The Relationship Of Body Shape Satisfaction With Personal Intimacy And Sexual Satisfaction Among Married Females

Yumna Ismail
&
Sheeba Farhan
Institute of Professional Psychology
Bahria University Karachi

Abstract

The purpose of the current study was to investigate the association between body shape, intimacy and sexual satisfaction in the life of married females. It has been hypothesized that there is a significant relationship of body shape, intimacy and sexual satisfaction of married females. Also with respect to the duration of marriage, impact of body shape, intimacy and also sexual satisfaction has been analyzed. Sample of 293 married females, with age range of 25-28(M=1.96, SD=.1714) years was chosen through convenient purposive sampling technique. Scales used are Body Shape Satisfactions Scale, Personal Assessment of Intimacy in relationship scale (PAIR) and Sexual Satisfaction Scale. Correlation is used through statistical analysis on data through Statistical Package for the Social Sciences (SPSS -25). The findings of the current research revealed that there is significant weak negative correlation of body shape satisfaction with sexual satisfaction in married females ($r=-.20\ p=0.01$); body shape satisfaction with personal intimacy ($r=-.232\ p=0.01$) and a positive moderate correlation of sexual satisfaction with personal intimacy ($r=.694\ p=0.01$). The results also show that there is no significant difference between body shape satisfaction and years of marriage of married females however, there is a significant correlation between years of marriage and sexual satisfaction, also shows the significant relationship of Body shape, intimacy and sexual satisfaction may result in dysfunctional and dissatisfying sexual experiences and the study suggests that incorporating body image intervention into therapy for sexual problems may be useful.

Keywords: Body Shape, Intimacy, Sexual Satisfaction, Married Females.

تلمیح

موجوده مطالب، كا مقصود شادي شهي خواتين كي زندگي مين جسماني شكل، قريبي أر جنسي تسكن كي درميان تعلق كي تحققات كرنا تبا. ي قياس كياس كي كي باء كي شادي شهي خواتين كي جسماني شكل، قريبي أر جنسي تسكن كي كي ايم رنصيه. ي، ي شم کي علانه شادي كي مدته كي حوالي سبي جسماني ساخته، قريبي أر جنسي تسكن كي

This work is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
The Relationship of Body Shape Satisfaction with Personal Intimacy and Sexual
Satisfaction among Married Females

The concept of sexual satisfaction is an important area of research in the context of marriage and family relationships. Pakistan is a conservative patriarchal Islamic country with some boundaries attached to it, where studies involving psychiatric evaluation have shown that young married women under the age of 35 years appear to have a higher risk of Common Mental Disorders (CMDs) than older married women. Mostly women in Pakistan stay in a marriage due to the culture and the fear of hurting anyone or if they broke the marriage they would annoy their parents which prevented many women from openly expressing their opinion. Moreover they are not allowed to express the choice of husband they want and also openly speaking about the unhappiness in their marriage is also not preferred. Pakistani women tend to see marriage as a social and familial obligation making them to be prepared to just fit in (Hasan, S., Zafar, M. & Yasmeen, R. 2019). Therefore the construct of marital satisfaction is an important concept for study and research in Pakistan, and there is need for further research in this area especially based on married women.

The fact that so many couples that are not satisfied in their relationships is problematic, given the abundance of research done to create an importance of romantic relationship satisfaction. In a study poor marital quality was found which resulted in physical health variables, such as illness and mortality (Robles et al., 2014). Whereas when we see a high quality marital relationship it is positively correlated with happiness, subjective well-being, and life satisfaction, and negatively correlated with depression and stress.

Introduction

The concept of sexual satisfaction is an important area of research in the context of marriage and family relationships. Pakistan is a conservative patriarchal Islamic country with some boundaries attached to it, where studies involving psychiatric evaluation have shown that young married women under the age of 35 years appear to have a higher risk of Common Mental Disorders (CMDs) than older married women. Mostly women in Pakistan stay in a marriage due to the culture and the fear of hurting anyone or if they broke the marriage they would annoy their parents which prevented many women from openly expressing their opinion. Moreover they are not allowed to express the choice of husband they want and also openly speaking about the unhappiness in their marriage is also not preferred. Pakistani women tend to see marriage as a social and familial obligation making them to be prepared to just fit in (Hasan, S., Zafar, M. & Yasmeen, R. 2019). Therefore the construct of marital satisfaction is an important concept for study and research in Pakistan, and there is need for further research in this area especially based on married women.

