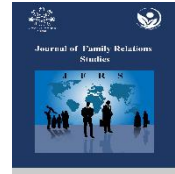




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Research Paper

The Role of Body Image, Marital Satisfaction, and Happiness in Predicting Sexual Desire Among Married Women: A Correlational Study



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ABSTRACT

Objective: This study aimed to explore how body image, marital satisfaction, and happiness influence the sexual desire of married women.

Methods: Conducted as a descriptive correlational study, it involved 286 married women who visited pre-divorce counseling centers at the Bojnord General Prosecutor's Office in 2023. These participants, selected through convenience sampling, were summoned due to their husbands' complaints of non-compliance with conjugal rights. Data collection tools included the Body Image Questionnaire (Fisher), Oxford Happiness Questionnaire (Argyle et al.), Enrich Couple Scale (Olson), and Hollander Sexual Desire Questionnaire.

Results: The analysis, which used correlation and stepwise multiple regression, revealed significant positive correlations between positive body image, marital satisfaction, happiness, and sexual desire ($p < 0.05$). Specifically, body image explained 39% of the variance in sexual desire, marital satisfaction accounted for 30%, and happiness accounted for 35%.

Conclusion: The findings suggest that enhancing body image, marital satisfaction, and happiness could significantly boost sexual desire in married women, indicating that targeted interventions in these areas may be beneficial.

1. Introduction

The family, as the first social unit and the most fundamental pillar of societies, is formed by the sacred bond between a man and a woman. This institution provides a platform for fulfilling various physical, rational, and emotional needs, and marital satisfaction is a reflection of family satisfaction. In marital relationships, various factors play a role in creating satisfaction and contentment between spouses. Sexual desire, as one of these key factors, contributes to

intimacy and relationship dynamics (Busby et al, 2023). Sexual desire is a complex and multifaceted aspect of human sexuality that is influenced by a variety of factors, including physical, psychological, and interpersonal characteristics. Married women in particular may experience changes in their sexual desire throughout different stages of their lives and relationships. Understanding the factors that influence sexual desire in married women is essential for promoting

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healthy and satisfying sexual relationships (Blumenstock, 2024). Sexual desire refers to an individual's interest in sexual objects or experiences and the motivational force that leads them to seek out and engage in sexual behavior (Blumenstock, 2024). This desire is an integral part of human sexual tendencies and is influenced by biological, psychological, and social factors. Sexual desire is guided by the interaction of hormones such as testosterone and estrogen, as well as neurotransmitters like dopamine in the brain's reward system (Muise et al., 2024). Psychological factors such as intimacy, attractiveness, and arousal influence sexual desire. Socio-cultural norms also shape one's sexual interests. Sexual desire lies on a spectrum and can fluctuate over time due to various reasons, including age, marital status, mental health, medications, and others. Persistent lack of sexual desire is known as hypoactive sexual desire disorder, while abnormally high sexual desire is called Hypersexuality desire disorder. The search results provide valuable insights into the sexual desire of married women and explore topics such as sexual dysfunction, predictors of sexual satisfaction, and the impact of pregnancy on sexuality (Corona et al., 2023). Research results indicate that sexual desire disorder can significantly impact individuals in several ways. Specifically, it is associated with a decrease in psychological well-being, which encompasses overall mental health and emotional stability (Belu et al., 2023). Additionally, this disorder often leads to a reduction in marital satisfaction, as sexual intimacy is a key component of many romantic relationships (Blumenstock et al., 2024). Consequently, couples may experience an increase in marital conflicts, as unmet sexual needs and dissatisfaction can create tension and misunderstandings between partners. This interplay of decreased well-being, lower marital satisfaction, and heightened conflict underscores the importance of addressing sexual desire disorder to improve overall relationship quality and individual mental health (Askari et al., 2024).

