



Factors affecting sexual-self-esteem among Iranian women

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ABSTRACT

Introduction: The quality of marital relationships is positively impacted by women's sexual self-esteem. This study aims to determine the factors that affect sexual self-esteem among Iranian women.

Methods: A total of 1176 eligible women who have been referred to comprehensive healthcare centers of Rasht, participated in this analytical cross-sectional study. A stratified two-stage cluster sampling methodology was applied to achieve samples. Data were collected using a validated Persian version of the Sexual Self-Esteem Inventory in Women-Short Form and related factors checklist.

Results: The mean sexual self-esteem score of the respondents was 103.97(SD =5.29) in this study. Education level of the woman (B = 2.622, P < 0.032), employment status of the woman (B= 9.24, P < 0.01), duration of the marriage (B = 11.47, P < 0.01), body image (B = 3.446, P < 0.01), childhood sexual abuse experiences (B = -0.363, P < 0.01), was related with sexual self-esteem. The sexual self-esteem score increased with an increase in higher levels of education, employment of women, an increase in the duration of the marriage, and a positive body image. However, there was an inverse relationship between the experience of childhood sexual abuse and sexual self-esteem.

Conclusions: The findings revealed that sexual self-esteem in women is influenced by background, intrapersonal, and interpersonal factors that should be approached in education, counseling, and therapy.

Introduction

In classical terms, self-esteem refers to a positive or negative attitude towards oneself [1]. Self-acceptance, self-respect, and feelings of self-worth are all related to self-esteem [2,3]. Sexual self-esteem (SSE) is a component of the global concept of self-esteem [4,5].

The SSE is about how much someone values themselves as sexual beings, including their views on sexual identity and their sexual acceptability [6,7]. It concept reflects a feeling of being sexually attractive, and pleased, and in managing sexual emotions, thoughts, and a person's tendency to behave in a sexual situation [7]. SSE is the ability to have a positive view of oneself and be confident in engaging in satisfactory sexual experiences [8]. SSE has been identified as a vital component of sexual health and plays a significant role in enhancing sexual satisfaction and function and safer sex practices [9].

Although SSE may vary between individuals based on their age sex, culture, and the sexual skills or interests of their partners [7]. However, various life experiences, such as unsuccessful sexual interactions, sexual violence, sexual victimization, sexual insults, and name-calling, can also

damage a person's SSE [10]. Women in many cultures are pressured to limit their thoughts about sexuality and develop a low level of sexual confidence [11]. There is always an urge to pursue ideals of beauty and attractiveness that others associate with SSE - [12]. Therefore, if women don't succeed, it may be considered a reflection of our lack of desirability and low self-worth. Women's ability to maintain their sexual function is dependent on their confidence in their abilities during sexual relationships [13]. Women with high SSE who are confident in their sexual abilities are more likely to have successful sex more frequently. It is often assumed that the quality of sexual relationships among women can be improved by maintaining SSE [11,12]. In other that, Women with high SSE hold more conservative sexual attitudes and are more resistant to risky sexual behavior or less vulnerable [10,14]. The evidence-based reports that between 30 to 50% of married reproductive-age women in Iran suffered some sexual problem, and the prevalence of sexual dysfunction in them is so much higher than the global findings [15]. Despite the sexual challenges of women in Iran, socio-cultural factors impede discussions about sexual problems [16].

Since Sexual dysfunction is more prevalent for women than men and

Abbreviation: SSE, Sexual self-esteem.

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the prevalence of sexual violence against women is more than for men, therefore, women's SSE have to be considered attention of researchers [17].

Researchers believe that if SSE is viewed as a structure with multiple dimensions that include beliefs about physical attractiveness and body satisfaction, the importance of sex in life, valuing sexual pleasure, evaluation of the opposite sex, and gender roles, so to achieve higher SSE, it is necessary to determine its related factors [3,18,19]. The numerous research and results on the role of SSE in women's lives support the argument that women and health service providers should have sufficient information on the factors affecting SSE [6,7]. Understanding the factors affecting SSE can help doctors choose the best treatment approach [8]. Moreover, deepens relationships with women's life partners [20]. Therefore, this study aims to determine the factors that affect sexual self-esteem among Iranian women.

Materials and methods

The study was an analytical cross-sectional study, which utilized a two-stage stratified cluster sampling method to select married women of reproductive age. The respondents were selected via notices, at the centers of comprehensive healthcare centers in North, South, West, and East, Rasht, Iran. Four comprehensive healthcare centers were randomly selected from each cluster (a total of 16 centers). The size of the sample was calculated utilizing the G*Power computer program version 1.3. The sample estimate is determined by, a type I error of 0.05 and a type II error of 0.2 (power, 0.8) were considered; the effect size was considered to be $f^2 = 0.10$. At last, a sample size of 1176 women was selected considering a likely dropout rate of 20%.

