



NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
GENERAL PSYCHOLOGY PROGRAM

**THE EFFECT OF SEXUAL ACTIVITY ON SELF-
ESTEEM AND DEPRESSION IN WOMEN**

Mahtab Ojani

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2020

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ABSTRACT

THE EFFECT OF SEXUAL ACTIVITY ON SELF-ESTEEM AND DEPRESSION IN WOMEN

Sexual activity is one of the human's basic needs, but because this issue is entirely personal, less discussion has been paid to this matter. In some countries, premarital sexual activity is unacceptable for women, which means, one of the basic need in women to be considered neglect. Since Iran is a patriarchal country, less attention is pay to women, and following this, women have less self-esteem. Besides, it seems that there is a relationship between self-esteem and depression disorder.

This study aimed to investigate the effect of sexual activity on self-esteem and depression in Iranian women. 350 Iranian women, age range 25 to 40, selected randomly from only Tehran.

The result of this paper showed that there was a statistical relationship between sexual activity and depression. Also, there wasn't any statistical relationship between sexual activity and self-esteem. Besides, there wasn't any statistical relationship between self-esteem and depression.

Sex therapist, counselor, and couple therapist should pay more attention to the sexual needs, level of self-esteem, and depression among women.

Keywords: Sexual activity, Self-esteem, Depression, Women

ÖZ

CINSEL AKTIVİTENİN BENLİK SAYGISI VE DEPRESYON ÜZERİNE ETKİSİ KADINLARDA

Cinsel aktivite insanın temel ihtiyaçlarından biridir, ancak bu konu tamamen kişisel olduğundan, bu konuda daha az tartışma yapılmıştır. Bazı ülkelerde, evlilik öncesi cinsel aktivite kadınlar için kabul edilemez, bu da kadınların ihmal edilmesi gereken temel ihtiyaçlardan biri olduğu anlamına gelir. İran ataerkil bir ülke olduğundan kadınlara daha az dikkat edilir ve bunu takiben kadınların özsaygısı daha azdır. Ayrıca, benlik saygısı ve depresyon bozukluğu arasında bir ilişki olduğu görülmektedir.

Bu çalışma, İranlı kadınlarda cinsel aktivitenin benlik saygısı ve depresyon üzerindeki etkisini araştırmayı amaçlamıştır. 350 İranlı kadın, yaş aralığı 25-40, sadece Tahran'dan rastgele seçildi.

Bu çalışmanın sonucu, cinsel aktivite ile depresyon arasında istatistiksel bir ilişki olduğunu göstermiştir. Ayrıca cinsel aktivite ile benlik saygısı arasında istatistiksel bir ilişki yoktu. Ayrıca benlik saygısı ile depresyon arasında istatistiksel bir ilişki yoktu.

Seks terapisti, danışman ve çift terapisti kadınlar arasında cinsel ihtiyaçlara, benlik saygısına ve depresyona daha fazla dikkat etmelidir.

Anahtar Kelimeler: Cinsel aktivite, Benlik saygısı, Depresyon, Kadınlar

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CHAPTER 1

INTRODUCTION

In today's societies, in which lifestyles of people are shifting to modernity, people face challenges such as individuality, freedom, and celibacy. The breadth of information coming from technology and communications will increase human needs and gaps (Berman, 2007). Today, people are more vulnerable to finding solutions to their needs. The speed of progress of the world today varies with the speed of human growth. People are aware of all their rights, including social, political, cultural, physical, and sexual, which makes them vulnerable. Individuals update themselves with new information, while they cannot maintain stable expectation and imagination of themselves. This volume of information causes psychological problems, including anxiety, fear, and depression. According to information received, women have gained more sexual awareness and are free to think and act freely (Zarlaki, 2012). One of the effects of the modern world is on relationships, one of which is a sexual relationship. Today, women have more social activities and freedoms than ever before, which makes them free (Petherick, 2016).

This satisfaction and awareness in life affect lifestyle and, because of extensive communication with the world in interactions and sexual activities, these activities can affect their mental health.

According to the World Health Organization (2019), about 450 million people suffer from mental health conditions that the disorders among the leading causes of ill-health and impairment worldwide. This means that even if you have no experience with mental health with yourself, mental disorders impact on your life by someone you know or love, or who may be sexually intimate. Most of the people have conflicts far more than required because they don't

have enough awareness and support; they need to attend to the challenges that can be useful around sex and mental well-being (Kline, 2015). In this study, we will investigate the effect of sexual activity on self-esteem and depression. Also, we will define the variables in the following.

1.1. Statement of the problem

Sexual needs are one of the basic needs of humans (Maslow, 1943). Sexual activity is any activity between two people, or in a group that persuade sexual arousal. There are two factors of human sexual activity: 1. the inherited sexual reaction templates that are a part of each individual's genetic inheritance, 2. and the level of control or other types of penetration that apply on individuals to the expression of their sexuality (Gebhard, 2019). According to Pew Research Center (2014), people in most Muslim countries agree that sexual relationships before marriage is unacceptable, that some of these countries include Pakistan, Indonesia, Turkey, Jordan, Egypt, and the Palestinian territories, believing this. However, in Western countries, sexual activity before marriage is more acceptable. Only about 10% of European people believed that premarital sex is unacceptable that Including the elderly. The age of awakening of sexual maturation and the onset of sex activities are different in societies (Klein, 2012). Due to restrictions on sex education and societal repression, in countries such as Iran that premarital sexual relationships are taboo, sexual awakening is later than Western societies (Zarlaki, 2012). Healthy sexual activity could impact mental health, such as increasing self-esteem or decreasing depression (Ganong & Larson, 2011).

Self-esteem points to the negative or positive assessment of the self (Rosenberg, 1979). It composes a part of the total self-concept and rises out of the process of interaction (Cast & Burke, 2002). According to James's belief (1980), self-assessment of a person made up of the special self-evaluations unified with their relative value and relation to the ideal self and aspirations of a person (Muller & Butera, 2007).

One of the essential topics in psychology, which is of great importance today, is self-esteem, or respect to self, that its existence leads to growth in many

aspects of personality and its absence can lead to some psychiatric disorders like depression (Abdel-Khalek, 2016) that in children is shaped by the environment, nurture and unconditional acceptance (Miller, 2015). Self-esteem and self-confidence are, in most cases, considered to be in a sense, while different. Self-confidence means the ability to do a job while self-esteem is a feeling worthwhile to self (Steinem, 2012).

Baumeister and colleagues (2003) designed a study to finding out that determine is having self-esteem helpful as people think? They started by considering which variables were related to high self-esteem and then assessed the limit to which the upper of self-esteem caused these results. They concluded that self-esteem does related to many positive results. People with high self-esteem get less depressed, feel more relax, get higher grades, and even they more live longer than those who have negative self-assessment. Also, there was a relationship between self-esteem and depression, which means that low self-esteem could predict depression. (Rieger, Göllner, Trautwein & Roberts, 2016).

Beck (1967) describes three mechanisms that in his beliefs were cause for depression: The cognitive triangle, which includes: automatic negative thinking, errors in reasoning and logic, and negative self-schemas. (Leahy, 2002). According to Amiri (2009), depression is one of the prevalent psychological disorders. Each year, the age range between 18 and 74 can suffer from significant depressive symptoms (Secunda, Katz & Friedman, 1973). Many people recover from depression, but unlike many other forms of psychiatry, about 100 people with the depressive disorder die by suicide (Friedman, Secunda & Williams, 1970). The person, who is suffering from depression, has to feel disappointed, unpleasant, worthless, guilty, and changes in weight and eating behavior and sleep patterns (American Psychiatric Association, 2013), also this disorder, in women is twice that of men. The presence of this disorder can be due to hormonal reasons, biological, brain chemistry, inherent traits that are possible at any age (American Psychiatric Association, 2013).

One of the global challenges, which creates groups like feminism, is equal rights that one of which is sexual relations. Besides, according to the predictions, gender equality was accompanied by more partners in sex, casual sexual activity, age of first sexual relationship, and more significant tolerance of premarital sex (Baumeister & Mendoza, 2011).

Also, today's competition between people in different dimensions, due to the rapid rhythm of life, is increasing for the breakthrough. One of the keys to success is self-esteem, whose existence is one of the preconditions for progress, and its absence can have psychological consequences such as depression. Mood disorders in women are almost twice as high as men. This study will examine the relationship between these three variables (American Psychiatric Association, 2013).

1.2. Aim of the study

1. Are the demographic variables (age, marital status, educational level, and having sex) of the participants related to sexual activity?
2. Are the demographic variables (age, marital status, educational level, and having sex) of the participants related to the self- esteem?
3. Are the demographic variables (age, marital status, educational level, and having sex) of the participants related to the depression?
4. Is there a relationship between sexual activity and self-esteem and depression in Iranian women?

1.3. Significance of the study

We often think that sex issues are doing in our bodies, but most of our sex life occurs in our brains. Awareness of this issue is essential that our thoughts and feelings are a fundamental factor in keeping and getting us to turn in that way for all genders (Kline, 2015). However, generally, providers have a tough time to proceed to sexual health. Labeling about mental disorders may affect providers' views to see these people as a sexual or show romantic interaction as unsuitable in this society (Walsh et al., 2014).