The fact that so many couples that are not satisfied in their relationships is problematic, given the abundance of research done to create an importance of romantic relationship satisfaction. In a study poor marital quality was found which resulted in physical health variables, such as illness and mortality (Robles et al., 2014). Whereas when we see a high quality marital relationship it is positively correlated with happiness, subjective well-being, and life satisfaction, and negatively correlated with depression and stress.
Yumna Ismail, Sheeba Farhan

There is a long history of research only for identifying personal attributes that influence the way that individuals experience their marital relationship (Chao, et al. 2011). More recently, researchers have studied the impact of body shape on marital satisfaction; and acknowledged the importance of physical appearance and attraction in the relationships. There is an emerging literature showing that individuals who are not satisfied with their appearance are more likely to be dissatisfied in their marital relationships (Meltzer & McNulty, 2010). Furthermore in a study marital relationship satisfaction was studied, correlating between body image and partner’s social physique anxiety (SPA). It was concluded that poor intimate relationship increases the risks of partner-SPA. Even after controlling body shape, the partner-SPA was consistently higher and they reported lower level of intimate satisfaction (Liu, J., 2013). A recent study in Pakistan found that gender differences were only on body shape satisfaction. As women exhibited greater dissatisfaction with their body, the higher was differences in current and ideal body shape as compared to men (Nigar, et al, 2019).

Studies in the past have shown that body shape satisfaction and perceived partner satisfaction with the respondent’s body are concerned for both genders (Goins, Markey, & Gillen, 2012). Thus, a woman who is not satisfied with her appearance is also more likely to believe that her partner is not satisfied with her appearance. Although such beliefs are often not true and they may have adverse consequences for relationships (Markey & Markey, 2006).

The current study is highlighted from the theory of Objectification theory given by (Frederickson & Roberts, 1997). The theory states about the idea of women and men treated as sexual objects by others and in the media, which leads to thinking oneself as an object to be judged based upon bodily appearance (i.e., self-objectification). Self-objectification is displayed as constant consciousness of the body and time to time habitual body monitoring. Self-monitoring links to the degree to which individuals tend to over think self-presentation for the sake of desired public appearances. (Snyder, 1987, 1993) Negative body-related perceptions and body self-consciousness especially during sexual activity with a partner can be distressing and cause a hindrance in the pleasure gaining from it and in turn having lower sexual satisfaction (Frederickson & Roberts, 1997). On the other hand, women and men with a positive body image may have few concerns over being showing themselves as unattractive to their partner during physical intimacy. A major limitation in researches is that, most studies have been limited to assessing non married women’s body image concerns not in the marital context. This trend relates to previous assumptions that body shape satisfaction is a female-specific
problem (McCreary, 2011). The main purpose of the current study is to investigate the mechanisms underlying the relationship between body shape satisfaction, intimacy and sexual satisfaction of married females in Pakistan.

Previous authors have stated that the cultural objectification of women's bodies is problematic for women especially to the extent that objectively evaluating their body and immensely internalizing that idea. The woman is constantly made to be aware of how her own body appears to others, particularly men (McKinley & Hyde, 1996). Heightened awareness of the body and negative concerns for a women would affect the intimate relationship with their partner. Intimacy is thought to be one of the most important contributors to marital satisfaction (Buhrmester & Prager, 1995). Some researchers have stated a positive linear relationship between the overall level of intimacy and marital satisfaction (Brown, Stukas & Evans, 2013). This highlights the importance of having personal intimacy between the couple. However, it is possible for a relationship with a low level of intimacy to be satisfying if both partners are gratified with it. For example, when both partners are satisfied with low levels of self-disclosure (an aspect of verbal intimacy), they will report their relationship as being satisfying and also indulge in more intimate behaviors (Merves-Okin, Amidon, & Bernt, 1987). The current study is highlighted from the theory of risk regulation framework, which states the critical importance of perceived partner with regard to the quality of the relationship for an individual (Murray, Holmes, & Collins, 2006). Specifically, the model states the importance of intimacy comes from the need to feel valued and accepted by their partners. This would help them to experience the sense of security encouraging them to engage in emotionally risky behaviors in the relationship. Behaviors include such as sexual activity, open communication, trust worthiness especially when they go for self-disclosure. Have a sense of comfort when they are in social gatherings. Schaefer and Olson (1981) states that a key issue in the relationship between marital satisfaction and intimacy is the discrepancy between perceived and desired levels of intimacy for each partner. Some couples will report low levels of intimacy, but high marital satisfaction this is likely due to a low discrepancy between how much intimacy each partner desires, and how much intimacy is expressed in the relationship.