Research has demonstrated that body image—a multifaceted concept encompassing perceptions, beliefs, feelings, thoughts, and behaviors about one's body—significantly influences sexual desire and marital dynamics (Horvath et al., 2020). Body image includes the individual's mental and emotional representation of their body, affecting both their cognitive-affective evaluations and their overall satisfaction with their appearance (Bodega et al., 2024; Schneider et al., 2023). This perception is shaped by factors such as genetics, personal experiences, culture, and media, and can be altered by observable changes in the body, such as weight fluctuations, pregnancy, or illness (Kalash et al., 2023). Body image significantly influences how people interact with others (Richburg & Stewart, 2024). Individuals with

a positive body image are generally more confident in social situations and form healthier relationships. In contrast, those with a negative body image might withdraw from social interactions and struggle with their relationships. A negative body image can distort how people view their physical appearance and generate intense negative feelings about their bodies, which has been identified as a contributing factor to the development and worsening of mental health disorders (Cataldo et al., 2021). Additionally, a negative body image is linked to higher risks of mental health issues like depression and anxiety due to its impact on self-esteem and susceptibility to these conditions (King et al., 2020; Jannink et al., 2024). Such a negative self-view can result in marital conflicts, sexual distress, and overall marital maladjustment (Phoosuan & Lundberg, 2023; Sullivan-Myers et al., 2023; Tarawneh et al., 2024). Dissatisfaction with one's body image or romantic and sexual relationships is associated with diminished sexual functioning and greater negative consequences (Davis et al., 2016; Maamri & Badri, 2021). On the other hand, a positive body image and a close, fulfilling relationship with a partner can enhance sexual experiences and overall satisfaction (Mernone et al., 2021).

Marital satisfaction is another factor that can affect sexual desire (Chesli et al., 2023). Satisfaction is one of the most important pillars of married life and plays a significant role in the peace and stability of couples (Saeedi, 2024). This peace and satisfaction are also transmitted to the next generation and prepare the ground for the proper upbringing of children (Girma Shifaw, 2024). Marital satisfaction refers to an individual's subjective evaluation of their marital relationship and the extent to which the personal needs, desires, and aspirations of the spouses are met in this relationship (Hou et al., 2024). According to Asoodeh et al (2010), several factors contribute to a successful and satisfying marriage. These factors include the personality traits of the spouses, the level of mutual understanding, emotional maturity and mental balance, financial stability and economic security, adaptability, sexual satisfaction, and love. Research has shown that there is a positive correlation between sexual satisfaction and marital satisfaction (Raeisi Birkan & Bakhtiarpour, 2024; Allsop et al, 2023; Olson & Sexton, 2020; Rosen & Boksem, 2017; Stiles et al, 2023). The findings suggest that emotional intimacy, communication quality, and mutual commitment between couples play a key role in increasing sexual and marital satisfaction (Vandervoort et al., 2024; Beaulieu et al., 2023; Imanpour Barouq et al., 2023; Józefacka et al., 2023).

Happiness, as a positive emotional state associated with satisfaction and pleasure, plays a fundamental role in enhancing marital satisfaction (Najafi et al., 2024).

This desirable state involves holding positive beliefs about life, experiencing positive emotions, and the absence of negative emotions (Blanchflower & Bryson, 2024). Happiness, as a source of energy, enthusiasm, and vitality, can protect individuals from life's challenges and adversities, especially in marital relationships, and promote their physical and mental health (Ragul & Thenmozhi, 2023). The definition and experience of happiness is a variable and unique matter throughout people's lives. However, achieving desires and getting rid of unwanted things is often a common definition of happiness (Shokrzadeh et al., 2024). The definition of happiness is fluid and depends on the desires and needs of each person at each point in time (Li & Kong, 2024). Happier people experience greater peace and security, make decisions more easily, maintain a desirable level of performance, participate more actively in life, and ultimately, enjoy a healthy, vibrant, and satisfying life (Li & Feng, 2023). Happiness, as a key construct in married life, plays a decisive role in the level of marital satisfaction. Therefore, it can be said with certainty that happiness is a fundamental element in improving the quality of marriage (Li & Kong, 2024). Happiness, like a delicate dance between couples, is influenced by multiple factors, including cognition, emotions, and social interactions. This deep correlation makes happiness a powerful factor in people's relationships, especially couples. Numerous studies support this claim (Obradović & Čudina, 2023). Huang et al. (2024) demonstrated the effective role of happiness in marital satisfaction in their research. The findings of Abdolrahmi et al. (2023) also supported the role of happiness in marital satisfaction and mental health in women with premenstrual dysphoric disorder. In addition, Ragul & Thenmozhi (2023) found a direct relationship between happiness and marital satisfaction in their research. Other studies have indicated a link between happiness and marital commitment (Ter Kuile et al., 2021), lower anxiety and anger (Asselmann & Specht, 2023), and social capital (Kislev, 2020).