According to the individual needs, the pattern of women's lives has changed, and as a result of this change, women are aware of their rights, including their sexual rights; also the issue of self-esteem is of great importance today and is one of the important pillars of progress in social, personal life and mental health. Also, concerning social, economic, and cultural conditions, mental disorders, especially mood disorders such as depression, are increasing (Hidaka, 2012).

Studies in sexual activity domains in the society reveal that most people engage in romantic interactions with a partner, spouse, or important person, for the majority of adult life. A national study indicated that about 88% of adults in the United States showed that they have at least one sexual partner during the last year (Bonfils et al., 2015).

Therefore, this study will serve as a steppingstone in research regarding women's sexuality in aspect to psychological issues in a country like Iran, where such topics are considered unconventional and taboo. Also, it will add valuable information to the existing literature on a global level.

1.4. Limitations

The study was conducted only on women, and we cannot consider these variables in men. Also, this study conducted only in Iran, and then we cannot generalize to other cultures.

Another limitation is the age range of participants that restricted between 25 to 40, and we cannot generalize to other age.

The study conducted on only women who have sexual activity means that we cannot predict the effect of sexual activity on depression and self-esteem between women who don't have any sexual activity.

1.5. Definition of key terms

Sexual activity/human sexual behavior: Sexual activity is any activity between two people, or in a group that persuade sexual arousal. There are two factors of human sexual activity: 1. the inherited sexual reaction templates

that are a part of each individual's genetic inheritance, 2. and the level of control or other types of penetration that apply on individuals to the expression of their sexuality (Gebhard, 2020).

Self-esteem: Self-esteem as a continued self-evaluation and belief of one's self, which is strongly associated with self-worth, self-regard, emotional states, competencies, and success that shapes how individuals view themselves and conceptualize a broader place within the society (Daniali, 2013).

Depression: Depression (major depressive disorder) is a prevalent psychological and severe medical disorder that can negatively affect feelings, thoughts, and acting (American Psychiatric Association, 2013).

CHAPTER 2

2. THEORETICAL FRAMEWORK AND RELATED LITERATURE REVIEW

This research aims to investigate the effect of sexual activity on self-esteem and depression in Iranian women. We will also define the meaning and concept of Sexual activity, Self-esteem, and Depression, their theories, and related studies connected to these variables.

2.1. Concept of sexual activity

For most adults, sexual activity is a part of the lives that can be an essential and loved part. Whether that sexuality occurs with a partner, with multiple partners, or only with ourselves, our sex life can be an origin of meaning and significant delight in our lives (Kline, 2015). Sexual activity is an essential element of human normal function, wellbeing, and quality of life (Drory, 2002). Sexual intercourse is mainly the insertion and thrusting of the phallus into the vagina for reproduction, sexual pleasure, or both (Starr & McMillan, 2013). Also, sexual intercourse definition as vaginal intercourse or vaginal sex (Alters & Schiff, 2009). The cycle of male and female sexual reactions can be divided into four stages: excitement, arousal, orgasm, and resolution (Archer & Lloyd, 2002).

Sexual activity is one of the essential perspectives of life. However, it was mostly neglected by providers in therapy and conception of recovery for a person who has diagnosed with a mental disorder (Quinn et al., 2011). The sexual activity starts with sexual desire, and sexual drive is an essential factor in motivating and continuing sexual activity that is closely regulated by sex

hormones (testosterone in men and estrogen and testosterone in women). In other words, a person's overall desire for sexual activity is called sexual drive. Sexual drive is created for species survival and depends on the levels of sex hormones. Since men always have high testosterone levels, and women have variable levels of sex hormones during the month, the female's sex drive is subject to periodic fluctuations throughout the month (Baumeister, 2000).

On the other hand, sexual desire expresses a desire for sex that is sometimes - and not always - stimulated by the genitalia. Sexuality is a subjective experience that, unlike hormones, is not sexual. The sexual desire of any person reflects his motivations, drive, and personality and cannot be identified only by physiological changes (Sadock & Sadock, 2011).

Sexuality can be stimulated by a variety of situations or situations, including:

- Erotic thoughts, feelings, and fantasies
- Erotic content in the form of books, movies, etc.
- Erotic environments

And the social conditions and interactions that stimulate sexual desire (Rupp & Wallen, 2008).

2.1.1. Theoretical bases of sexual activity

According to Freud, the source of human mental activities tends to sexual desire. He believes that the fundamental motivation of human behavior tends to sexual desire. In other words, the human is seeking pleasure (Stoléru, 2014).

Freud was very concerned about human sexual issues, and he believed that satisfaction in sexual instinct could restrict most of the human's problems or be solutions for personal life issues. Also, he describes the ways that human beings can use them between sexual instincts and limitations (Serge, 2014).

According to Freud, sexual desire arousal factors include internal and external factors. Overthinking, excessive attention on sex issues, including internal factors of sexual desire and conditions and social situations, are the external factors of sexual desire (Banifatemeh, Abbaszadeh & Rahimi, 2019).

Also, Fromm originally adhered to Freud's libido theory but defined it in much broader terms. In essence, he argued that sex-rooted drives, the libido, coexist with self-preservatory drives (King, 1992). According to his theory, sexual desire is one of the manifestations of independence in the early years of life, and showing ugly this desire 'causes the child to regress and feel guilty and, in turn, make him more obedient (Farahani, 2008). Fromm believes that human cannot be free from sexual desire, and if they assume that desire is flawed, guilty feeling is going to be natural (Fromm & Anderson, 2017).

Furthermore, Karen Horney is one of those who have criticized Freud's theory. In any case, experience shows that the relationship between love and sexual desire is not an inevitable, indispensable, and permanent relationship, that is, it cannot be said that they are either a phenomenon or have a single root and motive. She noted that: In my opinion, love is an entirely separate phenomenon from sexuality that can only be said to interact with and influence one another in some cases (Horney, 1992). Most of the sexual abnormalities due to neural needs love. People who are unsatisfied with sex and unable to enjoy healthy and natural sexual intercourse become greedier and more likely to seek sexual satisfaction with their sexual needs. Sex can be in two ways for those who are unsatisfied in sexual activities: 1- Extreme and forced sexual intercourse and 2- Avoidance (Horney, 1990).

On the other hand, Alfred Adler, as neo-Freudianism, has denied the importance of sex in marital life (Maniacci, Carlson & Sackett-Maniacci, 2017). He believes that sexuality plays an essential role in choosing monogamy. But for Adler, relationships based solely on sexual desire, cannot be a perfect relationship (Izard, 2013). In his opinion, most people will never find a right partner that can solve the problem of love correctly, and because of their problem to hide their ability, they will make different excuses (Adler & Brett, 2014).

According to the hierarchy of needs in Maslow's theory (1971), for satisfying sexual desires, requires to answer as the need for air, thirst, hunger, and the need to sleep. (Vansteenkiste, Ryan & Soenens, 2020). All of them are in the

category of physiological needs, or the basic needs of humans and any other living being. He believed that sex, like love, specializes in human psychological principles, especially humans, with high levels of mental health. Sex and love can be combined, and they often become so (McLeod, 2007).

Also, in Victor Frankl's view, love is the only way to understand another being's depth. A human cannot be fully aware of the existence and nature of another unless being in love with someone else (Frankl, 2011). He believed that sexual desire is usually a state of expressing love and is permissible and even sacred to combine love. So, love is not a side effect of sex, but sex is a way to understand love (Yekta, Raisi, Ebadi & Shahvari, 2015).

2.2. Concept of self-esteem

Self-esteem is a subjective evaluation that person considers about self-worth, and enclosed beliefs and ideas about oneself, such as being worthy of being unloved. Besides, it includes emotional states such as success, discouragement, honor, and shame, or embarrassing (Hewitt, 2009). Also, Smith and Mackie (2007) determined that self-concept includes our thoughts about ourselves. Besides, self-esteem is the evaluation of the self that can be negative or positive.

Self-esteem is an interesting psychological form that can predict important and specific consequences in our lives, such as achievement in education or occupation, happiness, marriage satisfaction, or euphoria in a relationship (Orth & Robbins, 2014). Overall, it seems that having a positive view of the self has plenty of advantages in our lives. People with high self-esteem and having a positive view about themselves are satisfied and healthier. While people with a negative view of themselves and having low self-esteem, presumed to be depressed and psychologically distressed (Heatherton & Wyland, 2003).

Having self-esteem has many advantages. Individuals with self-esteem generally consider themselves worthy. Also, they can deal with the challenges and cope with negative feedback. They live among people and societies that

believe are respectable and valuable (Brown, 2010). It seems that people with a high level of self-esteem, have overloaded, productive and happy lives. While people with a low level of self-esteem, consider the world via a negative filter. Much evidence showed that there is a relationship between self-esteem and depression and being alone. Self-esteem could impact occupation success, having a happy and enjoyable life (Heatherton & Wyland, 2003).

We can divide self-esteem into two categories:

1. Low self-esteem

People with a level of low self-esteem are characterized by the fear of failure, doubt, feeling worthlessness, incapable, and feeling of insecurity and always underestimate their selves.

It is a hopeless situation that keeps faraway individuals from their real potential. In truth, people, because of feeling poorly about them, remain constant with low self-esteem (Maharani, 2016).