Many definitions divide the concept of intimacy into specific types (Goldhor-Lerner, 1989; Hatfield, 1988; Malone & Malone, 1987). For example, Dahms (1972) proposes three types of intimacy, intellectual, emotional and physical. Clinebell & Clinebell (1970) suggest eleven types of intimacy: sexual, aesthetic, creative, emotional, recreational, work, crisis, conflict, commitment, spiritual and communication. The most important aspect in the relationship relating to women’s perspective is emotional and sexual aspects of intimacy in romantic relationships. However, few studies have studied how an
emotional and sexual aspect of intimacy is having an effect on their marital satisfaction (Heller & Wood, 1998). Sexual satisfaction significantly predicted emotional intimacy for husbands and wives, while emotional intimacy did not appear to have a significant influence on sexual satisfaction. When looked at the husband and wives individual perspective, emotional intimacy and sexual satisfaction mediated between each of the partner’s communication and their own relationship satisfaction.

There are four components of sexual functioning: desire, arousal, orgasm, and satisfaction. Sexual satisfaction is increased when there is safe attachment, characterized by emotional and physiological intimacy. Once this is achieved there is satisfying sex for both the partners. This may be especially true for female partners as their desire for intimacy lies in sense of security which results in greater sexual satisfaction (Basson, 2007). A study on married students of Ferdowsi University of Mashhad in Iran shows that there is a positive and significant relationship between sexual satisfaction and marital satisfaction in married students of (FUM). As their sexual satisfaction increases, their marital satisfaction increases and vice versa. Sexual life in couples and the degree of satisfaction or with it are somehow tied to other aspects of the life of couples too. Problems with sexual satisfaction comes lack of tendencies, physical disability, early ejaculation this can be due to fear and anxiety, shame and embarrassment. When problems arise in their married life, it affects sexual satisfaction and leads to symptoms and other complications such as physical illness, depression and dissatisfaction between the couple and marital separation, and lead to marital conflicts to the point of deep divorce and family conflicts.

Body shape satisfaction is a multifaceted complex construct that includes perceptions, different view point, and behaviors related to one’s appearance (Paap & Gardner, 2011). Very few research is done in this area, there is some evidence to examine that partner satisfaction with their own personal body is linked to relationship satisfaction. Cash& Szymanski (1995) stated that women who thought that they are not meeting the expectation of their partner’s perceived appearance their relationship experience is less satisfying. Furthermore these findings, Rieves & Cash (1996) stated that a woman’s idea of her partner’s satisfaction with her body is linked with her sexual and relationship satisfaction. However, in another study both women and men were examined to have perceived partner’s satisfaction with the respondent’s body that predicted sexual satisfaction, even when personal body satisfaction effects were kept in control (Holt & Lyness, 2007).

Body shape satisfaction especially for women plays an important part in determining their satisfaction with the partner. Body image disturbance (BID) is a common term that
is used when disturbances related to any body image dimensions are there. (Menzel, Krawczyk, & Thompson, 2011) Studies done in BID plays a vital role in evaluation relative to other body image (Cash, Melnyk & Hrabosky, 2004), (McLaren & Gauvin, 2002). The common body dissatisfaction among women can be explained from a socio-cultural perspective, which gives attention to how culturally-focused perceptions of physical attractiveness come to dominate individual values, conceptions of attractiveness, and self-image (Tiggemann, 2011).

Intimacy is thought to be one of the most dominant contributors to marital satisfaction (Buhrmester & Prager, 1995). Some researchers have suggested a positive linear relationship between the overall level of intimacy and marital satisfaction (Weir & Harrison, 1976). Schaefer and Olson (1981) conceptualizes intimacy as a procedure and an experience that results from disclosure of intimate topics, open communication and sharing intimate experiences. Moreover sharing an intimate relationship as two people who have intimate experiences over time and who expect comfort and continuity of the relationship and those experiences for the lifetime period. Cancian (1986) suggested that women tend to seek for emotional closeness and verbal expression, they prefer the emotional interdependence within the relationship. It is governed by mostly self-disclosure, men are often thought to be incapable of intimacy, and however, women are assumed to be more skilled at love and intimacy and they are more in need of it.

