Evaluating Correlation of General Self-Concept with Sexual Self-Concept in Infertile Women

Tayebe Ziaei, Noushin Gordani, Elham Khoori, Mahin Tatari, Saeideh Gharahjeh

Abstract

Background: General self-concept refers to a set of feelings and perceptions toward oneself, and sexual self-concept is defined as an individual's perception of his/her sexual feelings and actions. These two concepts are affected by various life problems, including infertility. The present study aimed to evaluate correlation of general self-concept and sexual self-concept in infertile women.

Methods: This descriptive correlational study was carried out on all infertile women who visited the Gorgan Infertility Center in 2018. Overall, 105 eligible infertile women were included in the study via convenience sampling. Data were collected using Persian versions of the Rogers self-concept questionnaire and the Snell sexual self-concept questionnaire. Data were analyzed using the Pearson and Spearman's correlation tests in SPSS 16 and at significance of 0.05.

Results: Mean age of subjects was 28.88±5.14 years (range: 17 and 40 years). Based on the findings, 19% of the participants had normal general self-concept, 31.4% had moderate self-concept, and 49.5% had weak self-concept. Mean scores of positive sexual self-concept, negative sexual self-concept and situational sexual self-concept were 118.9±24.85, 13.33±8.94 and 41.98±10.53, respectively. There was no correlation between general self-concept and different dimensions of sexual self-concept of the infertile women.

Conclusion: Due to the lack of correlation between general self-concept and sexual self-concept in infertile women, it is suggested to conduct evaluations and interventions on the general and sexual self-concepts of the participants separately.

Highlights:
What is current knowledge?
Due to the lack of correlation between general self-concept and sexual self-concept in infertile women, evaluations and interventions on these variables can be done separately in this population.

What is new here?
There is no significant correlation between general self-concept and sexual self-concept in infertile women.

Introduction

Self-concept refers to a set of feelings and perceptions about oneself that can be acquired through social relationships and developed due to interactions with others (4). It has been considered as an important element of mental health (2). A negative self-concept manifests itself in lower self-confidence, lower performance, lack of motivation, isolation and loneliness (3), while a positive self-concept results in improved self-esteem and self-efficacy (4).

Sexual self-concept refers to individual's perception of his/her sexual feelings and actions (4, 6). This phenomenon emerges during the process of psychosocial-mental development and helps a person to achieve awareness in sexual life for self-evaluation (5). It is influenced by cognition, beliefs and environment (7) and significantly associated with sexual experiences and behaviors (8).

Snell (1995) introduced sexual self-concept in 20 dimensions (9). Ziaei et al. (2013) classified sexual self-concept into positive, negative and situational domains (10). The negative domain includes sexual anxiety, sexual depression, fear of sex and sexual monitoring (9). The positive domain consists of sexual behaviors, motivation and feelings that facilitate the growth and adaptation of self-efficient sexual beliefs that improve self-confidence and performance in sex (8). The situational domain is variable and can refer to a positive or negative concept depending on personal characteristics (11).
Rogers first introduced the self-concept questionnaire in 1951. The questionnaire consists of two forms that measure basic self-concept (form A) and ideal self-concept (form B). In both forms, there is 25 pair of contrasting personality traits, and the subject must evaluate himself/herself according to those two traits and give herself/himself a score between 1 and 7. First, the scores obtained in forms A and B were subtracted, squared, added and then squared root to obtain the final score of an individual in the test. A total score of 0 to 7, 7.01 to 10 and 10.01 or higher indicate normal, moderate and weak self-concept, respectively. Aghajani (2008) reported the reliability coefficient of this questionnaire as 0.83 (14). Khadivi et al. (2011) verified the validity of the questionnaire by obtaining a correlation coefficient of 0.67 (15). In the present study, the reliability of the questionnaire was confirmed by obtaining a Cronbach's alpha coefficient of 0.80.

Snell (1995) first designed the sexual self-concept questionnaire for measuring individuals' perception of sex (16). Ziae (2013) validated the questionnaire in Iran. The Persian version of the questionnaire includes 78 items and 18 domains each of which consists of three to five items. The domains are classified into three dimensions: negative sexual self-concept, positive sexual self-concept and situational sexual self-concept. The minimum and maximum scores in the positive, negative and situational self-concept dimensions are 0-117, 0-64 and 0-77, respectively. The reliability of the questionnaire was found to be 0.76 to 0.89 (10). In the present study, the reliability of the positive, negative and situational self-concept dimensions was confirmed by obtaining Cronbach's alpha coefficient of 0.68, 0.85 and 0.73, respectively.

