



Effect of body image on sexual quality of life in married women with physical disabilities

Fiziksel engeli olan evli kadınların beden imajının cinsel yaşam kalitesine etkisi

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ABSTRACT

Aim: The aim of this study is to evaluate the effect of body image on the sexual quality of life in married women with physical disabilities.

Methods: The present study was carried out at the physical therapy and rehabilitation clinics of a state hospital in the southeast region of Türkiye between October and December 2022. The population of the cross-sectional study contains 106 married women with physical disabilities. Descriptive Features Form (DFF), Body Image Scale (BIS), and Sexual Quality of Life Questionnaire-Female (SQLQ-F) were utilized to collect data.

Results: There was a positive and moderate correlation between BIS and SQLQ-F ($r=0.632$, $p<0.05$). Additionally, as a consequence of the regression analysis, it was found that body image predicted sexual quality of life by 39%.

Conclusion: Improving the level of body image of married women with physical disabilities may positively affect their sexual quality of life.

Keywords: body image; physically disabled; sexuality; woman

ÖZ

Amaç: Bu araştırma, fiziksel engeli olan evli kadınların beden imajının cinsel yaşam kalitesine etkisini belirlemek amacıyla yapıldı.

Yöntem: Araştırma, bir devlet hastanesinin fizik tedavi ve rehabilitasyon kliniklerinde Ekim-Aralık 2022 tarihleri arasında yürütüldü. Kesitsel türde yapılmış olan araştırmanın örneklemini fiziksel engeli olan 106 evli kadın oluşturdu. Verilerin toplanmasında Tanıtıcı Özellikler Formu, Beden İmajı Ölçeği (BDÖ) ve Cinsel Yaşam Kalitesi Ölçeği-Kadın (CYKÖ-K) kullanıldı.

Bulgular: Beden imajı ölçeği toplam puanı ile cinsel yaşam kalitesi ölçeği toplam puanı arasında pozitif yönde orta düzey bir ilişki olduğu belirlendi ($r=0.632$, $p<0.05$). Ayrıca yapılan regresyon analizi sonucunda beden imajının cinsel yaşam kalitesini %39 oranında yordadığı da belirlendi.

Sonuçlar: Fiziksel engeli olan evli kadınların beden imajı düzeyinin artması kadınların cinsel yaşam kalitelerini olumlu olarak etkileyebilir.

Anahtar kelimeler: beden imajı; cinsellik; fiziksel engelli; kadın

Introduction

In total, disabled people make up approximately 12.9% of Turkish population, including women with physical disabilities (Kaya & Sari, 2018). Physical disability is defined as a disorder that occurs in supporting structures such as skeleton, muscles and connective tissues, or cartilage and joints in the structures related to movement in the body (Sweeney et al., 2015). Physical disability affects individuals' mental health, social relationships, self-perception, sexual life and body image. Physical disability is a state that often negatively affects and impairs body image (Nazlı, 2012). Body image has an important place in the lives of individuals with physical disabilities.

Body image can be defined as the way an individual sees his/her own body. An individual's positive feelings about his or her body are important for the individual's self-esteem and personality (Gürsel & Koruç, 2011). The concept of body image has a multidimensional and complex structure consisting of sociocultural, physiological, and psychological components. It also reflects the perception of one's own body. For this reason, body image has been especially important for women, both historically and currently, as it is thought that women are more concerned with their physical appearance in general, especially today. Due to the importance of having an attractive body in society, the majority of women's self-respect comes from body image (Purutçuoğlu & Aksel, 2017). The body image of women can be affected by a number of factors such as

socioeconomic status, severe health conditions, quality of life, and sexual function (Muzzatti & Annunziata, 2017).

Sexuality is a fundamental element of human life, regardless of whether a person has a sexual partner or not. The ability to be sexually active is perceived as to have appropriate sexual function, sexual attraction, and the presence of sexual responses (Kowalczyk et al., 2019). Sexuality can be affected by many factors such as culture, religion, living conditions, health status, and disability. Sexual quality of life is not only important for women with physical disabilities but also for women without. In a study on the sexual experience of women with disabilities, it was shown that women with disabilities have more limited sexual experiences, but their sexual desire levels are similar to those of women without disabilities (Bollinger & Cook, 2020). In their study, Topaloğlu Ören & Ertem (2023) found that the disability levels of married women with visual and orthopedic disabilities negatively affected their sexuality that their husbands saw their wives inadequate and incomplete in their sexual lives and that they acted reluctantly and were inconsiderate.

