

## Relationship Between Sexual Dysfunction Symptoms and Body Image and Quality of Life in Women

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**Abstract:** There is a significant amount of information about the relationship between general health and quality of life. Quality of life could be influenced by many individual's psychological and environmental factors. In this study, we aimed to determine the relationship between sexual dysfunction and body image which are two relevant issues in women, and their quality of life. In this cross-sectional study, 150 married women between 20-50 years referred to the three hospitals and gynecology clinics for routine check-ups in three districts in Tehran, Iran in 2015. They were selected voluntarily. Participants were asked to complete Bem sex-role inventory, Fisher body image scale and WHOQOL-BREF questionnaire. To analyze data, descriptive methods as well as Pearson and logistic regression tests in SPSS-22 were used. Sexual dysfunction and body image were negatively related to quality of life in women. Both variables can anticipate quality of life among this population. The problems with sexual functioning and body image should prompt physicians to routinely include them when assessing women's quality of life.

**Key words:** Sexual dysfunction symptoms, body image, quality of life, regression SPSS-22

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### INTRODUCTION

Quality of life is one of the most important issues at the current world and one of the main subjects in development of social policy making encompassing issues such as Welfare quality of life, basic needs, growing and satisfied life, altruism and self-sacrifice among communities.

Bruggemann has defined quality of life as standards of living such as decent jobs, income, housing, education, health, treatment, environmental quality life. Low quality of life has been reported as negative prognostic for health. Sexual behavior in human is not only a physiologic reaction or a mental behavior but also it is a combination of both structures (Wincze and Weisberg). Sexual dysfunctions may remain hidden under effect of factors such as personality, social-cultural and family factors and may be appeared in some cases in form of other symptoms such as physical disabilities, depression and dissatisfaction of marital life and go sometimes up to margins of intense family disputes and divorce. However, on-time diagnosis and presentation of effective treatment methods, along with proper training of sexual issues to couples, can prevent occurrence of many problems and lead to better quality of marital life. Sexual

activity is one of the most important aspects of life of adults, which can impress their quality of life. Sexual dysfunction is a common disorder in all societies. Sexual dysfunctions of women are complicated and multi dimensional problems and are mainly rooted in psychological factors.

Quality of Life (QOL) as a multidimensional construct (physical, psychological and social) has an important relationship with human health (Khajedalue *et al.*, 2013; Zubarani *et al.*, 2008). Given to this, its beneficial for society to address factors that are capable anticipate it, in other words factors that have correlation with QOL (Abedi and Rostami, 2012). Women comprise half of every society's population and making attempts towards their health is one of the priorities of health politics (Jamali *et al.*, 2016) in all countries such as Iran. One of the prevalent issues that threat women rather than men mental health is sexual dysfunction. Sexual dysfunction is the disturbances in sexual desire and in the psychophysiological changes that characterizes the sexual response cycle and cause great distress and marital difficulties (Ramezani *et al.*, 2014). Another current issue that is associated with mental health is women imagination of their bodies. Body image is a dynamic perception that is influenced by experiences and physiological status of the people.

Some studies have indicated that women with low perceived attractiveness for their husbands had 1.9 times more sexual dysfunction (Tehrani *et al.*, 2014). So, it could be said that body image is a related subject with sexual dysfunction.

In fact, people with positive body image have good feelings of their body (Homan and Tylka). Obtained results from studies have demonstrated role of body image in important variables of life and have shown that they can affect quality of human life.

It seems that sexual dysfunction and body image influence our health by QOL as a mediator. However, the studies that have focused on the relationship between three mentioned variables in women are rare. This study is implemented to cover the deficit in Iranian women.

### MATERIALS AND METHODS

The present study is descriptive research in kind of correlation. Statistical population consists of all married women of Tehran in age range of 20-50 years old referred to hospitals and Gynecological clinics of districts 4 and 8 of Tehran by 2014. Out of the population, 150 women were selected as sample using available sampling method and taking into account the contents of Morgan table. All of the individuals fulfilled the questionnaire of sexual function, body image and quality of life (WHOQOL- BREF). To present obtained results from the study, two methods of descriptive statistics (frequency and percent) and inferential statistics (Pearson Correlation and regression) have been applied. Data analysis has been also done using SPSS20 Software.

This cross-sectional study was performed on 150 married women, aged 20-50 years that were selected voluntarily from about 250 women that had referred to the three hospitals and gynecology clinics for routine check-ups in three districts in Tehran, Iran. The study was approved by the ethical committee of Azad University, Tonekabon branch. Inclusion criteria included age between 20-50 having sexual dysfunction based on psychiatrists' examination and literacy.