While existing literature highlights the importance of body image, marital satisfaction, and happiness on individual sexual functioning and marital quality, there is a notable lack of comprehensive research that integrates these factors to predict sexual desire specifically in married women. Most studies have investigated these variables in isolation or focused on their direct effects separately, leaving a gap in understanding how these factors interact and collectively influence sexual desire. Furthermore, existing research has often overlooked the specific context of married women and how their experiences with body image and marital satisfaction converge to affect their sexual desire. This study aims to address these gaps by examining how body image,

marital satisfaction, and happiness interact to predict sexual desire in married women. Specifically, this research will integrate variables and assess the combined effects of body image, marital satisfaction, and overall happiness on sexual desire, providing a holistic view of how these factors interact rather than considering them in isolation. By placing the findings in context, this research examines the unique experiences of married women to offer insights specifically relevant to their marital and sexual situations, an area that has been less studied. Deepening the understanding reveals how negative body image, marital dissatisfaction, and low happiness collectively impact sexual desire, which can inform targeted interventions and support strategies to enhance sexual functioning and marital quality. Therefore, this study aimed to answer the question: Do body image, marital satisfaction, and happiness predict sexual desire in married women?

2. Materials and Methods

This was a descriptive correlational study. Sexual desire was considered the criterion variable, while body image, marital satisfaction, and happiness were considered predictor variables.

The statistical population of this study consisted of all married women who had visited the pre-divorce counseling centers in the General Prosecutor's Office of Bojnurd City in 2023. The study sample included 286 women who had been summoned to the pre-divorce counseling centers in the General Prosecutor's Office due to their husbands' complaints of lack of obedience and were selected using convenience sampling. This sampling method was particularly appropriate for our study because our target population—married women—was not easily reachable through random sampling techniques, and our study required a focused group of participants who could provide relevant insights into the variables being examined. By choosing convenience sampling, we were able to gather data more efficiently from women who were available and willing to discuss sensitive topics such as body image and sexual desire. This approach also allowed us to conduct the study within the limited timeframe and resources available, without compromising the depth and relevance of the data collected. Participants in this study met the following inclusion criteria: 1) Female, aged 25 to 40 years old. 2) Experiencing sexual problems with their spouse. Participants were excluded from the study if they: 1) Failed to complete the questionnaire after receiving it. 2) Had missing data for more than 15 questions. Data collection in this study was conducted using the following instruments:

Body Image Questionnaire (BIQ): The Body Image Questionnaire (BIQ), developed by [Fisher \(1970\)](#), is a self-report instrument used to assess an individual's attitude towards their own body. The questionnaire consists of 46 items that evaluate a wide range of aspects of body image, including satisfaction with different body parts, overall appearance, attitude, and thoughts and feelings about weight and shape. Each item is scored on a 1-to-5 scale, based on how closely the respondent's answer aligns with the provided range. The total score is obtained by summing the scores for all items. A lower score indicates greater dissatisfaction with body image. The range of possible scores for the questionnaire is 46, which indicates severe dissatisfaction with body image. 115: Indicates neutral satisfaction with body image. 230: Indicates very high satisfaction with body image. The questionnaire assesses four subscales: Head and Face (12 items): Evaluates satisfaction with facial features and overall facial appearance. Upper Body (10 items): Evaluate satisfaction with the chest, back, shoulders, arms, and hands. Lower Body (6 items): Evaluate satisfaction with the stomach, waist, hips, thighs, legs, and feet. Overall Body Attitude (18 items): Evaluates overall feelings and perceptions about one's body. The Body Image Questionnaire has been validated through multiple studies demonstrating its reliability and validity. It has shown positive correlations with other measures of body image, such as the self-esteem scale and the depression scale ([Fisher, 1970](#)). The reliability of the questionnaire has been assessed using Cronbach's alpha, test-retest reliability, and the Guttman split-half coefficient. The Cronbach's alpha coefficient for the questionnaire was 0.87, indicating an acceptable level of internal consistency. The test-retest reliability was evaluated with a coefficient of 0.85, demonstrating high stability over time. The Guttman split-half coefficient was 0.88, reflecting the high consistency of the split-half method. These reliability measures confirm the robustness and consistency of the questionnaire in assessing the variables of interest. If additional details or clarifications are needed, please let us know. The psychometric properties of the Fisher Body Image Questionnaire (FBQ) were examined in a Persian context by [Nazarpour and Khazaei \(2012\)](#). Using Cronbach's alpha, Spearman-Brown reliability coefficient, and Guttman split-half coefficient, the researchers found internal consistency reliabilities of 0.91, 0.86, and 0.86, respectively. These results indicate that the FBQ has high internal reliability, suggesting that the questionnaire items are strongly correlated with each other and measure a single construct (body image). The test-retest reliability of the questionnaire is also satisfactory. This means that if individuals complete the questionnaire twice with a

specified time interval between administrations, their scores will remain relatively stable. This further supports the reliability of the questionnaire as a measure of body image over time.