2. High self-esteem

Individuals with self-esteem have positive thoughts, and they value and accept other people. This category of people is satisfied with their lives. Also, they can cope with problems and challenges. They do not prove to others that they are superior over others and enjoy being who they really are and not trying to be better than anyone else (Baumeister, Campbell, Krueger & Vohs, 2003). Also, They have more energy and mostly be extrovert and try to learn from their experiences and mistakes. They are flexible to take responsibility for their lives, and they develop without any fear of mistakes (Burka & Yuen, 2007).

2.2.1. Theoretical bases of Self-esteem

The term self-esteem is influenced by William James (1890), known as the father of modern psychology (Koszegi, Loewenstein & Murooka, 2019). According to many early theorists, who have been after him, self-esteem conceptualization of James was brief and insightful (Mruk, 2013). Bednar and Peterson (1995), according to the comprehensive review of self-esteem, mentioned that the concept of self-esteem is not considered deeply in the early theories such as James, Mead, Adler, and Allport's. Instead, it should be changed from relative ideas about the self (Eromo, 2015). Though the focus

was extensive, James's definition of self-esteem was discussed that included here as the prime recorded description of the construct. This definition was not only the first recorded, but James' ideas were supported by the number of multiple studies (Eromo, 2015).

According to James (1980), three significant constituents exist that the individual chooses his assertion:

1. the material self (such as personal objects and realm),
2. the social self (like popularity or recognition by others),
3. the spiritual self (such as the inner subjective being).

James also identified that self-esteem might have both specific and general elements. In other words, though swing of self-esteem might occur by daily conflicts, there is a middle factor that develops over time and appears that the individual's self-esteem return to (Eromo, 2015).

Rosenberg also assumed that self-esteem is a person's desirable or undesirable attitude toward themselves (Levy, 2019). Besides, Rosenberg belief that the process of judging one's own worth can be analyzed in three steps:

First, it selects the dimensions on which it judges itself. (E.g. judging a sport or educational ability).

Second: The individual evaluates himself in these dimensions (For example, I'm a bad athlete or a poor student).

Third, the persons defined this evaluation in terms of their value (For example, I'm a weak athlete or student, but I'm still a valuable person) (Zell, Strickhouser, Sedikides & Alicke, 2020).

Furthermore, Coopersmith (1967) summarizes his findings in the following way:

The origin of self-esteem can be presented in three terms:

1. Parental acceptance of children in whole or in part.
2. Determine the exact scope of their actions.
3. Respect and freedom in their actions within this specific area (Kaur & Singh, 2019).

On the other hand, Cooper Smith (1967) is one of the first to write about self-esteem and believes that human desires and values play a central role in determining whether or not he or she thinks they are desirable. He thought that one's judgment of one's self-worth was not a function of one's situation and perfection in what one claims or wishes to do well (Brown, 2014).

Coopersmith (1967) concludes that the child's perception of parents is essential, not the specific actions they perform, but that it is the whole family environment that influences the child's perceptions of their parents and their motives (Wu, 2019). Also, he knows that four factors are essential in developing self-esteem:

1. The amount of value the child receives from others by expressing love, admiration, and attention.
2. The experience associated with the child's success, position that the individual sees concerning the environment.
3. a child's description of failure or success.
4. The child's style of coping with negative or critical feedback (Zakeri & Karimpour, 2011).

Furthermore, James (1980) applied a simple composition to define self-esteem, and he indicated that self-esteem equals success divided by our assertions.

In this case, pretensions refer to our goals, worthiness, and what we believe about our potential (Brown, 2014). According to Seligman (1996) and Kling (1999), If our real successes are low and idea about the level of our potential and goals is high, we find ourselves in failure. Inversely, when you remember an experience like this, if your achievement exceeds your expectations, you feel greater about yourself, and your self-esteem increase (Steiger, Fend & Allemand, 2015).

Also, Horney (1993) emphasizes the growing interpersonal and ways of removing self-humiliation (Svindseth & Crawford, 2019). She provides a list of the various factors that create feelings of helplessness and isolation, and

beliefs are a significant source of anxiety, a major source of unhappiness, and a decline in personal effectiveness (Ewen, 2013). Coopersmith (1967) writes the conditions that Horney calls anxious and believe that these conditions are likely to cause anxiety, includes: dominance, indifference, lack of respect, insult, lack of primacy, isolation, and discrimination; Although the list of specific factors may not be exhaustive, he states, the common consequence of all these conditions is a disturbance is related to the child and the parent, which is generally accompanied by parental autonomy (Howe & Covell, 2008).

According to Maslow's hierarchy of needs (1989), he said that: all people in our society (except some patients) have a tendency or need for a consistent, solid, and often excellent, self-evaluation, self-esteem, or respect for others (Zeigler-Hill & Brown, 2017). Maslow believes that psychologists are more concerned with biological needs and have presented theories of personality in which human beings respond only to deficiency and seek to reduce stress (Costa, 2017).

In addition, Sullivan (1953) described self-esteem based on the need for interpersonal security. According to this theory, one's value increases with one's sense of ability to avoid insecurity among the individual (Kleiman, Coppersmith & Deming, 2018). Also, he believes that a person continually protects against loss of self-esteem because it causes anxiety (O'Sullivan & Hussain, 2017).

Besides, Sedikides, Gaertner, and Vevea (2005) assumed that sometimes high self-esteem could be a disadvantage. People with high self-esteem may hold themselves among the globe may be a sample of a more general orientation to maintain and boost positive information about who one is, relative to negative information.

2.3. Concept of depression

According to The National Institute of Mental Health (2018), depression is a common mental disorder but earnest mood disorder. It causes severe symptoms that can affect your feeling, thoughts, and handling daily activities.

Also, it could impact your sleeping and eating patterns, working, and a sense of well-being according to (Jung, Cho, Rhee & Jang, 2020). This disorder may accompany with sadness, lack of concentration, difficulty in thinking, changing appetite, and sleep patterns. Also, the individual with depression may feel hopeless, sad, and even thoughts of suicide. It can be short-term or long term (De Zwart, Jeronimus & De Jonge, 2019). It is considered that anhedonia is a core symptom of depression, which refers to the loss of pleasure or interest in activities that usually bring joy to people (Gilbert, 2016).

2.3.1. Types of depression

According to the American Psychological Association (2013), types of depression include:

2.3.1.1. Disruptive mood dysregulation disorder: This disorder refers to the disruptive mood dysregulation and severe persistent irritability, which includes repeated temper explosion. Also can appear with permanent irritable or furious mood that is a swing between the intense temper outbursts.

2.3.1.2. Major Depressive Disorder: Major depressive disorder symptoms are present almost every day except for changing weight and thoughts about suicide. The depressed mood exists for most of the day and nearly every day.

2.3.1.3. Persistent Depressive Disorder (Dysthymia): The substantial trait for Persistent Depressive Disorder or dysthymia is feeling depressed for most of the day. To diagnose this type of depression, depressed mood should occur a minimum of two years for adults and a year for children and adolescents.

2.3.1.4. Premenstrual Dysphoric Disorder: The premenstrual dysphoric disorder's substantial traits are dysphoria, irritability, inability in mood expression, and symptoms of anxiety that frequently occur before the menstrual cycle. The symptoms must be present in most of the menstrual periods during the past year and should impact harmfully on social functioning and work.

2.3.1.5. Substance/medication-induced depressive disorder: The diagnostic criteria of depression related to substance/medication contain the symptoms of a depressive disorder—however, the depressive symptoms are related to the substance, inhalation, or injection.

2.3.1.6. Depressive disorder due to another medical condition: The substantial criteria of depressive disorder due to other medical conditions include a permanent cycle of depressed mood. The pleasure or interest in all or most of the activities has been diminished, and that is considered to be accompanied to the effect of physiological directly of another medical condition.

2.3.1.7. Other specified depressive disorder: When the depression symptoms are reason to manifest significant clinical impairment, distress, and dysfunction in work, society, or other main domains of function, this type of depression is used to diagnose.

2.3.1.8. Unspecified depressive disorder: Using this diagnose, related to impairment in social, educational, and work functions, distress, or in other main domains. Still, it does not consist of the disorder's full features in the depressive disorders diagnostic class.

2.3.2. Depression's theories

2.3.2.1. Cognitive approach

The basic assumption of cognitive therapy is that people with cognitive and emotional disorders have cognitive impairments that are in long-term memory and only retain their negative aspects when processing news (Gotlib & Joormann, 2010). For this reason, cognition therapists believe that depression is primarily a disorder of thought rather than a mood disorder (Gautam, Tripathi, Deshmukh & Gaur, 2020).

One of the great cognitive theorists is Aaron Beck (1967). He evaluated individuals with depression and found that they assess events negatively

(Leahy, 2002). Beck (1970) introduced three mechanisms that, in his beliefs, were responsible for the onset and intensification of depression.

- Cognitive Trilogy (automatic negative thinking)
- Their negative schemas
- Errors in logic (e.g., incomplete information processing) (Yavuzer & Karataş, 2017).

According to his beliefs (1967), the cognitive trilogy is the three manners of negative thinking (i.e., helplessness) that commonly occur in depressed people: negative thoughts about the world, self, and the future. These thoughts usually happen spontaneously in people who are depressed (Beck & Bredemeie, 2016).

Also, Burns (1999) defined ten prevalent cognitive errors:

1. All-or-Nothing Thinking
2. Overgeneralization
3. Mental Filtering
4. Discounting the Positive
5. Jumping to Conclusions
6. Magnification and minimization
7. Emotional Reasoning
8. Should statements
9. Labeling
10. Personalization (De Oliveira, Seixas, Osório, Crippa, & Wenzel, 2015).

