KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 16 February 2024
Revised 19 March 2024
Accepted 24 March 2024
Published online 01 April 2024

Applied Family Therapy Journal

Volume 5, Issue 2, pp 121-128

E-ISSN: 3041-8798

Predicting Sexual Function Based on Sexual Self-Awareness and Perfectionism in Employed Women

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Article Info

Article type:
Original Research

How to cite this article:
Sameti, M., Ghorchiyan, F., Dorodiyan, N., & Beiraqdar, S. (2024). Predicting Sexual Function Based on Sexual Self-Awareness and Perfectionism in Employed Women. *Applied Family Therapy Journal, 5*(2), 121-128.
http://dx.doi.org/10.61838/kman.aftj.5.2.14

ABSTRACT

Objective: In the professional lives of women, factors such as stress, long working hours, multiple roles, and work-family conflict can affect their sexual function. Therefore, this study aimed to predict sexual function based on sexual self-awareness and perfectionism in employed women.

Methods: The present study was applied and descriptive-correlational. The study population consisted of employed women in Isfahan County, who were sampled using a convenience sampling method with 210 participants being examined. For data collection, Rosen, Myers, and Hatty's (2000) Female Sexual Function Questionnaire, Snell, Fisher, and Miller's (1991) Sexual Awareness Questionnaire, and Hill's (2004) Perfectionism Questionnaire were used. For data analysis in the inferential statistics part, simultaneous multiple regression was conducted using SPSS version 21.

Findings: The findings indicate that sexual self-awareness and perfectionism can explain 15.2% of the variance in sexual function. The t-test for significance in the regression for the coefficient of sexual self-awareness ($\beta = 0.292$) and perfectionism ($\beta = -0.271$) is significant at the level below 0.01. Sexual self-awareness has a greater unique contribution in predicting the sexual function of employed women ($\alpha = 0.05$).

Conclusion: Ultimately, enhancing sexual self-awareness and controlling perfectionism can help maintain and improve the sexual function of employed women. According to the results obtained, sexual self-awareness, followed by perfectionism, predicts the sexual function of these women in their relationships.

Keywords: *Sexual function, sexual self-awareness, perfectionism, employed women.*

1. Introduction

Sexual health is considered one of the important aspects of women's lives, such that it is one of the most significant predictors of mental health (Sinković, 2019). Considering that sexual health is positively related to relationship satisfaction, quality of life, happiness, mental health, and overall well-being, sexual function can be seen as a significant part of a woman's health (Yeganeh, 2020). Furthermore, the sexual function of employed women may appear in various forms and trends across different societies. Employed women, like any other individual, have sexual needs, and these needs can vary based on multiple factors such as culture, society, and job conditions (Sweeney, 2014).

Sexual function is an important aspect of marital quality of life and a real psychophysiological experience (Lavasani, 2023). Sexual function, defined in six independent areas of desire, psychological arousal, lubrication, orgasm, satisfaction, and sexual pain, results from multiple anatomical, physiological, medical, and psychological factors, which, if disrupted, can cause severe individual distress and impact the quality of life and interpersonal relationships (Kazemi Mojarad, 2023).

One factor that appears to play a role in women's sexual function is awareness and knowledge in sexual matters. Sexual self-awareness includes a set of information, knowledge, and awareness of an individual about gender and sexual issues, including aspects of physiology, reproduction, function, and individual and interpersonal sexual behavior (Cybulski, 2018; Stoeber, 2016). In marital relationships, awareness of sexual issues by each partner holds special importance for establishing correct and fruitful sexual relations (Rahimi, 2020). An individual's knowledge and awareness of personal and interpersonal sexual matters are very important and can affect all communications and interactions in the couple's life (Ajeli Lahiji & Zakeri, 2018).

Possessing sexual self-awareness leads to the enhancement of the ability to understand and assess risks associated with sexual health, the promotion of correct understanding of roles and responsibilities in sexual relations, providing a suitable opportunity for the correct performance of gender roles, improving sexual interactions between couples, enhancing personal sexual health, and ultimately improving family and social health (Graf, 2015). Research has shown that sexual self-awareness has a direct correlation with positive dimensions of sexual function (Cybulski, 2018; Tarnas, 2021).

