

# Agents of Change: Women's Sexual Uprisings in Modern Iran

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## Abstract

Iranian women's gender and sexuality experiences are often overlooked due to the Eurocentric lens of sociological gender research and internal silence about women's sexuality in Iranian culture. For many Iranian women, sexual activity is a source of trauma and can even be considered a human rights abuse; yet women feel obligated to continue sexual relations with their husbands due to social, religious and cultural responsibilities. In this paper, I will delineate the historical context of Iranian feminism movements spanning the Iranian Revolution to the modern day before discussing the effects of sociocultural norms of virginity on women's sexual experiences. A biographical approach of Iranian women at different life stages sheds light on women's unique ways of engaging with political activism and the role of menopause in sexual agency. Finally, I will explore the repercussions of Iran's sexual revolution due to limited sex education and maladapted birth control policies. To successfully achieve women's sexual freedom and political reform, notions of Iranian women as asexual beings must be actively challenged, and reproductive healthcare must be prioritized.

## The Iranian Revolution and Waves of Iranian Feminism

Revolutions are rapid efforts towards reorganizing the political and social structure of a society and inevitably lend themselves to issues of gender, family and women's roles. Due to associations of the veiled women with tradition and the unveiled women with modernity, Muslim women's appearance is heavily politicized.<sup>1</sup> In the case of patriarchal revolution and religious-based politics, women's bodies become subject to "body politics"—the regulation of bodies by institutional and interpersonal powers.<sup>2</sup> The 1979 Iranian Revolution, which replaced the Pahlavi monarchy with an Islamic Republic, quickly institutionalized a series of measures to specifically restrict the rights of modern, urban women. Women were active participants in the revolution, challenging the shah for reasons including economic distress, political oppression and personal alliance with Islamism. However, many women who wore the veil as an act of political protest to the Pahlavi bourgeois and westernized regime, did not expect for the hijab to become mandatory under Ayatollah Khomeini. Despite middle-class leftist and liberal women's efforts to overrule the hijab law, it was rescinded only temporarily and became compulsory again in 1981. Throughout the first half of the 1980's, the Islamic Republic of Iran (IRI) established countless policies to diminish women's role in the public sphere. The Islamist state aimed to reverse modern, companionate marriage by voiding The Family Protection Act of 1967 and 1973, which had banned polygyny, increased the minimum age of marriage for girls and granted women the right to divorce.<sup>3</sup> The government also shut down universities as part of a "cultural revolution" and restricted women's employment opportunities. When universities opened after 1983, they had enacted a dramatically different curriculum with textbooks adapted to reflect the new sex-segregated ideals and restricted access for women in fields including engineering, political science, law, management, and veterinary medicine. The two-pronged policy restricted educational opportunities for modern, urban women, while increasing them for the rural, poor class—an attempt to create loyal supporters of the state. Physically violent forms of punishment were administered for women convicted of adultery, such as lashing, amputation and stoning and young activists who opposed the state were investigated and even executed.

The sexual economy of Iranian Islamism was rooted in negating women's authority over their sexual and reproductive abilities. Male family members were not only granted guardianship authority over

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<sup>1</sup> V.M. Moghadam (1999), Revolution, Religion, and Gender Politics: Iran and Afghanistan Compared, *Journal of Women's History* 10(4), 172-195. doi:10.1353/jowh.2010.0536.

<sup>2</sup> V.M. Moghadam (1999), Revolution, Religion, and Gender Politics: Iran and Afghanistan Compared, *Journal of Women's History* 10(4), 172-195. doi:10.1353/jowh.2010.0536.

<sup>3</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

women relatives, but also able to marry off pre-pubescent girls, leading to a rise in arranged marriages. Once married, husbands were entitled to sexual and psychological exploitation over their wives. Women were expected to withstand physical, sexual, and mental abuse in marriage and were only given rights to female-initiated divorce in the case of erectile dysfunction, severe drug addiction or unbearable violence. Permissibility of polygamy and temporary marriage for men quickly intensified the asymmetrical gender power dynamics and consolidated women as second-class citizens. In the same vein, women had limited custody rights over their children and lacked community property in their marriage, dissuading them from divorce. Thus, the sexual economy ensuing Iran's Islamization, was a significant motivator for male support of the IRI.

