and the basics of sexual life and stages of sexual relationship and sexual satisfaction and doing homework during class. Conduct post-test

**Results**

The participants in the research included 79 women, Forty were assigned to the experimental group and 39 to the control group.

The mean age of the intervention group was 41.05 and the control group was 42.69, and the mean age of the

spouses (men) in the experimental group was 45.74 and the control group was 46.51. Also, the mean duration of marriage in the experimental group was 15.82, while the control group was 14.77 (Table 1). Significant changes were found in sexual capacity in the intervention group, in the post-test and follow-up weeks (Table 2).

**Table 2. Mean and Standard Deviation of Demographic Variables (Quantitative Basis) of Participants**

Demographic variables	Control (N=39)	Experiment (N=40)
Age (mean±SD)	42.69±5.28	41.05±5.8
Age of spouses (mean±SD)	46.51±6.57	45.74±7.03
Duration of marriage (mean±SD)	14.77±8.55	15.82±8.44
Life stress levels (mean±SD)	2.10±0.75	2.07±0.73
Sexual violence (mean±SD)	1.24±0.65	1.2±0.53
number of children (mean±SD)	1.33±0.87	1.62±0.77

The mean scores of the control group in the post-test had a significant difference with the experimental group and the effect size was 24.2% ( $p < .01$ ). The results showed that there was a difference between the experimental and control groups in sexual behavior (27.1%). In addition, in the second follow-up, we found a difference in sexual behavior between the experimental and control groups (20.1%). After presenting a sexual health package to maintain the subjects in the control group and comparing the post-test and eight-week and 12-week follow-up, the mean scores of the control group increased and the comparison of eight-week and 12-week follow-up was not significant ( $p > .01$ ) (Table 3).

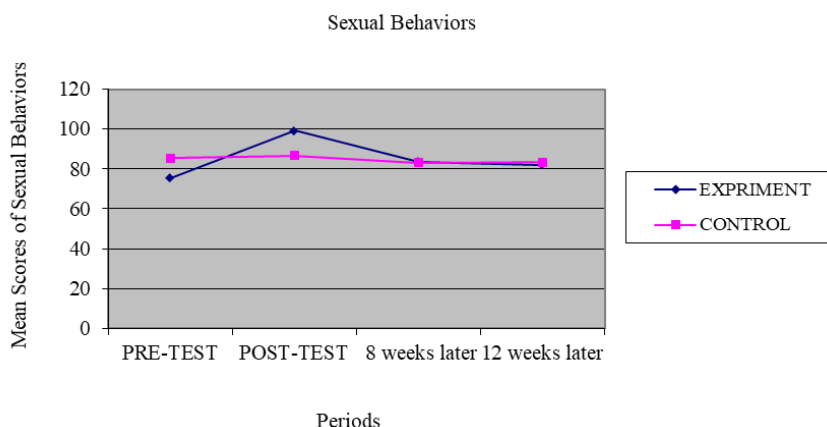
As it can be seen in Table 4, the mean of pre-test scores in the control and experimental groups based on t-test analysis of P-Value was equal to 0.056. The difference between the two groups was not significant. After training the control and experimental groups based on t-test analysis, the P-Value was equal to 0.003. After eight weeks and 12 weeks, the mean scores were 0.86 and 0.71, respectively. The difference between the two groups was not significant. In the 8-week follow-up we found a significant difference with the pre-test ( $P < .01$ ) and in the 12-week follow-up the control group scores had slightly increased.

**Table 3.** Mean and SD of Pre-test, Post-test and Follow-up Scores of Sexual Behavior

Sexual behaviors	Pre-test		Post-test		Follow-up 1		Follow-up 2	
	experiment (N=40)	Control (N=39)	experiment (N=40)	Control (N=39)	experiment (N=40)	Control (N=39)	experiment (N=40)	Control (N=39)
Mean ±SD	75/52±19/8	85/33±18/66	99/1±18/06	86/72±17/9	83/72±16/34	83/1±15/23	82/1±15/89	83/41±15/99

**Table 4.** Independent Groups T-test of Variable Sexual Behavior in both Experimental and Control Groups

Sexual behaviors	Pre-test	Post-test	Follow-up 1	Follow-up 2
T	-2.26	3.05	0.17	-0.36
Df	77	77	77	77
P	0.056	0.003**	0.862	0.716



**Figure 1.** Comparison of the average scores of sexual behavior of women with sexual distress in pre-test, post-test and follow-up in two groups.

