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Exploring Married Iranian Women's Perception of the Meaning of Sexual Marital Activity: A Qualitative Study

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Abstract

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Keywords

Coitus, Female, Marriage, Perception, Qualitative Research

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Exploring Married Iranian Women's Perception of the Meaning of Sexual Marital Activity: A Qualitative Study

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Sexual relationship is not limited to a merely biological process; it is an experience that is formed in a joint intrapersonal, interpersonal and cultural context. This study aimed to explore married Iranian women's interpretation of sexual activity. The researchers conducted this qualitative study on 65 eligible married women aged 16-60 years attending prenatal care, family planning, and gynecology clinics in an educational hospital during 2012-2013. We collected data through 9 focus group discussions. We also used purposive sampling method with maximum variation for selecting study Participants. All interviews were continued until data saturation was achieved. Researchers used a conventional content analysis approach for data analyzing. Four main categories were extracted from the data. The main categories included: "Sex and response to individual's feelings," "Sex and intra and interpersonal challenges," "Sex and informational challenges (the known and unknown)," and "Sex and self-sacrifice (duty-oriented sexual activity)." The participants expressed a dynamic meaning of sexual marital activity that was influenced by many basic emotional, psychological, physical, social, economic, and cultural factors. Most participants placed strong emphasis on the duty-oriented aspect of marital sexual activities, and showed a preference for their husband's sexual needs and satisfaction. Keywords: Coitus, Female, Marriage, Perception, Qualitative Research

Society deems marriage as a valuable mutual interaction in which sexual intercourse, as an inseparable part of a romantic relationship, occurs. Marriage is of great value in any known culture (Gheisari & Karimian, 2014). Marriage and the pursuant sexual activity are also considered a value in the Islamic community of Iran (Simbar, Ramezani Tehrani, & Hashemi, 2003). Based on available scientific literature, sexual intercourse is also considered as the basis of psychological health and believed that a healthy sexual relationship brings peace, intimacy and self-confidence for the couple. In other words, a sexual intercourse that results in a feeling of lightness and peace in the couple is a sign of sexual health (Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015).

Marriage and sexual relationships are two interrelated phenomena. According to Masters and Johnson, the symbolic purpose of sexual intercourse is sharing intimacy, stimulating psychological effects, and improving self-concept (Nga, 2010). World Health Organization (WHO) distinguishes between the sexual relationship between the couples and sexual intercourse, and maintains that the objective of the former is not merely limited to orgasm. Sexual behavior is a combination of concurrent concepts, attitudes, experiences, activities, feelings, and thoughts. Sexual intercourse is founded upon attaining and offering pleasure. There is a close correlation between dissatisfaction with sexual function and divorce, and even with social issues such as social crime, sexual assault, infidelity, and mental disorders (Farajnia, Hosseini, Shahidi, & Sadt Sadeghi, 2014). Evidence indicates that 15.2% to 50.4% percent of women are dissatisfied with their sexual activity, and 50 percent of divorces are triggered by sexual dissatisfaction (Shahhosseini, Hamzeh Gardeshi, Poursaghar, & Salehi, 2014). Women sexual disorders are the most common problems around the world. Also, sexual

function disorders are common in married Iranian women (Tahmasebi & Abasi, 2013). In Iran, 40 percent of women are affected by a variety of sexual disorders and 50 percent of divorces occur due to sexual problems between the couples (Refaie Shirpak, Chinichian, Eftekhari Ardabili, Pourreza, & Ramezankhani, 2010).

A satisfactory and happy sexual life is one of the fundamental rights of all individuals. Sexual satisfaction is a principal prerequisite for maintaining a happy and committed relationship, and is significantly correlated with psychological and physical health, satisfactory marital relationship, general health condition, and quality of life. Sexual relationship is not limited to a merely biological process; it is an experience that is formed in a joint intrapersonal, interpersonal and cultural context (Shahvari, Raisi, Parsa Yekta, Ebadi, & Kazemnejad, 2015). Sexual desires and activities like other human instincts exist from birth and evolve in proportion to child's growth. Sexual function is part of human life and behavior, and is so intertwined with individuals' personality that it seems impossible to discuss it as a separate phenomenon (Tahmasebi & Abasi, 2013).