Moreover, Martin Seligman introduced helplessness that known as a cognitive interpretation of depression. According to Seligman's theory (1975), depression happens when a person found that his/her effort to run away from negative situations is ineffective or useless (Gilbert, 2016). As a result, such individuals become passive and tolerate stimuli even when they can run away. Seligman based his theory on research that used dogs.

2.3.2.2. Biology approach

Depression is related to imbalance or having problems in the brain. In fact, disbalance in the neurotransmitters such as serotonin, norepinephrine, and

dopamine (Blier, 2013). Because measuring the level of neurotransmitters in an individual's brain is difficult, the evidence is indirect and complex. We only know that antidepressant medications can impact these neurotransmitters, and these medications are used to treat depression symptoms (Neto, Borges, Torres-Sanchez, Mico & Berrocoso, 2011).

2.3.2.3. Psychoanalytic approach

Freud is the first psychiatrist to explain and treat depression from a psychiatric perspective (Lucas, 2013). According to his theory (1917), depression is caused by lack and loss of something. He believes that depression is a consequence of the grief of the deprivation caused by an actual or imagined lack of dependence on others. Therefore, it is sought to help the depressed patient to be aware of these delusional processes so that he or she can identify and control the source of their suffering. In particular, the parental loss is one of the most important causes of depression (Fromm, 2013). In fact, depression was the first mental disorder Freud found to be the root cause of emotions rather than sexual desires (Lewis, 2013). In the psychoanalytic view, the underlying premise is the idea that the depressed person has a strong superego, that constantly pressures on ego (Hall, 2016).

2.3.2.4. Learning approach

In this theory, depression is a result of learning, and lack of reinforcement and the lack of positive reinforcement or the abundance of disgusting events are effective in causing depression (Eshel & Roiser, 2010). These phenomena cause depression in individuals through a mediating process, that is, defect in the process of self-reinforcement. Lewinsohn (1976), a Behaviorist, cited the following as one of the most important contributors to depression:

- The number of reinforcing events determined by the situation and history of individual life;
- The number of available reinforcements to a person at a specific time;
- The individual's behavioral capacity to receive reinforcements (Abreu & Santos, 2008).

2.3.2.5. Sociocultural approach

Interpersonal psychotherapists believe that interpersonal deficits, interpersonal conflicts, interpersonal transmission, and interpersonal failure cause depression (Dietz, Mufson & Weinberg, 2018). Depressed people may lack quality in interpersonal relationships and decrease the likelihood of reinforcement on the part of others because they lack some social skills (Whisman, 2017). Family violence, chronic stress, and problems within the family are also known to be significant contributors to depression (Nam & Lincoln, 2017).

2.3.2.6. Humanistic approach

Carl Rogers (1995) believes that self-esteem is an essential factor in mental health. Therefore, lack of self-esteem is recognized as a significant cause of depression (Minev, 2018). Theorists of this viewpoint to the difference between ideal perception and one's real understanding. According to Sandler, Holder & Meers (1963), when the difference between ideal and reality is so great that one cannot tolerate, it results in depression (Kohut, 2009).

2.4. Related studies

2.4.1. Relationship between sexual activity and self-esteem

Visser, Pozzebon, Bogaert & Ashton (2010), in Canada, conducted a quantitative study called Psychopathy, sexual behavior, and self-esteem that 98 men and 100 women with age range 18-32 participated. The outcomes related to men showed that self-rated attractiveness was high, and the body shame was low, while women had low self-esteem and high body shame. The differences among genders related to body-esteem and self-esteem were not attributable to gender differences, because sexual behavior was not correlated with self-esteem and gender.

Furthermore, Hucker, Mussap & McCabe (2010), in Canada, designed a quantitative study to investigate the effect of Self-concept on women's sexual well-being. Two hundred sixty-one women aged 18 and over participated in the study. The result revealed that there is an indirect relationship between self-concept and sexual well-being. Also, they indicated that women with more coherently sexual identity more capable of making positive choices in sexual domains, and they were satisfied in their sexual relationship. Generally, outcomes showed that self-esteem and self-concept affected a woman's sexual well-being.

Murillo (2011) revealed his outcomes, according to Whitbeck (1999) and Berry's (2000) studies. He found a relationship between self-esteem and risky sexual behavior, which means having self-esteem reduced risky and dangerous sexual activity. Also, he mentioned that in females with self-esteem and who think they are worthy, the sexual activity is decreased.

Furthermore, Anderson (2013) conducted a quantitative study related to positive sexuality and the influence on well-being. The outcomes showed a direct relationship between mental health, physical health, and sexual health associated with sexual pleasure, sexual satisfaction, and sexual self-esteem. Related to the last study, Shaver, Dupuy, Brassard, and Bergeron (2015) designed a quantitative survey to finding the relationship between sexual self-esteem, sexual anxiety, sexual function, attachment anxiety and satisfaction. Five hundred fifty-six women age 18 to 30 participated in this online study. The outcomes showed a relationship between low level of sexual self-esteem and a high level of sexual anxiety, which impact on anxiety in the attachment and lower satisfaction and sexual function.

2.4.2. Relationship between sexual activity and depression

Holden, Davison, Bell ,Davis & LaChina (2010) designed a cross-sectional study in Australia to find the between sexual activity and depression. Participants were 349 women. They found that there is a relationship between

sexual satisfaction and well-being. Older women obtain more scores in depression and positive well-being. The menopause didn't impact wellbeing as an independent effect.

Also, Lourenço, Azevedo & Gouveia (2010) conducted a quantitative study called Depression and Sexual desire. Eighty-nine people participated in this study that included 16 males and 73 females aged 21 to 70. The outcomes revealed that there are significant differences between the severity of depression concerning age, schooling, and occupational status. Also, the females had a sever and a higher level of symptoms than males. Besides, they indicated that there is an inverse relationship between depression and sexual activity.

Furthermore, Whitton & Whisman (2010) conducted a mixed design study entitle relationship between satisfaction instability and depression. One hundred thirty-one married women participated in this study, and the outcomes showed that unstable sexual satisfaction could predict depression. The women who have unstable satisfaction in their relationship more tended to have depression.

Golshan, Solorzano, Nyer, Zisook, Fellows, Lawrence & Kasckow (2010) designed a study to find the relationship between marital status and clinical specifications. The results showed that married women showed a higher quality of life than single women. Besides, depression and suicidal ideation were more in single and divorced women than married women.

Also, Echeverry, Arango, Castro & Raigosa (2010) in Colombia, designed a study to evaluate the prevalence of sexual dysfunction in women active in sex. 410 sexually active women, aged 18 to 40, participated in the study. The results showed that sexual dysfunction is related to low educational levels, depression, and anti-depressive medication use.

Reynaert, Zdanowicz, Janne & Jacques (2010) in Belgium, designed a study and gathered their information from the past paper. The aim of the study was

to investigate the relationship between depression and sexuality. They described their results as follows: There is a relationship between depression and sexual dysfunctions. Also, a high level of depression caused a low level of sexual desire.

Also, Smith, Breyer, Eisenberg, Sharlip & Shindel (2010) designed a quantitative study to finding relationship between sexual function and depressive symptoms. 844 sexually active people participated. The outcome found that active participants in sexual activity and have/had repeated sex are less likely to be depressed.

Bolaños-Díaz, Lau-Chu-Fon, Aguilar-Silva, Morales-Cabrera, Chedraui, Córdova-Marcelo & Mezones-Holguin (2011), designed a crossed section study to find the relationship between depression and sexual function. The participants were a sample of 497 participants, who were active in sexual activity (mean age= 49). The result indicated that there is an inverse relationship between sexual function and depression. Also, they found the relationship between sexual dysfunction and postmenopausal.

Related to the previous study, Lin, Hung, Wen & Liu (2012) designed a quantitative study to find the relationships between depression, sexual dysfunction, and somatic symptoms. One hundred thirty-five people with major depressive disorder participated in this study that included 34 men and 101 women. The outcomes revealed that there is a relationship between sexual dysfunction severity and depression. But there is no relationship between depression and somatic symptoms.

In another study, Scott, Sandberg, Harper & Miller (2012) designed a quantitative study to find the relationship between depression and sexual satisfaction. The participants were 35 older married couples, that selected randomly. The result indicated that health issues and wellbeing is a significant predictor to sexual satisfaction in women. Also, they mentioned that depression could be a predictor for sexual satisfaction in both genders.

Besides, in Iran, Mozhdé & Mohammadi (2013), designed a study to evaluate the relationship between marital status and depression. Participants were 200 who hospitalized in Karaj. The result showed that 31.5% had mild to moderate depression, and 5.98% of women had sexual dysfunction. Most sexual problems were sexual arousal (36%), sexual dissatisfaction (20%), abnormalities, and Orgasm (5.16%). They found that there is a relationship between depression with sexual desire.

In another study, Saberi, Akbari, Mahmoodi & Nasiri (2017), in Iran, conducted a quantitative study to evaluate the correlation between depression, anxiety, social support, and sexual function. Four hundred women participated in the study, and the outcomes reveal that 4.4% of women were weak in sexual function and had chronic depression. Also, 24.5% of the participants had low social support and had severe anxiety. According to the result, the sexual function has relationships with age, marriage, age of husband, and first pregnancy. Besides, there are relationships between depression and sexual function as well as social support and severity of anxiety.