In spite of these political setbacks, women have fought for a more tolerant society and spearheaded different waves of Iranian feminism.<sup>4</sup> The first wave opposed the shah and supported the cultural revolution which relied on women's bodies as agents of social and political change. Women began wearing the veil as a form of opposition against the Shah's regime and Western capitalism. The second wave survived the cruelty of the early days of the Islamic Republic, in which the nation's leaders began denoting women's bodies as threats to the productivity of men and thus the whole of the social order. As a result, the government began imposing strict rules on women's dress and presence in public through measures like compulsory veiling. Paradoxically, gendered segregation alongside education campaigns required women's training to operate the new female-only public spaces and resulted in an unprecedented rise in women's employment in the 1990s. The third wave confronted the state during the reform era at the turn of the 21st century. Young urban women actively opposed the morality police, through the use of fashion, Internet presence and sports participation. They wore makeup, painted their nails, colored their hair, and wore form-fitting clothing as a challenge to the normative standard of black veils. The Internet was another avenue which rapidly and efficiently jumpstarted feminist movements: for example, women coalesced to start the grassroots Campaign for Equality to petition sexist marriage and divorce laws. Through various realms, women have successfully shifted narratives about family planning, marriage, and social hierarchies. Still, the Iranian Regime has used social and political power to stifle women's movements and shut down women's campaigns.

### Iranian Women's Experiences of Sex and Sexuality

Sociocultural norms surrounding virginity and the medicalization of virginity in Iran have been used as means of social control of Iranian women since the establishment of the Islamic Republic. Biographical interviews conducted with women aged 40 to 60 in the cities of Tehran and Karaj shed light on the effects of sexual repression and conservatism

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<sup>4</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

due to the Iranian Revolution of 1979.<sup>5</sup> Gender in a non-Western context must be carefully understood through the lens of the patriarchal and religious gender strata of Iran, in which sex is compounded with social obligation, religious duty and means of social mobility. Under the Islamic regime, sex is embedded in religious theology and limited to the purpose of procreation and women's marital duty for husband pleasure. The Shari'a—Islamic law derived from interpretations of sacred scriptures—feeds into the dichotomous narrative of men's sexuality as a natural urge which should be satisfied and women's sexuality as a display of femininity for partner satisfaction. Women's sexuality is also conflated to represent public morality, creating pressure for women to serve as emblems of the country's moral health. The positioning of women as agents of Iran's moral consciousness is used to justify gendered segregation, veiling and social control on women's bodies. Since the Islamic Revolution, the state has asserted its role as the ultimate dictator of gender boundaries in society by managing women's presence in public spaces like schools, sports centers and public transportation.

A life course approach, focused on childhood, womanhood and menopause delineates the shame associated with puberty, trauma with first sexual experience and sexual agency with menopausal onset. Participants spoke about puberty as a period of shame and silence; interviews repeatedly report women hiding their breasts due to the stigma associated with bodily changes during puberty.<sup>6</sup> Shame is considered essential for demonstrating one's chastity and modernity and thus women are pressured to display their shame in front of their fathers, brothers and other men in their family. These feelings of shame were not isolated to puberty and persisted throughout the women's lifetimes. Many participants spoke about the effect this had on their relationship with their bodies and the long-lasting attempts to hide their breasts by hunching their bodies. Iranian women's experiences of breast development during puberty is supported by prominent Iranian dialogue in colloquial and professional settings. Though the word for breast in Farsi is "pestan," women feel social pressure to use the word "sineh," or chest, when referring to their breasts. Furthermore, in medical settings, medical professionals choose to use the English word for breast instead of Farsi. This level of separation perpetuates the notion of taboo around women's bodies. Due to Iran's negative perspectives of western femininity, this also associates women's sexual organs with the "dangerous" and "impure" west. The disguise of words in English is also a common practice when referring to words "sex" or "sexual" which masks the erotic meaning of the words to some degree and positions sexuality as being an external to one's culture or self. In addition to physical bodily changes, menstruation is also a source of

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<sup>5</sup> E. Amini et al., Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach, *Br J Sociol.* 2021; 72: 300–314.

