Original Article Health, Spirituality and Medical Ethics. 2018;5(2):16-22

Relationship between Religious Beliefs and Sexual Health in Married Women of Qom, Iran

Received 17 Jan 2017; Accepted 8 Apr 2018

Maryam Nassimi[1], Habib Sabouri Khosrowshahi[2]*, Noruz Hashemzehi[2]
1 Department of sociology, Central Tehran Branch, Islamic Azad University, Tehran, Iran.
2 Department of sociology, East Tehran Branch, Islamic Azad University, Tehran, Iran.

Abstract

Background and Objectives: Family is the most sacred institution in the religion of Islam, and women's health is the keystone of family and society's health. Therefore, addressing all aspects of women's health, including sexual health, contributes to strengthening the foundation of the family. This study aimed to evaluate the relationship between religious beliefs and sexual health in women..

Methods: This study was conducted on 383 married women aged less than 50 years residing in Qom, Iran, during 2016-2017. Sampling was carried out using the cluster sampling method, and data were collected using a researcher-made questionnaire, whose face validity and reliability were confirmed based on the opinions of experts and estimation of Cronbach's alpha, respectively. Data analysis was performed using descriptive and inferential statistics (Pearson's correlation and linear regression model) in SPSS.

Results: We observed a significant positive correlation between sexual health and religious beliefs. Moreover, our results demonstrated that religious beliefs could predict sexual health, such that 27% of the changes in sexual health were predicted by religious beliefs.

Conclusion: According to the results, sexual relationship with the spouse is deemed as a divine and sacred blessing based on the religion and religious beliefs, resulting in a higher level of sexual health.

Keywords: Family, Health, Sexuality, Sexual health, Religious Beliefs.

***Correspondence:** Should be addressed to Dr. Habib Sabouri Khosrowshahi. **Email:** habibsabouri@hotmail.com

Please Cite This Article As: Nassimi M, Sabouri Khosrowshahi H, hashemzehi N. Relationship between Religious Beliefs and Sexual Health in Married Women of Qom, Iran. Health Spiritual Med Ethics. 2018;5(2):16-22.

Introduction

Family is the foundation of the society and one of the most important and basic social institutions. In religious culture, family is a monotheistic unit, which is related to the divine monotheism (1). Despite the importance of family, the high divorce rate and its impact on health in Iran are astounding (2). The actual cause of many divorces is sexual incompatibilities between the husband and wife, which reduce their inclination toward each other, resulting in divorce due to various trivial issues (3).

In all societies and religions, sexuality is a taboo and women do not express their sexual problems due to timidity and modesty. However, these problems emerge in the form of physical discomforts, depression and dissatisfaction with marital life (4). In general, women's health is the foundation of family and society's health (5). In addition, as one of the aspects of health, sexual health is one of the essential components of sustainable marriage. According to the definition by the World Health Organization, sexual health is integrity and harmony between mind, feelings and body in sexual relationships, directing social and intellectual aspects of human beings toward the promotion of character and creating communication and love (6,7).

Several studies have been conducted on the relationship between religion and various aspects of sexual health. In this regard, Ellison, Gay and Glass marked that religious beliefs have a positive impact on marital adjustment, resolving conflicts, and in turn, marital satisfaction. In studies by Kermani, Mamazandi and Danesh (8) and Rouhani and Manavipour (9), a significant positive

correlation was observed between correct religious attitudes and marital satisfaction in all aspects, including the sexual dimension. In another study by Hatami, Habbi and Akbari (10), a strong association was noted between religious beliefs and all aspects of life satisfaction, including physical dimension. In addition, Marsh and Dallas (11) asserted that religious beliefs had a potential effect on the reduction of marital conflicts and satisfaction. In a study by Ahmadi, Fathi Ashtiani and Arabnia (12), marital adjustment was significantly higher in individuals with stronger religious beliefs, compared to those with lower levels of religious orientations and beliefs.

Religion has always been considered by theorists and researchers of various areas of human sciences due to its impact on all aspects of human life. In the realm of sociology, Durkheim (13) proposed that religion creates shared behaviors through adding divinity to everyday life and creating common norms and values, which eventually leads to family integrity. Moreover, Yinger believes that religion reduces anxiety and concerns in humans (14). According to Berger (15), religion is a functional necessity and creates peace and stability by meeting the human need to find meaning in life.

From psychologists' point of view, religion saves individuals from futility by providing explanatory arguments. In the area of psychology, Alport believes that intrinsic religious orientation (internalization of religion by the individual and lack of instrumental use of religion) promotes mental health (16). As the father of psychology, William James argues that love and religious power lead to dignity, patience, perseverance, belief and confidence. According to this scholar, religious feelings bring ever increasing energy to life and work of the individual (17).