Considering the high prevalence of sexual function disorders (sexual dysfunction) in Iran and a necessity for couples' awareness of their role in creating an effective and correct relationship, conducting effective studies and collecting scientific data on different aspects of sexual relationship and specific to Iranian cultural context seem to be a priority (Farajnia, Hosseini, Shahidi, & Sadt Sadeghi, 2014; Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015). On the other hand, even though the concept of sexual intercourse and activity has been explained in different forms in the existing literature, personal experiences and opinions have not been considered or been rather overlooked; thus, such definitions are not of adequate dynamism. Therefore, a study on women seems necessary as the concept of sexual intercourse does not exist apart from personal experiences, but is part of human experiences (Nga, 2010).

Most existing studies focus on quantitative research of sexual activities and neglect how married women really interpret sexuality and sexual activities. In the current qualitative study, the researchers attempted to explore married women's interpretation of sexual activity, and then justify how these interpretations are influenced by their personal experiences, sexual awareness, feelings, attitudes, cultural beliefs and their different life conditions. Qualitative studies are of exclusive advantage with regard to providing a better understanding of phenomenon (Straubert & Carpenter, 2010), and can explore and explain life experiences and human interpretations that occur in the same cultural and social context (Munhall, 2007; Straubert & Carpenter, 2010). A better understanding of women's opinion and mental structure with regard to the nature of sexual activity can help with understanding the existing challenges and informational-counseling needs, providing educational interventions and effective psychosocial support as per the social and cultural needs of the community, and improving women's and couples' sexual health.

Methods

Study Design

This qualitative study was conducted as per conventional content analysis approach. Qualitative content analysis as a research method is a systematic and accurate approach that is used to analysis of text data. This method yields preliminary concepts as well as a categorization method and systematic coding system for the subject under study. In fact, the objective of content analysis is attaining a better understanding of the phenomenon under study (Grbich, 2013; Hsieh & Shannon, 2005).

Participants

The participants included 65 married Iranian women between the ages of 16 and 60 years ($M= 33.3$, $SD= 9.4$), attending family planning, gynecology, and prenatal care clinics, at Al-Zahra educational hospital in Rasht (North of Iran) during 2012-2013. We selected participants from volunteer and qualified women (who were married, living with their husband, had no chronic and disabling physical diseases or psychological disorders) through purposive sampling method and with maximal variation regarding their age, education and some reproductive variables (number of pregnancies, childbirth and abortions). Sampling with maximal variation is one of the most widely employed purposive sampling methods. Participants and research settings are selected, in this method, purposefully and in a wide range of variations in the subject matter under study. Selection of participants with different outlooks and viewpoints allows researchers to better comprehend and to obtain data with greater richness (Polit & Beck, 2012). The participants were divided into 9 groups of 5 to 8 members.

Data Gathering

In the present study we gathered the data through focus group discussions (FGDs). Focus groups are a sort of group interview that based on relationship and communication between study participants for generating data. This method is especially helpful for exploring participants' knowledge and experiences of health problems and issues are influenced by cultural values such as sexuality (Kitzinger, 1995). In focus group discussions are used group interactions to generate data instead of individual interviews. Moreover, in this valued qualitative method, group interaction can persuade participants to express their attitudes and experiences clearly (Van Empel et al., 2010). Researchers posted a notice on the board for a week so as to notify the patients who were attending the above mentioned centers for receiving services. The posted notice read "a study by the Scientific Board of Midwifery and Reproductive Health Department of Guilan University of Medical Sciences on women's counseling requirements with regard to sexual activities." The volunteers referred to the registration office of the clinics for contributing to the study, and appointments were made as per participants' preferences for their twice-a-week interviews.

The interview sessions were held in a proper and calm environment so that participants could express their opinions comfortably. Participants sat in circles in the previously specified place, and each interview was held in the presence of the researchers (in addition to the interviewers, a secretary for note taking also attended in the interview sessions). All the answers provided by participants were recorded fully. During the interviews, participants' nonverbal behaviors such as eye contacts and changes in facial expression were also noticed and recorded. All interviews were implemented in Persian by the first and second authors. Then the first author, as a bilingual translator, translated them into English.