<sup>6</sup> E. Amini et al., Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach, *Br J Sociol.* 2021; 72: 300–314.

shame for women—a consequence of the religious and cultural connotations of menstrual blood as “dirty.” Thus, women are mandated to perform Ghusl, a full-body ritual purification, and cleanse their “polluted” bodies after menstruation, sexual activity, childbirth and contact with a dead body. Due to limited sexual health education in the Iranian educational system and familial discomfort around conversations on puberty, many women are uninformed about menstruation and their bodies prior to their first menstrual experience. As illustrated by Amini and McCormack’s study, women frequently experience extreme fear with their first menstruation and worry that they are ill. In this way, societal silence on normal bodily functions harms women’s reproductive health and induces intense guilt because menstruators are seen as “blemishing” their reputation.

Women’s virginity is particularly significant in Iran because like in other Middle Eastern countries, virginity is extended to equate to family honor. Rituals to prove virginity are common throughout the country and women who fail to confirm their virgin status are subject to serious social and physical repercussions.<sup>7</sup> Virginity tests include the traditional approach of presenting a bloody bed sheet after one’s wedding night or a physician physical examination. Despite the humiliation and trauma that many participants reported, all believed that the test is necessary to evade casted doubt and potential social alienation. Limited sexual health education and cultural stigmas around sex limit women’s knowledge about sexual activity before their first sexual experience, which for all the participants in the study was the first night of their marriage. For many women, the only advice they are given from their mothers or other women family members is to be “silent and still” or else “it would be painful.” Because of the inherent religious gender order established with the Islamic Republic after the Iranian Revolution, women are mandated to wear a hijab headscarf and loose-fitting clothing in public. The sudden shift from obligatory veiling to exposing one’s body on one’s wedding night is psychologically traumatizing for many women. The hegemony of sexual suppression begins in childhood and continues throughout women’s married lives. Women report believing that conversations on topics of sex and sexuality are inappropriate for “modest” women and thus should not be discussed with one’s husband or family members. The Civil Code of the IRI defines “proper sex” for women as penetrative sex which ends in an orgasm for the husband. Many women relay an active aversion towards sex, explained by the cultural taboos surrounding female sexual pleasure.

Despite women’s traumatic sexual experiences, they feel pressure to continue having sex with their husbands due to various reasons including obligation, jihad or rational choice.<sup>8</sup> In terms of obligation, women view

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<sup>7</sup> E. Amini et al., Older Iranian Muslim women’s experiences of sex and sexuality: A biographical approach, *Br J Sociol.* 2021; 72: 300– 314.

<sup>8</sup> E. Amini et al., Older Iranian Muslim women’s experiences of sex and sexuality: A biographical approach, *Br J Sociol.* 2021; 72: 300– 314.

sex as a required chore to prevent losing their husbands and to fulfill their feminine role. Others describe sex through the lens of religious duty, analogizing sex as jihad. Religiously observant women believe that those who sexually satisfy their husbands will be compensated by God and receive spiritual rewards. Another common perspective of sex was that of a bargaining tactic, using sex as a means of mobility within the marriage. These widespread narratives reflect the nuanced relationships that women have with sex. Though they do not parallel Western notions of feminist autonomy and many women's experiences are concentrated with profound discomfort, women's narratives show a understanding of the political economy of sex in Iran which is not discussed in popular discourse.

Women feel most comfortable subverting the patriarchal gender order of Iran during the life stage of menopause. The medicalized view of menopause in Iranian culture generates an impression of old age and even nearing death with menopausal onset. Nevertheless, many women use this natural biological process to voice their distaste towards their sexual relationships. By justifying their low sex drive with menopause, women feel more empowered to initiate conversations with their husbands about sex and to negotiate sexual activity within their relationships. Iranian culture portrays the menopausal body as "old" and therefore women are able to evade the former social obligation of sex and use menopause as an excuse. The stark contrast between the menopausal body and youthful exemplary is amplified by the Iranian medical system. Menopausal women are routinely recommended medical treatments including estrogen cream, lubricant gel, and hormonal replacement therapy to enhance their sexual experience. Invasive surgeries including perineorrhaphy cosmetic surgery, the tightening of the vaginal canal, are also suggested by gynecologists for the purpose of satisfying their husbands, rather than themselves.