Other factors related to sexual function include perfectionism (Kluck, 2018). Perfectionism is defined as an individual's persistent inclination to set perfect and unattainable standards and the effort to realize them, accompanied by critical self-evaluation of personal performance (Egan, 2017). Perfectionism usually refers to an individual's inclination to set perfect and unattainable standards and the effort to realize them, which is accompanied by critical self-assessment of personal performance (Mackinnon, 2019). Generally, there are two types of perfectionism: positive and negative. Positive perfectionism refers to cognitions and behaviors aimed at achieving high-level success and outcomes, associated with active and effective coping styles, high self-confidence, mental health, and positive affect. Negative perfectionism refers to cognitions and behaviors aimed at achieving high-level success to avoid or escape negative outcomes, associated with ineffective coping styles, low self-confidence, and negative affect (Davis, 2018). Sexual perfectionism is one of the sub-scales of communicative beliefs. Communicative beliefs are the belief or mindset that couples have regarding their marital and sexual relationships, which they accept as a reality (Stoeber, 2016).

Given the issues mentioned, the present research seeks to answer the following questions:

Is sexual function based on sexual self-awareness predictable in employed women?

Is sexual function based on perfectionism predictable in employed women?

2. Methods

2.1. Study design and Participant

The present research was of an applied and descriptive-correlational type. The study population included employed women from Isfahan County, with 210 individuals examined using a convenience sampling method.

Initially, due to the COVID-19 pandemic, the questionnaires were designed electronically and posted on social media pages in the groups of Amol County, and the questionnaire links (along with instructions) were provided to those participants who were willing to participate in the research and met the entry criteria (voluntary) to respond to the questionnaires, and finally, by clicking the submit option, send their responses to the researcher. The responses of the participants were automatically saved in Google Drive after completion, and at the end, all the data collected from

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E-ISSN: 3041-8798

252 individuals, including 210 women, were analyzed using appropriate statistical methods.

2.2. Measures

2.2.1. Sexual Function

The Female Sexual Function Questionnaire, created by Rosen, Myers, and Hatty (2000), has been validated in a group of women with sexual arousal disorder. It consists of 19 questions that assess female sexual function across six domains: desire, psychological arousal, lubrication, orgasm, satisfaction, and sexual pain. Regarding scoring, according to the questionnaire designer's instructions, the scores for each domain are obtained by summing the scores of the questions in each domain and multiplying by the factor number (since the number of questions in each domain varies, the scores from the questions in each domain are first summed to equalize the domains and then multiplied by the factor number). The scores considered for the questions in the domains of 1- desire, 2- sexual arousal, 3- vaginal lubrication, 4- orgasm, 5- pain, and 6- sexual satisfaction are from 1 to 5 (or 0). A score of zero indicates that the individual has not had sexual activity in the past four weeks. This questionnaire has been widely used in numerous studies abroad and has demonstrated a high degree of internal consistency and reliability, and also significant notable differences between patient and control group scores across all six domains have been shown. Given the high scores and due to the brevity of the questionnaire, it appears that the Female Sexual Function Index is a suitable tool for assessing sexual function. Cronbach's alpha coefficient for each domain and the overall scale was 0.70 or higher, which aligns with the findings of Rosen et al. (2004) (0.89 or higher), Moston (0.74 or higher), and Wiggle et al. (0.80 or higher). The Rosen et al. study showed the convergent validity of this scale with the marital satisfaction scale. In the Rosen et al. study, the test-retest reliability for the overall scale was reported between 0.79 and 0.86. In Iran, the Female Sexual Function Index was standardized by Khadijeh Mohammadi and colleagues (2008). According to Mohammadi's study, the reliability of the index for each of the 6 domains and the overall scale for the subject, control, and overall groups was calculated using Cronbach's alpha coefficient (r = 0.85). Also, according to the results obtained in the Mohammadi research, cut-off points for the overall scale and sub-scales have been determined as follows: overall scale 28, desire 3.3, psychological arousal 3.4, lubrication 3.4, orgasm 3.4, sexual satisfaction 3.8, and sexual pain 3.8. In other words, scores above the cut-off indicate good performance. In the present study, the reliability of this questionnaire was obtained through Cronbach's alpha 0.79 (Bai, 2012).

