

Investigating the Relation between Women's Body Image and Unconsummated Marriage

Abstract

Background: Unconsummated marriage is considered to be one of the complicated sexual issues that lead to multiple complications and problems for couples as well as the society. It is thought that this disorder is more common in traditional cultures and some religions such as Islam, Hinduism, and Judaism. The aim of this study was to determine the relation between women's body image and unconsummated marriage. **Materials and Methods:** This was a case-control study which was conducted among 50 women who had an unconsummated marriage (case group) and 100 women who had a consummated marriage (control group) in Isfahan, Iran during 2015–2016. Data were collected using the Multidimensional Body-Self Relations Questionnaire (MBSRQ). The data were analyzed using descriptive and inferential statistical tests. **Results:** The total score of body image and all its components had no significant difference between both the groups of the case and the control ($P > 0.05$). **Conclusions:** Considering that no relation was found between body image and unconsummated marriage and the religious culture of the Iranian society with conservative sexual norms, investigating unconsummated marriage with emphasis on cultural factors is recommended. Hence, such sexual disorders would be avoided and the number of affected people and challenges can be decreased.

Keywords: *Body image, marriage, sexual abstinence, sexual dysfunction, unconsummated marriage, virginity, Iran*

Introduction

Marriage is a contract between men and women to satisfy their needs and consequently perform all the functions of a family including cooperation, division of labor, raising children, and having love and compassion. One of the most important goals of marriage is the gaining marital satisfaction.^[1] In many communities around the world, it is expected from the couple to have vaginal intercourse on the day of the wedding or shortly after, but sometimes, despite the efforts of the man and wife, a normal sexual relationship cannot be established which can cause distress for the couple. This situation is called unconsummated marriage (UCM).^[2,3] This appears to be a significant problem in the conservative Middle-Eastern societies and in the developing countries.^[2] This problem is divided into two types – primary and secondary. If the couple never succeeded to establish vaginal intercourse, the term “primary unconsummated marriage” is used, and in the secondary type, the

couple had a history of successful vaginal intercourse.^[4]

The exact prevalence of UCM is unknown but it is thought to be more prevalent in traditional and conservative religious communities where premarital sexual exposure is strictly prohibited.^[3] Based on the researches, the prevalence of this problem in Iran is 1.5%.^[5] Given that one of the important goals of marriage is having satisfactory marital relations, facing problems in this regard could have an undesirable impact on all the aspects of couples' lives. UCM has several unpleasant consequences. The most natural consequence of UCM is infertility that imposes a heavy emotional burden on the couple.^[6]

The reasons for this problem could be divided in three categories of disorders including men's problem, women's problem, and shared problems. Women's problems are divided to vaginismus and other painful gynecological problems, and men's problems are divided into two categories of erectile dysfunction and

Sara Hosseini¹,
Mahnaz Noroozi²,
Gita Montazery³

¹Student Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, ²Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, ³Legal Medicine Research Center, Legal Medicine Organization, Tehran, Iran

Address for correspondence:
Dr. Mahnaz Noroozi,
Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.
E-mail: noroozi@nm.mui.ac.ir

Access this article online

Website: www.ijnmrjournal.net

DOI:
10.4103/ijnmr.IJNMR_176_16

Quick Response Code:



How to cite this article: Hosseini S, Noroozi M, Montazery G. Investigating the relation between women's body image and unconsummated marriage. Iranian J Nursing Midwifery Res 2017;22:363-6.

Received: September, 2016. **Accepted:** February, 2017.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

premature ejaculation.^[7] In this regard, various treatments including psychotherapy, sex therapy, sexual education, cognitive behavioral therapy (CBT), and drug treatment are recommended.^[8]

Robinson has related UCM with cultural factors. He mentioned factors such as one or both spouses being religious, surrounding pressures due to specific traditions, hasty intercourse at the wedding night, considering sexual issues taboo, limited sexual educations, and unfamiliarity with the sexual anatomy of their sex partner as the aggravators of UCM.^[4]

The results of the recent studies have shown that problems related to body image may interfere with sexual function and cause painful experiences.^[9,10] Body image is a complex set of conscious and unconscious emotions, attitudes, and perceptions, which a person has about his or her value, role and physical postures.^[11]

Based on the researches, problems related to body image are not only associated with sexual response but also with sexual avoidance and high-risk sexual behaviors. Those who have negative body image are more likely to show avoidance behavior in sexual activity.^[9,10] In a number of studies conducted on UCM, female body image problems such as negative attitudes toward their sexual organs, illusions about abnormal genitalia, thoughts about little vagina, and believing in having ugly bodies have been pointed out as related factors.^[12] Given the prevalence of this problem and lack of knowledge about the relation between body image and UCM, this study was aimed to determine the relation between body image and UCM.