As preferred by participants, the interview sessions were held in the mornings and separately for each group. The sessions lasted from 1 to 1.5 hours each. To maintain the uniformity of interview procedure, guiding questions with regard to study objectives were used. The questions were confirmed by 5 experts in the field (Two specialists in sexual and reproductive health and three Nursing specialists in qualitative research). Interviews started with a general question "how do you define sexual intercourse?" It was then continued by 3-4 main questions (such as "Tell me about your opinions of sexual marital relationship," "how do you define sexual marital activity?" "Explain about your own experiences in this regard," and "Are there any problems in your sexual activity with your husband? Could you please explain more about them?"). Probing questions such as "would you please mention more examples?" or "what do you mean by that?" were asked to expand the findings and obtain more

detailed information. During FGDs, the researchers raised the questions fluently and with clear and neutral words, and then tried to direct the discussions to the right direction and encourage all participants to give voice to their opinions and beliefs about marital sexual activities fully and share all their knowledge and experiences in this regard. Interviews were continued up to data saturation. Participants' personal and demographic information (age, education; occupation; place of residence; and number of pregnancies, childbirth and abortions) were obtained through a questionnaire in the beginning of the sessions.

Data Analysis

In the present study, the analysis of qualitative data was conducted as per the process recommended by Graneheim and Lundman (2004), and it was concurrently with data gathering process. Thus, data analysis started through repetitive readings of text data obtained from FGDs and recorded nonverbal interactions; this continued up to the point the researchers (first and second authors) were immersed in the data and were able to form a general idea of the whole subject. The data were then read verbatim so that the codes, that are the words containing the key meanings and opinions, could get extracted. Then, the researchers read the text and wrote their first impression, and analysis of the text. The continuation of this process yielded labels for these codes that reflect more than one key meaning and are often directly derived from the text; they were then transformed into preliminary coding maps. The codes were then grouped in subcategories based on their similarities and relationship with one another. The revealed categories were used for organizing and grouping the codes in meaningful clusters. The subcategories were also assigned to main categories as per their similarity with one another (Table 1).

Table 1: An example of the extracted main codes, subcategories, and categories of the women's perception of the meaning of sexual marital activity.

Main codes	Subcategories	Main categories
-Lack of sexual desire		
-Premature ejaculation		Sex and
-Frigidity	Psychosomatic disorders	Intra and interpersonal
-Erectile dysfunction		challenges
-Presence of children		
-Lack of an appropriate space for sex	Situational sexual deprivation	
-Husband's unemployment		
-Busy life	Socio-economic problems	

Trustworthiness

Credibility, dependability, transferability, and confirmability were considered. To ensure the credibility of findings, they were presented to a number of participants for member checking. The participants then shared their opinions about whether the findings were in line with their experiences. In this regard, a few extracted codes were modified based on the participants' opinions. Prolonged and deep engagement with qualitative data took place by the researchers as well. For this purpose, the researchers were involved in the qualitative data and the process of data analyzing more than 6 months. Dependability and transferability were ensured through purposive sampling with considering maximal variation in participants selection, and external checking (Peer review). In external review technique, peers who are experienced in qualitative research were involved to review and check different aspects of the inquiry for identifying areas of bias (Polit & Beck, 2012). Researchers' interest in the subject under study, their attempt to obtain others' views on the subject, and documentation throughout all stages of the study were among the factors ensuring the confirmability of the study findings. In addition, the present study has been performed by a team and under the guidance of field experts who were experienced in qualitative inquiry and the phenomenon being studied (Two specialists in sexual and reproductive health and three Nursing specialists in qualitative research); this allows for greater dependability of data as well as greater confirmability of the findings.

Ethical Considerations

After obtaining necessary permissions from research department and the Ethic committee of Guilan University of Medical Sciences, in the beginning of each FGD, the researchers introduced themselves fully, explained about the objectives of the study, and then ensured the participants with regard to the confidentiality of all their information. Oral and written informed consents were then obtained from participants for recording their interviews by a digital sound recorder.

Results

The majority of participants (50.7%) had incomplete secondary education, 22.8% had secondary education, 3.1% had an academic degree, and 23.4% were illiterate. Among the participants 95.5% were housewives, 82.1% were residing in the city, 25.4% experienced one pregnancy, 20.9% had one child, and 77.6% never had an abortion. During the data analyzing process, four main categories were emerged. They included: "Sex and response to individual's feelings," "Sex and intra and interpersonal challenges," "Sex and informational challenges (the known and unknown)," and "Sex and self-sacrifice (duty-oriented sexual activity)". Below, the meaning of each main category is presented by using the participants' quotations.

