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Determination of the Relationship Between Genital Self-Image and Sexual Quality of Life in Sexually Active Women

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Genital benlik imajı, bireylerin genital organlarının görüntüsünden memnun olma düzeylerini ifade eder. Bu araştırma, aktif cinsel yaşamı olan kadınlarda genital benlik imajı ve cinsel yaşam kalitesi ilişkisinin belirlenmesi amacıyla yapılmıştır. Tanımlayıcı ve ilişki arayıcı tipteki araştırma, sosyal iletişim ağı üzerinden çevrimiçi anket olarak 1 Aralık 2020-1 Mart 2021 tarihleri arasında, aktif cinsel yaşamı olan 912 kadın ile gerçekleştirilmiştir. Kadınların Kadın Genital Benlik İmajı Ölçeği puan ortalaması 21,35±4,05 ve Cinsel Yaşam Kalitesi Ölçeği puan ortalaması 73,90±16,38 olarak bulunmuştur. Kadınların Genital Benlik İmajı Ölçeği ile Cinsel Yaşam Kalitesi Ölçeği puan ortalaması arasında pozitif yönde zayıf ilişki saptanmıştır ($p<0,05$). Hemşire ve ebeler, cinsel yaşam kalitesini değerlendirirken, genital benlik imajını da değerlendirmelidir.

Article Info

Abstract

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Genital self-image refers to individuals' level of satisfaction with the appearance of their genital organs. In the study, it was aimed to determine the relationship between genital self-image and sexual quality of life in sexually active women. The descriptive and relational screening study was conducted with the participation of 921 sexually active women as an online questionnaire over social communication network between 01 December 2020-01 March 2021. The study data were collected through demographic information form, Female Genital Self-Image Scale (FGSIS), and Sexual Quality of Life Scale-F (SQOL-F). The mean score of the women obtained from the Female Genital Self-Image Scale was found to be 21.35±4.05, and the mean score obtained from the Sexual Quality of Life Scale was determined as 73.90±16.38. A positive and weak relationship was found between the mean score of the women obtained from the Female Genital Self-Image Scale and the mean score obtained from the Sexual Quality of Life Scale ($p<0.05$). Nurses and midwives should evaluate the genital self-image while evaluating the quality of sexual life..

1. INTRODUCTION

Sexuality has been defined as a multidimensional and special experience which includes sexual satisfaction and a harmonious partnership between two individuals, is determined by value judgements, social rules and taboos, and has social, traditional, biological, psychological, ethical, religious, cultural, anthropological, political, and economic

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dimensions (Güleroğlu and Beşer, 2014). Sexuality is an essential human need, and rather than being a situation, it is a multidimensional process in which various anatomical, physiological, psychological, and sociocultural factors play a role. In other words, sexuality is the individual's ability of experiencing and displaying his/her femininity and masculinity emotionally, mentally, and physically, and it involves the ability to use the functions of the genitals that one owns, his/her level of perceiving sexuality, and his/her style of experiencing and expressing this (Yılmaz et al., 2020).

Genital self-image is related to the individual's satisfaction with the appearance of his/her genitals, health status of his/her genitals, and his/her genital self-perception. A woman's genital self-perception encompasses her subjective opinions and emotions about her genitals, i.e. her vulva and vagina, and it has a significant effect on the woman's both outer appearance and sexual functions. The woman's feelings and beliefs related to her genitals is a sensitive issue as the existence of women is traditionally private and a matter of taboo (Wilkie and Bartzi, 2018).

Genital self-image is a component of the psychological and behavioral aspects of genital self-perception and physical comfort perceived about the genitals (Benabe et al., 2021). Recent studies have shown that negative genital self-perceptions of women were associated with risky sexual behaviors, being uncomfortable about their own genitals, and less sexual motivation (Fudge and Byers, 2020; DeMaria et al., 2012; Dewitte and Reisman, 2021), that women who were satisfied with their genital self-image reported more sexual activity, orgasm, and confidence in their sexual lives (Traen et al., 2016; Marvi et al., 2018), and that negative genital self-image decreased the frequency of sexual intercourse (Marvi et al., 2018; McCarthy and Ross, 2018).