It can be said that body image is essential for women; and any physical deterioration in the body negatively affects their sexual quality of life (Kowalczyk et al., 2019). Showing the bodies of disabled women as passive and dependent may cause such women to feel inadequate and lead to a decrease in their sexual quality of life (Santos & Santos, 2018). Orhan and Özkan (2020) found that women with disabilities also

experience problems in sexual and reproductive health due to the degradation of their body image. When the disadvantages to be a woman and a disabled one combine with the problems that the disabled women face, the problems increase more. Since the disabled women encounter negative attitudes and behaviors, they find it difficult to set up social relations (Özcan & Akdemir, 2023). It is necessary that the health professionals especially nurses adopt a holistic approach in care of disabled individuals. There is a need to determine the needs of women and their families in both hospital and home environments and to provide support for disabled women and their families so that the necessary arrangements can be done (Cebe & Aksu, 2021; Kerkez & Öztürk, 2023). Therapeutic interventions aimed at reducing the problems experienced by women with physical disabilities in their sexual quality of life due to deterioration in their body image and the addition of studies on this subject will increase the quality of care provided. For example; It has been found that women with disabilities in Ghana still face various forms of abuse (social, physical, verbal and sexual) that appear to be generally accepted due to cultural beliefs and norms (Kassah et al., 2014). Gender roles allowed disabled women to find a place in the private sphere and isolated them from social life. As part of the patriarchal and ideologically reinforced role of women, disabled women are exposed to abuse and violence after marriage (Orhan & Özkan, 2020). It has been determined that women with disabilities face significant obstacles related to individual restrictions, familial control and social barriers (Amin et al., 2020). It was also determined that the disabled women face discriminatory attitudes regarding gender, marriage and motherhood (Devkota et al., 2019). In the current study, it was assumed that the increased level of body image of married women with physical disability might positively affect their sexual quality of life. The aim of present study is to evaluate the effect of body image on the sexual quality of life in married women with physical disabilities.

Methods

Design and setting

Study type

This study is a cross-sectional type.

Sampling procedure

The present study was carried out at the physical therapy and rehabilitation clinics of a state hospital in the southeast region of Türkiye between October and December 2022. Power analysis was not performed when calculating the sample size. Initially, the present study consisted of 112 married women with physical disability. It was aimed to attain 112 married women with physical disability without using sample selection. However, three women did not volunteered to participate. And, three women were excluded because they had psychiatric diagnoses. Accordingly, the present study was completed with 106 married women with physical disability.

Inclusion criteria

- Volunteering to participate in the study
- Being 18 years and older
- Being married
- Being open to communication
- Having a physical disability for at least six months

Exclusion criteria

- Having dementia or any other organic mental disorder

- Having neurological illness and intellectual disabilities that affect individuals' cognitive functions
- Having any psychiatric diagnosis (This information was obtained from women's medical records)

Measures

Descriptive features form: The form contains questions about educational status, age, employment status, time since having the physical disability, assistive device use, do self-care, and perceived severity of the disability.

Body Image Scale (BIS): The scale was developed by Hopwood et al. (2001). The validity and reliability in Turkish was verified by Karayurt et al. (2015) (Cronbach's α 0.94). It includes 10-items and 4-point Likert-type. The total score is between 0 and 30, and the lower score represented a positive body image (Karayurt et al., 2015). In the present study, Cronbach's α coefficient of the scale was 0.85.

Sexual Quality of Life Questionnaire-Female (SQLQ-F): The scale was developed by Symonds et al. (2005). The validity and reliability in Turkish was verified by Tuğut and Gölbaşı (2010) (Cronbach's α 0.83). The scale consisted of 18 items and 6-point Likert type. The scores of items 1, 5, 9, 13 and 18 were reversed. A low score on the scale indicated an impaired sexual quality of life (Tuğut & Gölbaşı, 2010). In the present study, Cronbach's α coefficient of the scale was 0.94.

Data collection

Data were gathered via face-to-face interviews with married women with physical disability in physical therapy and rehabilitation clinics of a state hospital in southeast region of Türkiye between October and December 2022. The questions were read to the participants by the researchers and they marked their answers. It took almost 15–20 minutes to complete each form.