### Iran's Sexual Revolution and the Reproductive Health Risks

Since the Islamic Revolution of 1979, Iran's clergy has aimed to impose social and moral restrictions on citizens to strictly adhere to Islamic law. Gender and sexuality norms which were regulated primarily by the family prior to the Islamic Revolution are now dictated by state laws. Young Iranians in urban centers such as Tehran, Mashhad and Shiraz, are retaliating with dissenting sexual and social behaviors, in what they call a "sexual revolution."<sup>9</sup> By the early 20th century, literacy rates among women had exceeded 95%, most college students were women, and marriage had become primarily an initiative of individual choice.<sup>10</sup> As part of the sexual revolution, marriage has expanded past solely a means of

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<sup>9</sup> Pardis Mahdavi, "But What If Someone Sees Me?' Women, Risk, and the Aftershocks of Iran's Sexual Revolution," *Journal of Middle East Women's Studies* 5, no. 2 (2009): 1-22.

<sup>10</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

procreation to include emotional and sexual intimacy. Young Iranians continuously push the boundaries and find ways to circumvent laws such as engaging in premarital cohabitation, especially in more socially accepting cosmopolitan urban environments.

Young people have successfully created spaces for heterosociality and shifting dialogues surrounding sex. Despite the average age of marriage of 23 for women and 26 for men, the average age of first intercourse is 16 for women and 15 for men, based on Mahdavi's research.<sup>11</sup> The reality of these social changes is that young women lack legal backing from sexual assault and rape and are not immersed in an environment of strong feminist frameworks. In discussing this modern version of gender inequality, Norma Moruzzi and Fatameh Sadeghi comment on the limitations of the sexual revolution, calling it an "Iranian sexual liberation on masculine terms."<sup>12</sup> Sexual deviancy has serious repercussions—legal prosecution is Premarital sex in Iran's sociocultural environment poses health issues as women and men in Iran are having "illegal sex" and not able to access information or healthcare treatment. Social risks associated with premarital sex are so great that "safe sex" is understood by many as "socially safe" sex. Youth in Iran will take great measures to maintain their reputations and ensure that their behavior is socially acceptable, but neglect the health component of sex and rarely take advantage of harm reduction or drop in centers for HIV.<sup>13</sup> In this way, the sexual revolution, which has achieved great strides in women's rights, including shifting discourses on women's sexuality, greater societal acceptance towards premarital sex, awareness of women's pleasure, and increasing participation in the public sphere, is also the very cause of women's increased health risks.

### Sexual Health Education and Birth Control Policies

Despite the social revolution that has been taking place among Iranian youth amidst the backdrop of the Islamic regime of Iran, women still suffer the brunt of the consequences and potentially harm their bodies. Research from 2000 to 2007 demonstrates that increasing numbers of Iranian women are engaging in unprotected and premarital sex, yet few are educated about sexually transmitted disease.<sup>14</sup> The social risks of sexual activity, such as getting caught by family members or the Islamic morality police, outweigh the potential health risks of sexually transmitted diseases

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<sup>11</sup> Pardis Mahdavi, "'But What If Someone Sees Me?' Women, Risk, and the Aftershocks of Iran's Sexual Revolution," *Journal of Middle East Women's Studies* 5, no. 2 (2009): 1–22.

<sup>12</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

<sup>13</sup> Pardis Mahdavi, (2009), *Passionate uprisings: Iran's sexual revolution*, Stanford, Calif: Stanford University Press, 1–22.

<sup>14</sup> Pardis Mahdavi, "'But What If Someone Sees Me?' Women, Risk, and the Aftershocks of Iran's Sexual Revolution," *Journal of Middle East Women's Studies* 5, no. 2 (2009): 1–22.

or infections such as HIV. Thus, women, who are spearheading the movement, are also the group most vulnerable to the potential physical and mental consequences of changing discourses on sex and sexuality. These consequences range from rising rates of sexually transmitted diseases to HIV, abortion, unplanned pregnancy, and mental health illnesses.