Materials and Methods

This case-control study was conducted among women who had an UCM (case group) and women who had a consummated marriage (control group) in Isfahan, Iran between April 2015 and February 2016. Participants were selected through convenience sampling. All the women who had an UCM and met the inclusion criteria for the study who were referred to 10 selected health centers, the forensic medicine center, and 4 selected gynecologists' offices were selected as the case group. The participants of the control group were selected using simple random sampling after the completion of the cases' sampling; the control group was matched with the case group regarding age, occupation, and educational level.

The inclusion criteria included being Iranian, trying to have vaginal intercourse for one month or more, and being 15 years old or more. The exclusion criteria were having diagnosed depression, using medications that would affect sexual desire such as fluoxetine, paroxetine, and sertraline; sedative-hypnotic drugs such as benzodiazepines, especially diazepam; estrogen, and progesterone; chemotherapy and anti-cancer drugs, especially tamoxifen and cyclophosphamide; anti-acne drugs such as spironolactone;

antihypertensive drugs, especially diuretics and beta-blockers such as methyl Dopa, Lasix, Atenolol, and propranolol; cardiovascular drugs such as digoxin; having diagnosed with untreated diseases such as advanced vascular diseases, diabetes, and hypothyroidism; being addicted to drugs and alcohol, and having erectile dysfunction or diagnosed premature ejaculation for the husbands of the participants. In case of not completing the questionnaire, the participant would be excluded from the study.

It was determined that a minimum of 50 participants should be in the case group and a minimum of 100 participants should be in the control group, with a confidence interval of 95%, accuracy of 0.6, and a minimum power of 80%. Data collection was done using Multidimensional Body-Self Relations Questionnaire (MBSRQ). This questionnaire contains 68 questions, and one question was added to it about satisfaction with various body parts and its theme was "external sex organs (skin color, shape, and size)." The questions of the questionnaire are as follow: Questions about body (54), questions related to satisfaction with various parts of the body (9), and questions related to the attitude toward weight (6) are scored based on Likert scale. Each question was scored from 1 (completely dissatisfied) to 5 (completely satisfied). Thus, the minimum and maximum total score could be 69 and 395, respectively. This implies that higher mean scores of the tool in the areas of appearance evaluation and satisfaction with various body parts would respectively indicate a sense of physical attractiveness and high satisfaction with appearance and various parts of the body. However, higher mean scores in the area of appearance represents spending considerable effort, mental energy, and time for the appearance and charm and represents low satisfaction with body image in this field. Further, scores above the mean score in the area of rumination about being overweight would indicate lower satisfaction and higher anxiety about weight and obesity. Validity of the main parts of the questionnaire was examined and approved and its reliability was 0.81.^[13] The reliability of this tool in a study that was conducted on Iranian population in the subscale of tendency toward appearance was 87%, the evaluation of appearance was 85%, satisfaction with different body parts was 79%, and rumination about being overweight was 82%.^[14] The Statistical Package for the Social Sciences software 16.0 (SPSS version 16.0, Iran, Isfahan) was used for data analysis. Alpha score of 0.05 was accepted for statistical significance. To analyze the data, descriptive and inferential statistics (independent *t*-test, Chi-square, Fisher, and Mann-Whitney) was used.

Ethical considerations

Research ethics confirmation (ethical approval code: 394407) was received from the ethics committee of Isfahan University of Medical Sciences, and written informed consent, anonymity, confidentiality, and the right of leaving the project at any desired time was preserved.

Results

The findings showed that 82% of the participants, who had UCM, had the primary type while 18% of them had the secondary type. The mean of UCM duration was 2.81 (2.70) years (minimum and maximum were 3 months and 10 years, respectively). The demographic characteristics of the participants (age, educational level, occupation, and place of residence) of the case group and the control group were compared. No significant difference was found between the case and the control group regarding their demographic characteristics ($P > 0.05$).