Intimacy is also an important factor in physical well-being. In several prospective studies on intimate relationships and mortality have been conducted. House, Robbins and Metzner (1982) studied adults (ages 35-69) over a period of 10-12 years. After adjusting for a variety of mortality risk factors, the results showed that men without intimate relationships were two to three times more likely to die over the course of the study than men with intimate contacts. Women with few intimate relationships were between one and a half and two times more likely to die than women in intimate relationships.

Reis (2018), in his review of several studies on mortality, concluded that physical well-being may stem from positive contact with intimate partners. House, Landis, & Umberson in 1988 also suggest that social relationships (i.e. friends, spouses) have the ability to boost the potentially harmful effects of stress or other health hazards. Also in Pakistan gender difference is found between male and female in predicting marital satisfaction (Ayub, Nadia, Iqbal & Shahid, 2012).

Sex is one of the most important determinant in relationships that is related to several perspectives, including satisfaction, communication, love, intimacy, commitment, and jealousy (Berscheid & Regan, 2016). Sexual arousal has four stages till where an
individual completes the sexual stimulation. The four stages are excitement phase, plateau phase, orgasm phase, and resolution phase (Masters and Johnson., 1982, Master et al, 2013). Many couples seeking marital therapy are experiencing sexual problems in their relationships (Doss et al., 2004). (Sprecher & Cate, 2004) go as far as to describe a couple’s sexual satisfaction as a scale for the quality of their relationship. Research conducted with individual involved in dating and marital relationships persistently show an association between sexual and relationship satisfaction (Meltzer & McNulty, 2010). Recent studies that have examined the sexual and marital satisfaction association at the dyadic level have studied that an a partner’s relationship satisfaction can be found from his own sexual satisfaction (Cooper et al, 2018). Findings on couple communication and undivided information on sexuality of married couples in Pakistan suggests that men and women presented very different perspectives on achieving sexual satisfaction. While men freely discussed their own sexual satisfaction with their wives the importance of their wives' communication on sexual satisfaction is also emphasized.

This study examines the relationship of body satisfaction on intimacy and sexual satisfaction among Pakistani married females. Moreover it also examines the impact of body shape satisfaction, sexual satisfaction and intimacy on married females with respect to their duration of marriage. Since little research has been done on linking body shape satisfaction with personal intimacy and sexual satisfaction and in the above studies it was examined that body shape standards does play an important role in Pakistani society especially for women.

**Research Hypotheses**

- Body shape satisfaction will have a relationship with sexual satisfaction of married females.
- Body shape Satisfaction will have a relationship with personal intimacy of married females.
- Sexual Satisfaction would have a relationship with Personal Intimacy of married females.
- Duration of marriage would have an impact on Body Shape Satisfaction, Intimacy and Sexual Satisfaction of married females.

**Method**

**Research Design**
The research is a quantitative correlation study which is carried out to investigate the relationship of body shape satisfaction, Intimacy and Sexual Satisfaction of married females (n=281). The data is collected through convenient purposive sampling.

Participants

A sample of 293 married females participated in this study who are married for 1 year and more than 5 years are chosen. The age range for participants that are chosen is between 25 to 40 years.

Measures

The tools of measurement are following:

**The Body Shape Questionnaire (BSQ) scale (Dowson and Henderson, 2001)**

The Body Shape Questionnaire (BSQ) scale measure the concerns related to one’s body shape and is based upon the notion of body image satisfaction (Cooper et al., 1987). This scale consists of 34 items and is widely used to assess body dissatisfaction (Cooper et al. This scales internal consistency of BSQ measured by Conbach’s alpha to be 0.96 - 0.97, the same as that found by the instrument’s authors Cooper, et al. (1987).