**Discussion**

Overall, the effects of the culture-oriented marital enrichment package intervention was promising. The results of this study can play a significant role in promoting intimacy and emotional relationships as well as reducing sexual problems of couples using the Culturally Oriented Marital Enrichment Package.

No research was found that investigated the effect of this enrichment package on sexual behaviors, but Bagheri's research [24] showed that the marital relationship enrichment protocol of Marqati Khoui was able to improve the sexual health of couples.

Also, the results of Amini and Heydari [25] showed that the effectiveness of relationship enrichment training has been effective in improving the quality of life and marital satisfaction of married students.

Another research [26] has reported the effect of group training of marital enrichment program (Olson style) on increasing marital intimacy and the quality of couples'

sexual relations. Bodihi [27] stated in a research that relationship enrichment education is effective on sexual satisfaction and marital dissatisfaction of married women. Tavaloli et al. [28] showed in a study that the marriage enrichment training plan has increased marital intimacy . Sexual behaviors are important aspects of human life which play a role in the quality of marital life. Sexual behaviors are shaped by a sexual value system that influence one's sexual behaviors [29].

According to Soka, the most important skills for enriching relationships between couples are desire, love, compassion, trust, belonging, loyalty, security and pleasure [29]. If women fulfill these desires for their husbands, as a basic psychosocial function that affects romantic relationships, they can achieve personal psychological development and marital bond and form a more intimate relationship [30].

Marital enrichment counseling has significantly improved women's ability to express themselves, and their sexual

motivation and capacity. The current findings are consistent with the findings of Johnson, who stated that sexual problems are not the result of any profound mental disorder, but rather the result of very simple reasons such as deprivation of education and information and misconceptions about sexual desire and relationship. Gelman's (1984) studies also revealed that providing sexual education and information, body anatomy, and sexual techniques is effective in the medical treatment of sexual disorders. Some other studies have shown that sex education is effective in promoting sexual expression, marital satisfaction, intimacy, and happiness [31, 32]. Sexual capacity means what a person can do [33] and also from the point of view of Gagnon and Simon, sexual schemas are guides for sexual thoughts, feelings and behavior in different situations [34]. Climnik et al. showed that negative sexual schemas lead to decreased sexual function [35]. A person's sexual schemas are a presupposition in individuals that represent past memories, experiences, and feelings, and guide individuals through current decisions, judgments, and sexual behaviors [36]. Behaviors resulting from schemas are more prevalent in women because of their nature [37, 38].

Therefore, in this study, according to changing the schemas of individuals and making them flexible and measuring the level of sexual motivation of individuals, the level of sexual satisfaction and performance and behavior change in women was created. The relationship enrichment approach seeks to help couples get closer to each other and learn the skills needed to secure their relationship. Couples learn how to increase their acceptance and to not judge each other.

According to the results of the present study on the effect of CMEP on sexual behaviors and its dimensions (sexual capacity, sexual function, sexual motivation and sexual schemas), it can be stated that enriched programs of culture-based marital relationships should be considered as suitable programs to increase marital life satisfaction, reduce marital distress and increase health and sexual behavior. On the other hand, this culture-based treatment package can prevent the worsening of sexual problems as a preventive program, so the establishment of centers to provide such training is recommended.

Sexual function is a part of human life and behavior and is so intertwined with the individual's personality that it seems impossible to talk about it as an independent phenomenon [39]. Actually, sexual function is considered as a part of female sexual health [40].

In this regard, WHO considers sexual health as a kind of harmony of mind, feeling and body that leads to the completion of personality, communication and love [41].

In the study of Khodamradi and Ismaili, it was revealed that training to enrich marital life has reduced the fear of intimacy and has significantly increased the level of sexual function of women [42], which is consistent with the present study.

As a result of the trainings, the participants came to the conclusion that they should plan for sexual relations with

their spouses and experience more intimate and enjoyable sexual relations with a better planning. Also, when the participants became familiar with bedroom skills and learned new ways to communicate sexually, experiencing these more diverse and enjoyable sexual relationships helped them to experience more sexual intimacy in relation to their spouses.