Inclusion criteria included the women had to be between 15 and 49 years of age and currently included in stable, married, and sexually active relationships; no history of acute post-traumatic stress (< 3 months post-event); no history of infertility; no history of psychological disorders. Failure to fully answer the questionnaires was an exclusion criterion. Each individual selected for inclusion received a written invitation with a description of study objectives, information on anonymity, and instructions on how to complete the questionnaire. Everyone who answered the questions was told that their answers would be kept private and that they could stop participating in the study at any time. All the respondents who took part in the study signed a form to show they agreed to be in the study before doing any research activities.

To *data collection* used of a related factors checklist, and the SSE inventory for women-short form. We used a literature review approach to detect related factors to SSE within the three main categories: background, intrapersonal, and interpersonal factors.

Background factors (i.e., participant's age, being raised in a rural or urban area, previous treatment history, occupation, family income, level of education, and other medical conditions marital status, and socio-demographic characteristics of the husband).

intrapersonal (receiving sex education, romantic relationship experience in the past, duration of the marriage, sexually transmitted infections, marital and life satisfaction, body image, childhood sexual abuse experiences, sexual assault victimization, sexual insults, name-calling, unsuccessful sexual interactions, sexual victimization, experiences of past depressive and anxiety symptoms and mental health disorders, having sexual fantasies, and viewing pornographic videos, contraceptive practice).

Interpersonal factors (e.g., frequency of sexual intercourse, positive and negative communication aspects of marital relationship, sexual relationship).

The related factors checklist data were collected at the time of recruitment. The related factors checklist was a researcher-made questionnaire completed by the researcher via interviews. The related factors checklist was presented to eight faculty members to examine the face validity; after considering their recommendations, the final revisions were made.

In 1996, Zeanah and Schwarz developed and confirmed the validity of the Sexual Self-Esteem Inventory in Women-Short Form (SSEI-W-SF) which evaluates women's emotional reactions to self-appraisals of sexuality. SSEI-W-SF is a 35-item inventory that includes five subscales: attractiveness, sexual control, skill and experience, adaptiveness, and moral judgment. A 6-point Likert scale from 1 to 6 (strongly disagree to strongly agree) is used to rate answers to SSE-related items. The total score of the SSEI-W-SF be calculated by summing the scores of five subscales, and a higher score indicates a higher SSE. There are no previously defined cutoff scores for this scale [13]. The Persian version of SSEI-W-SF has been confirmed as reliable and valid by Farokhi and Shareh (2014). Items 1, 3, and 33, were deleted, and 32 items remained for the scale. The total score was supposed to have a Cronbach alpha coefficient of 0.92, while the subscales should have a range of 0.80 to 0.87 [21].

Ethics

The ethics committee of Guilan University of Medical Sciences has approved the study, its ethical code is IR.GUMS.REC.1401.159 and approval were granted on June 29, 2022. Written consent is obtained from the respondents to participate in the study.

Data analysis

Descriptive statistics (Mean, standard deviation, ratio, and frequency values) were used to characterize the socio-demographics and clinical data of participants. Frequencies or percentages were used for categorical variables, and means with standard deviations or medians with interquartile ranges were used for continuous variables. In the multivariate analyses, to control for confounding factors, multiple linear regression was performed to identify factors related to SSE. Data were analyzed using the Statistical Package for Social Sciences (SPSS) (IBM SPSS Statistics for Windows, Version 16.0. Armonk, NY, USA), and the significance level was considered to be 0.05.

Results

The mean age of women and their spouses evaluated in this study was 31.67 ± 3.18 , and 38.22 ± 5.13 years, respectively. Of 1176 women, 604 (51.36%) were housewives, and 494 (42%) had a high school education. Most of the respondents (71.77%) reported an unsatisfactory income. Only 3.23% of marriages were temporary. About 67.1% of the respondents had personal houses, and 78.8% had insurance (Table 1). Approximately 39% of the spouses had a university education, 47.8% were self-employed, and 31.6% were smoking.

