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Prediction of Sexual Behavior Based on Sexual Knowledge, Attitudes, Feelings of Shame and Guilt, and Gender Role Stereotypes in Women

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ARTICLE INFO	ABSTRACT
<p>Article History: Received 4 January 2020 Received in revised form 9 March 2020 Accepted 22 May 2020 Available online 1 June 2020</p> <p>Keywords: Sexual Behavior, Sexual Knowledge and Attitudes, Feelings of Shame and Guilt, Gender Role Patterns, Women.</p>	<p>Sexual behavior is a significant aspect of individuals' married life. Sexual knowledge and attitudes, along with feelings of guilt and shame, can influence one's sexual behavior. However, it is crucial to consider that individuals shape their sexual behavior within a gender system (gender role patterns). Therefore, this study aimed to examine the relationship between sexual behavior and sexual knowledge, attitudes, shame, and gender role patterns in women. To achieve this goal, 200 women who had referred to welfare centers in Tehran, Region 5, between the first of August and the end of September 2019, were voluntarily selected as the sample. The research tools included questionnaires on sexual knowledge, sexual attitudes, self-consciousness, gender roles, and sexual behavior. Pearson correlation coefficient and stepwise regression analysis were employed for data analysis. The findings indicated a significant and positive relationship between sexual behavior and sexual knowledge, sexual attitudes, masculinity patterns, and femininity patterns. Additionally, a significant and negative relationship was observed between sexual behavior and feelings of shame, guilt, and neutral gender role patterns. The stepwise regression analysis results revealed that, in order of importance, feelings of shame, guilt, sexual knowledge, and masculinity patterns could predict 45.0% of the changes in women's sexual behavior. Therefore, increasing women's sexual knowledge, alongside enhancing masculine traits such as courage in marital relationships and providing solutions to reduce feelings of shame and guilt in women, can increase desirable and satisfying sexual behavior.</p>

1. INTRODUCTION

Sexual health is one of the most important aspects of overall health that affects all stages of an individual's life [1]. It has been defined as the harmony and integration of the physical, emotional, intellectual, and social dimensions of sexuality, in a way that enhances and enriches personality, relationships, and love. Sexual health is strongly connected with sexual behavior [1]. Sexual behavior represents a combination of concepts, attitudes, experiences, activities, feelings, and thoughts associated with sexuality [2]. The significance of healthy sexual behavior can be

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considered from several perspectives, perhaps most importantly its vital role in preserving, strengthening, and stabilizing the foundation of the family. Furthermore, healthy sexual behavior enhances the quality of sexual life and marital satisfaction among couples [3]. Like other human behaviors, sexual behavior is influenced by an individual's knowledge and attitudes toward gender and sexuality.

Sexual knowledge and attitudes are related to various aspects of behavior, functioning, satisfaction, and sexual health [4,5]. Sexual knowledge refers to the set of information, awareness, and understanding that an individual possesses about sexuality and sexual issues. This awareness is critical, as it can impact all dimensions of a couple's interactions and relationships. Sexual attitude, on the other hand, is defined as the beliefs one holds regarding sexual roles and activities [1]. It encompasses both positive and negative interpretative styles in relation to sexual events and interactions, thus playing a decisive role in shaping the quality of sexual relations. Interactions between spouses can act as triggers for sexual behaviors in the future. Hence, the values and attitudes toward sexual relations are considered essential components that may facilitate the fulfillment of personal sexual needs and responsiveness to the partner's needs [6,7]. In contrast, incompatible or negative sexual attitudes may interfere with arousal and orgasm. A healthy attitude toward sexual relations fosters pleasurable experiences and the achievement of sexual satisfaction [7].