Analysis

The data were analyzed in IBM SPSS 25.0 program. A p -value < 0.05 was considered significant for the present study. Cronbach's α coefficient was utilized for internal consistency analysis of the scales. Percentage distribution was utilized to identify descriptive features; arithmetic mean was utilized to determine the total mean score of the scales; based on the results of the normality test (Kolmogorov-Smirnov, Shapiro-Wilk test) independent group t -tests, ANOVA and Kruskal-Wallis tests were utilized to compare descriptive features and scales; Pearson's correlation was utilized to compare the scales; and linear regression was utilized to evaluate how the scales influenced each other.

Ethical statement

Batman University Ethics committee approval (Approv. No.: 2022/08, 14.09.2022) and official approval from the hospital were attained before starting the study. The aim of the study was clarified to the women, and they were notified that their information would be kept confidential and that they could leave the study at any time. Additionally, the study was conducted in the light of the Principles of Helsinki Declaration. The written consent was obtained from the women via informed voluntary consent form.

Results

It was determined that 30.2% of the women were in 40–50 age group, 30.2% were illiterate, 77.4% were unemployed, 36.8% had a disability period of 16 years or more, 63.2% used an assistive device, 67% did self-care, and 64.4% perceived the severity of their disability as moderate (Table 1).

Table 1. Comparison of BIS total mean scores and SQLQ-F total mean scores of the women in terms of their descriptive features (n=106)

Descriptive Features	n	%	BIS	SQLQ-F
Age groups				
18-28	27	25.5	11.77±6.86	52.50±27.15
29-39	31	29.2	14.32±7.26	50.90±25.83
40-50	32	30.2	12.43±6.23	51.00±23.32
51-61	16	15.1	13.25±6.21	49.78±23.56
Test value			KW=2.225	KW=0.164
Significance			p= 0.527	p=0.983
Educational status				
Illiterate	32	30.2	13.12±5.95	50.27±23.24
Primary school	31	29.2	14.06±6.18	46.33±18.16
High school	21	19.8	14.80±8.13	45.30±26.60
Associate or bachelor	22	20.8	9.31±5.87	64.89±29.31
Test value			F=3.184	F=3.245
Significance			p= 0.027	p= 0.025
Working status				
Employed	24	22.6	10.62±5.19	60.59±27.80
Unemployed	82	77.4	13.62±6.94	48.41±23.29
Test value			t=-1.956	t=2.155
Significance			p= 0.026	p=0.033
Duration of disability				
0-5 years	29	27.4	11.89±6.51	49.91±27.47
6-10 years	24	22.6	14.37±6.59	41.90±22.35
11-15 years	14	13.2	12.64±6.67	51.26±26.11
16 years and more	39	36.8	12.94±6.96	57.77±22.46
Test value			KW=1.672	KW=5.583
Significance			p=0.643	p=0.134
Assistive device use				
Yes	39	36.8	14.23±6.73	48.32±21.53
No	67	63.2	12.62±6.59	52.82±26.50
Test value			t=1.521	t=-0.902
Significance			p=0.131	p=0.369
Do self-care				
Yes	71	67.0	12.09±6.48	54.24±26.25
No	35	33.0	14.65±6.85	44.94±20.43
Test value			t=-1.874	t=1.836
Significance			p=0.064	p=0.069
Perceived severity of the disability				
Low	25	23.6	10.08±4.64	60.39±25.85
Moderate	64	64.4	12.62±6.41	52.22±23.47
High	17	16.0	18.35±7.42	33.65±19.82
Test value			F= 9.153	F=6.694
Significance			p<0.001	p=0.002

BIS: Body Image Scale; SQLQ-F: Sexual Quality of Life Questionnaire-Female

It was determined that there was a statistically significant difference between educational status, working status, and perceived severity of the disability total mean score of the BIS (p<0.05). However, there was no statistically significant differences with respect to the women's age groups, duration of disability, use of assistive vehicles, and doing self-care in terms of the BIS (p>0.05) (Table 1). It was determined that there was a statistically significant difference between educational status, working status, and perceived severity of the disability total mean score of the SQLQ-F (p<0.05). However, there was no statistically significant differences with respect to the women's age groups, duration of disability, use of assistive vehicles, and doing self-care in terms of the SQLQ-F (p>0.05) (Table 1).

