

# The role of body image on sexual function of married women nurses in Tehran

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## ABSTRACT

**Purpose:** Body image is a person's body shape in his/her mind. Negative body image is associated with low self-esteem, depression, eating disorder and body dimorphic disorder. The aim of this study was to investigate the role of body image on sexual performance of married women nurses in Tehran.

**Material and Methods:** In this correlation study, 200 married women nurses working in public and military hospitals in Tehran were selected by multistage sampling method. Fisher's body image questionnaire and female sexual function index were used for data elicitation. Lastly, 190 questionnaires were fully answered and considered for the analyses.

**Results:** Body satisfaction positively and significantly correlates with desirable sexual function ( $r = 0.156$ ,  $P = .002$ ). Increasing body image scores can increase sexual function in married women nurses.

**Conclusion:** Body image can predict a woman nurse's sexual function. So, better sexual function can be achieved by improving body image in married women nurses.

**Keywords:** body image; sexual function; married nurses; Tehran; military hospitals; public hospitals.

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## INTRODUCTION

Body image is a person's body shape in his/her mind.<sup>1</sup> When perception of oneself extremely deviates from the ideal, that person gets a negative body image. This may reflect the conflict between perception and reality.<sup>2</sup> In this regard there is a theory called "self-objectification" which states that women internalize others' view of their own bodies.<sup>3</sup>

Evidence for this theory has been studied in two parts. The first is the common phenomenon known as the "male gaze" at a woman's body rather than direct glances which are often associated with sexually evaluative comments. The second is the widespread sexualization of women's bodies in the media, including the extensive use of women for sexual intent which is often used to sell products, for

example showing a feminine leg instead of a lamp's base.<sup>4</sup>

Self-objectification theory consists of three components: body surveillance, body shame and control beliefs. The body surveillance involves continual self-monitoring of body shape and weight to conform to cultural standards. Body shame comes from a sense of failure and inferiority, exposure and being ineffective due to lack of compliance with standards. Control beliefs refer to the belief in which women need to control their weight.<sup>5</sup>

Slimming advertisements in the society,<sup>6-8</sup> television and other media<sup>9,10</sup> are causative factors for negative body image. Also, insecure attachment styles,<sup>11</sup> parents' attitude<sup>12</sup> and cognitive factors<sup>13</sup> are other causative factors for negative body image. Studies show that negative body image is associated with low self-esteem,<sup>14</sup>

low sexual identity,<sup>15</sup> depression,<sup>1</sup> eating disorders<sup>16-18</sup> and dimorphic body disorder.<sup>19</sup>

Poor body image is often associated with low confidence in interpersonal relationships, especially intimate relationships with the opposite sex. One's ability to establish and maintain satisfying intimate relationships is affected by an individual's beliefs about the desirability of consistency between a person's personal characteristics and characteristics of his/her partner.<sup>20</sup> Also, poor body image predicts risky sexual behavior.<sup>21</sup>

Optimal sexual function in women and men is associated with less concern about their bodies.<sup>15</sup> Bakht and Najafi have examined the effect of body image on sexual function of 20 women with breast cancer surgery and 20 healthy women. Their results showed that body image, desire, sexual arousal, and sexual satisfaction were significantly different in the two groups.<sup>22</sup>

According to a national survey in Iran in 2008, 31.5% of women had sexual dysfunction disorders.<sup>23</sup> When sexual dysfunction is so serious that the deep satisfaction and sexual elegance is lost, the marital relationship can be damaged. Movahed and Azizi have shown that there is an association between sexual satisfaction of women and conflicts between spouses.<sup>24</sup> Because of the prevalence of sexual problems, its importance in marriage and lack of enough study on body image and sexual problems, this study investigated the role of body image in sexual function of married women nurses in Tehran.

## MATERIALS AND METHODS

This was co-relational research. The population consisted of all married women nurses working in military and public hospitals in Tehran. The sample size formula was used to calculate the sample size, i.e.: alpha equal to 10%, beta equal to 10% and also r equal to 31%. So the sample size was determined to be 167 participants.

In order to compensate for sampling error, 200 participants were selected by multi-stage random sampling. First, a list of hospitals in Tehran was prepared. From

among 91 public and military hospitals, nine hospitals (a tenth of the population) were selected randomly. However, two hospitals did not cooperate. Therefore, the participants were selected from seven hospitals. A list of married nurses was prepared after coordination with the hospitals. The average number of nurses in each hospital was 50 to 60 people. Four hundred nurses were working in morning, afternoon and night shifts in these hospitals, from which 200 were selected randomly as participants. A questionnaire was sent to each participant. On the whole, 190 completed questionnaires were received and analyzed.

In this study, Fisher's body image questionnaire was used to measure body image. This questionnaire is a 46-item self-report questionnaire. Responses were rated on a 5-point Likert-type scale, ranging from 1 (completely disagree) to 5 (completely agree). Reliability and validity of the questionnaire had been investigated. The Cronbach alpha reliability was 0.84 using open questionnaire.<sup>25</sup> But in this study, the Cronbach alpha reliability was calculated to be 93.6.

Sexual function index is a 19-item brief, self-reported, multidimensional questionnaire for the assessment of key dimensions of sexual function (desire, arousal, lubrication, orgasm, satisfaction and pain) in women. The sexual function index provides scores on six domains and each domain is scored on a scale of 0-6, that higher score means better sexual function. A domain score of zero indicates that the women have not had sexual intercourse during the last month. Reliability and validity of this questionnaire were investigated by Mohammadi and colleagues. The Cronbach's alpha reliability was 0.85 and its validity was confirmed by content validity.<sup>23</sup> Correlation questionnaire and multiple regressions were used for data analysis. Statistical evaluation was carried out using Statistical Package for Social Sciences (SPSS) software version 16.

