



Testing the Model of Structural Relationships Between Personality Traits and Dysfunctional Sexual Beliefs with Mediation of Body Self-Objectification in Menopause Women Cultural Background

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Abstract

The purpose of the present study was to test the model of structural relationships between personality traits and dysfunctional sexual beliefs with the mediation of body self-objectification in menopause women cultural background of Tabriz city. The statistical population of the research included all women referring to the sanitary centers of Tabriz city. The sample encompassed 250 women from the mentioned population who were selected by convenient sampling procedure. The research method was descriptive of correlation type. To collect data McCree's Five-factor Personality Questionnaire (1985), Sexual Dysfunctional Beliefs Questionnaire of Neuber et al. (2003) and Body Objectification Scale of McKinley and Hyde's (1996) were implemented. Pearson's correlation coefficient and structural equations were applied for data analysis using SPSS and Amos software. The results showed that there was a significant relationship between personality traits, body self-objectification and dysfunctional sexual beliefs. The results also indicated that personality traits had direct and indirect effect through the mediation of self-objectification on dysfunctional sexual beliefs of menopausal women, and the model showed a proper goodness of fit too. Finally, cultural differences were influential on menopausal experience and its syndrome and symptom interpretation.



Extended abstract

Introduction: Menopause is one of the critical stages in a woman's life, marking the end of reproductive capacity. It occurs when a woman's ovules are depleted, resulting in the cessation of ovulation and the permanent end of menstruation, rendering women unable to conceive. This usually happens between the ages of 45 and 55. During this time, the ovaries produce less of the female hormones, especially estrogen, leading to the onset of post-menopausal symptoms. Initially, menstrual cycles become irregular and then stop completely. Some of the symptoms that arise with post-menopause include hot flashes, heart palpitations, sweating, anxiety, and insomnia, which are more intense at the beginning of menopause but improve over time. In some women, sexual function decreases, and satisfaction with sexual relationships also diminishes. This decline could be related to other underlying variables such as individual personality traits, body self-objectification, and dysfunctional beliefs about sexual relationships. Although menopause is a physiological process and a common event, it does not feel the same for all women. In addition to biological changes, women experience menopause in their cultural and social frameworks. Studies emphasize the complex interaction between psychological, social, and cultural factors in the years after menopause. Many cultures emphasize fertility as the primary role of women. In some societies, the negative attitude towards the phenomenon of menopause even aggravates the signs and symptoms in the years of menopause. Although menopause is recognized in most societies by the biological symptoms of a physical-hormonal complication, cultural differences make the process of understanding and experiencing menopause different from one society to another. Therefore, the purpose of the present study was to test the model of structural relationships between personality traits and dysfunctional sexual beliefs with the mediation of body self-objectification in menopause women cultural background of Tabriz city.

Method: The statistical population of the research included all women referring to the sanitary centers of Tabriz city. The sample encompassed 250 women from the mentioned population who were selected by convenience sampling procedure. Inclusion criteria were a minimum level of literacy, being female, having undergone menopause, and willingness to participate in the study. Exclusion criteria included unwillingness to participate, severe psychological disorders, and substance abuse. To maintain ethical standards, participant consent was obtained, and individuals' names were coded for analysis. The research method was descriptive of correlation type. To collect data McCree's Five-factor Personality Questionnaire (1985), Sexual Dysfunctional Beliefs Questionnaire of Neuber et al. (2003) and Body Objectification Scale of McKinley and Hyde's (1996) were implemented. Pearson's correlation coefficient and structural equations were applied for data analysis using SPSS and Amos software.

Results: The results showed that there was a significant relationship between personality traits, body self-objectification and dysfunctional sexual beliefs. The results also indicated that personality traits had direct and indirect effect through the mediation of self-objectification on dysfunctional sexual beliefs of menopausal women, and the model showed a proper goodness of fit too. Finally, cultural differences were influential on menopausal experience and its syndrome and symptom interpretation.



Discussion and Conclusions: Personality traits and body self-objectification influence dysfunctional sexual beliefs in menopausal women. By increasing societal awareness of the role of personality traits and the cultural issues that lead to body objectification, as well as their broad impact on individuals' thoughts and beliefs. By evaluating cognitive factors such as beliefs and attitudes regarding sexual issues, a more comprehensive understanding of the problems and dissatisfaction experienced by women could be achieved. This understanding paves the way for planning and efforts aimed at preventing such issues. Therefore, in order to meet the needs of health and welfare and provide services in the years of transition from menopause, it is necessary to take into consideration sexual and cultural-social sensitivities.

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