

Predicting Marital Compatibility Based on Androgyny and Sexual Functioning of Married Individuals

Helia afshariFar*¹

Abstract

Introduction: The concept of marital compatibility has assigned a prominent position to itself in the study of family and marital relations. The aim of the present study was to predict marital compatibility based on androgyny and sexual functioning of married individuals in Shiraz city.

Research Methodology: The present research is a descriptive correlational study. The population of this study consisted of all married students of state universities in Shiraz city in 2019. In this study, according to the comprehensive statistical framework, 80 married students of this university who were studying and met the necessary criteria (being married, being androgynous (bisexual), and being a student) were selected to participate in the study through convenience sampling. To collect data, marital compatibility, androgyny, and sexual functioning questionnaires were used. The validity of the questionnaires was examined and confirmed using content validity and reliability through Cronbach's alpha. Descriptive statistics and Pearson correlation test were used to analyze the data, and multiple regression analysis using simultaneous method was performed using SPSS software.

Findings: The results indicated that the variable of men's sexual functioning in terms of dimensions (erectile function, satisfaction with intercourse, and overall sexual satisfaction) could directly predict the marital compatibility variable. Among these, the component of satisfaction with intercourse showed the strongest contribution in predicting the marital compatibility variable. The variable of women's sexual functioning in terms of dimensions (sexual desire, mental arousal, orgasm, satisfaction directly, and sexual pain indirectly) could predict the marital compatibility variable. Among these, the components of orgasm and satisfaction showed the strongest contribution in predicting the marital compatibility variable. The androgyny variable could directly predict the marital compatibility variable.

Conclusion: Therefore, it is suggested that family counseling centers in marital disputes and family courts in divorce cases adopt appropriate planning to provide necessary information to married individuals regarding improving sexual functioning and marital compatibility.

Keywords: Androgyny, Marital compatibility, Married individuals, Sexual functioning

Received: 18/ February/ 2023

Accepted: 16/ April/ 2023

Citation: Afsharifar Helia. Predicting Marital Compatibility Based on Androgyny and Sexual Functioning of Married Individuals, 2023; 12(4): 177-191

¹ - Corresponding author, BA in General Psychology, Islamic Azad University, Arsanjan branch, Arsanjan, Iran
helia.afsharifar74@gmail.com

Introduction:

Marriage marks the beginning of marital life for both men and women, with the formation of a family through marriage. Marriage is a significant blessing and has always been emphasized as the most important and noble social institution for meeting the emotional and security needs of adults and for the preservation of the human race. The concept of marital compatibility has been given a prominent place in the study of family and marital relationships. Therefore, examining the influential factors on marital compatibility is crucial. What holds more responsibility in family and marital unity is marital compatibility. Hence, examining the issue of marital compatibility from various dimensions, both individual and social, is essential. Marital compatibility is not automatically created; it requires efforts from both partners. Usually, the first year of marriage is characterized by considerable marital instability and poses the highest risk for discord and divorce (1). Weak marital compatibility negatively affects the quality of life and sexual functioning (2). Satisfaction with marital compatibility is directly associated with the level of satisfaction with major social positions in life (3). Various studies also indicate that marital compatibility influences many aspects of individuals' personal and social lives, prolongs their lifespan (4), enhances health (5), promotes economic development (6), and increases overall life satisfaction (7).

One of the important variables related to marital compatibility is gender roles, especially androgyny. Bem (8) defines androgyny as the adoption of both masculine and feminine traits in an individual's personality, creating a unified identity. From Bem's perspective, androgynous individuals have a separate gender identity from others and have better mental health and higher self-esteem. Spencer (9) believes that androgynous individuals have higher self-esteem and are more popular among their peers than individuals with traditional gender roles. They also perceive marital satisfaction less in families where the wife assumes a masculine role (10). Mohammadi and Mohammadi (11) concluded that masculine traits had a positive and significant predictive value for marital satisfaction and its dimensions (idealization distortion, communication, and conflict resolution).

