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# Predicting Sexual Satisfaction Based on Health Anxiety and Body Image in Married Female Students

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**Abstract**

This descriptive-correlational study examined the effects of health anxiety and body image on sexual satisfaction among 285 married Iranian female students with marital issues. Participants were selected via convenience sampling from Tehran University centers. Results indicated that body image positively predicted sexual satisfaction (β = 0.49), while health anxiety negatively impacted it (β = -0.24). Body satisfaction (29%) and subjective body perception (23%) significantly contributed to predictive power, with total body image accounting for 49%. Health anxiety dimensions disease incidence (β = 0.15), perceived consequences (β = -0.32), and general health concerns (β = 0.20) showed negative associations ($p < 0.01$). The findings highlight the need for healthcare professionals to address sexual disorders and health anxiety in clinical and counseling settings.

**Keywords:** Health Anxiety, Body Image, Sexual Satisfaction, Married Female Students, Marital Issues, Perceived Consequences, Clinical Interventions

**Novelty and Relevance**

This study is among the first to simultaneously examine the predictive roles of Health Anxiety and Body Image in determining Sexual Satisfaction among married female students in Iran. Previous studies have mostly explored these variables separately and have overlooked their combined effects as well as the sociocultural context of Iranian women. By addressing these gaps, the present research provides novel insights into the interplay between psychological and perceptual factors affecting sexual satisfaction, which can inform culturally sensitive clinical and counseling interventions for women experiencing marital and sexual difficulties.

## Introduction

The family is the foundation of any society, established through the causal relationship and bond of marriage and marital commitment. Individuals' physiological, physical, and emotional needs are typically fulfilled within the family unit. Therefore, addressing various physical and

emotional needs in marital relationships leads to individual satisfaction with the family and marital bond.

Sexual satisfaction is considered a crucial factor in the mutual satisfaction of spouses and their overall family relationships. Various factors, including individual and personality traits, as well as underlying medical conditions, influence sexual satisfaction and marital contentment. One such factor is body image. Body image is an individual's belief or mental perception of their body, health status, functional capability, and natural sexual desire (Kogure et al., 2019).

Another factor that may influence sexual satisfaction in married couples is health anxiety. Health anxiety refers to the misinterpretation of bodily sensations. In other words, it is characterized by obsessive and irrational concerns about having a severe medical condition, with individuals believing they exhibit physical symptoms of illness (Lei, 2021). With the increase in membership and use of social media and the prevalence of unprofessional opinions and incorrect or unscientific beliefs about physical and sexual health in these media, health anxiety has increased, especially in women and girls. Therefore, addressing this variable and its positive or negative impact on sexual satisfaction of married couples has been prioritized in this study.

Masoumi et al. (2018) emphasize the importance of scientific research, particularly in psychology, on family-related topics and the implementation of strategies to enhance family stability. However, previous studies have examined each of the factors affecting women's sexual satisfaction in a single dimension and separately without referring to cultural differences common in different societies and have not simultaneously examined the effects of health anxiety and body image on sexual satisfaction in married female students or have not considered the effects of cultural differences in the study populations. The observation of the recurrence, synchrony, and association of factors such as health anxiety and body image in some married female students who were dissatisfied with their sexual relationships prompted the researchers of this study to simultaneously examine the effects of these variables on sexual dissatisfaction in this group. Therefore, the present study aimed to investigate the simultaneous predictive role of health anxiety and body image in determining sexual satisfaction in married female students and seeks to answer the question: What role do health anxiety and body image play in predicting sexual satisfaction in married female students?

**Research Method**

The present study was conducted using a descriptive correlational method. In this study, health anxiety and body image were used as predictor variables, and sexual satisfaction as criterion variables.

The statistical population of the study included married female students with marital problems who were referred to counseling centers in Tehran universities in 2023. The sample size was determined using the Morgan table to be 285 people, and the available sampling method was used. The names and email addresses of the clients of these psychological counseling centers were collected through the above counseling centers, with a commitment not to misuse the information obtained, and 400 of them were contacted to obtain consent to participate in the study. Of these individuals, 312 agreed to participate in this study, and

after removing invalid and incomplete responses, 285 questionnaires were selected and analyzed.