Data were expressed presented as mean ± standard deviation (SD). Normality of data was assessed using the Kolmogorov-Smirnov test. Data were analyzed accordingly using the Pearson's correlation coefficient and the Spearman's correlation test. SPSS Statistics for Windows, version 16 (SPSS Inc., Chicago, Ill., USA).

Results

Mean age of participants was 28.88±5.14 years (range: 17-40 years). The majority of participants were married once (97.1%), homemaker (59%) and with bachelor's degrees (38%). In addition, most subjects were married for less than five years (Table 1).

There was a statistically significant positive relationship between age and negative sexual self-concept (P=0.017, r=0.23). There was no significant correlation between age and general or positive sexual self-concept (P>0.05). The results of the Spearman's test indicated no statistically significant correlation between general self-concept and sexual self-concept in infertile women (Table 2).

Based on the results, 19% of the participants had normal general self-concept, 31.4% had ideal self-concept and 49.5% had weak self-concept. The mean scores of positive sexual self-concept, negative sexual self-concept and situational sexual self-concept were 118.9±24.85, 13.33±8.94 and 41.98±10.53, respectively. Table 3 presents the mean score of the dimensions and subdomains of sexual self-concept.

There was no significant association between education level and self-concept scores in infertile women. The results of the Mann-Whitney test indicated a statistically significant difference in general self-concept and positive sexual self-concept scores between employed and homemaker infertile women. The results of the Kruskal-Wallis test indicated no statistically significant relationship between dimensions of sexual self-concept and the duration of the marriage or infertility.

The mean score of general self-concept, sexual self-concept and its dimensions in the levels of demographic variables such as level of education, duration of marriage, and duration of infertility were not statistically significant (P>0.05).

There was a statistically significant difference between the mean score of general self-concept (P=0.03) and positive sexual self-concept (P=0.013) by occupation, but there was no statistically significant difference between the mean score of negative self-concept and position in occupation (P>0.05).

Discussion

The present study examined the correlation between general self-concept and sexual self-concept of infertile women. We found no correlation between the general self-concept and sexual self-concept and its domains in infertile women. In a study by Mohammadi Nik et al. (2018), there were direct correlations between positive sexual self-concept and secure attachment and between negative sexual self-concept and insecure attachment (anxiety and avoidance) in married women of reproductive age. Moreover, women had high scores in the motivation subdomain to avoid high-risk sex (17). Similarly, we found that infertile women had the highest scores in the motivation subdomain to avoid high-risk sex. Salehi et al. (2015) reported that self-esteem and general self-concept had a significant positive correlation with sexual anxiety and fear of sex and a significant negative correlation with self-efficacy and sexual self-esteem (4). In another study, there was a positive correlation between self-esteem and sexual anxiety and a negative correlation between self-esteem and sexual self-efficacy in people with physical disabilities (18).

In our study, about half of the participants had lower self-concept. In line with this finding, Reisi et al. found that infertile women have lower self-concept compared with fertile women (19). Taghizadeh et al. (2015) found that candidates for receiving donor eggs had low self-concept and self-discrepancy (20).

In the positive sexual self-concept dimension, women had the highest scores in the motivation subdomain to avoid high-risk sexual behaviors and the lowest score in sexual optimism. In the negative sexual self-concept dimension, the subjects had the lowest scores (optimal status) in the sexual anxiety subdomain and the highest scores (sexual status) in the sexual monitoring subdomain. Saadat et al. (2014) found that all dimensions of sexual self-concept were weak in people with rheumatoid arthritis (21).

In the present study, there was a significant correlation between age and negative sexual self-concept so that the sexual self-concept score increased with age. In a study by Mohammadi Nik et al. (2014), age and duration of marriage had a strong correlation with sexual self-concept in women of reproductive age (17). It is necessary for sex therapists to take into account age as an important variable, especially in cases of infertility. In the present study, the general self-concept and positive sexual self-concept scores differed significantly between employed and homemaker women. In a previous cross-sectional study, it was found that women's education level had a positive correlation with positive and negative domains of sexual self-concept. In addition, women's occupation had a positive correlation with sexual self-esteem (22). According to the results, being employed and having higher education level could increase self-esteem, which ultimately strengthen positive sexual self-concept.