Bem (12) and Cook (13) showed in their research that compared to individuals with feminine or masculine gender identities, androgynous women and men are more likable, adaptable, comfortable in sexual relationships, and more personally satisfied. In marital life as well, spouses of androgynous individuals have greater marital satisfaction. Russell and Wells (14) believe that if a husband and wife are not the same in healthy gender roles, they will be less compatible in life and how this connection is very dependent on their androgen similarity (10). Also, the purpose of marriage is to meet the needs of the couple, and if their needs are not met and men and women do not reach a positive solution to meet their needs, stress, failure, frustration, anger and finally boredom will appear (15). In a healthy marriage, the existence of a desirable sexual relationship in a way that can ensure the satisfaction of the parties has a very important and fundamental role in the success and stability of the family center. Many sexual problems, such as lack of sexual desire, impotence, premature ejaculation, which remain hidden and are not expressed due to fear and anxiety, shame and embarrassment or feelings of inadequacy and guilt. Other complications such as physical discomfort, depression, and dissatisfaction with married life may show and progress to the border of severe family disputes and divorce. Laman and his colleagues (16) showed that one-third of them have low sexual desire, one-fourth of them have problems with orgasm, one-fifth of them have problems related to humidity (slipperiness), and one-fifth of them have problems related to They have sexual satisfaction. For detailed planning in order to provide more services in the field of increasing the marital compatibility of couples as well as the status of

sexual performance in married couples, basic information and examination of the status of sexual performance and androgens are needed. Therefore, this research seeks to answer the question whether androgyny and sexual function can predict marital compatibility?

Research Method:

The methodology employed in this study is descriptive correlational. The population of the current research includes all married students of the state universities in the city of Shiraz in the year 2019. Sampling was conducted based on the availability sampling method, and a total of 80 married students who were enrolled in the university and met the necessary criteria (being married, androgenic (bisexual), and being a student) were selected to participate in the research.

Research Instruments:

Marital Compatibility Questionnaire: In this study, the Graham Spanier's Dyadic Adjustment Scale (17) will be used to collect information related to marital compatibility. This scale is a 23-item tool for evaluating the quality of marital relationships from the perspective of either the wife, husband, or both living together. The scale is designed for two purposes. By obtaining total scores, this tool can be used to measure overall satisfaction in an intimate relationship. Factor analysis shows that this scale measures four dimensions of the relationship. These four dimensions include dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. This scale has been validated through logical content validity methods. The compatibility scale for spouses has demonstrated its validity for known groups by accurately distinguishing between married and divorced couples in each question. The total score of the scale has a good internal consistency with a Cronbach's alpha of 0.96. The internal consistency of the subscales ranges from good to excellent. Dyadic satisfaction is 0.94, dyadic cohesion is 0.81, dyadic consensus is 0.90, and affectional expression is 0.73.

Androgyny Questionnaire: Sundrabham developed a test that measures bisexuality. This test contains 60 adjectives or descriptive phrases. Respondents are asked to indicate for each item how well that adjective describes them on a scale from 1 (never or almost never true) to 7 (always or almost always true). Out of 60 existing adjectives, 20 adjectives are stereotypically feminine, 20 are stereotypically masculine, and 20 are neutral. That is, the behavior is not dependent on gender. Whenever people take this test, they get two scores: one for masculinity and one for femininity. The masculinity score is the average score of their self-assessments in the cases of masculinity, and their femininity score is the average score of their self-assessments in the cases of femininity. Bam defines being higher than the average (the middle is the average score). The median in each of these scales is usually 4.9. In order to calculate the validity of the short form of the sex role questionnaire, Bam (8) checked its correlation with the long form and obtained a correlation coefficient of 0.99 between the two. The validity of Bam's short-form sex role test was calculated using Pearson's correlation coefficient according to the report of Mehraizadeh et al. All the correlation coefficients of the components of this test are significant at the level of 0.001.

Sexual Performance Questionnaire: The measurement tools in the present study are: the International Index of Women's Sexual Performance. This index has 19 options and evaluates and measures sexual performance in 6 dimensions (desire, arousal, moisture, orgasm, satisfaction and sexual pain). In the Iranian electronic research (18), the validity of the content of this questionnaire has been confirmed by the supervisors and advisors and several experts and it has the required validity. In the Iranian electronic research (18), the reliability of the questionnaire using Cronbach's alpha method was mentioned as 85%.

