



The relationship of sexual dysfunction disorders syndrome and body image with mental health in women

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Short Communication

Abstract

BACKGROUND: Sexual dysfunction (SD) and body image are interrelated and could affect mental health. This study aims to examine the relationship between SD and body image with mental health in women.

METHODS: This was a correlational study and statistical population was all married women at age of 25-50 who referred to gynecology centers in Tehran, Iran, in Mar 2015. 150 women who referred to gynecological clinics in two regions of 4 and 8 in Tehran, were chosen using convenience sampling method. They filled 12-Item General Health Questionnaire (GHQ-12), Sexual Function Questionnaire (SFQ), and Body Image Scale (BIS). Data were analyzed by using Pearson correlation and regression through SPSS software.

RESULTS: The relationship between SD disorders syndrome and negative body image with mental health was statistically significant ($P < 0.001$).

CONCLUSION: Negative self-image could have a negative effect on SD syndrome and it could predict poor mental health in women.

KEYWORDS: Sexual Dysfunction Disorders Syndrome; Body Image; Mental Health

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Introduction

Mental health can be defined as a state of well-being in which every individual realizes his or her own potentials, can cope with the normal stress of life, works productively and fruitfully, and is able to make a contribution to his or her community.¹

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Sexual dysfunctions (SDs) are defined as disorders in desire, arousal, and orgasm and painful sexual disorders in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).² The frequency of SD varies among societies. In a study conducted in Turkey, 48.3% of women had SD; it was reported that 48.3% of the participants of the study had deterioration in desire level, 35.9% in arousal level, 40.9% in lubrication level, 42.7% in orgasm level, and 45.0% in satisfactory level.² Dysfunction among Iranian women has been estimated at 31.5%. Based on

the literature, the prevalence of sexual arousal, lubrication, orgasm, and pain disorders was 66.4%, 38%, 34.8%, and 38.4%, respectively, among Iranian women.³

Body image is a multidimensional concept including the image, attitude, thoughts, feelings, and behaviors of one's body. Body image could influence one's self-esteem, eating behavior, anxiety, sexual behavior, marital and social functioning, social relations, and emotional state.⁴ Body image is related to mental health and mental health problems could cause someone not to like his/her own body.⁵ People with positive body image are often physically more attractive, pay less attention to ideal shape of body, and are more self-confident.⁶ People with negative body image are not often content with their body, feel less attractive, and suffer from more social limitation and anxiety.⁵

Women who have SD often experience lower levels of acceptance and satisfaction with body image. Negative perception of body image such as dissatisfaction with appearance, loss of femininity, and less sexual attraction predicts poor mental health,⁵ and body image has positive relation with good sexual functions and mental health.⁶

In regard to the significance of this subject, the aim of the current study was to examine the relationship between SD, body image, and mental health in women.

Methods

In this correlational study, we studied all married women referred to hospitals and clinics in Tehran, Iran, during May 2015. We selected 150 women by using convenience sampling method with inclusive and exclusive criteria. Inclusive criteria included having SDs and the age of 25-50 years old. Exclusion criteria included bipolar disorder, psychosis, substance abuse, and patients with suicidal thoughts.

This study has been derived from a Master Dissertation (code: 15920701882020) approved

by Islamic Azad University, Tonekabon Branch, Tonekabon, Iran. The data were analyzed through SPSS software (version 20, IBM Corporation, Armonk, NY, USA).

Body Image Scale (BIS): BIS was designed by Fisher in 1970 and consisted of 46 items. The score of 46 indicates presence of disorder and higher score indicates lack of disorder. The validity of Iranian version of this scale was obtained by using Cronbach's alpha coefficient for the dimensions of head and face, upper extremities, lower extremities, and overall features, which was 0.87, 0.88, 0.90, and 0.96, respectively.⁷

Sexual Function Questionnaire (SFQ): Sexual functioning was evaluated based on the women. This questionnaire was developed in 2000 by Rosen et al., with 19 questions and six subscales including libido, sexual excitement, vaginal moisture, orgasm, painful intercourse, and sexual satisfaction. This scale has Iranian validity.⁸ The validity of Iranian version of this scale in this study by using Cronbach's alpha coefficient was 0.68.

General Health Questionnaire (GHQ): GHQ-28, designed by Goldberg and Hillier in 1979, is a 28-item scale as a general measure of health and psychopathology across four areas: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. This questionnaire is available in 12, 28, 30, and 60-item forms. The 12-item questionnaire has been prepared with the purpose of screening mental health. Internal consistency and validity of short form of the questionnaire is 0.87 by Cronbach's alpha.⁹

Results

Totally, statistical sample included 150 members at age range of 25-50 and all of them were married. Table 1 shows that there was a negative correlation between body image and mental health ($P < 0.001$). Besides, there was a negative correlation between SD and mental health ($P < 0.001$).

Table 1. The results of predicting mental health based on sexual dysfunction (SD) and body image

Step	Change resources	B	SB	t	P
1	Mental health	58.058	4.775	11.655	0.001
2	Body image	-2.435	0.122	-3.795	0.001
3	SD	-0.197	0.568	-5.900	0.001

SD: Sexual dysfunction

According to table 1, there was a negative correlation between body image and SD with mental health ($P < 0.001$). It is concluded that the SD disorders syndrome and negative body image could predict poor mental health ($P < 0.001$).

Discussion

The results of current study showed that respectively, sexual function and body image positively and negatively could affect mental health. The results of some studies are in line with the present findings that showed the relation between body image and sexual functions in the women with SDs.^{8,11}

Our findings showed the relation between body image and sexual functions in the women with SDs. Previous studies showed that individuals with positive body image had more sexual interactions, involved in a variety of sexual activities, felt more sexually desirable, and experienced less sexual problems than those with negative body image.^{10,11}

Body image is a main aspect of sexual health. A poor evaluation and behavior towards body image is detrimental to women's sexual functioning, and dissatisfaction with one's body has been found to predict decreases in sexual desire.¹¹

In our study, it seemed that there were negative significant correlations between increases in negative body image and SD with mental health. It is known that the severity of depression symptoms is strongly correlated with increased body dissatisfaction or negative self-image, and poor mental health is positively related to a negative body image.¹² Besides the negative relationship between negative body image and good sexual

function, we found a positive relation between negative body image and poor mental health. Afshari et al. in their study showed that negative body image correlated with SDs.¹³ Moreover, the results of Pujols et al.¹² and Afshari et al.¹³ studies were in line with the present findings that showed positive correlation between negative body image and sexual dissatisfaction with poor mental health. For women, negative body image is associated with psychological problems, low self-esteem, poor mental health, and sexual problems.^{14,15}

The study also found that negative body image was a strong predictor of SD and mental health in women. According to a previous study, mental health problems were common among women with negative body image and SDs. We could explain that not only negative body image could reduce mental health but also poor mental health could influence body image and sexual satiation.

Conclusion

According to this study, we saw a correlation between body image and SD disorders syndrome with mental health. As the results indicated, women could improve their mental health by overcoming negative body image and SDs. In addition, improvement in mental health could change negative body image and improve sexual functions.

Conflict of Interests

Authors have no conflict of interests.

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