The results showed that the total score of body image and all its components, including evaluation of appearance, appearance orientation, rumination about being overweight, and satisfaction with different parts of the body, had no statistically significant difference between the two groups ($P > 0.05$) [Table 1].

Discussion

The findings of this study showed that body image and its components are not significantly related to UCM. The main idea of the present study came from available research related to the effect of body image on sexual function and experiences about sexual activity. Several studies have reported on this phenomenon such as DorMohammadi *et al.*^[15] and Wallwiener *et al.*^[16] These studies showed the effect of negative body image on sexual function and marital satisfaction.

Regarding body image and sexual avoidance, the results of Woertman and Van den Brink^[9] as well as La Rocque and Cioe^[10] showed that negative body image is associated with avoiding sexual activity. These findings are at odds with the findings of the present study. In a study by Milhausen *et al.*, it was shown that a complex pattern of relationships exists between body image and sexual relationship variables and that these relationships are not the same for men and women.^[17] Among the researches related to women who had UCM, some researches can be observed in which biological and sociocultural factors are considered to be the most important reasons for UCM.^[8] Some studies also consider disabilities such as premature ejaculation, erectile dysfunction, and sexual dysfunction in women as effective factors in UCM.^[18-20] Since in the present study, participants were screened for the presence of such problems, this evidence cannot be used to justify findings.

Regarding social issues, the results of other studies have shown that people who are highly educated are more involved in body image-related disorders, and in terms of age, the involvement of adolescents and young people is more than others.^[21] Another finding of the present study showed that educational level and age of women who had UCM was not significantly associated with their body image. Thus, it seems that UCM is affected by cultural beliefs. Religious beliefs, sexual script (schema), and traditions of each society can affect the sex life of its population.^[8] According to other studies, the prevalence of UCM in countries with conservative and religious cultures is more than other countries. In societies where men and women, before marriage, have freedom in communicating with the opposite sex, establishing reasonable relations, and visiting the opposite sex is not limited to the Joiner day (a phenomenon that happens in some countries such as Turkey, Arabic countries, Iran, and some African countries) usually fewer reports of UCM would be reported.^[2,3]

It seems that in Iranian culture (culture of people in Esfahan in particular), religious beliefs and traditions are strong levers in shaping the people's sexual behaviors, which can influence individual's sexual life. Thus, in the present study no relation between body image and UCM was found. Most researchers in the Eastern countries and Middle-East with a sexually conservative approach who have studied UCM, besides studying three factors of men problems, women problems and shared disorders, which have been mentioned as possible causes of UCM, have also considered cultural factors as main factors.^[3] At this point, the findings of the present study confirm the researches that examined the UCM with emphasis on cultural factors. The main limitation of the present study includes participants' beliefs and opinions about intercourse and virginity which could not be controlled.

Conclusion

With respect to the religious culture of Iranian society with conservative sexual norms in which couples experience sex only after marriage, it seems that UCM has to be investigated in a sociocultural context of the affected people. Therefore, conducting research (qualitative researches in particular) to assess the role of cultural factors in relation with the UCM is proposed to avoid such problematic sexual disorders, and as a result, the number of affected people would come down.

Table 1: Comparing the mean of total scores of body image and its components between both groups

Body image and its components	Case mean (SD)	Control mean (SD)	t-test	P
Score of evaluation of appearance	36.50 (5.90)	37.33 (4.23)	1.04	0.30
Score of appearance Orientation	21.11 (4.80)	22.00 (0.25)	1.15	0.25
Score of intellectual engagement with overweight	16.40 (4.11)	17.05 (4.20)	0.90	0.37
Score of satisfaction with various body parts	36.10 (7.80)	36.90 (6.60)	0.71	0.48
Total score of body image	237.31 (35.11)	244.50 (25.60)	1.41	0.16

Acknowledgement

This article was derived from a master thesis of Sara Hosseini with project number 394407, Isfahan University of Medical Sciences, Isfahan, Iran.

We should thank the Vice-chancellor for Research of Isfahan University of Medical sciences for their support.

Financial support and sponsorship

Isfahan University of Medical sciences.

Conflicts of interest

There are no conflicts of interest.