Oxford Happiness Inventory (OHI): The Oxford Happiness Inventory (OHI) is a self-report questionnaire designed to measure an individual's level of happiness. It was developed by [Argyle et al \(1989\)](#). The OHI consists of 29 items that assess various aspects of happiness, such as life satisfaction, emotional well-being, and social connectedness. Respondents rate their agreement with each statement on a 4-point Likert scale, ranging from 0 (rarely or never) to 3 (often or always). The total score, reflecting greater happiness, is obtained by summing the scores for all items. Each item in the OHI consists of four statements rated on this scale. The total score for each item is obtained by summing the scores for the four statements. The total score for the entire questionnaire is obtained by summing the scores for all 29 items, with higher scores indicating greater happiness. The total score for the OHI ranges from 0 to 87, with higher scores indicating greater happiness. The following guidelines can be used to interpret scores: 0-27: Very low happiness; 28-49: Low happiness; 50-70: Moderate happiness; 71-87: High happiness. The Oxford Happiness Inventory (OHI) has been extensively validated in multiple studies, demonstrating its strong psychometric properties. For instance, according to Hills and Argyle (2002), the OHQ shows high reliability ($=0.91$), and follow-up studies have confirmed the internal consistency and test-retest reliability of the instrument. The inter-item correlation recorded identical results, establishing that OHQ can accurately replace OHI, and the internal consistency indicated that, according to overall happiness, all the items contribute to a valid measurement. Correlation among the OHQ and OHQ-SF results was highly significant, $r(168)=0.93$ ($p<0.001$), and indicated the validity of the measurement (Hills & Argyle, 2002). [Alipour and Nourbala \(2008\)](#) conducted a study with 101 participants and found a Cronbach's alpha of 0.93 for the OHI, indicating high internal consistency reliability. This suggests that the items on the OHI are highly correlated with each other and measure a single construct (happiness).

ENRICH Couple Scales: The ENRICH Couple Scales is a tool for assessing marital quality developed by [Olson \(1989\)](#). The ENRICH Couple Scales (short form) consists of 47 items and is a five-point Likert scale. Each item is scored from 1 to 5. This short form includes the following four main components: Idealistic Distortion: This component measures the couple's level of realism about their relationship. Marital Satisfaction: This component measures the couple's level of satisfaction

with their relationship. **Communication:** This component assesses the quality and effectiveness of communication between the couple. **Conflict Resolution:** This component measures the couple's ability to resolve conflict. For each subscale, sum the responses to all items within that subscale. The total score for each subscale can range from the minimum to the maximum possible score. The ENRICH Couple Scales have been shown to have good reliability. Olson (1989) reported alpha coefficients of 0.86, 0.80, 0.84, and 0.83 for the Idealistic Distortion, Marital Satisfaction, Communication, and Conflict Resolution subscales, respectively. Asoodeh (2010) found alpha coefficients of 0.68, 0.78, 0.62, and 0.77 for the Persian version of the scales.

Hurlbert Sexual Desire Questionnaire (HSDQ): The Hurlbert Sexual Desire Questionnaire (HSDQ) is a self-report questionnaire designed to assess individuals' sexual desire. It was developed by Apt and Hurlbert (1992). The HSDQ is a 25-item questionnaire that assesses a wide range of aspects of sexual desire, including sexual attraction, behaviors, and fantasies. Each item is rated on a 5-point Likert scale, with higher scores indicating greater agreement with the item. The total score is calculated by summing the scores for all items, with possible scores ranging from 25 to 125. Higher scores on the HSDQ indicate greater sexual desire. In the study by Yousefi et al. (2013), the results obtained from the internal consistency reliability coefficient methods, including Cronbach's alpha and composite (for 25 items), were satisfactory. The convergent validity coefficients of Halbert's sexual orientation questionnaire with sexual self-expression and sexual performance scales, and the concurrent validity coefficient of the questionnaire with Spector's sexual orientation inventory, were significant. In addition, a one-way analysis of variance showed that there is a significant difference in the level of sexual desire between men and women ($P < 0.001$). A significant positive correlation was found between age and sexual desire ($P < 0.01$). The psychometric indices obtained in this study supported the alignment of the results with previous research.