**The Index of Sexual Satisfaction (ISS) Scale (Hudson, 1992)**

The Index of Sexual Satisfaction (ISS) scale is short-form scale designed to measure the degree of dissatisfaction in the sexual component of a dyadic relationship. It contains 25 category (Likert-type). Few of the items are negatively worded to potentially set bias for all the answers. On a relative frequency scale each item is scored as shown in the scoring key of the instrument. 0-100 is the range of Obtained scores, the ones who get higher scores that indicates greater degree of sexual discord in the married life.

**Personal Assessment of Intimacy in Relationship Scale (PAIR) (Schaefer & Olson, 1981)**

The Personal Assessment of Intimacy in Relationships (PAIR) was developed by Schaefer & Olson (1981) to assess the ideal and actual levels of intimacy in relationships. It is a 36 item self-report questionnaire. Each item is rated on a 5 point Likert scale ranging from 0 (not at all true) to 4 (completely true). Five types of intimacy are included, social, emotional, intellectual, recreational and sexual, as well as a 6 item subscale measuring social desirability which is conventional.
Results

This chapter contains the statistical analysis of the collected data to study whether research’s hypotheses have been proven or not. The data was examined using Statistical Package for Social Sciences (SPSS), 21.

Table: 1

Frequency and percentages of demographic characteristics of the study sample (n=300)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>M (SD)</th>
<th>F(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>(4.69)</td>
<td></td>
</tr>
<tr>
<td>No of children</td>
<td>(1.11)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>293 (100)</td>
</tr>
<tr>
<td>Type of marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love marriage</td>
<td></td>
<td>112(38)</td>
</tr>
<tr>
<td>Arrange marriage</td>
<td></td>
<td>181(61.8)</td>
</tr>
<tr>
<td>Family Structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td></td>
<td>86(29.4)</td>
</tr>
<tr>
<td>Joint</td>
<td></td>
<td>207(70.6)</td>
</tr>
<tr>
<td>Duration of marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td></td>
<td>23(7.8)</td>
</tr>
<tr>
<td>1 year</td>
<td></td>
<td>13(4.4)</td>
</tr>
<tr>
<td>1-5 years</td>
<td></td>
<td>125(4.27)</td>
</tr>
<tr>
<td>More than 5 years</td>
<td></td>
<td>293(100.0)</td>
</tr>
<tr>
<td>Socio economic status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper class</td>
<td></td>
<td>3(1.0)</td>
</tr>
<tr>
<td>Upper middle class</td>
<td></td>
<td>127(43.3)</td>
</tr>
<tr>
<td>Middle class</td>
<td></td>
<td>153(52.2)</td>
</tr>
<tr>
<td>Lower middle class</td>
<td></td>
<td>9(3.1)</td>
</tr>
</tbody>
</table>

Table 1 shows frequencies of main demographic variables among working women which include age, number of children, occupation, socio economic status, types of marriage, duration of marriage and family structure.
Table 2

Correlation analysis between body shape satisfaction and sexual satisfaction among married women (N=300)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sexual Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Shape Satisfaction</td>
<td>-.20**</td>
</tr>
</tbody>
</table>

** p<0.01

Table 2 mentions the correlational analysis of Body Shape Satisfaction and Sexual Satisfaction among married females. It indicates that there is a significant weak negative relationship of Body Shape Satisfaction (r=-.20) with Sexual Satisfaction on married females.

Table 3

Pearson correlation of body shape satisfaction with personal intimacy

<table>
<thead>
<tr>
<th>Variable</th>
<th>BS</th>
<th>Sexual satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pai</td>
<td>-.232**</td>
<td>.694**</td>
</tr>
<tr>
<td>Emotional</td>
<td>-.252**</td>
<td>.540**</td>
</tr>
<tr>
<td>Social</td>
<td>-.87</td>
<td>.340**</td>
</tr>
<tr>
<td>Sexual</td>
<td>-.218**</td>
<td>.762**</td>
</tr>
<tr>
<td>Intellectual</td>
<td>-.213**</td>
<td>.530**</td>
</tr>
<tr>
<td>Recreation</td>
<td>-121*</td>
<td>.460**</td>
</tr>
<tr>
<td>Conventional</td>
<td>-149**</td>
<td>.574**</td>
</tr>
</tbody>
</table>