Data were collected via four detailed questionnaires. Demographic characteristics consisted of age, educational level, marriage duration as well as sexual relationship frequency. In order to evaluate quality of life, sexual dysfunction and body image we used followed questionnaires.

**World health organization brief quality of life assessment scale:** The World Health organization Brief Quality of Life Assessment Scale (WHOQOL-BREF) is a 26-item short-form of the subjective QoL assessment

scale. This scale provides scores on four domains: physical health, environmental health, psychological health and social relationships. Furthermore, the scale includes an additional item to assess one's overall perception of QoL. Items are scored on a 5-point Likert-type scale, with scores ranging from '1' (extreme dissatisfaction) to '5' (extreme satisfaction), with higher scores in dicating higher QoL. The validity and reliability of this questionnaire assessed well in Iran (Nejat *et al.*, 2006).

**Bem sex-role inventory:** This questionnaire has 60 items and every items has 7 sub-items. Its validity and reliability has been confirmed in Iranian culture (Yahyaiee,1997).

**Fisher body image scale:** it has been made by Fisher in 1970 and has 46 items. Each item is scored on a 5-point Likert-type scale (1 = very dissatisfied, 2 = dissatisfied, 3 = average, 4 = satisfied and 5 = very satisfied). Some studies evaluated its validity and reliability suitable Asgari and Aminian, 2009, Testing company of Yar Puya and Thompson (1996). Analysis was done using Pearson correlation coefficient and logistic regression test in SPSS-20.

### RESULTS AND DISCUSSION

Participants were 150 married women, aged 30-50 years. Their demographic characteristics are presented in Table 1. Among participants 53.3% were satisfied with their appearance and 46.7% were

Table 1: Socio-demographic characteristics of the participants

Characteristics	n	Percentage
<b>Age (years)</b>		
20-30	52	34.7
30-40	72	48
40-50	26	17.3
<b>Marriage duration (years)</b>		
1-7	71	47.33
8-14	34	22.67
15-21	22	14.67
22-28	11	7.33
29-35	12	8
<b>Education</b>		
≤Diploma	80	53.3
College or University	70	46.7
<b>Sexual relationship frequency</b>		
≥2 in 1 day	10	6.7
Every other day	7	4.7
Every 3 days	22	14.7
Every 4 days	22	14.7
Every 5 days	5	3.3
Every 6 days	2	1.3
Weekly	45	30
Monthly	15	10
Rarely	21	14
Never	1	0.7

Table 2: Correlation between Sexual dysfunction symptoms and body image with quality of life in women

Variables	Quality of life	p-value
Sexual dysfunction symptoms and body image	0.652	<0.01

Table 3: Anova for assessing relationship between sexual dysfunction symptoms, body image and quality of life in women

Models	SS	df	MS	F	R <sup>2</sup>	Sig.
Regression	312.26844	2	156.13422	88.110	601.0	001.0
Residual	381.17794	147	05.121			
Sum	693.44638	149				

Table 4: Logistic regression for anticipating effect of sexual dysfunction symptoms and body image on quality of life in women

Variables	Quality of life	
	β	Sig.
Fix	66.446	0.001
Sexual dysfunction symptoms	-597.0	001.0
Body image	-135.2	0.001

Source of changes (R<sup>2</sup> = 0.601)

dissatisfied. Assessment of the correlation between sexual dysfunction symptoms and body image and quality of life was done by Pearson correlation. As it can be seen in Table 2. Pearson correlation coefficient between three variables was statistically significant (p<0.01).

For evaluating significance of relationship between level of sexual dysfunction symptoms and body image and quality of life Anova was used (Table 3). Based on the results of Table 3 sexual dysfunction symptoms and body image explain 0.601 of quality of life changes. In the other word, based on this assessment at least one of two variables; sexual dysfunction and body image disorders impact on quality of life significantly (p<0.001). So, we concluded that sexual dysfunction and body image can predict quality of life in women and therefore we were allowed to analyze the results by logistic regression (Table 4). Table 4 shows a reverse relationship between sexual dysfunction and quality of life in women (p<0.001). There is a negative relationship between body image and quality of life, too (p<0.001).

Our results showed that women sexual dysfunction and body image, is related to their QOL, negatively. More over sexual dysfunction symptoms and body image can anticipate QOL in women. This finding is compatible with some other similar studies. For example Dunn (1998) has reported association between sexual dysfunction and anxiety and depression. Bernardo (2001) identified sexual dysfunction as a factor that influences the overall quality of life. Poggiogalle *et al.* (2014) found a strong relationship between sexual life and the global quality of life. Another study obtained similar results. As an interpretation of this finding we can say that sexual dysfunction predicts quality of life by coexistent variables such as depression, lack of self-esteem and unsuccessful relationships.