The data required to analyze the subject and achieve the research objectives were collected using valid questionnaires related to the research topic. Also, considering the sensitivity of the research topic and the need to observe ethical norms in obtaining and maintaining information about female students, the personal details were removed, and the confidentiality of these students was maintained. The distribution and completion of the questionnaires were carried out in coordination with the research departments, the ethics committee, and the officials of the student counseling centers of five universities in Tehran (including public and private universities).

**In this study, three types of questionnaires were used as data collection tools as follows:**

*Sexual Satisfaction Questionnaire*

The Women's Sexual Satisfaction Scale is a reliable, valid, and multidimensional self-report instrument that assesses women's sexual satisfaction. This scale has 30 questions and consists of five subscales, including satisfaction, communication, compatibility, relationship anxiety, and personal anxiety. The scoring of this scale is based on a five-point Likert scale from completely agree to completely disagree.

A study conducted by Hassanvand Amozadeh and Roshan Chelsea et al. (2014) showed that the convergent and divergent validity of the sexual satisfaction scale was reported to be 0.83%. Also, in this study, each of the subscales was reported to be 70% communication, 70% compatibility, 62% relationship anxiety, and 65% personal anxiety, respectively.

In addition, in this study, the reliability of sexual satisfaction and each of the subscales was reported as follows: sexual satisfaction with Cronbach's alpha of 96%, satisfaction with Cronbach's alpha of 84%, relationship with Cronbach's alpha of 82%, compatibility with Cronbach's alpha of 91%, relationship anxiety with Cronbach's alpha of 88%, and personal anxiety with Cronbach's alpha of 90%.

*Body Image Questionnaire (MBSRQ)*

This questionnaire was developed and validated by Cash et al. (1990). The latest version of this questionnaire, which was used in the present study, includes 69 items and 3 important factors: body image, satisfaction with different parts of the individual's body, and the individual's attitude toward his or her weight.

This tool is scored on a 5-point Likert scale (from completely disagree = 1 to completely agree = 5). Thus, the minimum score is 57 points, the median score is 171, and the maximum score is 285. If the total score of this questionnaire is between 57 and 95, the level of the community variable is considered weak; if the total score of the questionnaire is between 96 and 190, the level of the variable is considered to be at the average level, and if the total score is more than 190, the variable is interpreted at a very good level.

The validity of the main parts of the questionnaire was reviewed and confirmed by Cash et al. (1990), and the reliability of the questionnaire was reported to be 0.81. Also, the reliability coefficient of body image was 0.84, the reliability coefficient of satisfaction with different

parts of the body was 0.79, and the reliability coefficient of the individual's attitude about his or her weight was 0.82.

*Health Anxiety Questionnaire (HAI-18)*

The short form of the Health Anxiety Questionnaire (HAI-18) used in the present study was developed by Salkovskis and Warwick in 2002 and retested in the same year. The reliability of this questionnaire was reported to be 0.90, and its Cronbach's alpha coefficient was reported to be 0.70 to 0.82. Given that this tool was developed for English speakers, the Health Anxiety Questionnaire was translated into Persian by Nargesi in 2017 and was approved by several professors in this field, and its writing has been checked several times.

The Health Anxiety Questionnaire consists of 18 questions; each question has 4 options, and each item of this questionnaire includes a description of the individual's health and illness components in the form of a new sentence, and the subject must choose one of the sentences that best describes him. The scoring for each item ranges from zero to 3. Choosing option A (0), option B (1), option C (2), and option D (3) has a score.

The questionnaire has three subscales, including illness, disease consequences, and general health concerns. The lowest score that an individual can obtain is zero, and the highest score is 54, and obtaining a high score in this questionnaire is a sign of health anxiety. A score below 27 is considered low health anxiety, a score between 27 and 34 is considered moderate health anxiety, and a score above 41 is considered high health anxiety (Nargassi et al., 2017). In 2018, Karimi et al. examined the reliability and validity of this tool on 363 students of Malayer University using a convenience sampling method. Cronbach's alpha coefficient was 0.79, and the test-retest coefficient was 0.68.