Data Analysis Methodology: In the current research, both descriptive and inferential statistical methods were employed to analyze the extracted information and data under investigation. In the

descriptive statistics section, measures of central tendency, dispersion, and normality (skewness and kurtosis) were used. For the analysis of the obtained information and data to examine the hypotheses, multiple regression analysis was conducted using SPSS version 24 software.

Findings:

Statistical description of central tendency, dispersion, and normality (skewness and kurtosis), as well as the variables of male sexual performance, female sexual performance, androgyny, and marital compatibility along with their dimensions, are presented in Table 1.

Table 1: Descriptive Findings Including Measures of Central Tendency and Dispersion

Variable Names	Frequency	Minimum Score	Maximum Score	Mean	Standard Deviation	Skewness	Kurtosis
Sexual Desire	80	3	10	7.46	1.848	-0.513	0.269
Psychological Arousal	80	3	20	12.93	4.090	-0.738	0.378
Lubrication	80	4	16	11.15	2.245	-0.488	0.773
Orgasm	80	6	14	10.28	1.896	-0.190	-0.155
Satisfaction	80	8	15	11.70	1.824	-0.170	-0.575
Sexual Pain	80	3	15	8.15	3.479	0.306	-0.707
Female Sexual Performance - Total Score	80	39	75	61.66	8.069	-0.813	0.193
Clitoral Performance	80	19	35	27.89	5.372	-0.320	-0.360
Attainment of Ultimate Pleasure	80	5	12	8.70	1.824	-0.183	-0.628
Sexual Inclination	80	5	12	8.08	1.947	0.335	-0.594
Satisfaction with Coitus	80	5	18	11.79	3.434	-0.298	-0.842
Overall Sexual Coitus Satisfaction	80	3	11	7.19	2.044	-0.251	-0.554
Male Sexual Performance - Total Score	80	38	83	63.64	11.487	-0.505	-0.734
Androgyny	80	248	391	301.26	28.464	0.160	0.159
Marital Compatibility	80	80	142	115.75	14.345	-0.508	-0.323

Table 1 indicates that the variable of androgyny achieved the maximum mean of 301.26, while the variable of overall sexual coitus satisfaction obtained the minimum mean of 7.19 in this study. Furthermore, according to the assumption of normality, if the data significantly deviate from a normal distribution, the analysis results will be invalidated. In this regard, one of the methods for assessing the normality of data distribution is examining the skewness and kurtosis statistics. If the absolute value of the skewness coefficient falls within the range of ± 3 and the kurtosis coefficient is less than 10, it indicates the normality of the data. In the current study, the obtained values are consistent with these criteria; therefore, it can be concluded that the variables follow a normal distribution, and parametric statistical analysis can be conducted.

Hypothesis 1 of the Study: Male sexual performance is capable of predicting marital

compatibility. The statistical results of the linear correlation between the variables of male sexual performance (its dimensions) and marital compatibility are presented in Table 2.

Table 2: Correlation Matrix between Variables of Male Sexual Performance (its dimensions) and Marital Compatibility

	Clitoral Performance	Attainment of Ultimate Pleasure	Sexual Inclination	Satisfaction with Coitus	Overall Sexual Coitus Satisfaction	Male Sexual Performance - Total Score	Marital Compatibility
1) Clitoral Performance	r = 1						
2) Attainment of Ultimate Pleasure	r = 0.349 **	r = 1					
3) Sexual Inclination	r = 0.611 **	r = 0.459 **	r = 1				
4) Satisfaction with Coitus	r = 0.557 **	r = 0.440 **	r = 0.461 **	r = 1			
5) Overall Sexual Coitus Satisfaction	r = 0.569 **	r = 0.402 **	r = 0.553 **	r = 0.357 **	r = 1		
6) Male Sexual Performance - Total Score	r = 0.894 **	r = 0.603 **	r = 0.764 **	r = 0.771 **	r = 0.708 **	r = 1	
7) Marital Compatibility	r = 0.631 **	r = 0.368 **	r = 0.491 **	r = 0.592 **	r = 0.561 **	r = 0.713 **	r = 1

(* Indicates significant level at 0.05, ** Indicates significant level at 0.01, Sample Size: 80 participants)

Table 2 demonstrates that a significant positive relationship ($r = 0.713$, $p < 0.01$) exists between the overall score of male sexual performance scale and marital compatibility. Furthermore, a significant positive relationship was observed between the dimensions of male sexual performance and marital compatibility. Among these dimensions, the highest relationship was found between the dimension of clitoral performance and marital compatibility, while the lowest relationship was observed between the dimension of attainment of ultimate pleasure and marital compatibility.