Extensive studies have reported significant associations between sexual knowledge, attitudes, and different dimensions of sexual behavior, satisfaction, and health. For example, Rastegar and colleagues found that greater sexual knowledge was associated with higher marital satisfaction in women [5]. Similarly, Momeni and Azadifard reported a positive and significant relationship between sexual knowledge, attitudes, and marital satisfaction, further noting that attitudes could predict marital satisfaction [8]. Sheikh-Esalami and colleagues found a direct and significant relationship between sexual knowledge, attitudes, and quality of life among married women [9]. Fathi and colleagues also reported a positive and significant relationship between sexual knowledge and marital satisfaction [10]. Shalani and Siahkamari confirmed the key role of sexual knowledge and attitudes in sexual functioning [11]. Likewise, Wang et al. identified five factors influencing sexual activity: age, gender, marital status, and sexual knowledge and attitudes [12]. Karimian and colleagues further observed that although young and educated participants scored high on sexual knowledge and attitudes, misconceptions persisted, such as shame during intercourse and the belief that sexual initiation should primarily be the man's responsibility [1]. This highlights the necessity of addressing shame and gender role schemas alongside knowledge and attitudes in the present study.

Shame and guilt are other central factors in this research, both of which significantly relate to the functioning and behaviors of sexual relationships [13,14]. Every individual experience shame and guilt in daily life for various reasons. These emotions are categorized as self-conscious emotions, as they relate directly to the self and require internalized standards for evaluating behavior [15]. Negative self-conscious emotions such as shame and guilt arise when one's behavior conflicts with personal values or moral standards. While guilt pertains to the evaluation of specific behaviors, shame involves the evaluation of the self. Guilt, though less painful, is often linked to corrective action, whereas shame is more damaging and persistent [16]. Individuals with sexual dysfunction frequently report feelings of shame and guilt in their sexual experiences [17]. Misinterpretation of partners' intentions may also lead to hurt feelings, resentment, and ultimately experiences of shame and guilt [14]. For example, Berman and colleagues found that women reported negative internal emotions such as shame, reduced self-worth, and disgust during sexual interactions, alongside a lack of positive affect and confidence [18]. Tammen and Linton showed that women with sexual dysfunction reported increased feelings of guilt when avoiding sexual intimacy [19]. Zarei and Hosseingholi further demonstrated that individuals with higher levels of differentiation and lower shame reported greater marital commitment [20]. Kargar, Davoudi, and Mozaffari also reported that shame, guilt, and emotion regulation difficulties could predict women's sexual satisfaction [21]. Moreover, Zarei, Farahbakhsh, and Esmacili found that shame predicted marital adjustment, whereas guilt did not [14].

If spouses fail to express their needs in sexual behavior or do not recognize each other's needs and arrive at positive solutions, stress, anger, and ultimately sexual dissatisfaction can occur. Among the contributing factors are gender role schemas. Gender distinctions form a fundamental aspect of every culture, where individuals are expected to act in accordance with cultural expectations of masculinity or femininity. Schemas serve as cognitive structures

underlying one's perception of self and the world. According to Bem's Gender Schema Theory (1981), individuals act based on gender-related schemas internalized during childhood. Traits such as independence, assertiveness, and dominance are labeled "masculine," while dependence, calmness, caregiving, and passivity are labeled "feminine." Notably, Bem emphasized that androgynous individuals, who possess positive traits from both genders, tend to adapt better to life's challenges. Cultural frameworks shape sexual behavior by reinforcing stereotypes, often placing additional pressure on men to perform with skill while restricting women's openness to sexual expression [22,23]. Thus, sexual behavior develops within a gendered system, defined by socio-cultural structures and stereotypes that prescribe normative sexual behavior for men and women [24]. Gender role schemas form early in life, particularly among girls, who are socialized passively into gendered expectations [25]. Cultural stereotypes, as shared beliefs about gender-specific traits, strongly influence perceptions and behaviors [22]. For instance, in Iranian culture, women are expected to refrain from openly discussing sexual desires or expressing dissatisfaction, aligning with the stereotype of the "good woman" who avoids sexual discourse [23]. Empirical studies in Iran are limited, but some evidence supports these dynamics. Khamsheh found that gender role schemas affected women's (but not men's) satisfaction with sexual behavior [23]. Bakhshizadeh and colleagues showed that gender role schemas directly influenced differentiation [26]. Shari'atmadar observed maladaptive schemas in relation to unrealistic expectations in marriage [27]. Hejazi and Rezadoust reported no significant relationship between gender stereotypes and patterns of friendship [28]. Finally, Pourhossein and colleagues found that sexual health correlated positively with masculinity and neutrality schemas but negatively with femininity schemas [29].