To examine the validity of the tool, the criterion validity method (examining the correlation between the short form of the health anxiety questionnaire with the general health acceptance and action scale questionnaire and the depression and stress anxiety scale) was used. The construct validity was also examined through confirmatory factor analysis (CFA), and the relationship between the validity coefficients was significant ($P<0.01$), and the convergent validity was of high reliability and satisfactory. Nargesi et al., in 2017, in a descriptive-analytic study on 500 students of Lorestan University of Medical Sciences, re-examined the reliability and validity of this tool. The reliability was calculated using Cronbach's alpha method and was 0.75. Confirmatory factor analysis was used to examine the construct validity of the questionnaire, the results of which indicate that health anxiety is a three-dimensional construct and that the presence of illness, disease consequences, and general health concerns are confirmed in it.

**Findings**

The demographic characteristics of the respondents to the questionnaire are presented in Table 1.

Table 1
*Distribution of demographic characteristics of subjects*

| Variable | | Abundance | Percentage |
|---|---|---|---|
| Age | Less than 30 years | 47 | 16.4 |
| | 30 to 35 years | 110 | 38.5 |
| | 35 to 40 years | 78 | 27.3 |
| | 40 and above | 50 | 17.8 |
| Education level | Bachelor | 50 | 17.5 |
| | Master's degree | 124 | 43.5 |
| | Ph.D | 111 | 39.0 |
| Job | Employed | 157 | 56.0 |
| | The housekeeper | 128 | 44.0 |

Table 2
*Descriptive indices of scores of married female students in sexual satisfaction, body image, and health anxiety*

| Variable | Number | Average | Standard deviation | Skewness | Kurtosis |
|---|---|---|---|---|---|
| Sexual satisfaction | 285 | 102.89 | 17.06 | 0.641 | 3.082 |
| Satisfaction | 285 | 26.36 | 4.26 | -1.045 | 2.404 |
| Communication | 285 | 24.75 | 5.08 | -0.564 | 1.341 |
| Compatibility | 285 | 25.01 | 6.42 | -0.789 | 1.314 |
| Relationship anxiety | 285 | 26.87 | 4.52 | 0.425 | 0.792 |
| Personal anxiety | 285 | 25.42 | 4.35 | -0.285 | 0.647 |
| Health anxiety | 285 | 53.28 | 14.51 | -0.417 | 0.551 |
| Getting a disease | 285 | 14.48 | 2.41 | 0.221 | 0.784 |
| Consequences of the disease | 285 | 15.36 | 2.23 | 0.412 | 0.624 |
| General health concerns | 285 | 23.44 | 1.27 | 0.226 | 0.758 |
| Body image | 285 | 265.12 | 25.14 | 1.254 | 2.245 |
| Your body image | 285 | 58.03 | 9.78 | 0.921 | 1.45 |
| Satisfaction with different body parts | 285 | 87.65 | 4.71 | -0.923 | 0.978 |
| Attitude about weight | 285 | 45.63 | 7.81 | 0.451 | 0.871 |

The results of the calculation of descriptive indices such as mean, standard deviation, minimum and maximum variables of women's sexual satisfaction, health anxiety, and body image and its subscales showed that the frequency distribution curve of the data is symmetrical, and since the sample size was large enough, it can be accepted that these samples had a normal distribution.

The results of the calculations and examination of the significance test of the correlation coefficient and the regression model between the variable of body image and health anxiety with sexual satisfaction in married female students are shown in Table 3.

Table 3

*Summary of regression model results of the role of body image and health anxiety in predicting sexual satisfaction of married female students*

| Correlation coefficient | Coefficient of determination | F | Level of significance |
|---|---|---|---|
| 0.74 | 0.55 | 165.67 | **0.001** |

Table 4

*The results of the multiple regression coefficients of the role of body image and health anxiety in predicting the sexual satisfaction of married female students.*

| Predictor variable | Non-standard coefficients | | Standard coefficients | T | P |
|---|---|---|---|---|---|
| | B | SE | BETA | | |
| Fixed value | 28.71 | 2.57 | | 6.75 | **0.001** |
| Body image | 0.22 | 0.03 | 0.59 | 8.82 | **0.001** |
| Health anxiety | | | -0.41 | -6.59 | **0.001** |

As seen in Table 3, the correlation coefficient between body image and health anxiety with the sexual satisfaction of married female students is 0.74, and the determination coefficient is 0.55. Also, the significance level of the error of the f test for the confidence level of 0.99 confirms the predictability of the criterion variable by the predictor variables.