About 47% of the respondents report a romantic relationship experience in the past, and 15.14% of the respondents reported a history of sexually transmitted infections. Overall, 66.3% of respondents reported experiencing sexual assault. Only, 9.3% of the respondents reported a history of childhood sexual abuse. Approximately, 79% of the respondents were satisfied with their body image, and 71.08% of women were satisfied with their marital and life status. A greater number (75.17%) of respondents reported not having sexual fantasies. Fewer women (98.98%) receive sex education. A greater number (55.44%) of women reported a lack of contraceptive practice ($p < .001$) (Table 2).

The frequency of sexual intercourse in over two-thirds (66.15%) of respondents who provided interpersonal factors data was 1–4 per week. In general, most respondents (71.26%) had marital satisfaction, but only 36.9% of the respondents reported sexual satisfaction (Table 3).

Table 4 illustrates the mean scores and standard deviations for SSE.

In Table 5, the related factors of SSE are displayed through stepwise regression. All background, intrapersonal, and interpersonal variables with a P value below 0.05 were included in the initial model. In the final model, five variables include the education level of the woman ($B = 2.622$, $P < 0.032$), employment status of the woman ($B = 9.24$, $P <$

Table 1
Background Factors of the respondents.

Variables	Number (Percent)	
Age	15-19	94(8)
	20-24	164(13.94)
	25-29	226(19.22)
	30-34	216(18.37)
	35-39	194(16.49)
	40-44	204(17.35)
	45-49	78(6.63)
Marital status	Permanent marriage	1138(96.77)
	Temporary marriage(registered or not)	38(3.23)
Education Level	Illiterate	6(0.51)
	Primary	102(8.67)
	Secondary	96(8.16)
	Diploma	494 (42)
	University	478(40.64)
Employment status of woman	Employed	572(48.64)
	Unemployed or Housewife	604 (51.36)
Previous treatment history	Yes	152(12.92)
	No	1024(87.07)
Medical conditions	Healthy	1054(89.63)
	History of illness	122(10.37)
Monthly Income	Satisfactory	332(28.23)
	Unsatisfactory	844(71.77)
Residence	City	1018 (86.56)
	Village	158(13.44)

Table 2
Intrapersonal Factors of the respondents.

Variables	Number (Percent)	
Duration of the marriage	≤ 5	182(30.95)
	5-10	214(36.39)
	≤ 10	192(32.65)
Romantic relationship experience in the past	Yes	278(47.28)
	No	310(52.72)
History of sexually transmitted infections	Yes	89(15.14)
	No	499(84.86)
Marital and life status	Satisfactory	418(71.08)
	Unsatisfactory	170(28.92)
Body image	Satisfactory	467(79.42)
	Unsatisfactory	121(20.58)
Childhood sexual abuse experiences	Yes	66(11.23)
	No	522(88.77)
Sexual assault victimization	Yes	42(7.14)
	No	546(92.86)
Sexual insults	Yes	97(15)
	No	491(85)
Name-calling	Yes	19(3.23)
	No	569(96.77)
Unsuccessful sexual interactions	Yes	53(9.01)
	No	535(90.98)
Previous Psychiatric Problems	Yes	11(1.87)
	No	577(98.13)
Having sexual fantasies	Yes	146(24.83)
	No	442(75.17)
Viewing pornographic videos	Yes	19(3.23)
	No	569(96.77)
Contraceptive practice	Yes	262(44.56)
	No	326(55.44)
Receiving sex education	Yes	6(1.02)
	No	582(98.98)

0.01), duration of the marriage (B= 11.47, P < 0.01), body image (B= 3.446, P < 0.01), childhood sexual abuse experiences (B= -0.363, P < 0.01), was related with SSE. The SSE score increased with an increase in a higher level of education, employment of women, an increase in the duration of the marriage, and a positive body image. However, there is a reverse relationship between childhood sexual abuse experiences with the SSE score.

Table 3
Interpersonal Factors of the respondents.

Variables	Number (Percent)	
Frequency of sexual intercourse(weekly)	≤ 1	146 (12.42)
	1-4	778(66.15)
	≤ 4	252(21.43)
Marital relationship	Satisfactory	838(71.26)
	Unsatisfactory	338(28.74)
Sexual relationship	Satisfactory	434(36.9)
	Unsatisfactory	742(63/1)

Table 4
Descriptive statistics for SSE total/Subscale Scores.

Variable	Mean (SD)	Minimum	Maximum
Skills/ Experience	19.02(2.40)	8	30
Attractiveness	21.37(2.17)	6	35
Control	20.19(3.00)	8	24
Adaptiveness	21.11(2.79)	8	36
Moral judgment	22.28(2.32)	12	36
The total score of SSE	103.97(5.29)	55	166

Note: SD, standard deviation.