The statistical results of the regression coefficients for Hypothesis 1 are presented in Table 3.

Table 3: Statistical Characteristics of Regression Coefficients between Male Sexual Performance (its dimensions) and Marital Compatibility

Mode I	Non-Standardized Coefficients	Standardized Coefficients
	t (Significance Level)	B (Standard Error)
Intercept	63.459 (p < 0.001)	7.029
Clitoral Performance	0.753 (p = 0.017)	0.308
Attainment of Ultimate Pleasure	0.074 (p = 0.921)	0.747
Sexual Inclination	0.104 (p = 0.899)	0.812
Satisfaction with Coitus	1.367 (p = 0.002)	0.423
Overall Sexual Coitus Satisfaction	1.906 (p = 0.011)	0.726

(Note: p < 0.01, Sample Size: 80 participants)

Independent Variable: Male Sexual
Performance
Dependent Variable: Marital
Compatibility

Table 3 indicates that the male sexual performance variable, in terms of dimensions (clitoral performance), directly with a standardized coefficient of 0.282 (β), at a significant level of 0.05, satisfaction with coitus directly with a standardized coefficient of 0.327 (β), at a significant level of 0.01, and overall sexual coitus satisfaction directly with a standardized coefficient of 0.272 (β), at a significant level of 0.01, (each for an increase of one unit in the standard deviation), have been able to predict the marital compatibility variable. Among these, the satisfaction with coitus component has shown the strongest contribution to predicting the marital compatibility variable. In this analysis, the correlation coefficient between the independent and dependent variables was obtained at the value of $R = 0.713$, and overall, $R^2 = 0.53$, equivalent to 53% of the variance in marital compatibility being explained by the dimensions of the male sexual performance variable. Hypothesis Two: Female sexual performance is capable of predicting marital compatibility. The linear correlation statistical results between female sexual performance variables (its dimensions) and marital compatibility are presented in Table 4.

Table 4: Correlation Matrix between Female Sexual Performance Variables (its dimensions) and Marital Compatibility

	1	2	3	4	5	6	7	8
1) Sexual Desire	r 1							
2) Psychological Stimulation	r 0.462 **	1						
3) Lubrication	r 0.291 **	0.471 **	1					
4) Orgasm	r 0.202	0.259 *	0.276 * 1					
5) Satisfaction	r 0.440 **	0.386 **	0.224 *	0.233 * 1				
6) Sexual Pain	r -0.196	-0.292 **	-0.027	-0.204	-0.248 *	1		
7) Female Sexual Performance -Total Score	r 0.606 **	0.766 **	0.688 **	0.454 **	0.532 **	0.127	1	

8) Marital Compatibility	r 0.502	0.535	0.316	0.474	0.550	-0.419	0.529	1
	**	**	**	**	**	**	**	

(Note: $p < 0.01$, Sample Size: 80 participants)

Table 5 demonstrates that the female sexual performance variable, in terms of dimensions (sexual desire), directly with a standardized coefficient of 0.188 (β), at a significant level of 0.05, psychological stimulation, directly with a standardized coefficient of 0.205 (β), at a significant level of 0.05, orgasm, directly with a standardized coefficient of 0.273 (β), at a significant level of 0.01, satisfaction, directly with a standardized coefficient of 0.271 (β), at a significant level of 0.01, and sexual pain, indirectly with a standardized coefficient of -0.199 (β), at a significant level of 0.05, (each for an increase of one unit in the standard deviation), have been able to predict the marital compatibility variable. Among these, the orgasm and satisfaction components have shown the strongest contribution to predicting the marital compatibility variable. In this analysis, the correlation coefficient between the independent and dependent variables was obtained at the value of $R = 0.75$, and overall, $R^2 = 0.57$, equivalent to 57% of the variance in marital compatibility being explained by the dimensions of the female sexual performance variable.

Hypothesis Three: Androgyny is capable of predicting marital compatibility. The linear correlation statistical results between the androgen variable and marital compatibility are presented in Table 6.