The two main sources of sexual health information for Iranians are the Internet and social networks.<sup>15</sup> Formal sexual health education in Iran is reserved for married couples and there is a lack of proper training on sexual health topics in school curriculums. Of the sexual health education efforts which exist for unmarried youth, most are in line with the social and political climate of the Islamic state and focus on abstinence. Most young Iranian's exposure to sexual health information takes place through the media, from the limited documentaries addressing STIs and HIV to mandatory premarital family planning courses held in university. However, these have been suspended in the past five years due to shifting policies aiming to increase fertility rates. As the age of first sexual intercourse is decreasing in Iran, potential risks of engaging in sexual activity without prior sexual health education is increasing. A 2014 study conducted on male and female undergraduate and graduate students indicates a low to moderate knowledge of sexually transmitted infections among nonmedical college students across five different public and private universities in Iran.<sup>16</sup> The Internet has been reported as the primary source of sexual health information, but family members are also at times advised by adolescents for advice or questions on sex. However, many Iranian parents believe that educating their children on topics related to sex will increase their sexual activity and thus are reluctant to share accurate information with them. Beyond the cultural taboo surrounding open conversations about sex, source reliability is a potential issue with significant health consequences due to lack of formal training. A study conducted in 2019 with reproductive-age women in northern Iran demonstrated a 23.3% limited sexual health literacy, defined as the skills and knowledge to engage in safe sexual activity and minimize negative health consequences.<sup>17</sup> Given the prominent role of the Internet and social networks in Iranians' access to sexual information, these platforms can be harnessed to promote sexual health literacy. Pointed interventions, countering sociocultural stigmas, and developing critical public health education programs under the supervision of healthcare professionals, can improve women's health outcomes.

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<sup>15</sup> Bita Jamali et al. (2020), "Women's Sexual Health Literacy and Related Factors: A Population-Based Study from Iran, *International Journal of Sexual Health*, 32:4, 433-442.

<sup>16</sup> Mohammad Karamouzian et al., "Awareness of and Knowledge About STIs Among Nonmedical Students in Iran," *International Perspectives on Sexual and Reproductive Health* 43, no. 1 (2017): 21-28.

<sup>17</sup> Bita Jamali et al. (2020), "Women's Sexual Health Literacy and Related Factors: A Population-Based Study from Iran, *International Journal of Sexual Health*, 32:4, 433-442.



Birth control is a contested topic and its policies have shifted throughout Iran's history, depending on the state's population control goals. Shortly after the establishment of the IRI, the state instituted religious sexual health education, focused on traditional Shi'i stances and anti-Western discourses on sex.<sup>18</sup> Students became acquainted with sex through the framework of religious manuals of clerics on proper sexual conduct and instructions for post-sex ritual and purification. Teachers heavily emphasized the appropriate procedures for washing of genitals and restoration of "taharat," an Islamic system of ritual purity. Comparable information was disseminated in schools and mosques on the biological differences between males and females from a religious standpoint. At the start of its rule, the IRI adopted a natalist policy, providing benefits to families with seven or more children, restricting access to birth control and prohibiting abortion. This led to a 0.7% increase in the fertility rate in the decade leading up to 1986.<sup>19</sup> However, with the end of the war in 1988 and Iran's crippling economic status, the state switched to promoting family planning. Reproductive health was integrated into religious teachings and pre-revolutionary birth control was reintroduced into state policy: goals to discourage early and late pregnancies and limit family size to two children. Annual rates of population growth significantly dropped by the end of the 20th century and Iran became a model of population control for other developing countries. The success in population control was a result of factors including an increase in women's literacy rates, free and accessible contraceptives for married couples, integrated family planning in primary healthcare, legalization of abortion in cases of health risk to the mother or child, and a nationwide mandatory modern sex education for engaged couples.<sup>20</sup>

## Conclusion

The inherent limitations of women's mobility in Iranian society due to the IRI's patriarchal gender order calls for strategies to challenge social stigmas surrounding women's sexuality and sexual experiences. In the process of striving to subvert patriarchal and prejudiced systems, women in Iran are increasing their health risks and jeopardizing their lives.<sup>21</sup> In considering future potential remedies to drive Iranian women's sexual freedom while protecting their health, it may be noteworthy to consider the establishment of healthcare clinics including HIV drop-in centers, designated for women only. Revolutionizing the sociocultural environment around sex will also be beneficial in alleviating sexual

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<sup>18</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

<sup>19</sup> Janet Afary, (2009), *Sexual politics in modern Iran*, Cambridge University Press.

<sup>20</sup> Farnam, Farnaz. "Effect of Sexual Education on Sexual Health in Iran." *Sex education*. 8, no. 2 (2008): 159–168.