Table 5
The Stepwise Linear Regression Analysis for Related Factors of the Sexual Self-Esteem Scale.

Variable	Non-Standardized Coefficient		P-Value	Confidence Interval 95% Mean	
	Coefficient	Standard Deviation		High	Low
Fixed Model	108.622	3.179	< 0.001	102.376	114.868
Education Level of woman	2.622	1.188	< 0.032	4.138	0.042
Employment status of woman	9.24	1.465	< 0.01	13.521	7.126
Duration of the marriage	11.47	1.299	< 0.01	16.276	9.331
Body image	3.446	1.436	< 0.017	5.694	0.782
Childhood sexual abuse experiences	-0.363	0.070	< 0.01	-0.617	-2.04

Discussion

The current study intends to add to the sexuality literature by exploring a cognitive component and positive of sexuality known as SSE and the purpose of that was to expand our current understanding of the determinants of female sexuality by determining SSE and its associated factors. In this direction, we assessed background, intrapersonal, and interpersonal factors. In light of the present study findings, lower education, high income, satisfaction with body image, and marriage duration of more than 10 years were linked with higher SSE. SSE, as an essential component of safe behavior sexual, is influenced by various intrapersonal and interpersonal variables [22]. Also, this factor as a mediator has been associated with marital satisfaction and sexual function [8,23].

The association between the education level of participants, and SSE was positive and significant in the present study. Ziaei et al. [24] reported that women with higher education levels have higher self-esteem, which is in line with the present study. Tran et al. [25] explain that being employed and having higher education in women can result in socialization, dare, activeness, and decisiveness.

Similar to previous studies, the result of the current study showed a significant positive correlation between positive body image and SSE. The findings are consistent with previous studies that suggest cosmetic

surgery patients typically experience improvements in their body image and self-esteem [4].

This study's findings indicate that being employed has a positive significant correlation with SSE. Higher education may increase sexual knowledge and increase SSE [26].

The results of this study showed that a marriage duration of more than 10 years provided a positive effect on people's SSE. In other words, a marriage of long duration was predicting higher SSE among women.

The results of the present study showed childhood sexual abuse experiences were inversely associated with SSE among participants. In this direction, Olusolami et al. [27] reported an inverse significant association between child sexual abuse and self-esteem. In line with these findings, Apell et al. [28] also reported an inverse significant association between experiences of sexual harassment with self-esteem. Several negative emotions such as anger, being at a loss, feeling guilt, hatred, fear, and sorrow are accompanied by childhood sexual abuse experiences. These factors can influence the ability to present sexual desires and lead to hypoactive desire disorder [9]. Also, victims of child sexual abuse have less control over their impulses and desires and are more likely to have illogical beliefs [29]. Some victims have reported a disability to the appropriate perception of their attractiveness, the evaluation, and management of safe sexual behaviors, these factors result in reduced SSE [30].

Conclusions

Based on the findings of the current study, some factors biopsychosocial factors including biological, social, and psychological were found to influence women's SSE. After adjustment for relevant potential confounding factors, the logistic regression analysis detected that women with lower education, high income, satisfaction with body image, marriage duration of more than 10 years, and without chronic diseases presented higher SSE scores.

This study used a large enough sample size to clarify the factors that affect SSE among Iranian women; however, causal conclusions cannot be drawn.

This study will offer assistance to fill the holes in our information by looking at variables that will influence SSE. Understanding what variables influence female SSE can be viable in moving forward women's SSE and help women create and develop associations with their accomplices, themselves, or others in their lives. In expansion, this expanded awareness and information may be the key, for a few women, to break through the boundaries anticipating the talk of things relating to sexuality and SSE. Healthcare suppliers may benefit from coming about this inquiry by way of its endeavor to supply an all-encompassing, non-pharmaceutical approach to understanding SSE.

Code availability

Not applicable.

CRedit authorship contribution statement

Bostani Khalesi zahra: Writing – review & editing, Writing – original draft, Supervision, Software, Resources, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Safshekan Sahar:** Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Project administration, Investigation, Conceptualization.

Declaration of Competing Interest

Sexual dysfunction is a highly prevalent problem in women and can happen at any age, in any culture, and in the context of every socioeconomic status, greatly affecting life quality and relationship with the spouse. In Iran, 50–75% of women of reproductive age suffer from

sexual dysfunction. Sexual self-esteem are important and significant mediator in determining women's sexual satisfaction. Today, despite an increase in our knowledge about sexual function, the nature of its mutual relationships with other sexual phenomena is less known.

Data Availability

Upon request.

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