In the next year, in Iran again, Yazdanpanahi, Nikkholgh, Akbarzadeh & Pourahmad (2018), designed a study to investigate the relationship between sexual dysfunction, depression, stress, and anxiety. Participants were 310 women selected randomly. They concluded that there is a relationship between dysfunction of sexual, depression, stress, and anxiety. Besides, the results showed that depression is one of the essential factors in the predict of sexual dysfunction.

Furthermore, Burke, Katz-Wise, Spalding & Shrie (2018), conducted a quantitative study to investigate sexual behavior and intimate relationships. Participants were 16 depressed young women (age 16-23 years). The result indicated that depression negatively affects the relationship and sexual motives and could affect self-esteem in sexual situations as well as.

2.4.3. Relationship between self-esteem and depression

Min (2010), in Korea, conducted a quantitative study to evaluate the relationship between quality of life, depression, and self-esteem. The outcomes revealed that some of the factors such as marital status, economic status, level of education, subjective health status, and physical disease affected self-esteem.

In the same year, Simpson, Hillman, Crawford & Overton (2010) conducted a study to evaluate self-disgust and self-esteem as mediate to related depressive symptoms and cognitive dysfunction. Eighty-five women and 36 men participated in the study. The outcomes showed that self-disgust and self-esteem are entirely separate concepts and are a partial factor in depression and cognitive dysfunction relationships.

Also, Bos, Huijding, Muris, Vogel & Biesheuvel (2010) designed a quantitative study to indicate the relationship between self-esteem and psychopathological symptom. Participants were 265 participants selected randomly. The outcomes showed that self-esteem affected eating disorders, anxiety, and depression. Also, the high level of self-esteem could decrease some of the mental disorders such as depression.

Furthermore, Leandro & Castillo (2010) designed a quantitative study to investigate the relationship between personality traits, stress coping, and anxiety. Two hundred seventy-four people participated in a study that 56% of them was a woman. The result revealed that there is a relationship between gender and self-esteem. Also, they indicated that task-focused coping is related to a low external locus of control that participants with a high level of self-esteem and less anxiety and depression used more.

In another study, Kim & Kim (2011), in Korea, designed a quantitative study to investigate the relationship between self-esteem, depression, and anger. Two hundred forty-eight female participated in the study and the outcomes

indicated that there is a significant difference between self-esteem and mood of the family. Anger has a relationship with depression and self-esteem. Also, there is a meaningful relationship between self-esteem and depression.

Besides, Michalak, Teismann, Heidenreich, Strohle, and Vocks (2011) conducted a study to find the relationship between self-esteem and depression, and 216 German people participated in the study. The outcomes reveal that found that there is an inverserelationship between self-esteem and depression, and the high level of self-esteem could reduce depression.

Takagishi, Sakata, and Kitamura (2011) designed a study to evaluate the relationship between depression, self-esteem, and interpersonal dependency. Four hundred sixty-six people participated in the research, and the outcomes found that there is an inverse relationship between self-esteem and depression. Also, they found that there is a negative correlation between self-esteem and interpersonal dependency.

Eisenbarth (2012) conducted a mixed design to find the impact of self-esteem on depression, coping, and perceived stress. 713 college students who participated in the research and outcomes reveal that self-esteem could be an important factor in decreasing depression and dealing with stress. They also found that those with low self-esteem and acting avoidance behaviors can deal with low self-worth and negative emotions. Besides, they indicated that those with low self-esteem, acting avoidance behaviors to deal with their low self-worth and negative emotions.

In the next year, in Turkey, Ayas & Horzum (2013) designed a quantitative study to investigate the relationship between self-esteem, depression, and loneliness. Two hundred ninety-two people participated in the research, and the outcome showed that there is a relationship between self-esteem, depression, and loneliness.

Besides, Khatib (2013) designed a quantitative study to find the correlation between satisfaction with life, marital status, gender, and self-esteem. Five hundred forty-seven students participated that include 315 females and 232 males. The outcomes reveal that women students are more depressed than men students. Also, they found that unmarried students have higher depression than married students. They indicated that depression is associated with low levels of life satisfaction and low self-esteem.

Joo, Choi, and Lee (2013) conducted a study to investigate the relationship between depression, perceived stress, and self-esteem. Two hundred forty-eight female nurses, aged 24 to 38, participated in the study. The result showed that there is a relationship between self-esteem and depression. Also, they noted that perceived stress and self-esteem have a relationship.

Related to the previous studies, Sowislo and Orth (2013), designed a study to find the relationship between self-esteem and depression. They found that despite the relationship between two variables, the impact of self-esteem on depression is stronger than the effect of depression on self-esteem, which means the effect of self-esteem on depression is a more reliable predictor than the impact of depression on self-esteem.

Fend, Robins, Steiger & Allemand (2014) designed a longitudinal study to investigate the relationship between self-esteem and depression. 1,524 German people participated in the research. They measured depression and self-esteem between adolescence and during adulthood. The outcomes showed that there is an inverse relationship between depression and self-esteem during adolescence.

Phillips & Hine (2016), in England, designed a mixed design study to evaluate the relationship between self-esteem and depression. Three hundred six people participated in the research, and the outcomes showed that concluded that there is an inverse relationship between self-esteem and depression

disorder. Participants with high self-esteem reported a lack or low level of depression.

In the same year, Bajaj, Robins & Pande (2016) designed a quantitative study to evaluate the relationship between self-esteem, depression, anxiety, and mindfulness. Four hundred seventeen people participated in the research. The outcomes reveal that there is a relationship between depression and self-esteem. Also, analyses revealed that depression, self-esteem, and anxiety were associated with mindfulness anxiety and depression.

Aslo, Wang, Xie, Wang, Nie & Lei (2018), in China, designed a quantitative study to investigate the relationship between self-depression and self-esteem. 429 Chinese adults who participated in the research and outcomes revealed a significant relationship between self-esteem and depression. Besides, they mentioned the satisfaction of the relationship partially mediated this correlation. Also, the satisfaction of relationship could impact on self-esteem and depression.

In Korea, Choi, Shin, Hong, Kim, Kang, Jeong & Lee (2019) conducted a mixed design study to evaluate the impact of self-esteem on depression, and 268 people participated in this research. The outcomes reveal that there is a direct relationship between self-esteem and depression.

CHAPTER 3

METHODOLOGY

This chapter shall discuss specifically on the model of the study that includes the population and sample size, data collection techniques, and data analysis.

3.1. Model of the study

This study adopted a quantitative research approach using correlational research, which supply the base for making unbiased predictions, the relationships between naturally occurring variables that evaluated with the only aim of identifying available predictive relationship (Shaughnessy & Zechmeister, 2001). Such a process of measurement is central to this research study because it provides the fundamental connection between empirically observable variables, which evaluated to identify the operationalization of the predictive relationship. Anikweze (2009) viewed a correlational study involve a preliminary way of gathering or collecting data about a topic or situation inside a short time from a targeted population. This way, the researcher can obtain the accuracy of the received data. Furthermore, this design was considered to be appropriate because it involves collecting data in an attempt to establish the effect of sexual activity on self-esteem and depression in women.

3.2. Population and sample size

The statistical population of this study is Iranian citizens. This study was restricted to Tehran (capital of Iran) only. This study adopted a convenience sampling techniques, a sampling method that relies on collecting data from

conveniently available participants. Consequently, therefore 350 Iranian women citizens were selected mainly from Tehran.

Socio-Demographic Form is the questionnaire developed by the researcher that aimed at collecting information of respondents such as marital status, age, educational level, and sex relation.

Table 1.
Socio-demographic information about the sample

Socio-economic		N	Percent (Relative frequency)
Marital status	Single	211	60.3%
	Married	139	39.7%
Age of women	25-39 years old	38	10%
	26-30 years old	128	36.6%
	31-35 years old	110	31.4%
	36-40 7ears old	77	22%
Educational Level	Diploma	45	12.9%
	Associate degree	14	4.0%
	Bachelor	138	39.4%
	Master	110	31.4%
	Doctoral	43	12.3%
Having sexual activity			
in the last six months?	Yes	247	70.6%
	No	103	20.4%

3.3. Instruments

For this research, instruments were adopted and used for data collection. So first, we asked four personal questions about age, marital status, educational level, and whether the participant had sex in the last six months. Also, about questionnaires, the first instrument is the Socio-demographic information form, the second one is Cooper Smith self-esteem inventory, and the last instrument is the Beck Depression Inventory, which is a multiple-choice and self-report inventory and the second instrument.

Socio-demographic information form was developed by the researcher and involves age, marital status, educational level, and having sex in the last six months.

Coopersmith Self-Esteem Inventory was developed by Cooper Smith (1967) that includes 58 items, that eight of them are for comprising a lie scale. The rest items are in two items that include “like me” or “not like me” that the higher scores reveal higher self- esteem.

The reliability of this questionnaire was reported to be 0.83 in the retested test method, and the internal similarity was obtained through Cronbach's alpha equal to 0.81 (Falsafi-nezhad, Dabiri & Delavar, 2012).