Considering the fact that sexual issues are taboo, few studies have been conducted on sexual health in the field of human sciences. In addition, the majority of studies in this domain have evaluated the effect of religion on sexual satisfaction. Therefore, there is a scarcity of interdisciplinary research addressing all aspects of sexual health (i.e., physical, mental, social and emotional) from the religious, social and psychological perspectives. With this background in mind, this study aimed to evaluate the link between religious beliefs and sexual health of women and the effect of religious beliefs on sexual health. According to the first hypothesis of this research, there is a significant positive connection between religious beliefs and sexual health. In addition, the second hypothesis premised that religious beliefs influence sexual health.

Methods

Theoretical framework and the research background were extracted through the library research method. In the fieldwork stage of the research, the quantitative survey method was employed, which is a data collection technique. In this method, a certain group of individuals is required to answer specific and similar questions. The data collection tool was a questionnaire. Since we purported to assess sexual health in the area of family in this research, the sample population included married women (aged below 50 years), who were residing in Qom, Iran. According to the statistics obtained from the Statistics Center of Iran, the total sample population was 206618, who were selected through a probability sampling method named the cluster (multistage) sampling method.

To this end, the city of Qom was divided into five regions of north, south, center, east and west, and in each area, a portion of the questionnaires was randomly filled out at the house of the subjects. The inclusion criteria comprised of being female and married, residing in Qom, being aged below 50 years (due to the increased possibility of menopause and/or reduced sexuality), and being literate. On the other hand, the exclusion criterion was not meeting any of the mentioned criteria. The sample was size was estimated at 383 using Cochran formula and considering the volume of the statistical population, the level of homogeneity and type I error rate. Completion of the questionnaires continued until reaching 383 subjects. In this study, a researcher-made questionnaire was used to assess religious

beliefs and sexual health. The questionnaire included 21 items rated based on a five-point Likert scale (1=completely agree, 2=agree, 3=no opinion, 4=disagree, 5=completely disagree).

There were four items related to religious belief that appraised the association between this variable and sexual health. In addition, 17 items evaluated the physical (4 items), mental (4 items), emotional (4 items), and social (5 items) aspects of sexual health. Moreover, content validity of the questionnaire was established using the opinions of experts. Moreover, reliability of the questionnaire was estimated at the Cronbach's alpha of above 0.7. The questionnaires were reviewed and coded after being completed. Afterwards, data analysis was carried out in SPSS using descriptive and inferential statistics (Pearson bivariate correlation and bivariate linear regression).

In order to adhere to ethical considerations, the study was performed in a way not to harm the participants, and the questionnaires were filled out by a trained researcher. It should be noted that participation in the study was voluntarily and respondents' comfort was considered while completing the questionnaire. In addition, the subjects were ensured of the confidentiality terms regarding their personal information.

Result

47% of the participants (180) were within the 17-30 age bracket, whereas the lowest frequency (63 [16.4%]) pertained to the 41-50 years age group. In addition, the highest frequency of educational level was related to diploma and BSc, while the lowest frequency belonged to below junior high diploma.

Table 1. Frequency distribution of the respondents with regard to the level of religious beliefs and sexual health (n=383)

Variable	Index status (%)		
	Low	Medium	High
Social aspect of sexual health	3.2	76	20.8
Physical aspect of sexual health	4.9	39	56.1
Mental aspect of sexual health	2.6	20.5	76.9
Emotional aspect of sexual health	9.3	29.5	61.2
Sexual health	2.4	39.2	57.5
Religious belief	0	6.4	93.6

According to Table 1, most respondents had a high level of sexual health in physical, mental and emotional aspects and at a moderate level regarding the social aspect. Largely, most of the participants (57.5%) had a high level of sexual health. In addition, the respondents obtained a high score in terms of the relationship between religious beliefs and sexual health.

Table 2 presents the items and frequency percentage of the variable of religious belief and the mean scores of the respondents. According to this table, the majority of the respondents believed that from the perspective of Islam, sexual affairs are a sacred matter in family.

