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

Tayebe Ziaei (1), Noushin Gordani (2), Elham Khoori (2), Mahin Tatar (1), Saeideh Gharahjeh (1)

1. Counseling and Reproductive Health Research Centre, Golestan University of Medical Sciences, Gorgan, Iran
2. Golestan University of Medical Sciences, Gorgan, Iran
3. Obstetricians and Gynecology Specialist, Fellowship in Infertility, Gorgan Infertility Center, Golestan, Iran

Correspondence: Counseling and Reproductive Health Research Centre, Golestan University of Medical Sciences, Gorgan, Iran
Tel: +989129054795, E-mail: nooshin.gordani@yahoo.com

Abstract

Background: General self-concept refers to a set of feelings and perceptions toward oneself, and sexual self-concept is defined as 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 self-concept and situational sexual self-concept were 118.92±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.

Methods

This descriptive correlational study was performed on infertile women who visited the Gorgan Infertility Center in 2018. Due to the lack of a similar article to determine the sample size, we first conducted a pilot study with 30 samples, and a correlation coefficient of R=0.35 was obtained between general self-concept and positive sexual self-concept, R=0.26 between general self-concept and negative sexual self-concept, and R=0.56 between general self-concept and situational sexual self-concept. Since the greatest sample size (n= 105) was obtained with a correlation coefficient of R=0.26, 80% power and 0.95 confidence level, we considered the value as a criterion for determining the sample size.

Inclusion criteria were having Iranian nationality, at least secondary school education, no adopted children, primary infertility and no known physical or mental illness. Those who used psychiatric medications or had drug addiction were excluded from the study. Overall, 105 women were enrolled via convenience sampling. The study was approved by the ethics committee of the Golestan University of Medical Sciences (code: IR.GOUMS.REC.1397.99). After detailed explanation of the study objectives and methods, written informed consent was taken from all participants. Data were collected using a demographic characteristics form, the Rogers’ self-concept questionnaire and the Snell’s sexual self-concept questionnaire.

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 herself/himself according to the descriptions.
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 efficacy in people with physical disabilities (18).

In our study, about half of the participants had low self-concept. In line with this finding, Reisi et al. found that infertile women have lower self-concept compared with fertile women (19). In another study by Sadat et al. (2014) 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 (status) in the sexual monitoring subdomain. Sadat 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 strengthens positive sexual self-concept.
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 can 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.

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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.

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