Various studies have demonstrated the importance of genital appearance, that is, genital self-image, in sexual health and function (Amos and McCabe, 2016; Fudge and Byers, 2020). It has been reported that women with low genital self-image had inadequate sexual motivation and experienced less sexual activities compared to women who did not have a low genital self-image (Marvi et al., 2018; Fudge and Byers, 2020).

It has been claimed that bodily dissatisfaction has a negative effect on sexual pleasure (Traen et al., 2016). Nurses, who play an important role in the development of

genital body image and sexual health, should consider women holistically in terms of their body perceptions and sexuality and provide necessary care accordingly. In case of body image disorders, nurses should adopt approaches that will increase women's body image perceptions and improve their quality of life (Gray et al., 2019).

2. MATERIALS AND METHODS

2.2. Research questions

The study was conducted in order to determine the relationship between genital-self-image and sexual quality of life in sexually active women. In the study, answers to the questions "How are the genital self-image and sexual quality of life in sexually active women?", and "Is there a relationship between genital self-image and sexual quality of life in women?" were sought.

2.1. Type of research (design)

This research is a descriptive and correlational study.

2.2. Location

The research data were obtained through an online survey from social communication networks (instagram, facebook, whatsapp etc.). A preliminary application was made by applying the survey forms to 10 people who met the criteria for inclusion in the study, and the understandability of the questions was evaluated. Pre-application data were not included in the study.

2.3. Universe and sample of the research

The study was carried out between 01 Decemver 2020-01 March 2021 with the participation of 912 women within the age range of 18-49 years who had active sexual lives, who could communicate in Turkish, and who used social communication network.

2.4. Data collection tools

The study data were collected via demographic information form (Dogan et al., 2013; Kaya et al., 2019; Mestoğulları, 2017), Female Genital Self-Image Scale, and Sexula Quality of Life Scale-F.

Female Genital Self-Image Scale (FGSIS): Scale measuring women's emotions and beliefs about their own genitalia and high scores indicate a more positive genital self-image. The scale was developed by Herbenick et al., (2011), and the Turkish validity and reliability study of the scale was conducted by Kaya et al. (2019). Cronbach's alpha coefficient of the Turkish version of the scale was determined as .81 (Kaya et al., 2019). Cronbach's alpha coefficient of the scale was found to be .87 in the current study.

Sexual Quality of Life Scale-F (SQOL-F): The scale was developed by Symonds et al. (2005), and the Turkish validity and reliability study was conducted by Tugut and Golbasi (2010). Each item is expected to be responded by considering sexual life within the last four weeks. The score to be obtained from the scale ranges between 18-108 points and high score to be obtained from the scale indicates a good sexual quality of life. Cronbach's alpha coefficient of the scale was calculated as .83 in the study conducted by Tugut and Golbasi (2010). In the current study, Cronbach's alpha coefficient of the scale was found as .89.

2.5. Ethical aspects of research

Prior to data collection, ethical board permission was taken from the non-interventional clinical research ethical board of a university (Decision No: 9 of the board meeting dated 11.11.2020 and numbered 128). Participants were informed about the purpose of the study before the data collection process, and consents of the women who met the inclusion criteria were taken online.

2.6. Data collection

Data collection forms were shared with people who provided the research criteria from social networks, and snowball sampling method was used to reach the sample. Necessary explanations were written about the research, and those who chose the option "I agree to participate in the research" were included in the study.

2.7. Evaluation of the data

In the analysis of the data obtained, mean, standard deviation, median, minimum, maximum, frequency and percentage value, Spearman's Correlation Analysis, and regression analysis were used.