Table 5: Correlation Matrix between Androgyny and Marital Compatibility

	1	2
1) Androgyny	r 1	
2) Marital Compatibility	r 0.287 **	1

($P < 0.01$, Sample Size: 80 participants)

The results of Table 6 indicate that there is a significant positive relationship with a coefficient of 0.287 (r) between the androgyny scale and marital compatibility. The statistical results of the regression coefficients for hypothesis three are presented in Table 7.

Table 6: Statistical Characteristics of Regression Coefficients between Androgyny and Marital Compatibility

	Non-Standardized Coefficients	Standardized Coefficients
t	Significance Level	
B	Standard Error	β
Constant	72.159	16.540
Androgyny	0.145	0.055

($P < 0.01$, $F = 7.007$, $R^2 = 0.71$, Adjusted $R^2 = 0.82$, $R = 0.287$)

The results of Table 7 indicate that the androgyny variable, directly with a standardized coefficient of 0.287 (β), at a significant level of 0.01, for an increase of one unit in the standard deviation, has been able to predict the marital compatibility variable. In this analysis, the correlation coefficient between the independent and dependent variables was obtained at the value of $R = 0.28$, and overall, $R^2 = 0.08$, equivalent to 8% of the variance in marital compatibility being explained by

the androgyny variable.

Discussion and Conclusion:

The aim of the present study was to predict marital compatibility based on androgyny and sexual performance of married individuals in Shiraz city.

Male sexual performance is capable of predicting marital compatibility. The results in Table 3 showed that the male sexual performance variable, in terms of dimensions (erectile function directly, satisfaction with intercourse directly, and overall sexual satisfaction directly), has been able to predict the marital compatibility variable. Among these, the satisfaction with intercourse component demonstrated the strongest contribution to predicting marital compatibility. In this analysis, the correlation coefficient between the independent and dependent variables was obtained at $R = 0.73$, and overall, $R^2 = 0.53$, which means that 53% of the variance in marital compatibility is explained by the dimensions of male sexual performance variable. The results of this research are consistent with studies such as Nabipur to explain this hypothesis, it can be stated that sexual disorders are accompanied by interpersonal problems. The sexual relationship is an interpersonal relationship, and sexual dysfunction may be a result of it, not its cause. Interpersonal problems such as anger, hostility, disgust, anxiety, lack of self-confidence, and depression affect sexual relationships by reducing or destroying the necessary feelings for sexual desire and stimulation. When the relationship between spouses is weak, talking about sexual relationships rarely or wrongly happens, and as a result, the situation worsens. When it is clear that men's sexual problems are due to their interpersonal relationships, they become eager to resolve them. Sexual performance may be influenced by stress, emotional disorders, and ignorance of the functioning of sexual behavior physiology. Sexual dysfunction may exist throughout life or occur after a period of normal functioning. This disorder can be pervasive, situational, general, or specific. Undesirable sexual performance is a common problem that has detrimental effects on the lives of couples and marital compatibility. In simple terms, the inability to achieve and maintain proper erection for successful intercourse is called sexual dysfunction, which not only has a significant impact on the quality of life of individuals but also is a common problem affecting the individual and their spouse, leading to anxiety, depression, and decreased personal satisfaction with marital life, ultimately resulting in loss of self-confidence, each of which alone increases the psychological and social consequences of this condition. Therefore, it can be concluded that good sexual performance in men occurs when their sexual ability is high. Factors such as physical activity and exercise, as well as having physical health and absence of stress and anxiety, can have a positive effect on sexual performance. Good sexual performance can lead to better and more frequent erections and, consequently, more intercourse and greater satisfaction in intercourse, resulting in greater compatibility in marital relationships.

Female sexual performance is capable of predicting marital compatibility. The results in Table 5 showed that the female sexual performance variable, in terms of dimensions (sexual desire directly, mental arousal directly, orgasm directly, and satisfaction indirectly with sexual pain), has been able to predict the marital compatibility variable. Among these, the orgasm and satisfaction components demonstrated the strongest contribution to predicting marital compatibility. In this analysis, the correlation coefficient between the independent and dependent variables was obtained at $R = 0.75$, and overall, $R^2 = 0.57$, which means that 57% of the variance in marital compatibility is explained by the dimensions of female sexual performance variable. The results of this research are consistent with studies such as Taj Ismaili and Hakim Abadi (19), Bazeli et al. (20), Zarghan (21). To explain this hypothesis, sexual function is usually defined as function