Beck Depression Questionnaire was developed by Beck (1961) as a frequently used and cited scale was adopted and utilized, containing 21 items. As a self-report questionnaire, it includes such items as “the future is hopeless, and things cannot improve, or “I am not particularly discouraged about the future”. Each item is rated on a 4-point scale.

The reliability and validity of the Beck Depression inventory of Farsi version are estimated to be 0.85 and 0.76 (Sharifi-Daramady & Ghasemi-Davari, 2010).

3.4. Data collection

The process of collecting data is started after the ethics committee permission, and the researcher has chosen 350 Iranian women randomly. After informing the participants about the research topic, questionnaires were distributed by the researcher individually, and participants must first answer the first four questions and filled in three questionnaires and retrieved immediately for analysis by the researcher.

3.5. Data analysis

The data entry and analysis were conducted by using statistical package for the social sciences (SPSS), and the data presented by using frequency and percentage independent sample T-test. The ANOVA method used for comparison, and also parametric tests, as well as regression analysis, were used to measure the relationship between the effects of sexual activity on self-esteem and depression.

Table 2.

Data properties

Variable	N	Minimum	Maximum	Mean	Std	Skewness Statistic	Std. Error	Kurtosis Statistic	Std. Error
Sexual activity	350	1	2	1.129	.45	.907	.130	-1.185	.260
Self-esteem	350	70.00	101.00	89.34	5.19	-.834	.130	1.490	.260
Depression	350	21.00	67.00	33.87	9.88	.754	.130	.080	.260

Table 3.*Participants scores distribution*

Variable	N	Mean	SD.	Min	Max
Sexual activity	350	1.290	.456	1.00	2.00
Self-esteem	350	1.150	.089	1.21	1.74
Depression	350	1.613	.470	1.00	3.19

CHAPTER 4

RESULT

In this chapter, the researcher is going to talk about the results of the variables. Results of the relationship between Age, Marital status, Educational level, and Sex relation with Self-esteem and Depression.

Table 4.

Comparison of Sex relation and Age

	SS.	df	MS.	F	p
Between groups	2.228	3	.743	3.646	.013*
Within groups	70.461	346	.204		
Total	72.689	349			

* $p \leq 0.05$

As can be seen in Table 4, the ANOVA method was used to compare sex relation and age, indicating that there was a statistically significant difference between the age groups, $F(3, 346) = 3.646$, $p \leq 0.05$). Because the p-value is significant, to find the exact result in a group of ages used the Post hoc test in the Tukey test method, and the result shows that there was a significant difference between age 20-25 (1.37) and 36-40 (1.16). It means the mean of age range 20-25 is higher than the age range 36-40. The more information is in the below table in table 5.

Table 5.
Descriptive of Sex relation and Age

Age	N	Mean	SD.
20-25	35	1.37	.490
26-30	128	1.36	.482
31-35	110	1.29	.456
36-40	77	1.16	.365

Table 6.
Relationship between Sex relation and Marital status

Marital status	N	Mean	SD.	T	p
Single	211	1.45	4.990	8.674	.000*
Married	139	1.06	.234	8.674	.000*

*p ≤ 0.05

To investigate the relationship between marital status and sex relation, the result evaluated by the t-test method. The result showed that the mean of single women is (1.45 ± 4.990) and higher than married women (1.06 ± .234). Also, it shows that there was a statistically significant relationship between marital status and sex relation for single (T = 8.674, p ≤ 0.05) and married women (T = 8.674, p ≤ 0.05).

Table 7.*Comparison of Sex relation and the Level of education*

	SS.	df	MS.	F	p
Between groups	4.404	4	1.101	5.563	.000*
Within groups	68.284	345	.198		
Total	72.689	349			

*p ≤ 0.05

As can be seen in Table 7, the ANOVA method was used to compare sex relation and the level of education, indicating that there was a statistically significant difference between the level of education groups, $F(4, 345) = 5.563$, $p \leq 0.05$). Because the p-value is significant, to find the exact result in a group of the level of education used the Post hoc test in the Tukey test method and the result shows that there was a significant difference between Diploma degree (1.53) and PhD. degree (1.09). It means the mean of diploma degree is higher than PhD. degree. The more information is in the below table in table 8.

Table 8.*Descriptive of Sex relation and the Level of education*

Level of education	N	Mean	SD.
Diploma	45	1.53	.505
Associate degree	14	1.36	.497
Bachelor	138	1.28	.452
Master	110	1.28	.452
PhD.	43	1.09	.294

Table 9.*Comparison of Self-esteem and Age*

	SS.	df	MS.	F	p
Between groups	67.727	3	22.576		
Within groups	9363.137	346	27.061	.834	.476
Total	9430.863	349			

As can be seen in Table 9, the ANOVA method was used to compare self-esteem and age, indicating that there was no statistically significant difference between self-esteem and age, $F(3, 346) = .834, p > 0.05$.

Table 10.*Relationship between Self-esteem and Marital status*

Marital status	N	Mean	SD.	T	p
Single	211	5.837	1.074		
				1.792	.000*
Married	139	5.593	1.464		

* $p \leq 0.05$

To investigate the relationship between marital status and self-esteem, the result evaluated by the t-test method. The result showed that the mean of single women is (5.837 ± 1.074) is higher than married women (5.593 ± 1.464) , and there was a statistically significant relationship between marital status and self-esteem ($T = 1.792, p \leq 0.05$).

Table 11.*Comparison of Self-esteem and the Level of education*

	SS.	df	MS.	F	p
Between groups	417.367	4	104.342	3.994	.004*
Within groups	9013.496	345	26.126		
Total	9430.863	349			

* $p \leq 0.05$

As can be seen in Table 11, the ANOVA method was used to compare self-esteem and the level of education, indicating that there was a statistically significant difference between self-esteem and the level of education, $F(4, 345) = 3.994$, $p \leq 0.05$). Because the p-value is significant, to find the exact result in groups of the level of education used the Post hoc test in the Tukey test method and the result shows that there was a significant difference between Diploma (5.390) and Ph.D. (6.155). It means the mean of Ph.D. degree is higher than Diploma degree. The more information is in the below table in table 12.

Table 12.

Descriptive of Self-esteem and the Level of education

Level of education	N	Mean	SD.
Diploma	45	5.390	1.435
Associate degree	14	6.057	1.479
Bachelor	138	5.530	1.164
Master	110	5.944	1.116
Ph.D.	43	6.155	1.357

Table 13.

Relationship between Self-esteem and Sex relation

Sex relation	N	Mean	SD.	T	p
Have sex	247	5.779	1.274		
				.905	.449
Have no sex	103	5.647	1.181		

* $p \leq 0.05$

To investigate the relationship between sex relation and self-esteem, the result evaluated by the t-test method. The result showed that the mean of women who have sex is (5.779 ± 1.274) , and women who don't have sex is (5.647 ± 1.181) , and there was no statistically significant relationship between self-esteem and sex relation ($T = .905$, $p > 0.05$).

Table 14.

Comparison of Depression and Age

	SS.	df	MS.	F	p
Between groups	454.819	3	151.606		
Within groups	33652.601	346	97.262	1.559	.199
Total	34107.420	349			

As can be seen in Table 14, the ANOVA method was used to compare depression and age, indicating that there was no statistically significant difference between depression and age, $F(3, 346) = 1.559$, $p > 0.05$.

Table 15.

Relationship between Depression and Marital status

Marital status	N	Mean	SD.	T	p
Single	211	.790	.107		
				-4.344	.207*
Married	139	.842	.114		

* $p \leq 0.05$

To investigate the relationship between marital status and depression, the result evaluated by the t-test method. The result showed that the mean of single women is $(.790 \pm .107)$ and for married women is $(.842 \pm .114)$, and there was no statistically significant relationship between marital status and depression ($T = -4.344$, $p > 0.05$).

Table 16.*Comparison of Depression and the Level of education*

	SS.	df	MS.	F	p
Between groups	2653.012	4	663.253	7.275	.000*
Within groups	31454.408	345	91.172		
Total	34107.420	349			

*p ≤ 0.05

As can be seen in Table 16, the ANOVA method was used to compare depression and the level of education, indicating that there was a statistically significant difference between depression and the level of education, $F(4, 345) = 7.275, p \leq 0.05$). Because the p-value is significant, to find the exact result in groups of the level of education used the Post hoc test in the Tukey test method and the result shows that there was a significant difference between Diploma (.772) and PhD (.889). It means the mean of PhD. degree is higher than Diploma degree. The more information is in the below table in table 17.

Table 17.*Descriptive of Depression and the Level of education*

Level of education	N	Mean	SD.
Diploma	45	.772	.108
Associate degree	14	.776	.120
Bachelor	138	.791	.104
Master	110	.826	.106
PhD.	43	.889	.115

Table 18.*Relationship between Depression and Sex relation*

Sex relation	N	Mean	SD.	T	p
Have sex	247	.777	.097		
				3.647	.003*
Have no sex	103	.825	.116		

*p ≤ 0.05

To investigate the relationship between sex relation and depression, the result evaluated by the t-test method. The result showed that the mean of women who have sex is ($.777 \pm .097$), and women who don't have sex is ($.825 \pm .116$), and there was a statistically significant relationship between sex relation and depression ($T= 3.647$, $p \leq 0.05$).