The total mean score of the women were 12.94 ± 6.68 on BIS, and 51.17 ± 24.79 on SQLQ-F (Table 2). According to the total mean score of the scales, it can be stated that the women's body image was low, and their sexual quality of life was impaired. (The minimum-maximum scores that can be obtained from the scale are 0-30 for Body Image Scale, the minimum-maximum scores that can be obtained from the scale are 18-108 for Sexual Quality of Life Questionnaire- Female).

There was a positive and moderate correlation between BIS and SQLQ-F (r=0.632, p<0.05). In addition, it was established that body image predicted the sexual quality of life by 39% (Table 2).

Table 2. The correlation and regression of BIS total score with SQLQ-F total score

	Mean ± SD	Regression***							Correlation**
		R	R ²	β	t	*p	df1, df2	F	
BIS Total Score	12.94 ± 6.68								
SQLQ-F Total Score	51.17±24.78	0.632	0.39	-.632	-8.318	0.000	1.104	69.184	r =0.632 *p=0.000

*p<0.05; **Pearson correlation analyze; ***Linear regression analyze; BIS: Body Image Scale; SQLQ-F: Sexual Quality of Life Questionnaire-Female

Discussion

The body image of women with physical disabilities is an important area of research that has received little attention in the scientific literature. Therefore, this research is important for disabled women.

In the present study, women's mean BIS and SQLQ-F total scores statistically significantly associated with educational status, working status, and perceived severity of disability. In another study conducted on disabled women, it was found that participants with university or master's degrees had lower post-test body dissatisfaction scores than participants who were self-employed or students (Pandya, 2024). Puruçuoğlu and Aksel (2017) stated that education level has a positive effect on the body image perception of disabled women. Türk and Yılmaz (2018) found that there is a positive relationship between body image and education level in their study on women with breast cancer. In a study conducted by Duman and Doğanay (2017) on disabled women, they stated that women with disabilities are more exposed to social exclusion and discrimination (working life, employment, and education) than men with disabilities. Orhan and Özkan (2020) found that disabled women face more problems in their working lives than non-disabled women and disabled or non-disabled men. In this context, disabled women may face problems related to both their disability and the gender roles of being a woman. For example, in a study conducted in Iran, it was determined that since traditional gender beliefs are still valid, negative perceptions about disability have been internalized, leading to the exclusion of disabled women from sports and exercise areas and disempowering factors in participation (Afroozeh et al., 2024).

In the present study, it can be stated that the women's body image was low, and their sexual quality of life was impaired. Society assumes that people with disabilities are not sexually active. However, disabled people also have sexual needs, and sexuality is an important factor in the quality of life of disabled people. Restrictions due to disability, financial problems, attitudes and behaviors towards disabled people negatively affect the sexual life of disabled people. Disabled people are a privileged group that should be emphasized when it comes to their sexual lives (Cangöl et al., 2013). In a study conducted on breast cancer patients, women, who underwent mastectomy, reported deteriorations in body image and sexual functionality (Brajković et al., 2024).

Kayıkcı et al. (2021) stated that gender and body image affect sexual function by 66%. In a study by Taylan and Kolaç (2021), it was determined that there appears a significant correlation between body image and sexual adjustment in women who had undergone a mastectomy. The reasons for the poor sexual quality of life of women with physical disabilities include psychological problems such as being ashamed of their physical disability, feelings of inadequacy, deterioration in sexual function due to physical disability, stigma, and anxiety (Sel & Beydağ, 2022; Suppli et al., 2014). A similar study revealed that physical disabilities has a negative impact on individuals' psychological experiences, emotions and attitudes towards their own bodies (Taleporos & McCabe, 2002). It was determined that obese married women had low levels of body image satisfaction and sexual quality of life (Taskin Yılmaz et al., 2019). It is thought that physical disability reduces the level of appreciation of women's bodies and the resulting lack of self-confidence causes low self-esteem.