In summary, existing studies on sexual behavior in relation to the variables addressed in this research are limited and sometimes contradictory. Given that physical and emotional health, mental well-being, and family stability are highly dependent on marital relationships which in turn are deeply influenced by sexual behavior it becomes crucial to investigate predictors of sexual satisfaction. Reports in Iran indicate that many women suffer from dissatisfaction in sexual relations, with sexual dissatisfaction accounting for 50–60% of divorces and 40% of extramarital affairs [21]. Thus, identifying the factors associated with women's sexual satisfaction holds critical importance. The present study emphasizes the simultaneous role of sexual knowledge and attitudes, shame, and gender role schemas in predicting women's sexual behavior.

Research Hypothesis: Sexual knowledge, sexual attitudes, shame, and gender role schemas predict sexual behavior in women.

2. RESEARCH METHODOLOGY

The present study employed a descriptive-correlational design. The statistical population consisted of women who, between July 23 and September 22, 2019, attended family counseling centers under the supervision of the Welfare Organization in District 5 of Tehran Province. Sampling was conducted on a voluntary basis: among women seeking counseling services, those who met the inclusion criteria were invited to participate. After receiving detailed explanations about the procedure, the nature of the questionnaires, and assurances regarding ethical considerations, eligible women who expressed willingness completed the study questionnaires.

The inclusion criteria were: (1) having at least a middle-school education (to ensure sufficient reading comprehension for self-report questionnaires), and (2) having been married or engaged for at least one year. Ultimately, data were collected in four rounds from a total of 200 women, who completed the questionnaires in a paper-and-pencil format.

2.1. Instruments

2.1.1. Sexual Behavior Questionnaire

Sexual functioning can be assessed using standardized questionnaires. For this study, Dennerstein's Sexual Behavior Questionnaire (Personal Experience Questionnaire, PEQ) [2] was applied. Based on the researcher's clinical experience and considering the cultural context of Iran, two items were removed. It should be noted that these two items had also been omitted in Dennerstein's adaptation of McCoy's original questionnaire [30]. The final instrument consisted of 14 items and assessed six dimensions of sexual behavior: feelings toward the sexual partner,

sexual responsibility, frequency of sexual intercourse, sexual passion, problems with painful intercourse, and partner-related issues. Test–retest reliability coefficients for item scores ranged from 0.39 to 0.70, while psychometric evaluations confirmed acceptable internal consistency (Cronbach’s alpha = 0.52). Content validity was confirmed by ten psychology faculty members. The scale is simple, easy to administer, and uses a 6-point Likert scale ranging from 1 (“never”) to 6 (“very often”). In the present study, Cronbach’s alpha was 0.62.

2.1.2. Sexual Knowledge and Attitude Questionnaire

This 20-item scale was developed and standardized by Besharat and Ranjbar Kalagari (2013) to assess sexual knowledge and attitudes in the Iranian population, as part of a study on the development and psychometric evaluation of a marital sexual functioning scale. It consists of two subscales sexual knowledge and sexual attitude rated on a 5-point Likert scale (1–5). Scores range from 10 to 50 for each subscale, with a total score between 20 and 100. Reported internal consistency coefficients were 0.93 for the sexual knowledge subscale and 0.75 for the sexual attitude subscale [31]. In the current study, Cronbach’s alpha values were 0.87 and 0.78, respectively.

