Research Article

A Study on Body Image, Sexual Quality of Life, Depression, and Quality of Life in Middle-aged Adults

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SUMMARY

Purpose: The purpose of this study was to examine the correlations of body image, sexual quality of life (SQOL), depression, and quality of life, and to identify the influencing factors on quality of life of middle-aged adults in the community.
Methods: The participants of this study were 367 middle-aged adults. Data were collected through personal interviews using a questionnaire. Data were analyzed using descriptive statistics, t tests, one-way analysis of variance, Pearson's correlation coefficients, and stepwise multiple regression.
Results: Body image, SQOL, depression, and quality of life according to the general characteristics and health-related characteristics commonly showed significant differences in age, level of education, duration of marriage, living arrangement, occupation, monthly income, presence of disease, exercise, stressor, frequency of sexual intercourse with spouse, and degree of deep sleep. Quality of life showed significant positive correlations with body image and SQOL, but a significantly negative correlation with depression. Body image, depression, education level, SQOL, and stressor, which accounted for 42.0% of the variance, were significant predictors influencing quality of life in middle-aged adults in the community.
Conclusions: To improve quality of life in middle-aged adults ahead of old age, an assessment of their body image, depression, SQOL should be made and a variety of nursing interventions should be followed to improve their positive body image, depression, and SQOL.

Introduction

Middle-aged adults are facing a turning point in their life in that they are experiencing physical and psychological aging with the changes in their social roles [1]. At this stage of life, they prepare for old age and tend to think about the meaning of death more frequently [2], so they can expect to improve their quality of life in middle age when they cope with the overall changes in their lives [3].

Most middle-aged adults in the aging process are experiencing changes of body image and have feelings of anxiety as they become conscious of their declining, physical attraction [2]. In particular, the physical changes of middle-aged adults connected with the aging process have complex and multifaceted characteristics [4].

Their negative body image in middle age has made them feel shame and anxiety compared with other people's body [5], while a positive image of their body has a great effect on improving their quality of life [3].

These changes of body image in middle age also produce a negative effect on sexual satisfaction, for they tend to avoid sexual activities as a result of their declining physical attraction [6]. The degrees of middle-aged couples' sexual life satisfaction are affected greatly by the expectation of sexual function, the level of education, and the relationships with their spouses as well as sexual dysfunction [7]. However, as most of the studies on middle-aged adults focus only on their physical aspects, it is difficult to evaluate their sexual quality of life (SQOL).

Middle-aged adults feel more and more depressed as they grow older [8]. Depression in menopausal women is especially influenced by their body image as well as poor physical functions [9]. Moreover, depression in middle-aged adults is the most powerful factor affecting their perceived subjective quality of life [10]. Therefore, it is suggested that the depression in middle-aged

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adults is concerned with body image, sexual matters, and quality of life.

While research on middle-aged adults has been conducted for middle-aged women thus far [3,6,11–16], neither studies on men nor women in middle age are sufficient. Most studies have mainly examined if they have any relations with various physical and psychosocial factors [17–21] centering on experimental studies that can improve quality of life and concepts concerned with health-related quality of life through a variety of program interventions [22–26]. Therefore, for those in middle age, who experience climacteric symptoms and aging, and are adapting to the physical changes, it is difficult to clearly grasp how much their body image or SQOL has an effect on their quality of life.

Thus, this study intended to provide basic data of strategy development for the improvement of quality of life by examining the relationship between body image, SQOL, depression, and the quality of life, and the influence factors on the quality of life, which would enable middle-aged adults to cope positively with the various changes, and to actively adapt to the elderly life ahead. To do this, first, this study identified the levels of middle-aged adults' body image, SQOL, depression, and quality of life. Second, this study investigated the differences of middle-aged adults' body image, SQOL, depression, and quality of life as they relate to general characteristics, and health-related characteristics. Third, the study examined the correlations amongst body image, SQOL, depression, and quality of life of middle-aged adults. Lastly, the study identified the various influencing factors on quality of life in middle-aged adults.