2.2.2. Sexual Awareness

The Sexual Awareness Questionnaire, created by Snell, Fisher, and Miller (1991), was designed to assess four personality tendencies related to sexual awareness and sexual assertiveness. This test consists of 36 statements and has 4 sub-scales, and respondents must indicate their level of agreement or disagreement with each statement on a five-point Likert scale. - Sexual vigilance (6 statements): Statements 1, 4, 10, 13, 22, and 25; - Sexual monitoring (9 statements): Statements 2, 5, 14, 17, 23, 26, 28, 31, and 32; - Sexual assertiveness (7 statements): Statements 3, 6, 9, 12, 15, 18, and 24; - Awareness of sexual attraction (3 statements): Statements 8, 11, and 29. Several statements are not related to any sub-scales and serve as fillers to disguise the test's purpose (Statements 7, 16, 19, 20, 21, 27, 30, 33, 34, 35, and 36). Scoring is done on a 5-point Likert scale (4= Strongly agree, 3= Somewhat agree, 2= Moderately agree, 1= Slightly agree, 0= Do not agree at all). To calculate the score for each sub-scale, the scores of all statements related to the sub-scale in question must be summed. A high score in any sub-scale indicates a high tendency of the respondent in the respective sub-scale. For statements 32, 31, 30, 23, 9, and 6, scoring is done inversely. The Sexual Awareness Questionnaire was standardized on two independent samples (Sample one consisting of 265 women, 117 men, and 4 individuals of unspecified gender and Sample two consisting of 265 women, 117 men, and 4 individuals of unspecified gender), who were psychology students at Midwestern University. The average age of the first group was 24.1, and the average age of the second group was 24.07. In the first group, Cronbach's alpha coefficient for the sub-scale of sexual vigilance was 0.83 for men and 0.92 for women, and for sexual assertiveness, it was 0.83 for men and 0.81 for women. In the second group, the Cronbach's alpha coefficient for the sub-scale of sexual vigilance was 0.85 for men and 0.88 for women, the sub-scale of sexual monitoring was 0.81 for men and 0.82 for women, the sub-scale of awareness of sexual attraction was 0.92 for both men and women, and for sexual assertiveness, it was 0.80 for men and 0.85 for women. The significant negative relationship of the four factors of the Sexual Awareness Questionnaire with sexual anxiety and sexual guilt, as well as the significant

positive relationship of this scale with sensual feelings in women and men, prove the convergent and discriminant validity of this test. Additionally, Snell et al.'s (1991) research findings indicated that a high score on the sexual assertiveness scale predicts greater use of contraception in women and men. Also, in the research by Ajeli Lahiji and Zakeri (2017), Cronbach's alpha coefficient was used to determine the reliability of the aforementioned scale, reporting the coefficients for sexual vigilance, sexual attraction, sexual monitoring, and sexual assertiveness as 0.76, 0.66, 0.79, and 0.87, respectively (Kourayem, 2021). In the present study, the reliability of this questionnaire was obtained through Cronbach's alpha 0.80.

2.2.3. Perfectionism

The Perfectionism Questionnaire, created by Hill et al. in 2004, consists of 59 items and 6 sub-scales. This scale is based on a four-point Likert scale (1= Completely disagree, 2= Disagree, 3= Agree, 4= Strongly agree). If the calculated score ranges between 59 to 116, the individual's perfectionism is considered low. If the score ranges between 116 to 174, the individual's perfectionism is considered moderate, and if the score is 174 or above, the individual's perfectionism is considered high. This scale consists of a combination of dimensions of order and organization, goal-orientedness, striving for excellence, and high standards for others, which form the adaptive aspect of perfectionism, and from combining scores of dimensions of need for approval, focus on mistakes, perception of parental pressure, and rumination, which form the maladaptive aspect of perfectionism. The results from the reliability and validity assessment of this scale in the research by Hill et al. indicate that the Cronbach's alpha reliability coefficient ranged from 0.83 to 0.91. The reliability and validity of this scale in Iran were conducted by Jamshidi in 2009. The overall scale reliability in a preliminary study (68 participants) using Cronbach's alpha (internal consistency) method was 0.80. In the main study (with 313 participants), after conducting factor analysis, this coefficient for the overall scale was 0.90. The reliability of this tool in the present study was obtained using Cronbach's alpha overall 0.927, for positive perfectionism: 0.813, and for negative perfectionism: 0.859 (Kourayem, 2021). In the present study, the reliability of this questionnaire was obtained through Cronbach's alpha 0.85.

2.3. Data Analysis

For data analysis in the inferential statistics part, simultaneous multiple regression was conducted using SPSS version 21.