2.1.3. Test of Self-Conscious Affect (TOSCA)

The TOSCA is a self-report, paper-and-pencil instrument consisting of 16 scenarios representing common life situations. Respondents rate the likelihood of experiencing various emotional, cognitive, and behavioral responses on a 5-point Likert scale ranging from 1 (“not likely”) to 5 (“very likely”). Items specifically measure shame- and guilt-proneness. Lower scores indicate a more negative self-evaluation of the self and one’s actions [32]. Fergus et al. reported Cronbach’s alpha coefficients of 0.81 for the shame-proneness scale and 0.71 for guilt-proneness [33]. Anushe’i, Pourshahriari, and Sanaei, in a four-week test–retest study among university students, reported reliability coefficients of 0.78 and 0.70 for shame and guilt, respectively [34]. In the present study, Cronbach’s alpha values were 0.77 for shame and 0.68 for guilt.

2.1.4. Bem Sex Role Inventory (BSRI)

The BSRI, developed by Bem, is based on gender schema theory and consists of 30 items designed to measure gender roles (masculinity, femininity, neutrality). Responses are given on a 5-point Likert scale (1 = very low, 5 = very high). Bem reported a correlation coefficient of 0.99 between the short and long versions of the scale, confirming its validity [22,35]. Ali-Akbari Dehkordi and colleagues reported Cronbach’s alpha of 0.80, indicating good reliability [36]. In the current study, Cronbach’s alpha was 0.69.

2.2. Data Analysis

Data were analyzed using SPSS version 23, employing Pearson’s correlation coefficient and stepwise multiple regression analysis.

3. FINDINGS

The descriptive indices of the research variables, including the mean, standard deviation, and minimum and maximum scores, are presented in Table 1.

Table 1: Average, Standard deviation and standard deviation of the research

The higher the score	The lowest score	Standard deviation	average	Variable
84	14	19/26	49/71	sexual behavior
50	10	10/90	29/11	Sexual knowledge
50	10	12/02	30/63	sexual attitude
40	8	9/41	24/17	feeling ashamed
40	8	9/34	23/43	feeling guilty
84	7	23/16	46/91	Schema of femininity
77	7	20/10	41/34	Schema of masculinity
49	7	12/26	25/55	Neutral schema

To examine the study hypothesis namely, the relationship between and the predictive role of sexual knowledge and attitudes, shame and guilt, and gender role schemas on women’s sexual behavior Pearson correlation coefficients and stepwise multiple regression analysis were employed. Multiple regression analysis relies on several assumptions, which were assessed as follows:

Independence of errors: This assumption was evaluated using the Durbin-Watson test. According to standard references, if the Durbin-Watson statistic falls between 1.5 and 2.5, the independence of observations can be assumed, allowing the analysis to proceed [37]. In the present study, the Durbin-Watson statistic was 1.615, indicating that the independence of observations was confirmed.

Normality of errors: The residuals were required to be normally distributed with a mean of zero. In this study, this assumption was satisfied, as the residuals exhibited a roughly normal distribution, with a mean close to zero and a standard deviation near one (0.975).

Absence of multicollinearity among independent variables: This assumption was evaluated using tolerance and variance inflation factor (VIF) statistics. As shown in Table 4, the tolerance values were close to one, and VIF values were below two, indicating that multicollinearity was not a concern.

Given that all regression assumptions were met, the use of multiple regression analysis was deemed appropriate for testing the study hypotheses.