<sup>21</sup> Pardis Mahdavi, "'But What If Someone Sees Me?' Women, Risk, and the Aftershocks of Iran's Sexual Revolution," *Journal of Middle East Women's Studies* 5, no. 2 (2009): 1–22.

problems and dysfunction in the Iranian population. Sexual problems, which are caused by a complex factor of biopsychosocial and hormonal factors, are significantly higher among the Iranian women population than global findings.<sup>22</sup> It is imperative to address the silence and ignorance of women's sexual desire at both the family and institution level to validate women as sexual beings who deserve reproductive healthcare access.

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<sup>22</sup> S. Mohammadian et al. (2019), Sexual problems in Tehran: Prevalence and associated factors, *Journal of education and health promotion*, 8, 217.

## References

- Afary, J. (2009). *Sexual politics in modern Iran*. Cambridge: Cambridge University Press.
- Akbari, N., Ramezankhani, A., & Pazargadi, M. (2013). Accelerators/ decelerators of achieving universal access to sexual and reproductive health services: a case study of Iranian health system. *BMC Health Serv Res*, 13, 241. <https://doi.org/10.1186/1472-6963-13-241>
- Amini, E. & McCormack, M. Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach. *Br J Sociol.* 72(2), 300-314. <https://doi.org/10.1111/1468-4446.12805>
- Jamali, B., Maasoumi, R., Tavousi, M., & Mehrizi, A.A.H. (2020). Women's Sexual Health Literacy and Related Factors: A Population-Based Study from Iran. *International Journal of Sexual Health*, 32(4), 433-442. <https://doi.org/10.1080/19317611.2020.1841056>
- Charoghchian Khorasani, E., Tavakoly Sany, S. B., Orooji, A., Ferns, G., & Peyman, N. (2020). Health Literacy in Iranian Women: A Systematic Review and Meta-Analysis. *Iranian Journal of Public Health*, 49(5), 860-874. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7475634/>
- Farnam, F. (2008). "Effect of Sexual Education on Sexual Health in Iran." *Sex Education*. 8(2), 159-168. <https://doi.org/10.1080/14681810801981043>
- Hojat, M., Shariat, S.V., & Ansari, S. (2015). Iranian College Students' Attitudes Toward Premarital Sex, Marriage, and Family before and After the Islamic Revolution. *International Journal of Sexual Health*, 27(3), 224-234. <https://doi.org/10.1080/19317611.2014.957794>
- Karamouzian, M., Shahesmaeili, A., Khajehkazemi, R., Hooshyar, S.H., Fallahi, H., Haghdoost, A.A., & Sharifi, H. (2017). Awareness of and Knowledge About STIs Among Nonmedical Students in Iran. *International Perspectives on Sexual and Reproductive Health*, 43(1), 21-28. <https://doi.org/10.1363/43e3217>
- Khani, S., Moghaddam-Banaem, L., Mohamadi, E., Vedadhir, A.A., & Hajizadeh, E. (2018). Women's sexual and reproductive health care needs assessment: an Iranian perspective. *East Mediterr Health J*, 24(7), 637-643. <https://doi.org/10.26719/2018.24.7.637>
- Mahdavi, P. (2009). "But What If Someone Sees Me?" Women, Risk, and the Aftershocks of Iran's Sexual Revolution. *Journal of Middle East Women's Studies*, 5(2), 1-22. <https://doi.org/10.2979/mew.2009.5.2.1>
- Mahdavi, P. (2009). *Passionate uprisings: Iran's sexual revolution*. Palo Alto: Stanford University Press.
- Moghadam, V.M. (1999). Revolution, Religion, and Gender Politics: Iran and Afghanistan Compared. *Journal of Women's History*, 10(4), 172-195. <https://doi.org/10.1353/jowh.2010.0536>

- Mohammadian, S. & Dolatshahi, B. (2019). Sexual problems in Tehran: Prevalence and associated factors. *Journal of Education and Health Promotion*, 8, 217. [https://doi.org/10.4103/jehp.jehp\\_231\\_19](https://doi.org/10.4103/jehp.jehp_231_19)
- Tabatabaie, A. (2015). Constructing the ideal Muslim sexual subject: problematics of school-based sex education in Iran. *Sex Education*, 15(2), 204-216. <https://doi.org/10.1080/14681811.2014.992066>