Procedure: After obtaining informed consent from the participants, the purpose of the study was explained to them. They were then given questionnaires and asked to read the questions carefully and select the answers that best reflected their characteristics. They were encouraged to answer all questions to the best of their ability. Data was collected individually. To ensure the confidentiality of the participants' responses, they were assured that their information would be kept confidential. Participants were fully informed about the study's purpose, procedures, and their right to withdraw at any time without any consequences. Informed consent was obtained from all

participants before they participated in the study. To encourage participation, we emphasized the importance and potential impact of the study in understanding factors that influence sexual desire in married women. Participants were informed that their involvement could contribute to valuable insights that could benefit other women in similar situations, potentially improving relationship satisfaction and personal well-being. Additionally, we assured participants that their responses would be confidential and anonymous, which helped to create a safe and comfortable environment for them to share personal information. In some cases, participants were also offered small incentives, such as gift vouchers or entry into a prize draw, as a token of appreciation for their time and effort. Given the high number of questions (approximately 150), we took several measures to minimize respondent fatigue: The questionnaire was carefully designed to be engaging and user-friendly, with clear instructions and a logical flow of questions. The questions were grouped by topic, which helped participants maintain focus and interest as they moved through the survey. **Pilot Testing:** Before full deployment, the questionnaire was pilot-tested with a small group of participants to identify any issues related to length, clarity, or potential fatigue. Based on the feedback, adjustments were made to optimize the length and pacing of the survey. **Breaks:** Participants were encouraged to take breaks if they felt fatigued, and they were informed that they could complete the questionnaire at their own pace, even over multiple sessions if needed. **Time Estimates:** We provided participants with an estimated time to complete the survey, which helped them manage their expectations and plan accordingly. By implementing these strategies, we aimed to reduce the potential for fatigue, thereby maintaining the quality of responses and ensuring that participants could provide thoughtful and accurate answers to all questions. The collected data were analyzed using Pearson's correlation coefficient and stepwise multiple regression using SPSS-22 software. Additionally, maintaining confidentiality of information and ensuring participants' freedom of choice were among the ethical considerations adhered to in this study. All participants were provided with a detailed informed consent form, which outlined the purpose of the study, the nature of their participation, potential risks, and benefits, as well as their rights as participants. This form emphasized that participation was entirely voluntary, and participants could withdraw from the study at any point without any negative repercussions. Participants were also informed that declining or discontinuing participation would not affect them in any way. **Data Anonymization:** All personal identifying information was removed or coded before data analysis. Participants

were assigned unique identification numbers, and these were used in place of names or other identifying details throughout the research process. This ensured that individual responses could not be traced back to specific participants. When reporting the findings, data were aggregated, meaning that only summary statistics were presented, ensuring that no individual participant could be identified. Direct quotes or detailed case studies were only used if they did not compromise anonymity and only with explicit permission from the participants involved.

3. Results

In our study, demographic data were collected to better understand the participants' characteristics and

contextualize the findings. The following demographic information was gathered: The participants' ages ranged from 20 to 47 years, with a mean age of 33.47 years. Participants' educational backgrounds varied, including 59% with a high school diploma, 24% with a bachelor's degree, and 17% with postgraduate qualifications. The sample included 42% of employed women and 58% of homemakers. Participants had been married for varying lengths of time, ranging from 1 to 25 years, with an average marriage duration of 11 years. The majority of participants had 96% children, with 4% having no children, 66% having one child, 32% having two children, and 2% having three or more children.

Table 1. Means and standard deviations of the studied variables

Variable	M	SD
Sexual desire	80.7892	6.3461
Body image	65.3201	5.2432
Marital satisfaction	43.9432	5.1974
Happiness	41.5034	4.9043

Table 1 presents the means and standard deviations, which are statistical indices

Table 2. Correlation matrix of the research variables

Variable	1	2	3	4
1. Sexual desire	1			
2. Body image	0.634	1		
3. Marital satisfaction	0.628	0.424	1	
4. Happiness	0.60	0.391	0.451	1

As can be seen in Table 2, the correlations between sexual desire and body image ($r = 0.634$), sexual desire and marital satisfaction ($r = 0.628$), and sexual desire and happiness ($r = 0.60$) were all significant at the $p < 0.01$ level. Our findings support the hypothesis that positive body image, marital satisfaction, and happiness are associated with increased sexual desire. In other words, individuals with more positive self-perception, stronger relationships, and greater life satisfaction tend to experience higher levels of sexual desire.