Table 2: Correlation of research variables

8	7	6	5	4	3	2	1	Variables
							-	Sexual behavior .1
						-	**0.53	Sexual knowledge .2
					-	**0.51	**0.52	Sexual attitude .3
				-	** - 0.67	** - 0.62	** - 0.54	Feeling ashamed .4
			-	**0.45	** - 0.60	** - 0.37	** - 0.50	Guilt .5
		-	**0.33	**0.53	**0.49	**0.47	**0.33	Schema of .6 femininity
	-	**0.24	** - 0.54	** - 0.53	**0.67	**0.29	**0.48	Schema of .7 masculinity
-	-0.09	** - 0.27	0.050	**0.55	** - 0.26	** - 0.34	** - 0.17	Neutral schema .8

Table 2 presents the correlation coefficients among the study variables. Examination of these coefficients indicates that sexual behavior has a significant and positive relationship with sexual knowledge, sexual attitudes, masculinity schema, and femininity schema. Additionally, it shows a significant and negative association with feelings of shame, guilt, and neutral schema.

Table 3 : Summary of step - by- step regression analysis of sexual behavior by knowledge and attitude sex, Shame and guilt and schema Hi roles sexual

N - Watson camera	The collinearity assumption		Sig.	B	β	R	R ²	F	t	Variable	step
	tolerance	swelling Variance									
			0.001			0.54	0.29	83.10			1
	1	1	0.001	-1.11	-0.54				-9.11	Feeling shame	
			0.001			0.61	0.38	60.62			2
	1.254	0.797	0.001	-0.811	-0.39				-6.31	feeling shame	
	1.254	0.797	0.001	-0.674	-0.32				-5.21	feeling sin	
			0.001			0.65	0.42	48.73			3
	1.793	0.558	0.001	-0.488	-0.23				-3.29	feeling shame	
	1.277	0.783	0.001	-0.607	-0.29				-4.82	feeling sin	
	1.661	0.602	0.001	0.490	0.27				3.98	knowledge sexual	
1.615			0.001			0.67	0.45	40.05			4
	2.103	0.476	0.004	0.312	-0.15				-1.98	feeling shame	
	1.528	0.654	0.001	0.448-	-0.21				-3.31	feeling sin	
	1.683	0.594	0.001	0.530	0.30				4.36	knowledge sexual	
	1.676	0.597	0.004	0.191	0.20				2.90	schema masculinity	

Table 3 summarizes the stepwise regression analysis of sexual behavior based on sexual knowledge and attitudes, shame and guilt, and gender role schemas. The table presents the t and F statistics, the correlation coefficient (R), and the coefficient of determination (R²) for the significance of each regression model, along with the unstandardized (B) and standardized (β) regression coefficients for each variable included in the model.

As shown in the table, the F-statistic values for steps one through four were 83.10, 60.62, 48.73, and 40.05, respectively, all of which are significant. This indicates that the overall regression model is statistically significant at each step. The coefficient of determination (R²) increased progressively from 0.29 in the first step to 0.38 in the second, 0.42 in the third, and 0.45 in the fourth step, demonstrating the increasing explanatory power of the model.

In the first step, shame was entered into the equation due to its highest correlation with sexual behavior and showed a significant negative effect. In the second step, guilt was added, also demonstrating a significant effect. In steps three and four, sexual knowledge and masculinity schema were sequentially added to the existing model, each showing a significant impact.

These findings indicate that the study hypothesis is supported: sexual knowledge and attitudes, shame and guilt, and gender role schemas are significant predictors of sexual behavior in women.

4. DISCUSSION AND CONCLUSION

The present study aimed to examine the relationship between sexual knowledge and attitudes, shame and guilt, and gender role schemas with sexual behavior in women. The findings indicated that sexual behavior was positively and significantly associated with sexual knowledge, sexual attitudes, masculinity and femininity schemas, and negatively and significantly associated with shame, guilt, and neutral gender role schemas. Among these variables, shame, guilt, sexual knowledge, and masculinity schema were significant predictors of sexual behavior in women. Therefore, the study hypothesis was supported.

These findings align with previous research demonstrating the predictive role of sexual knowledge on sexual behavior [5, 8–11, 1] and the negative impact of shame and guilt on sexual behavior and sexual relationships [14, 21, 20, 13, 19, 18, 17]. They are also consistent with studies indicating the relationship between gender role schemas and sexual health [23, 26, 27, 29].

