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Sexual Function Is Correlated With Body Image and Partnership Quality in Female University Students

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ABSTRACT

Introduction: According to the World Health Organization definition, sexual health is more than mere physical sexual function; it also encompasses emotional, mental, and social well-being in relation to sexuality and is not merely the absence of dysfunction or disease. In line with this definition, various studies have reported that female sexual function is associated with partnership quality, body image, and body self-acceptance.

Aim: To investigate whether female sexual function is influenced by (i) body self-acceptance and (ii) partnership quality, as important factors in psychosocial well-being, and (iii) whether the effects of body self-acceptance are moderated by partnership quality.

Methods: In total, 2,685 female medical students no older than 35 years from Germany, Austria, and Switzerland completed an anonymous online questionnaire comprising the Female Sexual Function Index (FSFI) and the Self-Acceptance of the Body Scale. Respondents were asked to state whether they had been in a steady partnership in the preceding 6 months. When present, the quality of the partnership status was rated (enamoredness, love, friendship, or conflicted). To determine correlations, group differences, and moderating effects among body self-acceptance, partnership quality, and sexual function, the data were analyzed using Spearman correlations, Kruskal-Wallis tests, and analyses of variance.

Main Outcome Measures: Female sexual function (FSFI total score).

Results: (i) In sexually active women, higher FSFI scores were significantly associated with greater body self-acceptance and a steady partnership during the preceding 6 months. (ii) Total FSFI scores were highest in women who described their partnership as enamored (29.45) or loving (28.55). Lower scores were observed in single women (26.71) and in women who described their partnerships as friendship (25.76) or as emotionally conflicted (23.41). (iii) Total FSFI score was affected by an interaction between body self-acceptance and partnership quality. Body self- acceptance was positively associated with FSFI total scores, particularly in single women and women in emotionally conflicted partnerships.

Conclusion: Our findings suggest that in young women, body self-acceptance and partnership quality are positively associated with better sexual function, and that high body self-acceptance might buffer the negative impact on sexual function of partnership quality. The present data suggest that psychological interventions to improve the body image of younger women can positively affect sexual function and thereby improve sexual health.

Key Words: Female Sexual Dysfunction; Female Sexual Function Index; Body Image; Intimate Partner Relationship Quality

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INTRODUCTION

Female sexual function problems (ie, problems with sexual desire, arousal, lubrication, orgasm, and pain) have a reported prevalence of up to 40%.[1–4] Female sexual dysfunction (FSD) is characterized by persistent problems with the sexual response and sexual distress.[5] Although lower than that of female sexual function problems, the prevalence of FSD is substantial, with a range of 7% to 23% being reported in large epidemiologic studies.[4,6–8]

According to the World Health Organization definition, sexual health is more than physical sexual function; it also encompasses emotional, mental, and social well-being in relation to sexuality and is not merely the absence of dysfunction or disease.[9] In line with this definition, various studies have reported that female sexual function is correlated with partnership quality[10–12] and body image.[13–16] These two factors are important determinants of psychosocial well-being.[17]

Body image is a multidimensional concept comprised of self-perception, attitudes, feelings, and behaviors in relation to personal physical appearance.[18] A recent review analyzed data from 57 studies that had investigated the association between sexuality and various dimensions of body image (eg, body satisfaction and body shame) and related constructs (eg, weight satisfaction and misperception) in women. The review found that body image and related constructs were associated with general sexual function and all phases of the sexual response cycle (ie, desire, arousal, lubrication, and orgasm).[14] An important finding of the review was that an individual's perception of her body was more strongly related to sexual function and satisfaction than to objective physical body measurements. In particular, anxious and avoidant body perceptions had a negative relation with sexual function.

Several studies have reported that female sexual function also is influenced by partnership quality. In these studies, partnership dissatisfaction showed the strongest independent association with recent and life-long FSD,[12] and the lack of a confiding relationship predicted a decrease in sexual desire over a follow-up period of 6 years.[10] In contrast, a good relationship was independently associated with a lower FSD risk.[11]

In a recent study, van den Brink et al[16] reported an association among body image, sexual function, and romantic attachment orientation. Body appreciation was negatively associated with attachment anxiety and positively associated with sexual function. Furthermore, avoidant attachment was negatively associated with sexual function.

These data suggest the hypothesis that an interaction between body image and partnership quality can influence sexual function. For example, positive partnerships might buffer the negative effects of negative body image. Similarly, a positive body image could protect against the negative effects of dissatisfying partnerships, potentially indicative of avoidant attachment, on sexual function.

AIMS

The aim of the present study was to investigate the association between body image and partnership quality and its relation to female sexual function in 2,685 female university students. A particular focus was to determine potential moderating effects. We hypothesized that positive body image and a positive stable partnership would be associated with better sexual function and that sexual function would be influenced by an interaction between body image and partnership quality, that is, a positive body image might buffer the negative effects of a conflicted partnership or single status.

METHODS

Study Sample

From May through July 2012, female medical students from the medical faculties of 16 German-speaking universities in Germany, Austria, and Switzerland completed an anonymous self-administered online questionnaire. Submission of the completed questionnaire was considered consent to participate. The study was approved by the ethics committees of all participating medical schools.

In total, 2,707 students (mean age = 23.91 years, SD = 3.67 years) submitted the online questionnaire. Owing to the anonymous nature of the questionnaire, no information is available concerning non-responders. Respondents older than 35 years (n = 22, 0.8%) were excluded from the present analysis for three reasons. First, the prevalence of female sexual function problems has been found to differ between age groups and is increased in young women.[1] Second, the age limit was applied to ensure compatibility with the data of van den Brink et al.[16] Third, the age limit was applied to ensure sample homogeneity in age and social background and thus facilitate the capture and evaluation of the hypothesized effects. The final study sample was comprised of 2,685 respondents.

Measurements

Female sexual function was assessed using the validated German translation of the Female Sexual Function Index (FSFI).[19] This well-established 19-item multidimensional self-report questionnaire was developed by Rosen et al[20] to assess six key dimensions of female sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain) within the preceding 4 weeks. The six FSFI subdomains yield the FSFI total score. This score can reach values of 2 to 36, with lower scores indicating decreased sexual function. FSFI total scores lower than 26.55 are considered indicative of a risk for clinically relevant FSD.[21] In the present sample, the reliability (Cronbach α) of all FSFI subscales was good to excellent ($\alpha = 0.810–0.959$).

Body self-acceptance was assessed using the Skala zur Selbstakzeptanz des Körpers (SSAK; Self-Acceptance of the Body Scale). This is one of the 11 subscales of the Frankfurter Körperkonzeptskalen (Frankfurter Body Concept Scales).[22] The SSAK was designed to measure attitudes toward esthetic aspects