In general, the training sessions made the participants gain a positive view of their sexual issues and abandon wrong sexual schemas, and they formed realistic, positive and healthy sexual expectations in relation to their spouses. Higher levels of sexual knowledge and awareness can lead to experiencing more intimacy and satisfaction in sexual interactions between spouses.

## Conclusion

Various studies available all confirmed the effects of marital enrichment interventions on sexual health and sexual function and behavior, and in the studies conducted, no inconsistent findings were found. Based on the taught techniques, participants found that their main problem was their misconceptions and misjudgments due to changing their beliefs and judgments about their spouses, and avoiding mind-reading and subsequent misunderstandings. Among spouses who are unhappy with each other, relationship enrichment and analysis training by providing solutions in the field of caressing, intimacy, free expression of feelings and self-disclosure in an atmosphere full of psychological security and mutual empathy between spouses reduced negative confrontation between them.

The limitation of the study was collecting data during COVID-19 pandemic, which may have caused extra stress or anxiety for participants. In addition, another limitation was the fact that the husbands of the participants did not take part in the educational sections of this study was..

## Ethical Approval

In this research, ethical principles were considered and women were informed about the purpose of the study. In addition, this research was approved in Bushehr University of Medical Sciences with the code of ethics (IR.BPUMS.REC.1400.033).

## Acknowledgment:

The authors of the present study would like to thank the Director of Women and Family Affairs of Fars Governorate, Dr. Dastghib, who supported the financing of this research. Our special thanks goes to the women who took the time to share their most private sex lives with us.

## Reference

1. Taheri z, mahvi shirazi m. Investigating the Relationship Between Marriage Expectations and Tolerance of Distress with Marital Adjustment in Women. *Women Studies*. 2019;10(27):99-116. [10.30465/WS.2019.4031](https://doi.org/10.30465/WS.2019.4031)
2. Ashmore JA, Emery CF, Hauck ER, MacIntyre NR. Marital adjustment among patients with chronic obstructive pulmonary disease who are participating in pulmonary rehabilitation. *Heart & Lung*. 2005;34(4):270-8. <https://doi.org/10.1016/j.hrtlng.2004.12.005>