3. Findings and Results

The current study was conducted on a sample of 210 employed women. Fifty participants (23.8%) were under 30 years old, 65 participants (30.95%) were between 31 and 35 years old, 80 participants (38.09%) were between 36 and 40 years old, and 15 participants (7.14%) were over 40 years old. The mean and standard deviation of participants' ages were 30.27 and 4.15, respectively.

In Table 1, the mean, standard deviation, skewness, and kurtosis of the research variables are reported.

Table 1

Mean and Standard Deviation of Research Variables

Variable	Mean	Standard Deviation	Skewness	Kurtosis	Tolerance Coefficient	VIF	Durbin-Watson
Sexual Function	50.19	20.331	0.043	-1.347	Criterion	Criterion	
Sexual Self-Awareness	43.14	17.213	0.096	-1.396	0.99	1.001	1.712
Perfectionism	143.29	30.418	1.34	1.754	0.99	1.001	

Table 1 shows the mean (and standard deviation) for sexual function as 50.19 (20.33), sexual self-awareness as 43.14 (17.21), and perfectionism as 143.29 (30.41). The normality of distribution was examined through skewness and kurtosis, and collinearity was assessed using the Variance Inflation Factor (VIF) and tolerance. The research data showed that the skewness and kurtosis values of the variables were within ±2, indicating a satisfactory distribution of the data. Also, given the VIF values less than 10 and tolerance values greater than 0.10, no collinearity occurred among the research variables. The independence of observations (independence of residuals or errors) was assessed using the Durbin-Watson test (1.712), which indicates adherence to the independence assumption. The correlation between research variables is reported in Table 2.

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E-ISSN: 3041-8798

Table 2

Correlation between Research Variables

Variable	1	2	3
Sexual Function	1		
Sexual Self-Awareness	0.282**	1	
Perfectionism	-0.259**	0.138*	1

*p < .05, ** p < .01

Findings indicated that the relationship of sexual function with sexual self-awareness (r = .282) and perfectionism (r = -.259) is significant at the 0.01 level. A multiple regression was used to predict sexual function based on sexual self-awareness and perfectionism (Table 3).

Table 3

Multiple Regression Analysis for Predicting Sexual Function Based on Sexual Self-Awareness and Perfectionism in Employed Women

Predictor Variable	F	P	R	R2	Adjusted R2	Coefficient b	SE	Coefficient β	T	Significance Level
Constant						6.957	6.24		8.803	0.001
Sexual Self-Awareness	18.62	0.001	0.390	0.152	0.144	0.345	0.076	0.292	4.56	0.001
Perfectionism						-0.181	0.043	-0.271	-4.228	0.001

According to Table 3 (F = 18.62, P = 0.001), the model is statistically significant, and sexual self-awareness and perfectionism can explain 15.2% of the variance in sexual function. The t-test for significance in regression for the coefficient of sexual self-awareness (β = 0.292) and perfectionism (β = -0.271) is significant at less than 0.01. Sexual self-awareness contributes more uniquely to predicting the sexual function of employed women.

4. Discussion and Conclusion

The findings of the present research demonstrated that sexual self-awareness and subsequently perfectionism predict the sexual function of employed women in their relationships. These results are consistent with those of previous studies (Ajeli Lahiji & Zakeri, 2018; Cardoso, 2009). Specifically, Ajeli Lahiji and Zakeri (2017) found that possessing sexual awareness makes couples' relationships more intimate, leading to reduced marital problems and increased marital satisfaction (Ajeli Lahiji & Zakeri, 2018). In explaining the results obtained from this research, it can be stated that sexual self-awareness means having awareness and correct understanding about one's gender, body, and sexual needs. This awareness impacts all genders, both men and women (Tarnas, 2021). However, for employed women, sexual self-awareness can be influential for the following reasons:

Increased sexual satisfaction: With sexual self-awareness, employed women are better able to understand their needs and desires in the realm of sexuality. This awareness helps them communicate better in sexual relationships with their partners or spouses, expressing their needs and desires. This improvement in sexual communication can lead to increased sexual satisfaction and better relationships in their sexual lives (Cardoso, 2009; Rahimi, 2020).

Prevention of sexual violence: Sexual self-awareness helps employed women recognize their boundaries and rights in sexual relationships and prevent sexual violence. With awareness about their sexual rights, employed women can set boundaries against unwanted and violent behaviors and take appropriate actions to protect themselves if necessary (Cardoso, 2009).