References

1. Heshmati H, Behnampour N, Arabameri S, Khajavi S, Kohan N. Marital satisfaction in refereed women to Gorgan health centers. *Iran J Psychiatry* 2016;11:198-200.
2. Michetti PM, Silvaggi M, Fabrizi A, Tartaglia N, Rossi R, Simonelli C. Unconsummated marriage: Can it still be considered a consequence of vaginismus? *Int J Impot Res* 2014;26:28-30.
3. Lema VM. Unconsummated marriage in sub-Saharan Africa: Case reports. *Afr J Reprod Health* 2014;18:159-65.
4. Robinson TM. A critical assessment of experiences and perceptions of the couple in an unconsummated marriage. PhD Thesis in Social Work. University of Stellenbosch; 2005.
5. Amini M, Ozgoli G, Azar M, Alavi Majd H. The time of consummation of marriage and its related factors in women referred to health centers and hospitals covered by Shahid Beheshti University of Medical Sciences in Tehran in 2009. *Pejouhandeh* 2011;16:73-8.
6. 6-Ramli M, Nora M, Roszaman R, Hatta S. Vaginismus and subfertility: Case reports on the association observed in clinical practice. *Malays Fam Physician* 2012;7:24-7.
7. Mhiri MN, Smaoui W, Bouassida M, Chabchoub K, Masmoudi J, Hadjslimen M, *et al.* Unconsummated marriage in the Arab Islamic world: Tunisian experience. *Sexologies* 2013;22:e71-6.
8. Molaeinezhad M, Merghati khoei E, Latifnejad Roudsari R, Salehi M, Yousefy A. Sexual scripts theory and the constructs of unconsummated marriage. *J Res Behav Sci* 2013;11:289-305.
9. Woertman L, Van den Brink F. Body image and female sexual functioning and behavior: A review. *J Sex Res* 2012;49:184-211.
10. LaRocque CL, Cioe J. An evaluation of the relationship between body image and sexual avoidance. *J Sex Res* 2011;48:397-408.
11. Potter PA, Perry AG, Stockert P, Hall A. *Fundamentals of Nursing*, 8th ed. Elsevier; 2013.
12. Farnam F, Janghorbani M, Merghati-Khoei E, Raisi F. Vaginismus and its correlates in an Iranian clinical sample. *Int J Impot Res* 2014;26:230-4.
13. Brown TA, Cash TF, Mikulka PJ. Attitudinal body-image assessment: Factor analysis of the body-self relations questionnaire. *J Person Assess* 1990;55:135-44.
14. Zarshenas S, Karbalaeei Noori A, Hosseini SA, Rahgozar M, Seyednour R, Moshtagh N. The effects of aerobic exercise on body image attitudes in women. *Rehabilitation* 2010;11:15-20.
15. Dor-Mohammadi M, Jafarnejad F, AfzalAghayee M, Kazemeini H. Investigating the relationship between sexual function and obesity in women. *Iran J Obstet Gynecol Infertil* 2012;15:26-33.
16. Wallwiener S, Strohmaier J, Wallwiener LM, Schönfisch B, Zipfel S, Brucker SY, *et al.* Sexual function is correlated with body image and partnership quality in female university students. *J Sex Med* 2016;13:1530-8.
17. Milhausen RR, Buchholz AC, Opperman EA, Benson LE. Relationships Between Body Image, Body Composition, Sexual Functioning, and Sexual Satisfaction Among Heterosexual Young Adults. *Arch Sex Behav* 2015;44:1621-33.
18. Naseri A, Malekirad AA, Gorjnia A, Ashayeri H, Fathi A, Fathi A. Unconsummated Marriage. *Health* 2015;7:207-10.
19. Muammar T, McWalter P, Alkhenizan A, Shoukri M, Gabr A, Bin AA. Management of vaginal penetration phobia in Arab women: A retrospective study. *Ann Saudi Med* 2015;35:120-6.
20. Borg C, de Jong PJ, Weijmar Schultz W. Vaginismus and dyspareunia: Relationship with general and sex-related moral standards. *J Sex Med* 2011;8:223-31.
21. McClain Z, Peebles R. Body image and eating disorders among lesbian, gay, bisexual, and transgender youth. *Pediatr Clin North Am* 2016;63:1079-90.