Table 19.*The correlation between Sex relation, Self-esteem, and Depression*

		Sex relation	Self-esteem	Depression
Sex relation	r	1	-.048	-.192(**)
	p		.366	.000
	N		350	350
Self-esteem	r		1	-.002
	p			.977
	N			
Depression	r			1
	p			
	N			

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

According to the table 19 and based on the correlation coefficient, there is no statistically significant relationship between sex relation and self-esteem ($p > 0.05$).

Also, there is a significant relationship between sex relation and depression ($p \leq 0.05$). Besides, there is no statistically significant relationship between depression and self-esteem ($p > 0.05$). According to the linear regression model, self-esteem and depression can be used as predictive (independent) variables. To predict sexual relation as dependent by two other variables, by regression analysis and enter method. Only depression is appropriate for prediction, which is consistent with the correlation coefficient reported above.

Table 20.

Regression analysis summary for Sex relation, Depression, and Self-esteem

Variable	B	β	t	p
Constant	1.371		3.244	.001
Self-esteem	-.004	-.043	-.812	.417
Depression	.008	.166	3.141	.002

a. Dependent Variable: Sex relation

* $p \leq 0.05$

As we can see in table 20, there is a statistically significant relationship between sex relation and depression, in which 3% of the variables of the dependent variables are expressed from the regression model. 3% of the changes in sex relation can be explained by depression.

CHAPTER 5

DISCUSSION

The present study aimed to investigate the effect of sexual activity on self-esteem and depression in Iranian women. Also, the researcher seeks to examine how the characteristics of the demographic variables such as age, marital status, educational level, and sex relation during the last six months were associated with depression and self-esteem.

About the relationship between sexual activity and age, Pendleton, Lee, O'Connor, Blake & Nazroo (2016), found that when women get older, their sexual desire and their sexual activity is decreased. Also, the levels of sexual activity decline with increasing by age. In this study, about the relationship between age and sexual activity, we found that there is a relationship between sexual activity and age, and the current paper supports the previous studies. Besides, Wang, Depp, Ceglowski, Thompson, Rock & Jeste (2015), obtained the same result with the present study, that age is impacting on sexual activity in adults.

Regarding the relationship between sexual activity and marital status, Galinsky & Waite (2014) found that there is a relationship between sexual activity and marital status. Furthermore, they noted that sexual activity is one of the mediations among marital quality and partner's physical health. Besides, mental health is associated with their own physical health and positive or negative quality of marriage. In this study concluded that there is a relationship between sexual activity and marital status, and the current paper supports the

previous studies. Besides, Ueffing, Dasgupta & Kantorová (2019) obtained the same result with the present study that there is a variety of sexual relationships by age and marital status. The ratio of married women that reported their recent sexual activity (sexual intercourse among the last four weeks) was less than that of single women, and there was an inverted pattern by age. The younger women were having the highest ratio sexually active.

About the relationship between sexual activity and educational level, Minhath, Din, Vasudevan, Adnan & Ibrahim (2019) found that the higher education level was significantly and negatively associated with sexual perception and sexual activity. In this paper found that there is a statistical relationship between educational level and sexual activity; Women with Ph.D. have less sexual activity than women with a lower educational level, and the current paper supports the previous studies. Besides, Cruz & Humeau (2019) obtained the same result with the present study, that a high level of education has an inverse relationship with having sexual activity.

About the relationship between self-esteem and age, Von Soest, Wichstrøm & Kvaalem (2016) noted that the level of self-esteem increasing with increased age. Also, gender differences are related to a high level of self-esteem, indicating that men have more levels of self-esteem than women. Besides, the level of education of parents is another factor that impacts on self-esteem. The present paper indicated that there is no statistically significant relationship between age and self-esteem. Women, when they get older, due to changes in appearance or age limit on fertility, they feel less worthy and less valuable, while in men, self-esteem increasing by age. It is worth noting that in addition to gender differences, cultural factors are also influential, and Iran is one of the most patriarchal countries in the world, which is another factor.

According to the relationship between self-esteem and marital status, Azam Tahir (2012) indicated that the level of self-esteem and psychological well-being is related to marital status. Also, she noted that demographic variables could impact self-esteem and psychological well-being among married

women. According to the outcomes of the current study, there is a statistically significant relationship between marital status and self-esteem, and unmarried women have more self-esteem than married women. Besides, Anurekha & Menon (2016), obtained the same result with the present study, that there is a significant relationship between the high level of self-esteem and being single. According to the relationship between self-esteem and educational level, Orth, Trzesniewski & Robins (2010) concluded that people with high level of education have more self-esteem than those with low level of education. The current study indicated that there is a statistically significant relationship between educational level and self-esteem, and outcomes support the previous studies. Also, Amato & Kane (2011) obtained the same result with the present study, that women who study or are student, have more self-esteem than women who pursue family formation or early motherhood.

About the Relationship between depression and age, Njoku, Igbodor & Amalu (2020) concluded that the males were more depressed than females, and depression also increased with age that this ratio among women is more than men. The current study indicated that there is no significant relationship between age and depression. There is no specific age for depression onset. Stressful factors and personal experiences can play a role in causing depression, which can occur at any age. There are lots of risk factors exist that impact depression. Factors such as education level, gender, cultural factors, and parenting styles can influence depression, that one of them can be age. About the relationship between depression and marital status, Kasckow, Nyer, Fellows, Golshan, Lawrence, Solorzano & Zisook (2010) found that married participants positively consider their quality of life than those who were single. Also, depression and suicidal thoughts in married women were less than those who were single or divorced. This paper concluded that there is no statistically significant relationship between depression and marital status. Life satisfaction is different from person to person and depends on culture and family, depending on personal needs and priorities. Because in some of the Iranian families, marriage is valued, a woman who grew up in a religious family, marriage, and family formation can contribute to her mental health. However,

marriage is not valued for a person in a non-religious family, and even forming a family makes her feel deprived of independence, and marriage can cause the onset of mental disorders such as depression.

According to the relationship between depression and educational level, Echeverry, Arango, Castro, & Raigosa (2010) showed that depression is related to low educational levels, sexual dysfunction, and the use of anti-depressive drugs. Besides, Christina, Akin, Salisu, Jimoh, Abdurazzaq & Dane (2019), found that sex, university education, and health-related problems are associated with depression scores in university students. The current study found that there is a statistically significant relationship between depression and educational level, then this study supports the previous studies. Furthermore, Shen (2020) obtained the same result as the present survey that there is a relationship between depression and education. Decreasing achievement of education could be impressed by early depression. More time spent on studies associated with increases depression. Also, the low level of education is related to depression.

About the relationship between sexual activity and self-esteem, Visser, Pozzebon, Bogaert & Ashton (2010) in Canada showed that self-rated attractiveness was high, and the body sham was low, while in women, the level of self-esteem was low, and the body shame was high. The differences among genders related to body-esteem and self-esteem were not attributable to gender differences because sexual behavior was not correlated with self-esteem and gender. Also, Hucker, Mussap & McCabe's (2010) study showed that women with more coherently sexual identity more capable of making positive choices in sexual domains, and they were satisfied in their sexual relationship. Generally, outcomes showed that self-esteem and self-concept affected a woman's sexual well-being. Besides, Anderson (2013) indicated the relationship between sexual self-esteem, mental health, sexual health, and physical health. Also, he noted that sexual satisfaction associated with sexual pleasure and sexual self-esteem. This paper concluded that there is no statistical relationship between sexual activity and self-esteem. Regarding the

cultural factors, having sexual activity is not valued; it is even an anti-value, especially premarital sexual activity. That's why having sex cannot effect on self-esteem.

According to the relationship between sexual activity and depression, Dundon & Rellini (2010) found that adjustment in the relationship, menopausal symptoms, and psychological well-being, could predict sexual satisfaction, sexual functioning, and depression. Furthermore, Smith, Breyer, Eisenberg, Sharlip & Shindel (2010) found that the subjects who had sexual activity and/or had frequent sexual activity were less likely to be depressed compared to other subjects. Besides, Lau-Chu-Fon, Córdova-Marcelo, Mezones-Holguin, Aguilar-Silva, Morales-Cabrera, Bolaños-Díaz & Chedraui (2011) concluded that sexual function has an inverse relationship with depression. This study concluded that there is a relationship between sexual activity and depression, and the current paper, supports the previous studies. Besides, Reynaert, Zdanowicz, Janne & Jacques (2010), Bos, Huijding, Muris, Vogel & Biesheuvel (2010), Burke, Katz-Wise, Spalding & Shrie (2018), obtained the same result with the present study that sexual activity had adverse effects on depression. Also, a high level of depression caused a low level of sexual desire and, depression can affect sexual desire.

About the relationship between self-esteem and depression, Overton, Crawford, Hillman & Simpson (2010) found that self-disgust and self-esteem are entirely separate concepts and are a partial factor in depression and cognitive dysfunction relationships.

Also, Takagishi, Sakata, and Kitamura (2011) indicated an inverse relationship between self-esteem and depression. Also, they found that there is a negative correlation between self-esteem and interpersonal dependency.

Besides, Sowislo and Orth (2013) noted that despite the relationship between two variables, the impact of self-esteem on depression is significantly powerful than the effect of depression on self-esteem which means the effect of self-

esteem on depression is a more reliable predictor than the impact of depression on self-esteem.