One possible explanation for these results is that knowledge about sexual matters contributes to better sexual functioning, while a lack of such knowledge increases vulnerability and may lead to sexual dysfunction. Increased awareness and positive attitudes toward sexual relationships enhance sexual satisfaction. Sexual knowledge encompasses biological, socio-cultural, psychological, and religious dimensions and affects cognitive (information and knowledge), emotional (feelings, values, and attitudes), and behavioral (communication and sexual skills)

components, thereby influencing sexual behavior and its related dimensions. Individuals with positive sexual attitudes can experience sexual relations without guilt, resulting in higher satisfaction. Greater sexual knowledge and positive attitudes increase self-awareness and understanding of one's and one's partner's abilities and limitations, which improves coping strategies and facilitates a more harmonious and satisfying sexual relationship.

The study also highlighted the importance of awareness regarding sexual techniques, sexual attraction, and related skills, which significantly affect sexual relationships and behavior. Self-perception of attractiveness and adequacy as a sexual partner also influences sexual behavior. Unlike men, whose sexual desire can be readily triggered by visual or olfactory stimuli, women's sexual desire is largely influenced by beliefs and thoughts about sexual matters. Therefore, providing accurate information, appropriate training, and correcting misconceptions about sexual issues is particularly important for women. Increased sexual knowledge enhances mutual understanding between partners regarding preferences and desires, leading to better sexual functioning. Healthy sexual attitudes contribute to pleasurable experiences and sexual satisfaction, reduce tension and stress, and prevent harmful behaviors that may provoke guilt and shame, thereby facilitating constructive and enjoyable sexual interactions [11].

Furthermore, sexual behavior is not limited to the early stages of marriage but continues throughout later years. Research shows that sexual issues are among the primary concerns of couples. Sexual behavior, particularly in early marital life, provides a framework for experiencing love, intimacy, pleasure, and affection. Positive subjective evaluation of one's sexual experiences fosters satisfaction, whereas feelings of shame and guilt can disrupt couple interactions. Shame arises from discrepancies between the actual self and the ideal self, often including feelings of inadequacy, weakness, and the desire to hide flaws, which can reduce sexual activity [21, 13]. Guilt, as a high-control negative emotion, may impair proper interpretation of verbal and non-verbal cues, triggering further shame and guilt and disrupting couple interactions, which in turn diminishes sexual behavior [20, 21].

The findings also suggest that women who integrate masculine gender role schemas (e.g., independence, self-reliance, assertiveness, leadership) with feminine schemas (e.g., compliance, shyness, sensitivity to others' needs, nurturance, emotional expression) achieve a bisexual role structure. Such women demonstrate more adaptive sexual behavior and higher sexual satisfaction, likely because freedom from purely feminine gender role stereotypes enables them to express sexual desires without guilt or shame. For example, they can communicate their sexual needs and expectations to their partner without experiencing negative emotions, promoting active sexual behavior and enhancing psychological and sexual health [23].

Limitations of the study include the single-gender sample. Future research should consider comparing men and women. Additionally, sexual behavior and its components may be influenced by numerous mediating and moderating variables; thus, structural equation modeling could provide further insights in future studies.

In conclusion, the present study demonstrated that sexual knowledge and attitudes, shame and guilt, and gender role schemas are significantly related to sexual behavior in women. Inadequate sexual knowledge and attitudes, elevated shame and guilt, and neutral gender role schemas can lead to sexual problems and undesirable sexual behavior. Therefore, educational and healthcare centers should consider the consequences of sexual dysfunction and insufficient sexual knowledge in designing sexual health and education programs to promote sexual functioning and behavior in individuals.

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Transparency Statement

The data supporting this study are available upon reasonable request to the corresponding author, subject to ethical and confidentiality considerations.

Declaration of Interest

The authors declare that they have no competing interests.

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