related to sexual desire, mental and physical arousal, orgasm and pain, which is an important part of life. Sexual dysfunction is common among adult women, with a reported prevalence of 21-28% in premenopausal women. Sexual instinct is among the most fundamental factors of family establishment and family transformation. Today, the cause of most mental disturbances, moral slips, betrayals and marital complaints are due to lack of attention to sexual issues or are related to it in some way, and perhaps families that are separated due to lack of familiarity with these same sexual issues. have splashed Knowing and studying sexual tendencies and behaviors is one of the most important mental health issues. One of the most important parts of sexual health is healthy sexual function, so that healthy sexual function means the ability to have a pleasurable and satisfying sexual experience that makes a person desire more sex. Sexual pleasure can be experienced in different ways such as masturbation, oral sex, vaginal sex. When we have sex, the heart rate increases, breathing quickens, and blood rushes to the genitals, and for women, the vagina moistens and the clitoris swells, this is part of the sexual response cycle. But what happens that this cycle does not work when expected. Maybe the woman has trouble getting arousal, or her vagina may not be moist enough and make intercourse painful, sexual problems can have mental or physical causes. Health conditions such as diabetes, high blood pressure, and cardiovascular disease may affect sexual performance. Also, the emotional effects of a chronic disease also affect sexual function. Stress, anxiety and depression may be the cause of sexual problems in men and women. Sexual problems cause problems when they are always present in a person's life, make him uncomfortable and affect his healthy sex life. The good news is that sexual problems can be solved. Sometimes the problem is solved with a drug and sometimes psychological treatments are needed. In all cultures, legitimate sexual relations are formed in the form of marriage and married life. Satisfaction with the sexual relationship of couples leads to the creation of a safe and healthy environment for raising and educating children. The quality of sex also determines marital satisfaction. Humans consider sex as a way to express various emotions such as intimacy, love, anger and aggression.

Androgyny is able to predict marital compatibility. The results of Table 7 showed that the androgenic variable was able to directly predict the marital compatibility variable. In this analysis, the correlation coefficient between the independent and dependent variables was found to be $R = 0.28$, and in total, $R^2 = 0.08$, equivalent to 8% of the variance of marital compatibility, was explained by the androgenic variable. The results of this research are consistent with researches such as Abolqasmi et al. (10), Shahrzad and Ateshpour (22), Golvarz (23), Bam (12). To explain this hypothesis, androgen or androgenic hormone or testoid is a generic term used to refer to any natural or synthetic compound (usually a steroid hormone) that binds to androgen receptors to stimulate, control development or maintenance of male characteristics in vertebrates. It also includes the activity of male genitalia and the development of secondary sexual characteristics in males. Androgens were first discovered in 1936. Androgen is also the main anabolic steroid, as well as the source of all estrogens. The main and most well-known androgen is the hormone testosterone. Dihydrotestosterone (DHT) and androstenedione are also androgens that, although generally less well known, are of equal importance in the development of male characteristics. DHT in fetal life causes the differentiation of the penis, scrotum and prostate, and later in human life leads to hair loss in men, prostate growth and sebaceous gland activity.

Limitations of the research: This research, like other researches, had limitations, and one of these limitations was the mental and emotional state of the participants when answering the questions, which may affect the accuracy and accuracy of their answers, and this limitation was uncontrollable.

Conflict of interest:

The authors hereby declare that this work is the result of an independent research and does not have any conflict of interest with other organizations and persons.

Acknowledgment:

The authors of the article express their gratitude to all the participants in the research.