Note. <.05* PAI= Personal Assessment of Intimacy, BS= Body Shape Satisfaction

The above mentioned table 3 shows that the correlation of Body Shape Satisfaction with Personal Intimacy and its subscales suggesting that Body Shape Satisfaction has a weak negative correlation with Emotional Intimacy, Sexual Intimacy, Intellectual Intimacy, Recreation Intimacy and Conventional Intimacy in married females. While Body Shape Satisfaction has non-significant relationship with Social Intimacy which states that the there is no impact of Body Shape Satisfaction on Social Intimacy of married females. The correlation of Sexual Satisfaction with Personal Intimacy and its subscales, Sexual Satisfaction has a positive moderate correlation (.694) with Personal Intimacy suggesting that the more Sexual Satisfaction a married female has the more will be the Personal Intimacy.
Table: 4
Analysis of variance (ANOVA) for body shape satisfaction, sexual satisfaction and personal intimacy (n=300)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Less than 1 year</th>
<th>1 year</th>
<th>1-5 years</th>
<th>More than 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS</td>
<td>M=23, N=(13)</td>
<td>M=13,</td>
<td>M=125,</td>
<td>M=135</td>
</tr>
<tr>
<td></td>
<td>SD=15</td>
<td>SD=15</td>
<td>SD=15</td>
<td>SD=15</td>
</tr>
<tr>
<td>SS</td>
<td>143.3</td>
<td>17.55</td>
<td>125.5</td>
<td>24.61</td>
</tr>
<tr>
<td></td>
<td>F=5.31, sig=.001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAI</td>
<td>136.7</td>
<td>16.75</td>
<td>122.2</td>
<td>21.42</td>
</tr>
<tr>
<td></td>
<td>F=10.71, sig=.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 1 year&gt; 1 year&gt; 5 year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 1 year&gt; 1-5 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 1 year&gt; 5 year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BS</td>
<td>136.78</td>
<td>16.75</td>
<td>112.72</td>
<td>24.05</td>
</tr>
<tr>
<td></td>
<td>14.47*, sig=.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS</td>
<td>17.76</td>
<td>5.06</td>
<td>4.66</td>
<td>30.86</td>
</tr>
<tr>
<td>PAI</td>
<td>24.05</td>
<td>5.04</td>
<td>11.02</td>
<td>37.08</td>
</tr>
</tbody>
</table>
| Note.*p>.05, BS= Body Shape Satisfaction, SS=Sexual Satisfaction, PAI=Personal Assessment of Intimacy, LL=Lower Limit, UL=Upper Limit.

The above table 4 examines the Analysis of Variance (Anova) for Body Shape Satisfaction, Sexual Satisfaction and Personal Intimacy. There is no significant difference in Body Shape Satisfaction with years of marriage. Whereas there is a significant difference in Sexual Satisfaction and Personal Intimacy with years of marriage of females. Less than 1 year has more Sexual Satisfaction than more than 5 years. Personal Intimacy has more Intimacy in less than 1 year then more than 5 years.

Discussion

This research aimed to quantitatively analyze the relationship between body shape satisfaction and sexual satisfaction and personal intimacy of married females. Moreover to examine the impact of body image dissatisfaction on sexual satisfaction and also impacting intimacy of married females. As previous researches have established a relationship between body dissatisfaction and sexual satisfaction as stated in Morrison and colleagues’ (2009) also focused on personal intimacy and sexual satisfaction of married females correlated with body dissatisfaction.

The results show there is a significant weak negative correlation of body shape satisfaction with sexual satisfaction of married females and it was supported with
The Relationship of Body Shape Satisfaction with Personal Intimacy and Sexual Satisfaction among Married Females