The finding has been also in consistence with findings of Montorsi and colleagues who found in their studies that sexual dysfunction in men can lead to reduction of self-esteem and quality of life and a range of the disorders can affect life of about 150 million men across the world. Moreover, they showed that sexual dysfunction can have the main negative impact on quality of life of people and this has been in consistence with findings of Harrington and Badger that referred to role of body image in important variables of life. Also, the result has been in consistence with findings of Jan and Masood indicating that dissatisfaction of body image is in significant correlation with low satisfaction of romantic and sexual relations and overall psychological adjustment. Also, the finding is in consistence with findings of Calogero and Thompson showing that body image and shame of body can predict sexual satisfaction directly and with findings of Satinsky and colleagues indicating that body image can predict Arousal, orgasm and satisfaction with aspects of sexual function and with findings of Donaghue who indicated in a study that mental feelings of women about life satisfaction and their experiences of negative and positive effects are in correlation with their satisfaction of their body.

Moreover, obtained results from this study showed that there is significant correlation between body image and quality of life. The result has been in consistence with findings of Song, Harrington and Badger showing that body image can affect important variables of life and can affect quality of human life.

Also, there are some supportive studies about the correlation between body image and QOL. Partridge and Robertson (2011) concluded that body image disturbance plays an important role in anxiety/ depression and reduces the quality of life. Our interpretation of this finding is that a negative body image acts as a scheme. So, when this scheme is activated by some situations, the person worries about several aspects of his life and tries to alleviate these worries by some inefficient behaviors. As a result of such behaviors their quality of life decreases.

The present study had some limitations like little sample size. It was resulted of problems in studying sexual issues in general and in Iranian women population, in particular.

## CONCLUSION

High prevalence of Sexual dysfunction and body image dissatisfaction in women and their association with lower Quality of life points to the need for routine screening of sexual function and body image among this great population.

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#### **REFERENCES**

- Abedi, G. and F. Rostami, 2012. Assessment of quality of life in hepatitis B patients compared with healthy people. *Life Sci. J.*, 9: 5339-5343.
- Asgari, P., P. Gh and M. Aminian, 2009. The relationship of emotional, psychological stressors of life and body image in women with eating disorders. *J. Psychiatry Clin. Psychol.*, 4: 65-78.
- Bernardo, A., 2001. [Sexuality in patients with coronary disease and heart failure]. *Herz*, 26: 353-359.
- Dunn, K.M., P.R. Croft and G.I. Hackett, 1998. Sexual problems: A study of the prevalence and need for health care in the general population. *Family Pract.*, 15: 519-524.
- Jamali, S., S. Javadpour, L. Mosalanejad and R. Parnian, 2016. Attitudes about sexual activity among postmenopausal women in different ethnic groups: A cross-sectional study in Jahrom, Iran. *J. Reprod. Infertility*, 17: 47-55.
- Khajedaluae, M., R. Assadi and M.D. Moghadam, 2013. Health-related quality of life of young addict women in Mashhad, IR Iran. *Int. J. High Risk Behav. Addiction*, 2: 87-91.
- Nejat, S., A. Montazeri, K.H. Naieni, K. Mohammad and S. Majdzadeh, 2006. The World Health Organization quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version. *SJSPH*, 4: 1-12.
- Partridge, K.A. and N. Robertson, 2011. Body-image disturbance in adult dialysis patients. *Disability Rehabilitation*, 33: 504-510.
- Poggiogalle, E., L. Di Lazzaro, A. Pinto, S. Migliaccio, A. Lenzi and L.M. Donini, 2014. Health-related quality of life and quality of sexual life in obese subjects. *Int. J. Endocrinol.*, Vol. 2014. 10.1155/2014/847871.
- Tatar, Y., 2010. Body image and its relationship with exercise and sports in turkish lower-limb amputees who use prosthesis. *Sci. Sports*, 25: 312-317.
- Tehrani, F.R., M. Farahmand, M. Simbar and H.M. Afzali, 2014. Factors associated with sexual dysfunction: A population based study in Iranian reproductive age women. *Arch. Iran Med.*, 17: 679-684.
- Thompson, J.K., 1996. Assessing Body Image Disturbance: Measures, Methodology and Implementation. In: *Body Image, Eating Disorders and Obesity: An Integrative Guide for Assessment and Treatment*, Thompson, J.K. (Ed.). American Psychological Association, Washington, DC., pp: 49-81.
- Yahyaiee, A., 1997. Effective factors in progress of students of Ferdosi, Mashhad University and its relationship with sexuality. M.Sc. Thesis, Al-Zahra University, Tehran.
- Zubaran, C., K. Persch, D. Tarso, A. Ioppi and J. Mezzich, 2008. The correlation between health status and quality of life in southern Brazil. *Sao Paulo Med. J.*, 126: 257-261.