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Kadın Cinsel Sağlığı

Effects of female genital body image and self-esteem on women's sexual functions during the postpartum period

Doğum sonrası dönemde kadın genital benlik imajı ve benlik saygısının kadınların cinsel işlevlerine etkisi

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ABSTRACT

OBJECTIVE: The purpose of this study is to examine the effects of female genital body image and self-esteem on sexual functions in women during the postpartum period.

MATERIAL and METHODS: A descriptive and relational study was conducted with 153 postpartum women using a snowball sampling method. Data were collected through the female genital self-image scale (FGSIS), Rosenberg self-esteem scale (RSES), and female sexual function index (FSFI). Multiple regression analysis was performed to identify predictors of sexual function.

RESULTS: FGSIS and RSES were positively correlated with FSFI, with RSES (β=0.283, p <0.001) and FGSIS (β=0.218, p=0.006) emerging as significant predictors of sexual function. Higher self-esteem and a more positive genital self-image were associated with better sexual function, particularly in arousal, lubrication, orgasm, and satisfaction subdomains.

CONCLUSION: Postpartum women's sexual function is significantly influenced by genital self-image and self-esteem. Psychological interventions and postpartum care strategies focusing on improving body image and self-esteem could enhance sexual health outcomes.

Keywords: postpartum nursing care, self-esteem, female genital body image, sexual function

ÖZ

AMAÇ: Bu çalışmanın amacı, doğum sonrası dönemde kadınlarda genital beden imajı ve benlik saygısının cinsel işlevler üzerindeki etkilerini incelemektir.

GEREÇ ve YÖNTEMLER: Tanımlayıcı ve ilişkisel bir çalışma olarak tasarlanan araştırmaya, kartopu örnekleme yöntemi ile 153 doğum sonrası kadın dâhil edilmiştir. Veriler, kadın genital benlik imajı ölçeği (KGBİÖ), Rosenberg benlik saygısı ölçeği (RBSÖ) ve kadın cinsel işlev ölçeği (KCİÖ) kullanılarak toplanmıştır. Cinsel işlevin yordayıcılarını belirlemek için çoklu regresyon analizi yapılmıştır.

BULGULAR: KGBİÖ ve RBSÖ, KCİÖ ile pozitif korelasyon göstermiştir. RBSÖ (β=0,283, p <0,001) ve KGBİÖ (β=0,218, p=0,006), cinsel işlevin anlamlı yordayıcıları olarak belirlenmiştir. Daha yüksek benlik saygısı ve daha olumlu genital benlik algısı, özellikle uyarılma, lubrikasyon, orgazm ve tatmin alt boyutlarında daha iyi cinsel işleve katkıda bulunmuştur.

SONUÇ: Doğum sonrası kadınların cinsel işlevi, genital benlik imajı ve benlik saygısı ile önemli ölçüde ilişkilidir. Benlik algısını ve benlik saygısını geliştirmeye yönelik psikolojik müdahaleler ve doğum sonrası bakım stratejileri, cinsel sağlık sonuçlarını iyileştirebilir.

Anahtar Kelimeler: doğum sonrası hemşirelik bakımı, benlik saygısı, kadın genital benlik imajı, cinsel işlev

INTRODUCTION

Childbirth is a significant transitional period, during which both mothers experience various changes. While many couples eagerly anticipate childbirth, they often struggle to cope with the subsequent adjustments.[1] These changes include irregular sleep patterns, mood fluctuations, confusion stemming from the new parental role (motherhood, fatherhood), and postpartum sexual function alterations in women.[2,3] Postpartum sexual health issues are diverse and have important implications for both women and their partners. While women may experience various sexual health problems such as dyspareunia (painful sexual intercourse), vaginal dryness, orgasm difficulty and decreased sexual desire in the postpartum period, their partners may also be affected by these changes and may experience sexual dissatisfaction, emotional distance or communication difficulties in the relationship. Sexual function in the postpartum period is influenced by a complex interplay of biological, psychological, and relational factors.[4] Psychological factors, such as self-esteem and body image, play a crucial role.[5]

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One of the factors that affect postpartum sexual function is changes in body image. During pregnancy and after childbirth, women's self-esteem may be negatively affected due to physical changes and the process of adapting to motherhood, often leading to a diminished sense of identity.[6] Genital self-image refers to an individual's perceptions and feelings about the appearance and function of their genitalia.[7] Furthermore, women's genital self-perception is not only an individual assessment, but also a process that can be influenced by partner feedback. The partner's sexual satisfaction and perceptions can have a direct impact on how the woman feels and how she approaches sexual intimacy. In this context, a mutually supportive attitude of couples is an important factor in increasing sexual satisfaction. In this context, the relationship between genital self-image and sexual function and the need to address body image concerns in postpartum care are emphasized. The relationship between genital self-image and sexual function underscores the importance of addressing body image concerns in postpartum care.[8–10] Women who are dissatisfied with their genitalia may experience reduced sexual pleasure and pain during penetration.[11,12] Research highlights the strong association between genital self-image and sexual function, encompassing six key domains: sexual desire, arousal, lubrication, orgasm, sexual satisfaction, and pain.[10,13] Negative perceptions of genital self-image have been reported to decrease quality of life and contribute to sexual dysfunction.[12,14,15]