Given that the predictor and criterion variables were measured on interval scales, a linear relationship was observed between them, and the data were normally distributed, the normality and homoscedasticity of the residuals were verified; therefore, the assumptions for using regression are met. To determine the contribution of each of the predictor variables (body image, marital satisfaction, and happiness) in predicting the criterion variable (sexual desire), stepwise regression analysis was conducted as follows.

Table 3. Multiple Regression Analysis Results Predicting Sexual Desire Based on Body Image, Marital Satisfaction, and Happiness

Model	Sum of Squares	df	Mean Squares	F	Sig.	R	R ²	Adjusted R ²	Durbin-Watson
1	Regression	9376.65	1	9376.65	98.42	0.001	0.4	0.391	
	Residual	14064.114	148	95.27					
	Total	23441.2	149						
2	Regression	9256.14	2	4628.07	47.96	0.001	0.39	0.382	1.741
	Residual	14185.06	147	96.49					
	Total	23441.2	149						
3	Regression	8439.98	3	2813.32	27.38	0.001	0.6	0.36	
	Residual	15001.22	146	102.74					
	Total	23441.2	149						

As evident in Table 3, the stepwise regression results indicate that when the first variable, body image, is entered into the equation, this model alone explains 40% of the variance, which is adjusted to 39.1%. In Model 2, the marital satisfaction variable is added to the equation. This variable alone adds 38.2% to the explained variance of the previous model and represents 30% of the adjusted

R². In Model 3, the happiness variable is further added to the equation. This variable alone contributes 36% to the explained variance of the previous model and accounts for 35% of the adjusted R². Additionally, the Durbin-Watson test statistic is 1.741, and since this value falls between 1.5 and 2.5, independence of observations can be assumed.

Table 4. Stepwise Multiple Regression Coefficient Results

Model	Coefficient	Standard Error	Beta	t	Significance
1	Constant	97.645	7.399	13.192	0.001
	Body Image	1.23	0.132	0.634	9.312
2	Constant	118.43	9.472	12.491	0.001
	Body Image	0.86	0.155	0.49	0.001
	Marital satisfaction	0.75	0.142	0.42	0.001
3	Constant	126.53	10.364	12.191	0.001
	Body Image	0.79	0.163	0.46	4.832
	Marital satisfaction	0.7	0.157	0.4	4.412
	Happiness	0.45	0.113	0.14	3.981

As evident in Table 4, the beta coefficients were examined to determine the contribution of each predictor variable to the explained variance of the sexual desire variable. Based on the beta values, body image ($\beta = 0.46$), marital satisfaction ($\beta = 0.40$), and happiness ($\beta = 0.14$) have the highest contributions to predicting the level of sexual desire, respectively.

4. Discussion and Conclusion

This study aimed to explore how body image, marital satisfaction, and happiness predict sexual desire in married women. The results indicated a significant correlation between body image and sexual desire, with women who have a more positive body image reporting higher levels of sexual desire. These findings align with previous research by [Phoosuwan and Lundberg \(2023\)](#), [Sullivan-Myers et al. \(2023\)](#), [Tarawneh et al. \(2024\)](#), [Davis et al. \(2016\)](#), [Maamri and Badri \(2021\)](#), and [Mernone et al. \(2021\)](#). The study suggests that body image, as a core aspect of personality and self-concept, significantly influences psychological well-being, social interactions, and marital relationships. A positive body image enhances happiness, confidence, and self-esteem, thereby improving quality of life, while a negative body image can lead to negative emotions like shame, anxiety, and depression, impacting mental health and interpersonal relationships ([Sullivan-Myers et al., 2023](#); [Mernone et al., 2021](#)).

An individual's perception and beliefs about their physical appearance and body shape, known as "body image," play a fundamental role in determining their level of sexual satisfaction. This is because body image influences an individual's perception of their fitness and attractiveness and can directly impact their sexual experiences. Women's feelings and beliefs about the mental image of their bodies and their femininity status play an important role in marital compatibility and the experience of sexual relations with pleasure and satisfaction. These feelings and beliefs can greatly influence the marital experience and sexual relationships ([Davis et al., 2016](#)). Body image satisfaction plays a fundamental role in women's lives. It directly impacts their perception of their sexual attractiveness. Women who are more satisfied with their body image have higher

self-esteem and confidence. This, in turn, leads to greater feelings of competence and self-worth.