On the other hand, according to the information in Table No. 4, it can be concluded that according to the significance level of less than 0.01 test error, body image and health anxiety play a significant role in predicting the sexual satisfaction of married female students. Also, the values obtained for the beta coefficient in Table No. 4 show that body image has 59% and health anxiety has a negative 41% ability to predict the sexual satisfaction of married female students.

Table 5

*Summary of the regression model of the role of body image and its dimensions in predicting the sexual satisfaction of married female students*

| Correlation coefficient | Coefficient of determination | F | Level of significance |
|---|---|---|---|
| 0.72 | 0.51 | 65.75 | **0.001** |

Table 6

*The results of the multiple regression coefficients of the role of body image and its dimensions in predicting the sexual satisfaction of married female students*

| Predictor variable | Non-standard coefficients | | Standard coefficients | T | P |
|---|---|---|---|---|---|
| | B | SE | BETA | | |
| Fixed value | 30.55 | 3.43 | | 5.88 | **0.001** |
| Your body image | 0.16 | 0.02 | 0.23 | 3.33 | **0.001** |
| Satisfaction from different parts of the body | 0.20 | 0.13 | 0.29 | 3.14 | **0.001** |
| Attitude about weight | 0.09 | 0.12 | 0.13 | 1.78 | **0.08** |
| Body image | 0.32 | 0.04 | 0.49 | 7.95 | **0.001** |

The information contained in Table 6 confirms the significant positive role of the self-image of the body, satisfaction with different parts of the body, and total score of body image in predicting the sexual satisfaction of married female students, taking into account the significant level of test error.

In addition, the BETA coefficients obtained and listed in Table 6 confirm the prediction of married women's sexual satisfaction by 23% by the image related to the body itself, by 29% by the satisfaction of different parts of the body, and by 49% by the total score of body image.

Table 7
*Summary of the regression model of the role of health anxiety and its subscales in predicting the sexual satisfaction of married female students*

| Correlation coefficient | Coefficient of determination | F | Level of significance |
|---|---|---|---|
| 0.61 | 0.38 | 25.03 | **0.001** |

Table 8
*The results of the multiple regression coefficients of the role of health anxiety and its subscales in predicting the sexual satisfaction of married female students*

| Predictor variable | Non-standard coefficients | | Standard coefficients | T | P |
|---|---|---|---|---|---|
| | B | SE | BETA | | |
| Fixed value | 24.03 | 5.62 | | 5.88 | **0.001** |
| Getting a disease | -0.22 | 0.04 | -0.15 | 3.33 | **0.11** |
| Consequences of the disease | -0.23 | 0.11 | -0.32 | 3.14 | **0.000** |
| General health concerns | -0.18 | 0.09 | -0.20 | 1.78 | **0.012** |
| Health anxiety | -0.20 | 0.08 | -0.24 | 7.95 | **0.002** |

The information contained in Table 8 confirms the significant negative role of disease, disease consequences, general health concerns, and the total health anxiety score in predicting the sexual satisfaction of married female students according to the significant level of test error.

In addition, the BETA coefficients obtained and listed in Table No. 8 confirm the prediction of married women's sexual satisfaction by negative 15% by the item of disease, by negative 32% by the consequences of the disease, and by negative 20% by general health concern. And it is 24% negative by the total score of health anxiety.

**Discussion**

Barbagallo et al. (2024), in their study titled “Obesity and Sexual Health: Focus on Postmenopausal Women,” reported that psychosocial factors, including poor body image, mood disorders, low self-esteem, and life satisfaction, as well as the health and quality of the relationship with a partner and social stigma, were associated with sexual health. They also highlighted the relevance of unhealthy lifestyles, chronic conditions, and certain medications. Similarly, Pious and Amaresha (2023) reported that physical and personal factors, such as health and appearance, spousal compatibility, and partner characteristics; psychological factors, including stressors and emotional and mental well-being; and situational and external factors, such as family structure, traditional beliefs and practices, societal stigma and taboos,

couples' daily schedules, environment, and privacy, were related to women's sexual function and satisfaction.

Yucel and Gassanov (2010) define sexual satisfaction as the extent to which couples' sexual expectations and needs are met by one another. Based on this definition, sexual satisfaction is associated with the quality and stability of intimate relationships, whereas dissatisfaction with a partner has been linked to marital conflict and divorce. Therefore, sexual satisfaction may be considered an important aspect of couples' physical and sexual health and has been associated with physical and mental well-being as well as the overall quality of family life (Kogure et al., 2019).