Table 2. Frequency distribution of the variable of religious belief (n=383)

Item	Completely agree	Agree	No opinion	Disagree	Completely disagree	Mean
I often feel guilty after having sexual relationship with my spouse.	1	1.6	4.5	23.6	69.4	4.58
I feel paying attention to sexual pleasure distances me from God.	3.1	5.2	5.7	23.2	62.7	4.37
When I try to make the sexual relationship more satisfactory, I feel that I am closer to God.	45.6	32.4	14.1	4.8	3.2	1.87
In my opinion, a female believer should avoid sexual pleasure.	1.8	1	3.1	21.1	72.8	4.62

According to Table 3, a significant positive association was observed between religious beliefs and sexual health, demonstrating that the closer women's beliefs are to religious beliefs, the higher their sexual health will be. Moreover, results indicated that religious beliefs had the highest and lowest correlations with the mental and physical aspects of sexual health, respectively.

Table 3. Pearson correlation coefficient between sexual health and its dimensions with religious beliefs (n=383)

Dependent variable	Religious belief		
	N	Correlation coefficient	p-value
Social aspect of sexual health	359	0.37	0.000
Physical aspect of sexual health	373	0.28	0.000
Mental aspect of sexual health	373	0.46	0.000
Emotional aspect of social health	375	0.4	0.000
Sexual health	357	0.53	0.000

Results of linear regression demonstrated that R2 or the value of the coefficient of determination showed that the independent variable of religious beliefs could predict 27% of changes in the dependent variable of sexual health, which was significant according to F value (229.13; P<0.001). However, the remaining 72% of changes in the variable of sexual health are determined by other components that were not evaluated in this research. In linear regression, B (1.91) and β (0.52) demonstrated the non-standard and standard coefficients of regression, respectively, determining the level of change observed in sexual health by each one unit change in each of the variables. Furthermore, t-test (11.71) values and level of significance showed the significant impact of religiosity and its dimensions in the regression equation.

Discussion

The current research was performed to evaluate the effect of religious beliefs on sexual health of married women aged below 50 years residing in Qom. According to the results, a significant positive association was found between religious beliefs and all aspects of sexual health. In addition, religious beliefs of individuals predicted 27% of changes in sexual health of the subjects. Therefore, the first and second research hypotheses concerning the significant relationship between religious beliefs and sexual health and the effect of religious beliefs on sexual health are confirmed, respectively. In this regard, our findings concerning the first hypothesis were in line with the results obtained by Kermani Mamazandi and Danesh, Rouhani and Manavipour, Hatami et al., and Ahmadi et al. Moreover, our findings in terms of the second hypothesis were in congruence with the results reported by Alison et al. and Marsh and Dallas.

Various studies performed on the relationship of couples have signified the effectiveness of different factors on family stability. Meanwhile, given the fact that the Iranian society is Islamic and culture of Iranians is rooted in religious beliefs, religious beliefs and attitude toward sexual health are key to family stability. Religious attitude can be effective in marital relationship since religion includes guidelines for life and provides values and beliefs that can affect marriage. Religion provides general guidance to humans, which if followed by human beings, will boost marital bond. Moreover, these guidelines include laws regulating sexual activity, gender roles, selflessness, and conflict resolution in marital relationships (18).

Comparing the attitudes of Judaism, Christianity and Islam, we realize that Judaism introduces sexual acts of women to be sinful and unholy, recommending that intimacy and satisfaction of sexual desires be transferred to family in the light of marriage to support women inside family. According to such beliefs, Judaism provides a dual and contradictory attitude in this regard (19). In Christianity, women are encouraged toward monasticism and abstinence, and men are ordered to suppress their sexual desires and turn to Jesus.

It is clear that encouragement to abstain from this innate instinct, even within the framework of a divine and sacred affair such as marriage, leads to the emergence and intensification of conflicts and mental-psychological complexes by causing many sexual-psychological deviations, preventing human beings from ascending to high levels of mental health (4). Therefore, believing in evilness of sexual intercourse and desire renders the soul of the woman and man equally baffled, causing tedious conflicts between the natural instinct and religious beliefs. Psychological conflicts that are often associated with dire consequences are mainly formed due to the opposition between natural desires and social indoctrinations (20).

From the perspective of Islam, satisfying the innate instinct of sex in the family system and the framework of marriage is not only allowed, but also recommended and even regarded obligatory in some cases, permitting both men and women to meet this actual mental need in the form of permanent and temporary marriage. This prevents contradictions and sustained complexes contributing to diseases and psychiatric disorders, guaranteeing the health of individuals as well as the society (4).

Islam has officially recognized the sexual need of human beings, providing some regulations for its modification in verses 187 and 223 of Al-Baqara, verse 47 of Al Imran, and verse 20 of Maryam surah. In verse 21 of Ar-Rum, the three goals of correct satisfaction of sexual instinct, mental relaxation and the creation of kindness have been expressed for marriage and formation of a family. In addition, in verses 30 and 31 of An-Nur Surah, the framework of sexual behavior of mankind is regulated in a way that strengthens families, creates a healthy environment, and provides the basis for the divine growth of mankind (21).