3. Srithanaviboonchai K, Sitthi W, Musumari PM, Tangmunkongvorakul A, Rerkasem K, Techasrivichien T. Sexual Behavior and Attitudes Toward Sex of Older Adults Living with HIV. *AIDS and Behavior*. 2020;24(6):1825-34. <https://doi.org/10.1007/s10461-019-02756-6>
4. Masters WH, Johnson, V. E., & Kolodny, R. C Human sexuality. Boston: Longman 2017.
5. Bancroft J, Janssen E, Strong D, Carnes L, Vukadinovic Z, Long JS. The relation between mood and sexuality in heterosexual men. *Archives of sexual behavior*. 2003;32(3):217-30. <https://doi.org/10.1023/A:1023409516739>
6. Tavares IM, Santos-Iglesias P, Nobre PJ. Psychometric validation of the sexual distress scale in male and female Portuguese samples. *The Journal of Sexual Medicine*. 2022;19(5):834-45. <https://doi.org/10.1016/j.jsxm.2022.02.026>
7. Felmingham K, Williams LM, Kemp AH, Liddell B, Falconer E, Peduto A, et al. Neural responses to masked fear faces: sex differences and trauma exposure in posttraumatic stress disorder. *Journal of abnormal psychology*. 2010;119(1):241. <https://doi.org/10.1037/a0017551>
8. Dennerstein PL, Emma Dudley, Lorraine. Short scale to measure female sexuality: adapted from McCoy Female Sexuality Questionnaire. *Journal of Sex & Marital Therapy*. 2001;27(4):339-51. <https://doi.org/10.1080/009262301317081098>
9. Clayton AH, McGarvey EL, Clavet GJ, Piazza L. Comparison of sexual functional in clinical and nonclinical populations using the changes in Sexual Functioning Questionnaire (CSFQ). *Psychopharmacology Bulletin*. 1997;33(4):747. PMID: 9493487.
10. Ghorashi Z, Yousefy A, Merghati-koei E. Developing and validating a questionnaire to measure Women's sexual behaviors: a psychometric process. *Galen Medical Journal*. 2016;5(4):208-14. <https://doi.org/10.31661/gmj.v5i4.698>
11. Avasthi A, Kaur R, Prakash O, Banerjee A, Kumar L, Kulhara P. Sexual behavior of married young women: A preliminary study from north India. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*. 2008;33(3):163. doi: 10.4103/0970-0218.39677
12. Sepahvand T, Rasoulzade Tabatabaei SK, Besharat MA, Allahyari AA. Comparison of integrated model of self regulation-attachment couple therapy and marital enrichment program in marital satisfaction and psychological wellbeing of couples. *Contemporary Psychology, Biannual Journal of the Iranian Psychological Association*. 2014;9(1):55-70.
13. Olson D, Olson A. Prepare/enrich program. *Handbook of preventative approaches in couple therapy*. 1999:196-216.
14. Olson DH. Prepare/Enrich Program: Version 2000 David H. Olson & Amy K. Olson.
15. Zahra B. The effectiveness of relationship enrichment program on sexual satisfaction and marital boredom of married women referring to cultural centers in Isfahan.: Shahid Ashrafi Isfahani University; 2020.
16. Ryle R. Questioning gender: A sociological exploration: Sage Publications; 2011.
17. Moeini B, Khoei EM, Barati M, Soltanian A, Sharma M, Khadivi R, et al. Randomized controlled trial protocol to evaluate the effect of an educational intervention using information, motivation and behavioral skills model on sexual satisfaction of new couples in Iran. *Reproductive health*. 2019;16(1):1-10 <https://doi.org/10.1186/s12978-019-0821-7>
18. DeRogatis L, Clayton A, Lewis-D'Agostino D, Wunderlich G, Fu Y. Validation of the female sexual distress scale-revised for assessing distress in women with hypoactive sexual desire disorder. *The journal of sexual medicine*. 2008;5(2):357-64. <https://doi.org/10.1111/j.1743-6109.2007.00672.x>
19. Azimi Nekoo E, Burri A, Ashrafi F, Fridlund B, Koenig HG, Derogatis LR, et al. Psychometric properties of the Iranian version of the female sexual distress scale- revised in women. *The journal of sexual medicine*. 2014;11(4):995-1004. <https://doi.org/10.1111/jsm.12449>
20. roshan chesli r, mirzaei s, nikazin a. Validity and Reliability of Multidimensional Sexual Satisfaction Scale for Women (SSSW) in One Sample of Iranian Women. *Clinical Psychology and Personality*. 2014;12(1):129-40. [20.1001.1.23452188.1393.12.1.11.4](https://doi.org/10.1111/j.1743-6109.2007.00672.x)
21. Ghassami m, Shairi MR, Asghari Moghadam MA, Rahmati N. The Study of the Psychometric Properties of the 6-Item Version of the Female Sexual Function Index (FSFI-6) Amongst Iranian Women. *Nursing and Midwifery Journal*. 2014;12(7):532-43. URL: <http://unmf.umsu.ac.ir/article-1-1619-en.html>
22. ghorashi Z. Clarifying the concept of sexual behavior and developing a scale for evaluating sexual behaviors of married women of childbearing age, exploratory method.: Isfahan University; 2012.