## RESULTS

A number of 200 women nurses participated in this study. Their age range was 22 to 50 years old. All

**Table 1.** Description of the studied variables.

Variables	Mean	SD	N	Min	Max
Body image	166.17	19.81	46	46	230
Sexual function	64.1	20.42	19	3	95
Desire	5.94	1.89	2	2	10
Mental stimulation	12.25	4.77	4	0	20
Lubrication	16.76	8.32	4	0	20
Orgasm	10.24	4.23	3	0	15
Satisfaction	11.25	3.8	3	1	15
Pain	10.42	4.22	3	0	15

Keys: SD, Standard Deviation; N, Number.

participants had an education level of bachelor's degree with at least 5 years work experience. Descriptive index analysis of research variables, body image and sexual functioning subscales are presented in **Table 1**. The correlation between body image and sexual functioning subscales are shown in **Table 2**. Regression results showed that by entering the predictive variable in the equation, the rate of R and R<sup>2</sup> were adjusted as 0.236 and 0.056 respectively that was statistically significant. ( $F_{(1,173)} = 10.183, P = .002$ ). The sexual function scores in women can be predicted with body image (**Table 3**). 6% of the variance in sexual function was expressed by body image which was statistically significant.

### DISCUSSION

This study examined the relationship between body image and sexual function among married women nurses. The results showed that body image can predict sexual function. Also, there was a significant positive correlation between domains of desire, mental stimulation, lubrication, orgasm, satisfaction and sexual functioning. Also changes to the sexual function because of negative body image can be a problematic issue for the quality of life.

These findings are similar to Pujols and colleagues study which investigated multiple indices of body image and sexual satisfaction in young community-based women. They had negative attitudes about weight, physical condition, sexual attractiveness, and lower acceptance of their bodies, experiencing lower

sexual satisfaction.<sup>26</sup> Also, another study examined the effects of body awareness and self-report levels of body esteem regarding sexual response among 21 women with sexual problems. They demonstrated that the sexual attractiveness subscales of the body esteem scale and weight concern were related to sexual function.<sup>27</sup>

Other findings suggest that women who have a negative body image have a greater tendency to avoid sexual activity.<sup>28</sup> This observation is consistent with a study by Wang and colleagues which showed that changes to sexual well-being, e.g. decrease in sexual frequency, lack of sexual interest, low sexual self-esteem and self-efficacy, negatively effects women with breast cancer after breast loss. This is because in women, breasts are considered a symbol of sexuality and femininity.<sup>29</sup> Ratner and colleagues found a significant relationship between sexual activity and age in elderly women. In this population, body image was reduced with increasing age and sexual satisfaction decreased in aging women. This further supports our findings.<sup>30</sup> Andersen and Jochimsen assessed sexual function in healthy women compared to women who have breast and other gynecological cancers. They suggested that body image disruption which is a common problem for gynecologic and breast cancers can have sexual functioning deficits.<sup>31</sup> Furthermore, body image can play an important role in sexual well-being.

The studied women's meta-perceptions of attractiveness showed the level of closeness of the relationship with the other person, with the most positive meta-perceptions reported for the partner, followed by those for family

**Table 2.** Correlation matrix between body image and sexual function.

Variables	1	2	3	4	5	6	7	8
Body image	1							
Desire	0.222**	1						
Mental stimulation	0.202**	0.706**	1					
Lubrication	0.138**	0.53**	0.724**	1				
Orgasm	0.180*	0.599**	0.821**	0.768**	1			
Satisfaction	0.196**	0.584**	0.788**	0.727**	0.825**	1		
Pain	0.042	0.337**	0.532**	0.654**	0.61**	0.56*	1	
Sexual function	0.184*	0.688**	0.901**	0.889**	0.919**	0.88**	0.752**	1

\*P < .01

\*\*P < .05

**Table 3.** Analysis of variance and regression coefficient of body image on sexual function.

Model	SS	df	MS	F	P Value
Regression	1664.361	1	1664.361	10.183	.002
Residual	28113	172	163.448		
Total	29777.361	173			
Regression coefficient	R	β	Std. Error	t	Sig
Body image	0.156	0.236	0.049	3.191	.002

Keys: SS, Sum of Square; df, degree of freedom; MS: Mean Square.

and friends, and the least positive meta-perceptions for strangers.<sup>32</sup> According to the self-objectification theory, women's bodies are often seen in sexual relationship. Hence, women are defined by their bodies, while men are more respected because of their accomplishments.

Increasing self-objective messages in Western culture (TV, banners, etc.) has led some women to see their bodies from the viewpoint of others.<sup>33</sup> Body appreciation interventions predicts the arousal, orgasm, and satisfaction aspects of sexual function.<sup>34</sup> According to the importance of body image in the lives of women and its role in sexual function, and cultural and educational issues in improving body image, plus scarcity of research on sexuality among women in Asia, paying attention to issues of culture and education and improving women's body image is important.

A limitation of this study was that it only used self-reports. So there may be bias in the participants' responses. Not assessing the type of marriage (traditional and non-traditional) and marital satisfaction was another limitation.

## CONCLUSION

Body image can predict a nurse's sexual function. Addressing the related problems is important for improving the quality of life of women with negative body image. A comprehensive program focusing on sexual issues following negative body image in women is essential for both health care professionals and patients. It is recommended that studies be done on the ways to improve body image and life skills programs be taught to adults and children to improve their body image problems. Also, it is suggested that the type of marriage and marital satisfaction be measured for similar studies and qualitative interviews be done beside a questionnaire for gathering data.

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## CONFLICT OF INTEREST

None declared.

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