statistically significant results. This suggests that the more body shape satisfaction dominates in married females; less will be the sexual satisfaction. The other researches state that since body shape is an integral perspective of the global self-concept (mishkind et al. 1986), negative evaluation of body may cause fear of rejection. This may lead to avoidance shown as an individual’s defense mechanism to avoid sexual activity with its partner and not experiencing or living the satisfaction normally caused by sexual intimacy, consequently resulting in a poorer experience of the relationship. Moreover Meltzer and McNulty (2010) studied the partner’s sexual functioning played a major role in the association between body image and relationship satisfaction. Buss & Schmidt, 1993 in their study similarly predicted through an evolutionary perspectives that for men, sexual satisfaction might be more significant in their relationship satisfaction compared to women’s relationship satisfaction. On the other side, when compared through gender difference perspective, women link sexuality with commitment, love and intimacy and to perceive sexual desire as a romantic, interpersonal experience. This finding concludes that sexual intimacy might have stronger ties to relationship satisfaction for women. Furthermore, Kisler and Christopher’s (2008) examines the relationship between sexual and relationship satisfaction was stronger for women than for men. Body distress has feelings of emotional and psychosexual, in addition this significantly affects their functionality while living(Michael et al., 2016). Various aspects of body shape, including physical functioning, weight concern, sexual attractiveness, and cognitions about the body during sexual activity leads to affect the sexual satisfaction in women. A study suggests that women who experience low sexual satisfaction attain comfort from procedures that target these specific parts of body image (Chivers, M., Seto, M., Lalumiere, M., Laan, E. & Grimbos, T., 2010). Furthermore, it has been found that sexual rejection is a painful, especially for women (de Graaf & Sandfort, 2004). According to Murray and colleagues risk regulation model, the higher the chance of sexual rejection by women with poor body image leads a lower risk to engage and desire in sex. It shows that poor body shape satisfaction is linked with less sexual desire which leads to lower sexual assertiveness (Weaver & Byers, 2006), and lower sexual activity (Faith & Schare, 1993).

It was also hypothesized that there will be a significant weak negative correlation of body dissatisfaction with personal intimacy (emotional, sexual, recreational, intellectual and conventional) stating that if the body dissatisfaction increases so the personal intimacy of married females in their relationship decreases too. Literature shows that many couples going for marital therapy mentions in their clinical history that they are experiencing sexual problems in their relationships (Doss et al., 2004). Sprecher & Cate (2004) states that women describe the sexual satisfaction of a couple from their body shape and intimacy as a bar set for the quality of their relationship. Body shape satisfaction predicts the fear of jealousy, emotional intimacy and having trust issues with a partner and even decreasing amount of threshold of love in a relationship (Zhou, J., Lee, I., Thomas, B., Menassa, R., Farrant, A. & Sansome, A. (2012). Low threshold of intimacy, love and
trust are linked with lower level of relationship satisfaction (Fletcher et al., 2000). Moreover in a qualitative study it was seen in women having physical abilities their association between low body esteem and sexual esteem are more likely to have abusive relationship (Nosek et al., 2003). In a study it was also revealed higher level of destructive communication patterns will cause to the effect of perceived spousal statement or perspective on body dissatisfaction (Pole, Janis H. Crowther, 2004).

However with social intimacy there is no significant correlation with body shape satisfaction in married females. Researchers suggests that there are differences in the experience of intimacy for men and women (Prager, 1995). Clinicians working in the area have stated the opinion that women have more chances to think of intimacy in terms of personal, deep, verbal exchanges and emotions of connectedness to another individual. Whereas men tend to think of intimacy in terms of doing things together and having physical contact, including sexual activity (DUBA, J. D., 2011). In a study a leisure activity was examined that included activities in which couples engage together with high levels of interaction and communication. Games such as sailing together or paddling a canoe. The model held that these types of couple activities were more operational towards increasing the communication, problem solving, alternative role patterning that led to intimacy (Shorey, Cornelius & Bell., 2008).

Furthermore, it was hypothesized that sexual satisfaction has a positive moderate correlation with personal intimacy of married females. Which further highlights that when the sexual satisfaction of married female increases so does the personal intimacy threshold in their relationship increases. Sexual satisfaction is one of the dominant factors for a strong and stable marital relationship, and is correlated with general happiness, mental health, career wise and intimate social interactions. Strong and open communication between partners is an important predictor of relationship satisfaction. Moreover, a study highlights the higher social anxiety it predicted the increased in fear of intimacy, which predicted lower satisfaction between the couple. The journey of building connection can be achieved by communicating information about oneself with the partner, including the sexual aspect of their relationship, although it would be specifically hard for anxious partners to do it (Montesi, et al., 2013). One of the major component of marital satisfaction is sexual satisfaction as supported in a study in Pakistan. Women do not have the freedom to express their reproductive and sexual needs and also has no say in the reproductive and sexual legal rights. This marks to be a gender inequality aspect prevailing in the country. Women who are married they are considered to be younger and they have no legal rights to have an opinion regarding independence in decisions related to marriage. This leads to a rise in marital rape, unsuccessful marriage and domestic abuse by partner’s family. This is alarming situation for the women in Pakistan and movement should be created to aware the women about their reproductive and sexual rights (Ali et al., 2009).
Moreover the results also show that personal intimacy and sexual satisfaction also correlated with duration of marriage as married females have more personal intimacy and sexual satisfaction in the 1 year of marriage than 1-5 years of marriage and also more sexual satisfaction and personal intimacy prevails in females married for less than 1 year than more than 5 years of their marriage. Since couples over the years especially in eastern culture tend to tie themselves to monotonous routines so the sexual satisfaction outgrows and tends to be low as the duration of marriage increases. A model given by Baumeister & Bratslavsky (1999) suggests the association with intimacy can be better explained when linked with changes in intimacy over a period of time. Within a certain period of time, when there are large and rapid changes shown in intimacy, the frequency of being intimate between the couple is also changes. When the couple brings no changes between their intimacy levels over a certain period of time, the levels of having intimate and passionate experiences is reduced (Rubin et al., 2012).