23. MacKian SC. What the papers say: Reading therapeutic landscapes of women's health and empowerment in Uganda. *Health & place*. 2.15-106:(1)14;008 <https://doi.org/10.1016/j.healthplace.2007.05.005>
24. bagheri f. investigating the effectiveness of marital relationship enrichment training on the sexual health of couples: Hamedan University of Medical Sciences; 2019.
25. Amini M, Heydari H. Effectiveness of relationships enrichment education on improvement of life quality and marital satisfaction in married female students. *Journal of Education and Community Health*. 2016;3(2):23-31. doi:24-jech/21859.10. D
26. Mohammadi M, Alibakhshi SZ. The Effectiveness of the Self-differentiation Training Based on the Bowen Theory on Marital Satisfaction. *Journal of Research and Health*. 2021;11(5):333-40. [10.32598/JRH.11.5.1574.1](https://doi.org/10.32598/JRH.11.5.1574.1)
27. badihi Z. The effectiveness of the relationship enrichment program on sexual satisfaction and marital dissatisfaction of married women referring to culture centers in Isfahan city.: Shahid Ashrafi of Isfahani; 2020.
28. Tavaloli T, Kimiaei SA, Agha Mohammadian H. The Effectiveness of Marriage Enrichment Training of TIME Plan on improving marital intimacy and psychological security of women. *Practice in Clinical Psychology*. 2022;10(3):0-. [10.32598/jpcp.10.3.857.1](https://doi.org/10.32598/jpcp.10.3.857.1)
29. Khamsei A. Investigating the relationship between sexual behavior and gender role schemas in two groups of married students: Comparison of sexual behavior of women and men in the family. *Family Studies*. 2006;2(8):327-39.
30. Issanejad O, Ahmady S, Bahrami F, Baghban I, Shojaheidari M. The Effect of Relationship Enhancement Training on Marital Happiness and Optimism. *Journal of Modern Psychological Researches*. 2011;6(21):129-49.
31. Cobb RJ, Sullivan KT. Relationship education and marital satisfaction in newlywed couples: A propensity score analysis. *Journal of Family Psychology*. 2015;29(5):667. [2016 Spring \(1\).zip](https://doi.org/10.1037/a0038571)
32. Mercer Kollar LM, Davis TL, Monahan JL, Samp JA, Coles VB, Bradley EL, et al. Do as I say: Using communication role-plays to assess sexual assertiveness following an intervention. *Health Education & Behavior*. 2016;43(6):691-8. <https://doi.org/10.1177/10901981166630>
33. Javadivala Z, Allahverdi-pour H, Merghati-Khoei E, Mirghafourvand M. Exploration, designing, and effectiveness of a comprehensive model of prevention and counseling on improving sexual motivation and function of women at menopausal ages: A Sequential Exploratory Mixed Methods Study. *The 7th International Women's Health Seminar1397*. WHMED07\_227
34. Maines RP. The technology of orgasm: "Hysteria," the vibrator, and women's sexual satisfaction: JHU Press; 2001.
35. Kilimnik CD, Boyd RL, Stanton AM, Meston CM. Identification of nonconsensual sexual experiences and the sexual self-schemas of women: Implications for sexual functioning. *Archives of Sexual Behavior*. 2018;47(6):1.47-633 <https://doi.org/10.1007/s10508-018-1229-0>
36. Andersen BL, Cyranowski JM. Women's sexual self-schema. *Journal of personality and social psychology*. 1994;67(6):1079. <https://doi.org/10.1037/0022-3514.67.6.1079>
37. Meskó N, Zsidó AN, Birkás B, Meston CM, Buss DM. Why Hungarians Have Sex: Development and Validation of a Brief 15-Item Instrument (YSEX?-15H). *Archives of Sexual Behavior*. 2022;51(8):4007-22. <https://doi.org/10.1007/s10508-022-02380-x>
38. Hatfield E, Luckhurst C, Rapson RL. Sexual motives: Cultural, evolutionary, and social psychological perspectives. *Sexuality & Culture*. 2010;14(3):173-90. <https://doi.org/10.1007/s12119-010-9072-z>
39. Mazinani R, Akbari Mehr M, Kaskian A, Kashanian M. Evaluation of prevalence of sexual dysfunctions and its related factors in women. *Razi Journal of Medical Sciences*. 2013;19(105):59-66. URL: <http://rjms.iu.ac.ir/article-1-2402-en.html>
40. Firuzi H, Amiri F, Saadati N, Rostami M. The effects of

- childhood abuse on women's body image and sexual function. Journal of Fundamentals of Mental Health. 2016;18(6):313-20. URL: [http://jfmh.mums.ac.ir/article\\_7754.html](http://jfmh.mums.ac.ir/article_7754.html)
41. Woertman L, Van den Brink F. Body image and female sexual functioning and behavior: A review. Journal of sex research. 2012;49(2-3):184-211. DOI:10.1080/00224499.2012.658586
42. Khodamoradi M, ESMAEILI A. The Effectiveness of Marriage Enrichment Training in Fear of Intimacy and Improving Sexual Function. 2020. Doi: 10.52547/jarcp.1.2.85