Self-esteem, a broader construct encompassing an individual's overall self-worth, is closely related to both sexual function and genital self-image. Women with higher self-esteem are more likely to report positive sexual experiences and satisfaction.[16] Conversely, the decline in self-esteem commonly observed postpartum —due to physical and emotional changes— can negatively impact sexual function and intimate relationships. Although previous studies have examined various factors influencing postpartum sexual function, the specific roles of genital body image and self-esteem have often been explored separately and with limited focus on the postpartum period. Moreover, most existing research has been conducted in Western contexts, with insufficient attention to how these psychological factors interact and influence sexual function among postpartum women in different cultural settings. There is a lack of comprehensive studies that simultaneously investigate both genital self-image and self-esteem as predictors of postpartum sexual function. This study seeks to address this gap by examining how these two psychological constructs jointly affect sexual function during the postpartum period, providing insights that can inform culturally sensitive postpartum care and interventions. This study aims to examine the effects of female genital body image and self-esteem on sexual functions in women during the postpartum period.

Research Questions

- What is the effect of body image on sexual function in postpartum women?
- What is the effect of genital self-image on sexual function and in postpartum women?

MATERIAL and METHODS

Study Design and Participants

This research is a descriptive and cross-sectional study conducted in Türkiye between June and September 2024. The study population consisted of postpartum women (the first 24 months after childbirth), and participants were recruited using snowball sampling. In line with clinical guidelines and standard postpartum care practices, women who were within the first six weeks postpartum were not included in the study. Postpartum sexual activity is typically discouraged during this initial six-week period due to ongoing physical and psychological recovery. To facilitate participation, the survey was distributed via social media platforms, including the "Mothers with Children Aged 0–2" group on Facebook and posts shared in a WhatsApp group of the same name. These groups were managed by individuals who consented to participate and further shared the survey link to reach more eligible participants. Eligibility criteria included being in the postpartum period (within 24 months after childbirth), voluntary participation, sexually active and being 18 years or older. Women who were unwilling to participate were excluded. The sample size was determined using G*Power 3.1.9.2, with calculations based on a medium effect size (0.10), a significance level of 0.05, a power (1-β) of 0.90, and two predictors (two scales).[17] The minimum required sample size was 130 participants; however, to account for potential attrition, recruitment was planned to include approximately 20% more participants, resulting in a final sample of 153 women.

Procedure

The study data were collected between June and September 2024 using an online survey to facilitate participation among postpartum women. The survey was designed using Google Forms, and the link was shared within a dedicated WhatsApp group and the "Mothers with Children Aged 0–2" Facebook group. Participants were recruited through

snowball sampling, where initial respondents were encouraged to share the survey link with acquaintances who met the eligibility criteria. Before participation, all individuals were informed about the study's objectives and methodology, and electronic informed consent was obtained. The survey took approximately 20 minutes to complete, and participants had the opportunity to contact the research team for any inquiries regarding the study.

Data Collection Tools

The data for this study were collected using the following tools:

Demographic Information Form

This form was developed by the researchers after a comprehensive review of the literature.[18–21] The form contains nine questions that aim to capture key demographic information, including participants' age, partner's age, education status, height, weight, etc.

Female Genital Self-Image Scale (FGSIS)

The FGSIS was developed by Herbenick and Reece in the United States to assess women's genital self-perception.[22] The scale consists of 7 items, each scored on a 4-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (4). The total score can range from 7 to 28, with higher scores indicating a more positive genital self-image. In the original study, the Cronbach's alpha for the scale was 0.88, demonstrating strong internal consistency. The Turkish adaptation by Karadeniz showed a Cronbach's alpha of 0.90, indicating excellent reliability for use in the Turkish context.[23] In the current study, the Cronbach's alpha for the FGSIS was found to be 0.94.

Female Sexual Function Index (FSFI)

The FSFI, developed by Rosen et al., is an established tool used to evaluate female sexual function across six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain.[24] The scale includes 19 items, each rated on a 0 to 5-point scale. A total score below 26.55 indicates the presence of sexual dysfunction. The Turkish validity and reliability study by Aygin and Eti Aslan showed a Cronbach's alpha of 0.82 for the subscales, indicating good internal consistency.[25] In the current study, the Cronbach's alpha for the FSFI was found to be 0.86.