Sex and Response to Individual's Feelings

Many participating women emphasized the role of feelings in the initiation and continuation of sexual relation with spouse; they also counted issues such as having good feelings for the spouse, sense of happiness and pleasure seeking, and sense of lightness and peace as main motivators for establishing sexual intercourse with their spouse. One of the women participating in the study said: "I feel relaxed after sexual intercourse; that is, I feel good and a sense of lightness after sexual activity." One of the participants said: "I can truly feel the pleasure and happiness when having sex with my husband." Another participant said:

One should love one's husband. That is, when there are no feelings and affection in between, I cannot convince myself to sleep with him. Interest and affection is the first condition. In fact, sexual desire is the same as having good feelings for one's spouse.

Some also considered sexual activity and sexual desires as part of human's sensual and instinctual needs. Some participants also counted sexual activity as a physical need. One woman said in this regard: "sexual desire is a body need. It should be fulfilled someway."

Sex and Intra and Interpersonal Challenges

One of the extracted main categories was Sex and intra and interpersonal challenges. This main category consisted of three subcategories: "Psychosomatic disorders," "Situational sexual deprivation," and "Socio-economic problems."

Psychosomatic disorders. Despite the fact some participants denied any sexual problems and disorders in their sexual relation, their description of their experiences showed that they were suffering from several problems such as lack of sexual desire, frigidity, erectile dysfunction, sexual disgust, fear from intercourse, sexual reluctance, and premature ejaculation. Some women deemed themselves as the main source of the experienced sexual problems. One of the participating women mentioned: "I have a backache and that's why I am afraid of having sex; that is, I feel anxious and unprepared during the intercourse." Another participant said: "As I have some infection, it is difficult for me to have sex; I don't really like to have sex with my husband." Some other deemed their spouse as the source of their problems. One participant stated: "My husband's problem is premature ejaculation. That is the reason why the foreplay never gets done, and that explains my frigidity and why I have no desire to have sex with my husband."

Situational sexual deprivation. Some women also counted problems such as the presence of children and Lack of an appropriate and private space for sex as the reasons for unwillingness for having sexual intercourse with their spouse. In this regard, one of the participating women said:

The presence of children complicates the sexual relations. We have a small apartment and it does not offer a proper environment. That is why we don't have that sense of peace and comfort for having sex with some peace of mind.

Another woman explained:

We are living with my in-law's family in a small house. We have not accustomed to love each other in front of others. There are not any private places to have sex with my husband comfortably. It is so difficult to arrange an appropriate time to have sex.

Socio-economic problems. Some women counted problems such as husband's unemployment and busy life as the reasons for spouse's reluctance and unwillingness for having sex with their spouse. In this regard, one participant said:

Some issues make one lose the previous attraction to, and desire for, one's spouse. For instance, my husband's unemployment has caused us unable to have

a proper sexual relationship. This issue annoys me and I cannot ready to have sex with him.

Another participant said: “We are so busy. Both of us (my husband and I) have to work from dawn to dusk. We are so tired when we come back home. Therefore, we don’t have enough time to have sex with each other.”

Sex and Informational Challenges (the Known and Unknown)

Another subjective structure extracted from data analysis and justifying the sexual intercourse concept for the women participating in the current study was the main category of informational challenges. Most participants’ statements confirmed the fact that they did not have any preliminary awareness with regard to concepts such as sexual desire and satisfaction, the proper number of sexual intercourses in a monthly cycle, and sexual intercourse under certain conditions such as pregnancy, menstruation, and menopause.

In addition to the lack of correct information, some had some wrong information, beliefs and opinions, and occasionally superstition based attitudes and strange beliefs about their sexual activity and function. One of the participants mentioned in this regard: “In my opinion, one can have sex during menstruation as well. It causes no problem.” To this end, many women believed that one should not have sex during menstruation as it causes more bleeding, contamination, and infection. Some participants also had some strange beliefs. One of the women mentioned: “If one has sex during menstruation, this causes the blood to enter her husband’s body, and as a result his infertility.” Some also believed that sex during menstruation leads to the illegitimacy of the baby, abnormality of the fetus, and cervical cancer as well. One of the participating women also said: “It is a sin to have sex during menstruation.”