Methods

Study design

This study was a cross-sectional descriptive survey examining the correlations among middle-aged adults' body image, SQOL, depression, and quality of life. This study also aimed to identify factors that influence the quality of life within this population.

Setting and samples

The participants for this study were selected by convenient purposive sampling among the adult population that registered at five culture centers in Gwangju one of the six metropolitan cities in Korea. The standards of selection for the participants of this study are as follows: (a) aged 45–60 years; (b) people without disorders such as breast cancer, cervical cancer, or sexual dysfunction which can have a negative influence on sexual life; (c) people in normal marital status excluding those who were divorced or bereaved as it could be difficult to evaluate their SQOL; (d) people who did not have mental diseases and who could communicate with each other; (e) people who understood the purpose of this study and gave written consent to participate in this study. The minimum sample size was calculated to be 160 when the multiple regression analysis was conducted using G*Power 3.1.2 analysis software with predictor variables set at 8, level of significance at .05, effect size at .15, and test power calculation at .95 [27]. Therefore, the 367 participants who participated in this research, excluding the 10 whose responses were insufficient among the 377 through document investigation, was considered suitable.

Ethical considerations

This study was approved by the Chonnam National University Hospital Institutional Review Board for ethical consideration according to the Declaration of Helsinki (IRB No. CNUH-2012-012).

Measurements

General and health-related characteristics

General characteristics of the participants included gender, age, education level, religion, duration of marriage, living arrangement, occupation, and monthly income. Health-related characteristics included disease, exercise, stress, stressor, frequency of sexual intercourse with spouse, presence of sleep disorder, and degree of deep sleep.

Body image

Body image was measured using the tool modified by [28] from the original Body Self-image Questionnaire developed by [29]. This tool uses a 5-point Likert scale and has 23 questions. Scores on this tool range from 23 to 115 points, with higher scores meaning a more positive view of their body image. The Cronbach's alpha for the previous study was .75 [28], and that of the current study was .86.

SQOL

The tool used here to measure SQOL was the Korean language version of SQOL by [30]; modified from the original SQOL developed by [31] to suit the Korean culture. The tool of this study uses a 6-point Likert scale and has 18 questions. Scores on this tool range from 18 to 108 points, with higher scores indicating higher levels of SQOL. The Cronbach's alpha for the previous study was .87 [30], and that of the current study was .91.

Depression

Depression was measured using the integrated Korean language version of Center for Epidemiologic Studies-Depression Scale standardized by [32] from the original version by [33]. The tool of this study consists of 20 questions using a 4-point Likert scale. Scores on this tool range from 0 to 60 points, with higher scores signifying higher levels of depression. The Cronbach's alpha for the previous study was .91 [32], and that of the current study was .89.

Quality of life

To evaluate quality of life, the tool used here is the Korean language version of World Health Organization Quality of Life Scale-Brief (WHOQOL-BREF) standardized by [34] from the original by WHOQOL Group [35]. The tool of this study uses a 5-point Likert scale and has 26 questions, with scores ranging from 26 to 130 points. Higher scores mean higher quality of life. The Cronbach's alpha for the previous study was .86 [34], and that of the current study was .94.

Data collection

Data for this study were collected from July to December 2012. Data collection was conducted by one-to-one interview using a structured questionnaire survey. The participants who understood the purpose of this study and agreed to participate in this survey signed his or her name on a consent form. The questionnaire survey was conducted by researchers and three assistant researchers who had been trained in advance. It took approximately 15–20 minutes to complete the questionnaire.

Data analysis

Data were analyzed using SPSS version 20.0 (IBM SPSS Statistics, Chicago, IL, USA). General characteristics and health-related characteristics of the participants were presented in real numbers, percentages, means, and standard deviations. The differences among body image, SQOL, depression, and quality of life according to general characteristics and health-related characteristics were