References:

1. Moradi M. A Paradigmatic transition from quantitative research to qualitative research in humanities. *Rahyaft*. 2014; 57: 93-116.
2. Halvorsen JG, Metz ME. .Sexual dysfunction. II. Diagnosis, management, and prognosis. *Journal of American Board of Family Practice*, 1992; 5: 177-192.
3. Bharambe KD, Baviskar PA. Study of marital adjustment in relation to some psycho-socio factor. *International Journal of Humanities and Social Science Invention*. 2013; 2: 8-10.
4. Bali A, Dhingra R, Baru A. Marital adjustment of childless couples. *Journal of Social Sciences*. 2010; 24(1): 73-76.
5. Hashmi HA, Khurshid M, Hassan I. Marital adjustment, stress and depression among working and non-working married women. *Internet Journal of Medical Update*. 2007; 2(1): 19-26.
6. Manju. Marital adjustment and depression. *International Journal of Indian Psychology*. 2016; 3(59): 44-51. <https://doi.org/10.25215/0304.061>
7. Srivastava A. Marital adjustment among patients with depression. *International Journal of Education and Psychological Research*. 2015; 4(4): 21-25. <https://ijepr.org/paper.php?id=217>
8. Bem S, Lipsitz B. *Sex-Role Inventory: Professional Manual*. Palo Alto,CA: Consulting Psychologists Press,1981.
9. Spence JT. "Comments on Baumrind's 'Are androgynous individuals more effective persons and parents?'" *Child Development* ;1982; 53(1): 76-80.
10. Abolqhaserni A., Kiyamarsi A. Relationship of Androgyny and Mental Health with Marital Adjustment in Women. *Women's Studies Sociological and Psychological*, 2006; 4(1): 55-66. <https://doi.org/10.22051/jwsps.2006.1257>
11. Mohammadi R, Mohammadi M. prediction of marital satisfaction based on gender roles (masculinity, femininity), second national conference of psychology and behavioral sciences, Tehran, Narkish Information Institute, 2014.
12. Bem SL. Sex-role adaptability: One consequence of psychological androgyny. *Journal of Personality and Social Psychology*, 1975; 31(4): 634-643.
13. Cook R. The relationship between sex role and emotional functioning in patients undergoing assisted conception, *Journal of Psychosomatic Obstetrics and*,1993:18
14. Russell Robin J.H., Pamela A. Wells. Predictors of happiness in married couples. *Personality and Individual Differences* ;1994;17(3): 313-321.
15. Adib Rad N, Mahdavi I, Adib Rad M, Deshiri Gh. Comparison of communication beliefs of women referring to judicial centers and women willing to continue living together in Tehran. *family research*, 2014; 1(2):131-138. https://jfr.sbu.ac.ir/article_96830.html?lang=fa
16. Laumann E., Farrer G. Pan S. Sexual practices and sexual satisfaction: A population based study of Chinese urban adults. *Sex Beaviour*, 2007; 36: 5-20
17. Spanier G B. Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 1976; 38: 15-28.
18. Barghi Irani Z. Effectiveness of cognitive-behavioral therapy for geriatrics (CBTO) on improving disease symptoms, cognitive correlates and some health-related behaviors in patients with Parkinson's disease (PD). Payam Noord University, Risala Graduate School, to receive a Ph.D

degree in the field of General Psychology; 2012.

19. Tajik Ismaili A, Gilak Hakim Abadi M. sexual functions and marital adjustment married in woman with Multiple Sclerosis. Journal title 2016; 10 (2) :1-9.

<http://dx.doi.org/10.18869/acadpub.rph.10.2.1>

20. Bazli A, Bayazi MH, Timouri S. investigation of women's sexual performance and sexual self-esteem with the degree of marital compatibility of coronary heart patients with normal people, the second national conference on research and treatment in clinical psychology, Torbat Jam, Islamic Azad University Torbat Jam branch, 2014.

21. Zarean Mohammadi Sh .Comparison of marital adjustment and sexual performance in women with and without history of hysterectomy surgery considering the role of body image moderator. Master's thesis. Tehran University of Science and Culture, Faculty of Psychology and Educational Sciences, 2014.

22. Ateshpour SH, Ateshpour H. the role of personality and gender characteristics in predicting marital compatibility of Isfahan couples, the first national conference on modern researches in psychology, counseling and educational sciences, Ahvaz, Islamic Azad University, Shadegan branch, 2015.

23. Abuzar G. Examining the relationship between gender role and mental health with marital adjustment in control children. Master's thesis. Shiraz University, Faculty of Educational Sciences and Psychology, 2012.

24. Hock E, Schirtzinger MB, Wilma J.Lutz, Widaman K. Maternal depressive symptomatology over the transition to parenthood: Assessing the influence of marital satisfaction and marital sex role traditionalism, Journal of Family Psychology;1995; 9(1): 79-88.