In particular, in young women, body image can influence sexual satisfaction. Evidence shows that sexual satisfaction in women results from feelings of acceptance and emotional closeness with their spouses, commitment, and love in their relationships. Also, negative body image is often associated with feelings of sexual insecurity and inadequacy, which can have consequences for one's ability to feel intimate with their partner ([Træen et al., 2016](#)). A study by [Weaver and Byers \(2006\)](#) found that body image concerns peak in situations where the body is a focus of attention, such as during sexual intercourse. This can lead to anxiety, shame, and even avoidance of intimacy. According to [Wiederman \(2012\)](#), negative body image can affect sexual experiences. People who are already dissatisfied with their bodies may feel more self-conscious and anxious during sexual encounters, potentially leading to a less positive experience. People who are unhappy with their appearance and have severe anxiety about their body shape may feel embarrassed and ashamed in sexual relationships. This can lead them to avoid intimacy or feel self-conscious during sex, causing a decrease in sexual desire, pleasure, and performance ([Phoosuwan & Lundberg, 2023](#)). For the same reason, married women may also experience stress during sex due to negative body image and the pressure to maintain a desired body image in the eyes of their partner. This stress can interfere with proper sexual function, satisfaction, and desire.

The results also indicated a significant positive correlation between marital satisfaction and sexual desire in married women. Marital satisfaction was found to be a predictor of sexual desire in married women. These findings are consistent with those of [Raeisi Birkan and Bakhtiarpour \(2024\)](#), [Allsop et al. \(2023\)](#), [Olson and Sexton \(2020\)](#), [Rosen and Boksem \(2017\)](#), [Muise et al. \(2009\)](#), [Vandervoort et al. \(2024\)](#), [Beaulieu et al. \(2023\)](#), [Imanpour Barough et al. \(2023\)](#), and [Józefacka et al. \(2023\)](#). In explaining these findings, it can be said that a happy and fulfilling relationship (high satisfaction) fuels intimacy by turning partners into sources of emotional support and encouragement. This, in turn, increases sexual desire. However, when couples are emotionally

distant (low satisfaction), it becomes difficult to understand each other's needs and desires, creating a barrier to intimacy and sexual connection. In some cases, marital dissatisfaction can lead to one partner belittling or insulting the other. This can severely damage the woman's self-esteem and confidence, leading to a significant decrease in her sexual desire. The accumulated dissatisfaction and resentment create a deep rift between the couple. This gap destroys the intimacy and the desire for sex and leads to the coldness and apathy of the woman (Allsop et al., 2023). When couples are satisfied with their marital relationship, they can talk to each other about their interests, priorities, and needs with ease. These conversations take place in an intimate and romantic setting and help them to gain a deeper understanding of each other and to properly respond to each other's emotional and sexual needs. On the other hand, lack of sexual desire or dissatisfaction with sexual intercourse can lead to feelings of deprivation, frustration, and insecurity in couples (Beaulieu et al., 2023). These negative emotions undermine the foundation of the family and, over time, lead to the collapse of married life and the loss of marital satisfaction. Therefore, intimacy and open communication about marital issues play a crucial role in maintaining marital satisfaction and happiness. By talking about their needs and desires, couples can gain a deeper understanding of each other and increase their intimacy (Józefacka et al., 2023). This, in turn, will also enhance sexual desire and satisfaction with sexual intercourse and will help to maintain a healthy and dynamic married life. In addition, the results showed a significant positive relationship between happiness and sexual desire in married women, and happiness was able to predict sexual desire in married women. These findings are consistent with the research of Huang et al. (2024), Abdolrahimi et al. (2023), Ragul and Thenmozhi (2023), Ter Kuile et al. (2021), and Asselmann and Specht (2023). In explaining these findings, it can be said that happiness plays an important role in increasing sexual desire and marital satisfaction. Happy people are more likely to experience positive emotions and enjoy intimacy with their spouse. This is a neutral and objective translation of the given phrase. It accurately conveys the meaning of the original text without introducing any additional bias or interpretation. Happiness plays a crucial role in promoting marital satisfaction. This is achieved through emotional stability, increased emotional intimacy, and psychological well-being (Ter Kuile et al., 2021). Happy people tend to have more stable emotions and deeper connections with their partners. This can also lead to a more fulfilling sex life, which is important for a happy marriage. This contributes to improving the quality of married life by creating a sense of peace and security, strengthening