2.8. Limitations

The study being conducted with the participation of only women who used social communication network and exclusion of the women who did not use social communication network from the sample can be considered a limitation of the study.

2.9. Strengths

The fact that the study data were obtained through an online questionnaire eliminated individuals' reluctance about participating in such studies due to shyness and hesitation while responding to questions related to sexuality. Besides, The study link being shared over social communication network via snowball sampling method enabled women from all regions of Turkey to participate in the study.

3. RESULTS

The mean age of the women was determined to be 33.88 ± 8.97 (min:18, max:49). 81.3% of the women were married, 64% had a level of university education and above, 52.7% had a job, and that 61% lived in provinces in West Turkey (Table 1).

Table 1. Women's Sociodemographic Characteristics

Variables	n	%
Women's mean age 33.88 ± 8.97 (min:18, max:49)		
Age group	18-35 years of age	61.5
	36-49 years of age	38.5
Marital status	Married	81.3
	Never married	14.5
	Divorced	4.3
Education level	Elementary	16.3
	High school	19.6
	University and above	64.0
Employment status	Employed	52.7
	Unemployed	47.3
Geographical region of residence	West Turkey	61.0
	Central Turkey	18.0
	East Turkey	21.1
	Total	912

79.8% of the women stated that what their partner thought about their genitals was important, 47.3% expressed that they were satisfied with their sexual lives, and 87.7% indicated that they were sexually in harmony with their partners. 3.3% of the women reported

that they had undergone a surgery that might affect their sexual lives, 50.8% said that they sometimes experienced a vaginal infection, and 17.2% expressed that they were interested in news about genital aesthetics (Table 2).

Table 2. Women's Characteristics Related to Sexual Life

Variables		n	%
Importance of her partner's opinion about her genitals	Important	728	79.8
	Unimportant	184	20.2
The degree of her general satisfaction with her sexual life	Very satisfied	431	47.3
	Partially satisfied	421	46.2
	Not satisfied at all	60	6.6
Thinking whether she is in sexual harmony with her partner	Harmonious	800	87.7
	Not harmonious	112	12.3
Having undergone a surgery that might affect her sexual life	Yes	30	3.3
	No	882	96.7
Frequency of experiencing vaginal infections	Never	377	41.3
	Sometimes	463	50.8
	Frequently	72	7.9
Being interested in news about genital aesthetics	Interested	157	17.2
	Disinterested	755	82.8
	Total	912	100.0

FGSIS mean score of the women included in the study was found to be 21.35 ± 4.05 , and SQOL-F mean score of the women was determined as 73.90 ± 16.38 (Table 3).

Table 3. Scale Mean Scores

Scales	Mean	SD	Min	Max
FGSIS	21.35	4.05	7	28
SQOL-F	73.90	16.38	18	108

SD: Standard deviation, Min: Minimum, Max: Maksimum

A positive and weak relationship was found between the mean scores of scales ($p < 0.05$) (Table 4).

Table 4. Correlation Between Scale Mean Scores

Variables		SQOL-F
FGSIS	r_s	.125
	p	.000

r_s: Spearman's Correlation

4. DISCUSSION

In the study, although the great majority of the women (87.7%) stated that they were in harmony with their partners, only about half (47.3%) of them expressed that they were very satisfied with their sexual lives. Although this result suggests that the women had sexual lives in harmony with their partners, it indicates that their sexual lives were not satisfactory for them. It is thought that this situation was a result of the social gender roles taught to women who were brought up within the framework of the culture they lived in and the family environment where they were raised.

The FGSIS mean score of the women was determined to be 21.35 ± 4.05 (Table 3). This result was interpreted as the women had a positive genital self-image. In studies conducted with similar sample groups in the literature, the average FGSIS score was found to be between 21 and 24 points (Herbenick et al., 2011; Silve Gomes et al., 2019; Lordelo et al., 2017; Keramet et al., 2021; Komarnicky et al., 2019).