From the point of view of Islam, marriage is a bond based on the belief in God between the husband and wife, and the more the relationship between the two spouses is loving, the more their faith in God will increase. The leaders of Islam have instructed men and women to wear makeup and perfume to create a vibrant and joyful bond with their spouses. In this regard, Imam Sadegh has stated men must have a clean appearance, which increases the craving of their spouse (22). On the other hand, Imam Kazem has marked: adhering to personal hygiene in men increases chastity in women. Women lose their chastity if their husbands pay no attention to hygiene (23).

The cause of the considerable percentage of low sexual desire in women is lack of sexual satisfaction due to unawareness of their spouses regarding proper sexual relation. In such conditions, women regard sexual relation as an animalistic and appalling act, creating a secondary and sustainable behavior, that is, the lack of sexual desire. Usually, no other method can be used to persuade them to have intercourse since they do not have a desirable memory about this act. In addition, intercourse without stimulation and satisfaction not only does not increase women's libido, but also disgusts them most of the times.

Islam also condemned the lack of satisfaction of woman during sex due to ignorance of the spouse. In this regard, the prophet of Islam stated no one must have intercourse like animals, but there must be a messenger between the husband and wife. He was asked what is this messenger? He answered: kissing and talking. He also added three things occur out of ignorance… first, men having intercourse with their spouse without talking and men reaching climax before their wives. They asked: how can they prevent that? He responded: they need to slow down, so that they can reach climax together (19). There are also many hadiths on how to prepare a woman for sexual relationship. In this respect, Imam Sadegh stated whenever you want to have intercourse with your wife, you need to make erotic jokes first and make them completely ready since it would make the process more joyful for both of you (24).

Many studies have shown that lack of proper knowledge is one of the most significant factors attenuating sexual health in women and weakening the foundation of family. Despite the importance of sexual education, there are always various barriers, including shame. Most families are ashamed to talk about their sexual training needs or cannot perceive this requirement. Moreover, there is no public and official site for sexual training or counseling.

Yousefzadeh, Nameni and Najafi (25) believed that sexual training synchronous with religious education can increase overall marital adjustment and agreement as well as manifestation of emotions in marriage. Furthermore, Rezazadeh (26) marked that training communication skills along with teaching proper religious beliefs and values can affect marital satisfaction. Results obtained by Maghsoudzadeh and Younesi (27) demonstrated that education regarding religious issues increased marital satisfaction, including sexual satisfaction.

One of the most important barriers to sexual health is women's pudency toward their husbands. Maclaren asserted that factors such as considering sexual issues wrong and undesirable and fear of limited knowledge and individual skills could undermine sexual health. Islam proposes the concept of modesty and humbleness in two distinct areas, inviting women to adhere to proper clothing and behavior in the society in front of stranger men. However, hadiths by Imams have opposed shame in front of the spouse.

In this regard, one of the leaders of Islam stated: the best of women are those who when losing their clothes lose their modesty as well but wear proper clothes and show modesty in the public (28,29). If during the socialization process women are taught that modesty with the spouse is favorable, these worthless illusions could prevent healthy sexual relations between spouses.

Despite the great emphasis of Islam on chastity of women, unnecessary shame in front of the spouse is condemned by this religion, regarding it the cause of reduced kindness of men and destruction of family. Therefore, the prophet of Islam said: do not marry a woman who has no sexual desire (29). In conclusion, some beliefs that are considered to be related to religion are not observed in Islamic doctrines, and wrong beliefs must be modified through education based on verses and hadiths.

Conclusion

According to the results of the current research, religiosity and religious beliefs cause the regarding of marriage and sexual relations as a sacred and divine act. Religious individuals obtain more desirable results in management and response to sexual instinct within the framework of marriage by relying on religious regulations. One of the major drawbacks of this research was the lack of ability to ask about sexual health by the researcher due to ethical issues. In addition, the subjects were unwilling to answer the questions because some of the discussed topics were considered taboo. Therefore, it is recommended that further qualitative studies be conducted to obtain a deeper and more accurate insight into the issue. According to the results of the present study, educating women will modify their incorrect religious attitudes toward sexual relations and improve their sexual health.

Conflict of interest

The author declares no conflict of interest.

Acknowledgements

This article was extracted from a PhD dissertation in the field of sociology. Hereby, we extend our gratitude to the directors of Islamic Azad University, Tehran Branch, for their support of the research.

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