Facilitation in accessing information and sexual health services: Sexual self-awareness helps employed women identify the best practices and appropriate resources to improve their sexual health. They can access reliable information about sexually transmitted diseases, contraceptive methods, and other sexual health issues. This enables employed women to make better decisions to improve and care for their sexual health (Tarnas, 2021).

Overall, sexual self-awareness allows employed women to play an active role in their sexual lives, recognize their rights, and use reliable information to enhance their sexual health, and based on the findings of this research, sexual self-

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E-ISSN: 3041-8798

awareness in employed women is a predictor of their sexual function in relationships (Ajeli Lahiji & Zakeri, 2018; Cardoso, 2009; Rahimi, 2020).

Additionally, the results of this research align with prior findings (Aghamohammdian Sharbaf, 2014; Golparvar, 2014; Kourayem, 2021; Stoeber, 2016). The results from Golparvar and Setayeshmanesh (2014) showed that perfectionism could sometimes lead to a decrease in components of marital satisfaction, including sexual function in married female students (Golparvar, 2014). Stoeber and Harvey (2016) found that partner-prescribed sexual perfectionism appeared as the most maladaptive form of sexual perfectionism. In cross-sectional data, partner-prescribed sexual perfectionism showed positive relationships with sexual anxiety, blame for sexual problems, and pain during intercourse and negative relationships with sexual esteem, desire, arousal, lubrication, and orgasmic function. In longitudinal data, partner-prescribed sexual perfectionism predicted increased sexual anxiety and decreased sexual esteem, arousal, and lubrication over time. Findings suggest that partner-prescribed sexual perfectionism contributes to negative sexual self-concepts and sexual dysfunction in women (Stoeber, 2016).

In summarizing the findings of this research, it can be stated that perfectionism means the inclination to achieve perfection and realize very high standards. This inclination can have a negative impact on sexual function for the following reasons:

Psychological pressure: Perfectionists may be under psychological pressure to always meet high standards and expectations of themselves and others. This pressure can cause stress and anxiety in sexual life. Stress and anxiety can affect sexual function and reduce sexual pleasure and satisfaction.

Complexity and excessive control: Perfectionists may constantly seek to improve and excessively control their sexual lives. This can lead to experiencing stress and pressure in sexual relationships. Sexual function should naturally improve over time with experience, and it is expected that perfectionism may disrupt this process.

Continuous dissatisfaction: Due to the inclination for perfection, perfectionists may never be fully satisfied with their sexual lives. This dissatisfaction can lead to increased stress and anxiety, which, in turn, can affect sexual function.

Communication problems: Perfectionism can lead to problems in sexual communications. Due to the inclination for very high standards, individuals may refrain from expressing their needs and desires in the realm of sexuality or from experiencing sexual pleasure. These problems can lead to dissatisfaction and increased tension in sexual relationships.

Finally, balancing work life and private life can influence the improvement of sexual function in employed women. Managing stress, attending to physical and mental health, enhancing emotional and marital relationships, and improving work conditions through self-awareness and control of perfectionism can help maintain and enhance the sexual function of employed women.

Overall, perfectionism can cause increased stress, anxiety, and dissatisfaction in sexual life and may affect sexual function. Paying attention to satisfaction, healthy communications, and self-acceptance will lead to improved sexual function and greater satisfaction, and based on the findings of this research, perfectionism in employed women is a predictor of their sexual function in relationships.

5. Suggestions and Limitations

One of the significant limitations of the present research is the lack of a standard and appropriate tool considering the sexual taboos and Iranian culture for assessing sexual function and awareness, using a convenience sampling method, and limiting the research population to employed women in the city of Isfahan. As a result, in generalizing and using the results, limitations should be considered, and it is recommended that researchers create standard tools for assessing sexual function and awareness considering the Iranian culture and standardize this tool across the country and different groups. Another suggestion is to conduct this research on men in other cities and even couples and compare the results with those of this research. Based on the results, it is recommended that health professionals, counselors, psychologists, and therapists affiliated with the judiciary and even counselors, psychologists, and therapists from other centers and psychological service clinics consider the results of this research and similar studies and provide training in the area of sexual awareness and sexual perfectionism to couples seeking divorce due to sexual performance issues.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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E-ISSN: 3041-8798

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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