Explanation of most participants’ experiences showed their insufficient information on sexuality. Most participants believed their lack of adequate knowledge about these issues was the source of their extreme fear and worry in their first sexual intercourse with their husband; they deemed that experience as a dreadful, painful, and embarrassing one. Most participants stated that they did not know whether it was possible to have sex during pregnancy or menopause. One of the participants mentioned in this regard that: “I think it is possible to have sex during pregnancy, but it should not take long.” Most women believed that one should not have sexual activity in the last month of pregnancy. One of the participants mentioned: “Sexual intercourse will not cause any problems during the first 4 months of pregnancy, but one should not have sex after that.” Participants were of different opinions with regard to sexual activities during menopause. To this end, one of the participants said: “As one gets older, his or her sexual desire subsides and one is not in the mood for sex anymore. One loses his or her power.” Another participant added: “We have now grown-up children, we have grandchildren. We are too shy to have sex. It is quite natural to happen as one gets older.”

Sex and Self-Sacrifice (Duty-Oriented Sexual Activity)

In the course of conceptualization of sexual marital activities from women’s viewpoints, the analysis of participants’ statements led to the emergence of another main category called sexual self-sacrifice (duty-oriented sexual activity). It is worth to note that, as one of the findings of the present study, the participants, in various cases and in a vivid form, and in their statements and mentality forming their concept of sexual intercourse, emphasized the sexual needs of their husbands. In their opinions, the structure of sexual activity is of a duty-oriented nature. The majority of participants adopted the sexual self-sacrifice approach and tried to fulfill their role as a spouse, attain their husband’s satisfaction, save their marital

life, satisfy their husband's sexual desires, and ignore their own sexual needs and rights. In this regard, one of the women said: "I myself don't feel like having sex. I do it only for my husband's sake." Another participant added: "A woman should keep her husband satisfied. Deference to husband is wife's duty." Another participant said: "Sexual intercourse is woman's duty. It is woman's duty to obey her husband, even if she is not willing to." Another woman said: "The frequency of sexual intercourse depends on husband's needs. A woman should have sex whenever her husband wants. I have no sexual desire; but a woman should be considerate to her husband." One of the participants explained: "In our religion, a married woman should obey her husband and try to fulfill his sexual requests. In terms of religious, it is very rewarding." One woman mentioned: "In our culture a married woman should try to stabilize the marital life. Therefore, she has to satisfy her husband and fulfill his sexual needs. It is an important duty for women."

Discussion

The present study provided married women's experiences and opinions about marital sexual activity concept in the Iranian culture and context. Our findings indicated that the meaning of marital sexual activity in women included: "Sex and response to individual's feelings," "Sex and intra and interpersonal challenges," "Sex and informational challenges (the known and unknown)," and "Sex and self-sacrifice (duty-oriented sexual activity)."

The findings on the first main category portrayed the role of individual's feelings regarding establishing sexual intercourse. Presence of interest in, and willingness for having sexual relationship and considering the pleasure gained from the intercourse as one's own right and that of partner's are deemed as required psychological preparations for commencement of sexual activity (Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015). Factors such as attitude toward sexual relationship, feelings about sexual partner, previous sexual experience, duration of the relationship, and especially emotional and psychological health condition influence sexual arousal and willingness more for women than biological factors (Ramezani, 2009).

The present study revealed that some intra and interpersonal sexual challenges were experienced by participating women. This theme emphasized the point that the concept of marital sexual activity, from women's viewpoint, is not of a static nature, but of a dynamic nature, and is affected by different basic factors. The findings of the present study are in this area similar to those by Nga (2010) study. As per the existing evidence, sexual activity is known to be related to various aspects of life, as well as mental, social, cultural, medical, physical and intrapersonal factors (Lutfey, Link, Rosen, Wiegel, & McKinlay, 2009; Mitchell et al., 2013; Witting et al., 2008). The results of a qualitative study was conducted on the definition of sexual health in Iranian experts' opinion indicated that sexual health depends on the degree of physical health, individual's mental health and maturity, as well as social, economic, and religious issues (Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015).