Based on the results of the present study, it can be stated that the level of body image of married women with physical disability may significantly affect their sexual quality of life. Cumurcu et al. (2009) determined that individuals with physical disabilities have troubles in their sexual lives, as in many other areas (education, marriage, work, etc.). Orhan and Özkan (2020) stated that women with disabilities face more problems in their social, education, and working life than women without disabilities. They also stated that individuals with disabilities face many problems in their sexual lives. Moin et al. (2009) determined that women with physical disabilities had similar sexual demands and desires as women without disabilities, but had lower levels of body image, sexual satisfaction, and sexual self-esteem. In a study by Karamidehkordi and Roudsari (2014), it was stated that the sexual functions and marital adjustment of women with high body image were more positive. Reese et al. (2018), in their study on cancer patients, reported that body image distress is common in patients, and this causes deterioration in their sexual quality of life. Barthakur et al. (2017), in their study on women who survived breast cancer, stated that women face sexual problems with their spouses due to changes in body image because of the effect of surgery, hair loss, reluctance, and weakening. Another study shows that there is a relationship between women's sexual functions and body image and that these are related to the women's sexual quality of life (Eftekhar et al., 2019). The fact that body image is so important for women in their sexual lives is because it is considered the source of sexual attractiveness (Taylan & Kolaç, 2021). Many similar studies have found that body image is associated with both lower levels of sexual satisfaction and lower levels of sexual functioning in men and women (Erbil, 2013; Niu et al., 2023; Weaver & Byers, 2006). Based on the results, it can be said that when women have psychosocial problems due to physical disabilities, their spouses are also affected by these problems. Sexual satisfaction experienced in mutual harmony is interrupted due to these issues, and the sexual satisfaction and quality of life of these women and their spouses are therefore affected by the deterioration of marital harmony. The number of disabled people in need of care is increasing day by day. Nurses can provide the most appropriate care directly and in a coordinated manner in all areas of healthcare. However, it has been determined that nurses do not have enough time and knowledge to provide the necessary care and support to disabled people (Mandal et al., 2020). It has been stated that nurses should receive in-service training in order to increase the quality of care training and consultancy for physically disabled individuals (Balakas et al., 2015). In literature studies, it has been determined that the training and consultancy services provided to nurses for the disabled have significant positive results. For example; The United Nations Population Fund (UNFPA) developed a training program for nurses in Kenya in 2020, addressing the reproductive health needs of people with disabilities. Nurses who graduated from the program provided comprehensive and accessible reproductive health services to women with disabilities with special reproductive health consultancy. At the end of the project, both nurses and disabled women expressed their satisfaction (UNFPA, 2024). A similar study conducted in Türkiye revealed the importance of the nursing support program in improving reproductive health in orthopedically disabled women and stated that the health belief model is effective in eliminating reproductive health risks (Ak & Aslan, 2023).

Limitations

The study was carried out in a hospital and on women with similar cultural and social features. Other limitation is that it is not representative of the population, since it was conducted in a small sample group. Furthermore, causality could not be sufficiently assessed because of the study's cross-sectional design.

Conclusions and recommendations

It can be said that the women with low body image have an impaired sexual quality of life. It can also be said that women's body image may positively affect their sexual quality of life. Qualitative studies in which physically disabled women express their feelings and thoughts about their body image and sexual quality of life, and randomized controlled studies on larger sample groups on the subject may be suggested.

Implications for nursing practices

Nurses play a vital role in guiding the health care services more effectively and comprehensively to meet the physical, mental, and social demands of women with physical disabilities. Determining demands in these areas is important for ensuring the quality of care provided for these women. Nurses providing interventions such as sexual counseling for women with physical disabilities can help them to adapt their special situation better, and to improve their sexual quality of life. When carrying out interventions for women with physical disabilities, nurses appropriately need to plan how to help improve body image and sexual quality of life and integrate these considerations into individualized care plans.

Conflict of Interest

The authors declare that they have no financial or nonfinancial conflict of interest with any organization related to the contents of this paper.

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Ethics Committee Approval

Ethics committee approval from the ethics committee of Batman University (Approv. No.: 2022/08, 14.09.2022) and official approval from the hospital were attained before starting the study.

Informed Consent

The women were informed of the purpose of the study and assured that their information would be kept confidential, and they could withdraw from the study at any time. They were then asked to provide written and verbal consent. Their written consents were obtained through Informed Consent Form.

Peer-Review

Externally peer-reviewed.

Author Contributions

T.Y.Ü.: Conception, Design, Supervision, Data Collection, Analysis, Literature Review, Writing, Critical Review.

M.E.Ş.: Conception, Design, Materials, Data Collection, Literature Review, Writing, Critical Review.

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