The current paper concluded that there is no statistically significant relationship between self-esteem and depression. In Iranian society, for women, activities and job opportunities are limited because Iranian women are still considered the second sex. Due to these job restrictions and lack of career advancement, self-esteem decreases. However, it should be noted that the abilities of women are more than the opportunities available to them. Due to these factors, self-esteem has no effect on depression.

CHAPTER 6

CONCLUSION

The study is related to the effect of Sexual activity on Self-esteem and Depression in Iranian women in Tehran. It is concluded from the present study that there is a statistically significant relationship between sexual activity and age. Also, there is a statistically significant relationship between sexual activity and marital status. Regarding sexual activity and educational level, there is a statistically significant relationship between them.

Regarding the relationship between self-esteem and age, there is no statistically significant relationship between them. The study reveals that there is a statistically significant relationship between self-esteem and marital status. Also, about the relationship between self-esteem and educational level, there is a statistically significant relationship between them.

Concerning the relationship between depression and age, there is no statistically significant relationship between them. The present study concluded that there is no statistically significant relationship between depression and marital status. Also, there is a statistically significant relationship between depression and educational level.

About the relationship between sexual activity and self-esteem, there is no statistically significant relationship between them, but there is a statistically significant relationship between sexual activity and depression.

Regarding the relationship between self-esteem and depression, there is no statistically significant relationship between them.

6.1. Recommendations

The study recommended the following:

- As the results showed that sexual activity could be affected by age, sex therapists, couple therapists, and counselors should talk more with young clients about sex. Also, they have to keep in mind that sexual desire and activity may decrease by age, and they have to share this information with their clients.

- The study outcomes revealed that married women had less self-esteem, so the couple therapist should pay attention to this issue and talk more about self-respect during the therapy sessions and try to raise the self-esteem of clients, especially those who are married.

- The level of education was associated with depression. Universities need to be aware of this relationship and try to improve educational services or other factors that are the reason for onset or worsen depression in the study environment.

6.1.1. Recommendations for further research

- Since the study was conducted only in Iran's capital, it is better that the study expands to the other cities of Iran because of the differences in the cultural factors.
- The study should investigate the variables in men to find the effect of sexual activity on self-esteem and depression in men. Since the research conducted only in women, examining the variables in men may help us to understand the differences between both genders and even finds more new information.
- This study should investigate variables in older women to find the effect of menopause on sexual desire, self-esteem, and depression. Assessing variables in women over 40 can help determine the similarity or difference in results.

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ANNEXES

Appendix 1.

Self-esteem Coopersmith

This scale is designed for an assessment of individual's global self-esteem.

Read each of the following statements; check the "like me" column if it describes how you usually feel and the "unlike me" column if it does not describe how you usually feel.

Questions	Like me	Unlike me
1. I spend an lot of time day dreaming		
2. I am pretty sure of myself		
3. I often wish I were someone else		

Appendix 2.

Beck depression Inventory

Please circle the number next to the sentence which best describes your symptoms for the past 7 days. Choose only one sentence under each letter.

1.	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am so sad and unhappy that I can't stand it
2.	0	I am not particularly discouraged about the future
	1	I feel discouraged about the future
	2	I feel I have nothing to look forward to
	3	I feel the future is hopeless and that things cannot improve
3.	0	I do not feel like a failure
	1	I feel I have failed more than the average person
	2	As I look back on my life, all I can see is a lot of failures
	3	I feel I am a complete failure as a person

Appendix 3.

Participant informs consent

Dear Participant,

This study is conducted to investigate "the impact of sexual activity on self-esteem and depression" as a thesis for master's degree. If you agree to participate in this study, it involves filling out three questionnaires.

Please note that your participation in the study is voluntary. Your personal information will keep completely confidential and your identity will not be revealed in any case to third parties. The data collected during the course of this study will be used for academic research purposes only and may be presented at national/international academic meetings and/or publications. If you opt-out of the study, your data will be deleted from our database and will not be included in any further steps of the study. If you accept to participate in the study, please read and sign the consent form given below. In case you have any questions or concerns, please contact us using the information below.

Thank you for your participation.

I agree to take part in this study, which has been explained to me.

.....

Signature of participant and date

Mahtab Ojani.

email-address: ojani.mht@gmail.com

phone number: +98 912 195 7441

WhatsApp number: +90 533 871 2244

Appendix 4.





No.:
Date:
Attachment:

In the name of god

Dear Mrs. Mahtab Ojani

Hi

I, Mehrdad sabet declare my approval in using Cooper Smith Self Esteem Inventory by you.

Dr. Mehrdad Sabet

Psychology group manager of Islamic Azad University Branch of Roudehen

Email: sabet_mehrdad@yahoo.com

[Signature]

Address: Central organization of Islamic Azad university,
Shohadaye Hesarak Blvd, Daneshgah Square, End of Shahid Sattari
Highway (north), Tehran. Postal Code: 1477893855
Following up the letters and receiving answer to questions through
Interactive Voice Response in Phone No. 4748 or Responsive page
at website of: iau.ac.ir

True translation certified

October 21, 2019



Email: Iramahd@yahoo.com Web Site: www.daryanot.com www.daroltarjomeh.net

تهران، فلکه دوم صادقیه، ضلع شمال غربی میدان، مجتمع تجاری صادقیه، زیر همکف، واحد ۱۹

تلفن: ۴۴۰۰۱۶۲۹-۴۴۰۶۱۴۱۱ تلفکس: ۴۴۰۶۱۴۱۲ موبایل: ۰۹۱۲۷۰۵۰۶۶۹

تماس ضروری: ۰۹۱۹۹۵۰۵۰۴۱-۰۹۱۹۹۵۰۵۰۴۲

Appendix 5.

تاریخ : شماره : پیوست :	بسمه تعالی	 جمهوری اسلامی ایران وزارت علوم، تحقیقات و فناوری
	بسمه تعالی	
	سرکار خانم مهتاب اوجانی	
	با سلام	
	اینجانب خسرو باقری نودوست موافقت خود را جهت استفاده جنابعالی از پرسشنامه افسردگی بک اعلام می‌دارم.	
	دکتر خسرو باقری نودوست	
	پست الکترونیک: khosro.bagherinodoust@yahoo.com	
		نشانی : تهران شهیرک قدس میدان صنعت ، خیابان خوردین، خیابان هرمزان نبش خیابان پیروزان جنوبی کد پستی : ۶۴۸۹۱-۱۴۶۶۶ شماره تلفن : ۸۲۲۳۱۰۰۰ صندوق پستی : تهران ۱۵۱۳-۱۴۶۶۵ Website: www.msrt.ir Email: info@msrt.ir

[Emblem]
Islamic Republic
of Iran
Ministry of
Science, Research
and Technology



In the name of god

Date: 10/02/2019

No.:

Attachment:

In the name of god

Dear Mrs. Mahtab Ojani

Hi

I, Khosro Bagheri declare my
approval in using beck depression
inventory by you.

Dr. Khosro Bagheri nodoust

Email:

khosro.bagherinodoust@yahoo.com

[Signature]

Address:
South Piroozan
street,
Hormozan
Street, Khordin
streets, Sanat
Square, Ghods
town
Tehran
Province.
Postal code:
14666-64891
Phone No.:
82231000
P.O. box:
14665-1513
Website:
www.msrt.ir
Email:
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True translation certified

October 21, 2019



Email: Iramahd@yahoo.com Web Site: www.daryanot.com www.daroltarjomeh.net

تهران، فلکه دوم صادقیه، ضلع شمال غربی میدان، مجتمع تجاری صادقیه، زیر همکف، واحد ۱۹

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تماس ضروری: ۰۹۱۹۹۵۰۵۰۴۱-۰۹۱۹۹۵۰۵۰۴۲

BIOGRAPHY

Mahtab Ojani was born in Tehran in 1990. First, she studied photography and architecture and has gotten associated degrees. Then she started a bachelor's in general psychology major in one of Iran's Universities and graduated in 2017. Also, she started an education in a master's degree in 2018 in the Near East University in Northern Cyprus. She has certificates in Intensive Short Term Dynamic Psychotherapy, Mindfulness, and Transactional Analysis.

PLAGIARISM REPORT

The Effect of Sexual Activity on Self-esteem and Depression in Women

Mahtab Ojani

ORIJINALLIK RAPORU

% 13	% 4	% 6	% 11
BENZERLIK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	docs.neu.edu.tr İnternet Kaynağı	% 1
2	Submitted to Help University College Öğrenci Ödevi	% 1
3	Submitted to University of Leicester Öğrenci Ödevi	% 1
4	Submitted to Bilkent University Öğrenci Ödevi	<% 1
5	Alireza Roughani, Mehdi Fallah Bagher Shaidaei, Akram Rohani, Ali Delpishe, Zahra Sharifi, AmirAbbas Ahmadzadeh. "The Relationship between Hospital Occupational Stress and Prevalence of Depression in Nurses Working in Ilam Hospitals", Journal of Pharmaceutical Research International, 2019 Yayın	<% 1
6	Submitted to University of Arizona Öğrenci Ödevi	<% 1

ETHICS COMMITTEE APPROVAL



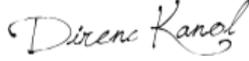
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

24.01.2020

Dear Mahtab Ojani

Your application titled **“The effect of sexual Activity on self-esteem and depression in women”** with the application number YDÜ/SB/2020/565 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol
Rapporteur of the Scientific Research Ethics Committee



Note:If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.