The informational challenges were another aspect forming the concept of marital sexual activity in participants' view. In accordance with the results obtained by the present study, the results were obtained on adults' awareness and attitude toward sexual health and pregnancy in Shiraz, Iran also indicated a severe lack of reproductive sexual information in the couples participating in pre-marriage preparation courses. The existing evidence indicates that one of the main causes of sexual and reproductive issues prevalent in Iran is the lack of reproductive sexual information and awareness (Khajehei, Ziyadlou, & Ghanizadeh, 2013). Cultural constraints on one hand, and inappropriate information dissemination channels on the other hand causes an inefficient or even incorrect information dissemination on sexual issues; this ultimately leads to wrong beliefs held by individuals (Hosein Rashidi, Kiyani, Haghollahi, &

Shahbazi Sighaldehy, 2015; Refaie Shirpak, Chinichian, Eftekhar Ardabili, Pourreza, & Ramezankhani, 2010). All individuals, regardless of their inability or illness, have sensual and sexual feelings, and have a right to take pleasure from sexual activities. Thus, it is necessary for all individuals to be informed properly on their own reproductive sexual issues so as to attain a satisfactory life. Improving men's and women's reproductive sexual information can enhance their quality of life and general health condition (Khajehei, Ziyadlou, & Ghanizadeh, 2013). Despite all cultural, religious, social and political sensitivities to sexual issues existing in Iran that renders education on these issues quite difficult and sometimes quite impossible, but proper and purposive counseling and educational interventions meeting individuals' needs and demands can be designed to attain acceptable results in this regard (Refaie Shirpak, Chinichian, Eftekhar Ardabili, Pourreza, & Ramezankhani, 2010). Educational programs on sexual issues should be offered as per a community's cultural and social needs (Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015). Also, to respond to individuals' sexual health needs, reforms should be made to the health care system. Provision of sexual health services should be integrated into the reproductive health services, and the health care system should be prepared through individuals' needs assessment, as well as training and empowering healthcare professionals. People should also be encouraged to use these services (Khani, Moghaddam-Banaem, Mohamadi, Vedadhir, & Hajizadeh, 2015).

One of the interesting findings of the present study was that the participants, when giving voice to their opinions forming their concept of marital sexual activities, placed an emphasis, repeatedly and quite vividly, on their spouse's sexual preferences and desires. That is, the majority of participants deemed sexual activity as woman's responsibility, and maintained that sexual intercourse with their spouse was a method for attaining their husband's satisfaction and support, satisfying their husband's sexual desires and needs, and better fulfilling their role as a wife and deference to him. In other words, the marital sexual activity structure in women's viewpoint was mainly of an individualistic nature and duty-oriented rather than being of a dyadic (couple-based) nature and oriented toward pleasure giving and pleasure seeking. The results of the present study conform to those obtained by other studies (Nga, 2010; Refaie Shirpak, Chinichian, Eftekhar Ardabili, Pourreza, & Ramezankhani, 2010; Smith, 2007). Marital life should be a satisfactory relationship for spouses so that they can fulfill their own psychological and emotional needs, and so that each partner can, in addition to having psychological security, satisfy his or her sexual needs in an intimate environment. Each party to the relationship should have an arousing sexual desire. That is, there must be willingness for commencing the sexual relationship in both the man and the woman, and they both should deem sexual pleasure as their natural marital rights and ideals (Farajnia, Hosseinian, Shahidi, & Sadt Sadeghi, 2014). Attaining sexual health demands keeping, respecting and fulfilling all individuals' sexual rights; this in itself requires a set of psychological, physical, social, cultural, economic, spiritual, and educational factors (Hosein Rashidi, Kiyani, Haghollahi, & Shahbazi Sighaldehy, 2015).

The present study explored the concept of marital sexual activities from qualified married women's perspective; even though qualitative studies lay no claims on generalizability of findings, but it might be of great significance and deemed as a limitation to those who are willing to apply these findings. Nevertheless, it has been attempted to enhance the accuracy and transferability of the findings through various methods such as maximal variation sampling, FGDs with a proper number of married women, experts' guidance and supervision, and external check. Also, the present study focused merely on married women's opinions, while marital sexual issues are of an interactive nature; thus, exploring the concept of sexual relations through an analysis of female participants' experiences can reveal only one part and aspect of the nature of this concept. It is thus recommended for future studies to take husbands' opinions into consideration so as to have a wider view of this interactional experience.

In conclusion, as per the findings of the present study, the concept of marital sexual activity was explored on the basis of two main subjects. Firstly, the concept was of a dynamic nature that was influenced by many basic factors such as emotional, psychological, physical, social, economic, and cultural factors. Secondly, most participants placed strong emphasis on the duty-oriented aspect of marital sexual activities, and showed a preference for their husband's sexual needs as well as his satisfaction; in other words, they mainly ignored or underestimated the significance of their own sexual desires.

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