Additionally the study also reveals that an increase in the age of married females and with that an increase in the number of children has an impact on their sexual satisfaction and personal intimacy in their married life. The results can be supported by a research conducted in Taiwan where it was examined the connecting link between sexual desire, and quality of life in a sample of community participants. The results showed with the increasing age elderly adult’s desire for sex and sexual satisfaction decreases. It was shown that sexual desire in indirectly related to the impact it has on the quality of life, the greater the sexual desire it will bring a positive effect in sexual satisfaction and will affect quality of life.

The present study also states that there a significant increase in the correlation of sexual satisfaction with respect to socio economic classes. Sexual satisfaction is more in upper middle class than lower middle class and more in upper class than lower middle class. This shows that the significant relationship in lower economic class has bigger impact of money arguments on partner’s relationship outcomes, it is common belief that money plays a large part in the life of married couples but are not as strong in predicting divorce. Arguments on the basis for spending habits related to money were portrayed as a sign of the reduced amount of care shown on investments of their partner. It was also predicted to negatively have an impact on relationship satisfaction which affects sexual satisfaction of the couple (Britt & Huston., 2012). One of another reason for having low sexual satisfaction more in married females belonging to lower class can be the organization of money it involves inequalities between men and women. The general concept of ‘breadwinning’ still exist and has big impact on both financial conversations and not being equal in household work affecting the marital quality overall (Vogler & Pahl, 1993).Due to the conflict in family life, work was also not given more priority which in turn bought financial dissatisfaction and also increased stress over parenting. Increase stressors were positively correlated with sexual dissatisfaction. Less satisfaction
financially and sexually created greater marital instability. Although, as proven by quoted current study’s result, a good financial communication and intimacy stability impacted sexual satisfaction. This shows that if therapists help the clients to openly and actively talk about money and sex it would predict less of inadequate income, financial conflicts and differences in sexual frequency among men and women and less divorce rates (Hill et al., 2017).

Conclusions

As the above mentioned researchers suggest that body shape satisfaction has a weak relationship with intimacy and sexual satisfaction of married females however satisfaction in a marriage contains satisfaction, contentment, and pleasure that an individual in a couple lives mutually when all stages and different aspects of their living together are taken into consideration. There are several aspects of the concept of marital satisfaction and personal intimacy such as sexual satisfaction, receiving support from partner, involvement in decision-making process, and their communication recreational activity, conventional intimacy, relationship with in-laws, social support, satisfaction with life and psychological well-being. It also subjected to variables such as the gender of partner, age at the time of marriage, duration of being married, and number of marriages an individual as done, socio economic status, the number of children, and work status and education.

References


The Relationship of Body Shape Satisfaction with Personal Intimacy and Sexual Satisfaction among Married Females


Tecumseh Community Health Study. *American Journal of Epidemiology*, vol.116:1, pp.123-140. DOI: 10.1126/science.3399889


The Relationship of Body Shape Satisfaction with Personal Intimacy and Sexual Satisfaction among Married Females


---

**Ms. Yumna Ismail** is M.Phil Student in the Institute of Professional Psychology, Bahria University Karachi.

**Dr. Sheeba Farhan** is an Assistant Professor in the Institute of Professional Psychology, Bahria University Karachi.