<table>
<thead>
<tr>
<th>Variable</th>
<th>General self-concept</th>
<th>Situational self-concept</th>
<th>Negative sexual self-concept</th>
<th>Positive Sexual Self concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>p</td>
<td>r**</td>
<td>p</td>
<td>r**</td>
<td>p</td>
</tr>
<tr>
<td>Positive sexual self-concept</td>
<td>0.05 0.18</td>
<td>0.001 0.51</td>
<td>0.001 0.35</td>
<td>-</td>
</tr>
<tr>
<td>Negative sexual self-concept</td>
<td>0.27 0.10</td>
<td>0.01 -0.24</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Situational self-concept</td>
<td>0.74 0.03</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>

*p-E value, ** Spearman's correlation coefficient.

Table 3. Mean scores of sexual self-concept subdomains in infertile women

<table>
<thead>
<tr>
<th>Dimensions of sexual self-concept</th>
<th>Subdomains</th>
<th>Mean ± SD</th>
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</thead>
<tbody>
<tr>
<td>Sexual anxiety</td>
<td>19.06 ± 20.09</td>
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<tr>
<td>Fear of sex</td>
<td>29.08 ± 19.49</td>
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<tr>
<td>Sexual depression</td>
<td>23.81 ± 24.45</td>
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<tr>
<td>Sexual distancing</td>
<td>23.92 ± 10.13</td>
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<tr>
<td>Sexual self-efficacy</td>
<td>68.86 ± 19.56</td>
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<tr>
<td>Sexual consciousness</td>
<td>67.97 ± 17.44</td>
<td></td>
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<tr>
<td>Motivation to avoid risky sex</td>
<td>79.82 ± 19.64</td>
<td></td>
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<tr>
<td>Sexual optimism</td>
<td>18.50 ± 10.37</td>
<td></td>
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<tr>
<td>Sexual Mate</td>
<td>37.32 ± 20.44</td>
<td></td>
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<tr>
<td>Sexual self-esteem</td>
<td>61.55 ± 21.54</td>
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<tr>
<td>Sexual satisfaction</td>
<td>66.62 ± 21.65</td>
<td></td>
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<tr>
<td>Sexual problem management</td>
<td>64.48 ± 16.66</td>
<td></td>
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<tr>
<td>Internal sexual control</td>
<td>60.38 ± 21.24</td>
<td></td>
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<tr>
<td>Sexual problem prevention</td>
<td>72.44 ± 25.63</td>
<td></td>
</tr>
<tr>
<td>Sexual assertiveness</td>
<td>57.97 ± 22.43</td>
<td></td>
</tr>
<tr>
<td>Sexual motivation</td>
<td>61.70 ± 23.29</td>
<td></td>
</tr>
<tr>
<td>Sexual procrastuation</td>
<td>37.97 ± 23.40</td>
<td></td>
</tr>
<tr>
<td>Sexual self-schemata</td>
<td>69.52 ± 28.85</td>
<td></td>
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</tbody>
</table>
Conclusion

Our results indicate that there is no significant correlation between general self-concept and sexual self-concept in infertile women; hence, the general and sexual self-concepts of infertile women can be examined separately in evaluations and interventions. Given that age has a significant relationship with sexual self-concept, informing people to make early decisions for marriage and childbearing may help early diagnosis of infertility to increase the success of treatment. It is essential to develop programs aiming at improving self-concept and quality of life of infertile women. It is also recommended to study the association of general self-concept and sexual self-concept in infertile couples.

Acknowledgements

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Ethical statement

This study was approved by the ethics committee of the Golestan University of Medical Sciences.

Conflict of interest

The authors declare that they have no conflict of interest.

Author contributions

N G, T Z, E Kh and S Gh design the study, N G collecting the samples and data, M T doing statistical analysis, N G writing the manuscript, T Z, E Kh, M T and S GH editing the manuscript. All authors approved the final version of manuscript for submission.

References

5. O’Sullivan LF, Meyer-Bahlburg HFL, McKeague IW. The Development Of The Sexual Self-Concept Inventory For Early Adolescent Girls. Psychology of Women Quarterly. 2006; 30(2):139-49. [View at publisher] [Google Scholar] [DOI]
16. La Rocque CL, Cioe J. An evaluation of the relationship between body image and sexual avoidance. J Sex Res. 2011; 48(4):397-408. [View at publisher] [Google Scholar] [DOI] [PMID]

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