intimacy, and increasing sexual desire and enjoyment of intimacy with the spouse (Asselmann & Specht, 2023). According to cognitive theory, our emotions and feelings are rooted in our bodily experiences. These experiences can be positive or negative and have a direct impact on how we function in our relationships and interactions with others. Positive and constructive experiences help us develop the skills necessary to build healthy and lasting relationships. In contrast, negative and unpleasant experiences can lead to disorganization and chaos in our behavior. Emotions such as fear, anxiety, joy, anger, and sadness are all an integral part of our daily lives. When these emotions are balanced, they can be a catalyst for progress and creativity. However, the inability to manage these emotions properly can lead to negative consequences in our lives. This is why learning how to identify, understand, and manage our emotions is of great importance (Abdolrahimi et al., 2023). This management is well done in happy people and can explain the link between happiness and sexual desire. On the other hand, it is important to remember that experiencing positive emotions such as happiness, love, and satisfaction in moderation can contribute to our mental health and emotional relationships. However, the unusual continuity and intensity of these feelings can have negative consequences (Huang et al., 2024). This can lead to emotional and psychological imbalance and jeopardize an individual's mental health.

Happiness as a key factor in marital relationships plays a significant role in establishing healthy and intimate bonds. Couples who experience higher levels of happiness and satisfaction in their lives generally demonstrate greater success in resolving marital issues and challenges. A strong emotional connection and intimacy between couples lay the foundation for sexual and marital satisfaction. Couples who can freely share their feelings and emotions, enjoy deep emotional intimacy, and experience greater happiness are also more likely to have more enjoyable and fulfilling sexual relationships.

In summary, this research demonstrated a significant relationship between body image, marital satisfaction, happiness, and sexual desire in married women. Negative body image was associated with lower sexual desire. Women who are dissatisfied with their body image may have less inclination towards physical intimacy with their spouse and may experience feelings of shame or dissatisfaction with their sexual performance. Conversely, higher marital satisfaction was associated with increased sexual desire. Women who were satisfied with their relationships with their spouses demonstrated a greater inclination to express their sexual desires and enjoy physical intimacy. Additionally, happiness was also linked to higher sexual desire. Women who experienced

higher levels of happiness showed a greater propensity for sexual activities and the experience of sexual pleasure. Understanding these factors can contribute to the development of more effective interventions for improving sexual desire and sexual health in married women. This is particularly relevant in the context of research demonstrating the complex interplay between body image, relationship satisfaction, and sexual functioning. By addressing these interconnected aspects, interventions can be tailored to enhance overall sexual well-being and relationship quality for married women. One of the limitations of this study was that the research sample was limited to the city of Bojnurd, which makes it difficult to generalize the results to other geographical areas of the country. Due to the limitation of the research sample to married women in pre-divorce counseling centers in the public prosecutor's office, generalizing the results to other genders and age groups is challenging. The use of convenience sampling was another limitation of this study. One limitation of this study was the use of self-report questionnaires to measure sexual desire and other research variables. It is recommended that similar research be conducted in other regions of the country with a more diverse sample in terms of gender and age to allow for more definitive conclusions about the relationship between the variables examined in this study and to enhance the generalizability of the findings. Conducting longitudinal studies to examine the reciprocal effects of body image, marital satisfaction, and happiness on sexual desire in married women over time, using more precise measurement methods to assess sexual desire, such as physiological assessments and interviews, and conducting research with larger and more randomized population samples to increase the generalizability of findings are among other research recommendations. Furthermore, since marital satisfaction is a crucial principle in marital adjustment, increasing it requires training for couples. To reduce marital conflicts and establish a healthy lifestyle in society, education on sexual issues, happiness, emotional expression training, and awareness of these topics are essential for increasing satisfaction with married life, especially for couples who have recently married or are at the beginning of their marriage.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this article. Participants were informed about the purpose of the research and its various stages. They were guaranteed confidentiality regarding their information and were free to withdraw from the study at any point. Furthermore, they could request access to the research findings whenever they desired.

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Authors' contributions

S.H. was responsible for the concept, design, and defining the intellectual content. S. conducted the literature search, data acquisition, and data analysis, and prepared, edited, and reviewed the manuscript. T. focused on data analysis and statistical analysis.

Conflicts of interest

The authors declare no conflicts of interest.

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