According to Jolly et al. (2018), body image is related to various cognitive and perceptual aspects, including feelings, thoughts, and behaviors regarding one's body and appearance. Jolly et al. (2018) emphasized that perceptual aspects include an individual's mental representation and emotional responses regarding their body, while cognitive-emotional dimensions relate to positive or negative perceptions of appearance. Previous studies have reported a positive association between favorable body image and sexual satisfaction. For example, Zarif and Ghasemian (2019) reported a significant association between body image and sexual satisfaction. Similarly, Simbar (2021) found a significant relationship between sexual function and body image. Zsolt (2020) reported that negative body image, along with other factors, was associated with greater orgasmic difficulties during intercourse and a greater inclination toward masturbation. Pujols et al. (2010) also found a significant positive correlation between body image and both sexual function and sexual satisfaction. Additionally, Kvalem et al. (2020) reported that baseline body satisfaction was associated with subsequent sexual satisfaction independently of relationship status and frequency of sexual activity among young adults. Taken together, these findings suggest a consistent association between body image or body satisfaction and aspects of sexual functioning and satisfaction.

Individuals with health anxiety may hold dysfunctional or distorted beliefs about their health, with excessive attention to minor physical symptoms and ambiguous bodily sensations (Shabahang et al., 2021). Health anxiety is often discussed in relation to the spectrum of obsessive-compulsive disorders and may involve persistent thoughts about having an illness, heightened attention to physical symptoms, and excessive concern about disease. Common health-related concerns may involve conditions such as cancer and AIDS, in which individuals face uncertainty and unpredictable prognoses (Ahmadian and Rasouli, 2018). This issue may also be relevant to sexual satisfaction, as physical health is an important aspect of sexual identity, particularly for women. Reactions to illness have been associated with fear, anxiety, and depressive symptoms (Shayan et al., 2016). For instance, breast cancer and its treatments have been associated with negative perceptions of physical condition, reduced enjoyment of life, and greater social isolation among women. Consequently, the relationship between physical health, identity, and perceptions of sexual attractiveness suggests that illness and its treatment may be associated with sexual well-being and psychological distress (Kowalczyk et al., 2020).

Sexual dysfunction, which includes difficulties related to sexual desire, arousal, orgasm, and sexual pain, has been associated with various medical conditions. A diagnosis may be experienced in connection with concerns about bodily changes, pain, loss of gender identity,

uncertainty about the future, fear of recurrence, and potential mortality. Studies such as Malaijerdic et al. (2023) have reported a significant relationship between health anxiety and sexual satisfaction. Their findings indicated an inverse relationship between health anxiety and sexual desire, as well as a significant positive correlation between health anxiety and sexual pain. Additionally, attitudes toward menopause were significantly associated with both sexual behavior and health anxiety. Similarly, Serkani et al. (2023), in their study titled "Investigating the Relationship Between Sexual Function and Health Anxiety and Fear of Recurrence in Women with a History of Breast Cancer," reported an inverse relationship between sexual function and both health anxiety and fear of recurrence. These findings suggest that health anxiety and concerns about recurrence may be relevant factors in understanding sexual functioning among women with a history of breast cancer. However, some studies have reported less consistent findings regarding the relationship between health anxiety, sexual dysfunction, and sexual satisfaction. For example, Kowalczyk et al. (2020) reported an association between anxiety levels and sexual function and quality of life among breast cancer survivors. In contrast, Gambardella et al. (2018) did not find evidence of significant distress associated with sexual dysfunction in these women.

This study examined the relationship between sexual satisfaction, health anxiety, and body image among married female students in Iran. Based on the findings, body image, satisfaction with different body parts, and the total body image score were significantly and positively associated with sexual satisfaction among married women. The obtained beta coefficients indicated that body image, satisfaction with different body parts, and total body image score accounted for approximately 23%, 29%, and 49% of the variance in sexual satisfaction, respectively. These findings suggest that more favorable body image and greater satisfaction with different body parts were associated with higher levels of sexual satisfaction in the study sample. However, given the cross-sectional and correlational design of the study, these associations should not be interpreted as evidence of causal relationships.