The SQOL-F mean score of the women was determined to be 73.90 ± 16.38 , and this result was interpreted as they had a sexual quality of life at a moderate level. There are similar studies in the literature with similar results. In the study conducted by Dogan et al (2013) on women between 18-63 years of age, the scale mean score was found to be 85.51 ± 18.21 (Dogan et al., 2013). In the study they conducted on women in the postpartum period, Yoruk and Karacam (2016) found the scale mean score as 75.26 ± 14.69 (Yoruk and Karacam, 2016). In the study conducted by Mestogullari (2017) on married women between the ages of 18-49, the SQOL-F mean score was determined as 74.2 ± 21.0 (Mestogullari, 2017). In the study conducted on married women by Kose Tuncer et al. (2018), the scale mean score was found as 79.88 ± 19.57 (Kose Tuncer et al., 2018). In the study they conducted on women in the menopause period, Bulbul et al. (2020) found the scale mean score to be 68.8 ± 14.6 (Bulbul et al., 2020). In the study conducted on women in the postpartum period by Tuzmen and Ege (2021), the scale mean score was found to be 85.23 ± 18.43 (Tuzmen and Ege, 2021).

It was determined that the women with positive genital self-image had better sexual quality of life ($p < 0.05$) (Table 4). In the literature, a strong relationship has been reported between positive genital self-image and sexual functionality and sexual satisfaction (Thomas et al., 2019; Jawed-Wessel et al., 2017; Komarnicky et al, 2019). In addition, it has been stated in studies conducted that women with low genital self-image received less pleasure from sexual intercourse (Benabe et al., 2021; Dewitte and Reisman, 2021; DeMaria et al., 2012;

Herbenick et al., 2011; Fudge and Byers, 2020). In the literature, it is seen that young women who are in harmony with their partners and have high self-confidence have high genital self-image (Marvi et al. 2018; Komarnicky et al., 2019). It is seen that women who are in harmony with their sexual partner and have high self-confidence have positive genital self-image (Komarnicky et al., 2019; Træen et al., 2016). When the intercourse dynamics that cause women to experience sexual function disorders are examined, harmony with the partner comes to the fore (Marvi et al., 2018). Body image is known to be related with sexual functions (Van den Brink et al., 2018). When the relationship between individuals' satisfaction with their appearance and their sexual behaviors is examined, it is seen that those who are not satisfied with their body image tend to focus more on their own and their bodies, which may decrease an individual's interest in sex (Carcedo et al., 2020). It can be assumed that such individuals are generally worried about what others think of their own body and they get worried about this issue during sexual activities. As a result, the individual can become more stressed and passive during sexual intercourse and experiences less sexual satisfaction (Gillen and Markey, 2019). On the other hand, it has been reported that individuals with high body satisfaction experience more frequent sexual experience and less sexual problems compared to those with low satisfaction, and that they feel themselves sexually more attractive (Træen et al., 2016; Carcedo et al., 2020). In the study conducted by Tuzmen and Ege (2021), it was determined that sexual quality of life scores of women who expressed that they were satisfied with their sexual lives were higher (Tuzmen & Ege, 2021).

5. CONCLUSION

Nurses /midwives should adopt approaches to increase the body and genital image of women and to increase the quality of life of individuals. Today, due to the negative perceptions of women regarding their genital self image, it has been found that their desire to undergo genital plastic/cosmetic surgery and to change the appearance and functions of their vulva and vagina has increased. Nurses / Midwives are healthcare professionals in the most appropriate position to provide the necessary support in developing a new genital self image and positive lifestyle. During the counseling process, nurses/midwives are expected to experience a therapeutic process based on trust and respect. In cases where the genital self image is negative, sexual health, sexual satisfaction, and sexual functions may be affected. The nurse/midwife should evaluate physiological and psychological problems for complications that may develop in terms of women's health and provide the necessary care.

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