These results are consistent with the findings of Zarif and Ghasemian (2020), Khani (2019), Masoud Pei and Rezaei Jamaloui (2019), Fekret et al. (2018), as well as those of Simbar (2021), Zsolt (2020), Kvalem et al. (2020), and Kogure et al. (2019), which reported a positive association between body image and its related components and women's sexual satisfaction. Overall, these findings support the presence of a positive relationship between more favorable body image and higher levels of sexual satisfaction among women.

The social and family environment, social norms, cultural practices, and subcultures may be associated with women's perceptions of body image, physical adequacy, and gender identity. Within the family context, supportive and non-judgmental interactions may be related to more positive perceptions of one's body. At the family level, mothers and older sisters may serve as role models for younger girls and may be involved in the development of body image among girls and young women. Mothers, particularly through their own experiences, may also provide guidance regarding changing roles, relationships, sexuality, and perceptions of the body. Such family interactions may be particularly relevant to how women interpret social expectations regarding appearance and body-related stereotypes. Although contemporary young women, including members of Generation Z, are also exposed to models of appearance through influencers, celebrities, and broader cultural and social media environments, family experiences may remain one of several contexts associated with body image development. In

the present study, greater satisfaction with different body parts was positively associated with a more favorable body image and higher sexual satisfaction among married women. However, these associations should not be interpreted as evidence that family influences or positive body image directly cause higher sexual satisfaction.

Also, based on the results of the present study, health anxiety and its dimensions, including concerns about contracting a disease, concerns about the consequences of disease, and general health concerns, were significantly and negatively associated with sexual satisfaction among married female students. The obtained beta coefficients indicated that the dimensions of disease concerns, concerns about disease consequences, general health concerns, and total health anxiety were associated with sexual satisfaction at approximately −15%, −32%, −20%, and −24%, respectively. These findings are consistent with previous studies by Sarkani et al. (2023), Nasution et al. (2022), Sousa Rodrigues Guedes et al. (2022), Lorimer et al. (2020), and Kaplan et al. (2012), which reported negative associations between health anxiety and aspects of sexual satisfaction and functioning among women. More broadly, anxiety has been associated with reduced quality of life and difficulties in sexual functioning. Some studies have suggested that physiological responses associated with stress and anxiety may be relevant to sexual functioning. For example, catecholamine activity has been discussed in relation to difficulties with lubrication and orgasm (Nasution and Lelo, 2022). Similarly, corticotropin-releasing hormone (CRH), an important mediator of the physiological stress response, has been discussed in relation to neuroendocrine processes involved in sexual activity and reproduction (Kaplan et al., 2012). These mechanisms may provide a possible explanation for the observed association between anxiety and sexual functioning; however, they cannot be established as causal mechanisms based on the present cross-sectional study. The relationship between health anxiety and sexual dysfunction may also be bidirectional, with health anxiety and sexual difficulties potentially being associated with one another. However, the directionality of this relationship cannot be determined from cross-sectional data. Health concerns may be associated with difficulties in sexual functioning and reduced satisfaction within intimate relationships, while sexual difficulties may, in turn, be associated with greater anxiety and concerns about one's body and health.

The limitations of this study include the difficulty in recruiting married female students who were willing to participate and the challenges associated with obtaining cooperation from university counseling centers to facilitate access to eligible participants. The use of a convenience sample and the characteristics of the study population may limit the generalizability of the findings to other populations and settings; therefore, the results should be interpreted with caution. In addition, despite assurances regarding confidentiality and the non-disclosure of personal information, participants may have been influenced by social and cultural expectations when responding to questions related to health, body image, and sexual satisfaction. Consequently, the possibility of social desirability bias cannot be completely excluded.

**Conclusion**

The findings of the present study indicate significant associations between body image, health anxiety, and sexual satisfaction among married female students in Iran. More favorable body image and greater satisfaction with different body parts were associated with higher levels of sexual satisfaction, whereas greater health anxiety was negatively associated with sexual

satisfaction. Given the cross-sectional and correlational nature of the study, these findings should be interpreted as associations rather than evidence of causal relationships.

Future research could examine these relationships in larger and more diverse samples and consider additional individual and sociocultural factors that may be associated with body image and sexual satisfaction, including height, weight, ethnicity, cultural background, and social influences. Replication in other populations and settings may also help clarify the extent to which these findings are applicable beyond married female students. Further research could also examine whether psychological and educational interventions addressing body image and health anxiety are associated with sexual satisfaction and relationship outcomes among married women.

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