Rosenberg Self-Esteem Subscale (RSES)

Developed by Rosenberg, the RSES is widely used to measure self-esteem.[26] The subscale used in this study consists of 10 items, which have been validated for use in Türkiye by Çuhadaroğlu.[27] The RSES uses a 4-point Likert scale (1: strongly disagree, 2: disagree, 3: agree, 4: strongly agree), with higher scores indicating lower self-esteem. The total score ranges from 0 to 6, and scores of 0–1 are categorized as "high" self-esteem, 2–4 as "moderate" self-esteem, and 5–6 as "low" self-esteem. In the original study, the test-retest reliability was reported as 0.89, and the Cronbach's alpha was 0.71. In the current study, the Cronbach's alpha for the subscale was 0.74.

Ethical Consideration

Ethical approval was obtained from the Hacettepe University Non-Interventional Clinical Research Ethics Committee (26.12.2023/SBA 23/372). A written statement describing the study was included in the introduction to the data collection form, and women who agreed to participate in the study after reading it were included in the study. In addition, the data set containing the answers filled in by the women was saved in an encrypted file on the computer, and after the analysis of the data was completed, the data was deleted to ensure the confidentiality of personal data. The study was performed according to the "Declaration of Helsinki".

Data Analysis

Statistical analyses were conducted using IBM Statistical Package for Social Sciences (SPSS) program version 26 for Windows. Normality was assessed using the Kolmogorov-Smirnov test. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize participants' sociodemographic characteristics. Pearson correlation analysis was performed to examine the relationships between FGSIS, RSES, and FSFI scores, along with their subdomains. To assess the predictive effects of FGSIS and RSES on FSFI, multivariate regression analysis was conducted. Standardized (β) and unstandardized (B) coefficients, standard errors (SE), t-values, and significance levels (p-values) were reported. Model fit was evaluated using the coefficient of determination (R^2) and adjusted R^2. A significance level of $p < 0.05$ was considered statistically significant for all analyses.

RESULTS

Table 1 summarizes the sociodemographic characteristics of the participants (n=153). The mean age was 33.39±5.15 years, while their partners' mean age was 36.35±5.51 years. Participants had an average of 1.75±2.06 pregnancies, 1.40±0.59 children, and a mean marriage duration

Table 1. Participants' sociodemographic characteristics (n=153)

Characteristic		*Mean ± SD*	*n*	*%*
Age		33.39±5.15		
Partner Age		36.35±5.51		
Number of pregnancy		1.75±2.06		
Number of child		1.40±0.59		
Marriage duration		7.52±4.22		
BMI		24.44±5.17		
BMI	Low BMI		20	13.2
	Normal BMI		75	49.7
	High BMI		56	37.1
Education	Primary/Secondary School		4	2.6
	High School		20	13.1
	Graduate/ Postgraduate		129	84.3
Breastfeeding Status	Yes		92	60.5
	No		60	39.5
Delivery mode	Vaginal delivery		58	37.9
	Planned C/S		57	37.3
	Emergency C/S		38	24.8

SD: standart deviation.

Table 2. Descriptive characteristics of sexual function, genital self-image and self-esteem

Index/Scale	*n*	*%*
FSFI		
Normal (26.55–36)	47	30.8
Mild risk (18–26.54)	81	52.9
Moderate risk (11–17.99)	15	9.8
Severe risk (2–10.99)	10	6.5
	Mean ± SD	*Min-Max*
FSFI		
Sexual desire	3.64±1.22	1.20–6.00
Sexual arousal	4.16±1.63	0.00–6.00
Lubrication	3.80±1.24	0.00–6.00
Orgasm	4.33±1.55	0.00–6.00
Satisfaction	4.53±1.65	0.00–6.00
Pain	2.09±1.33	0.00–6.00
Total	22.91±5.86	4.00–32.20
FGSIS	18.37±4.59	7.00–28.00
RSES	30.95±5.33	17.00–40.00

FSFI: female sexual function index; PRAS: pregnancy-related anxiety scale; PPRS: perception of pregnancy risk scale; SD: standart deviation.

Table 3. Correlation between female sexual function and female genital body image and self-esteem

FSFI	*FGSIS*		*RSES*	
	r	*p*	*r*	*p*
Sexual Desire	0.220**	0.001	0.274**	0.001
Sexual Arousal	0.313**	0.001	0.367**	0.001
Lubrication	0.280**	0.001	0.281**	0.001
Orgasm	0.338**	0.001	0.348**	0.001
Satisfaction	0.375**	0.001	0.401**	0.001
Pain	-0.157	0.001	-0.090	0.001
Total	0.313**	0.001	0.356**	0.001

FSFI: female sexual function index; FGSIS: female genital body image scale; RSES: Rosenberg self-esteem scale

of 7.52±4.22 years. The mean BMI was 24.44±5.17, with 13.2% classified as low BMI, 49.7% normal, and 37.1% high. Most participants (84.3%) had graduate or postgraduate education, while 60.5% were currently breastfeeding. Regarding delivery mode, 37.9% had vaginal births, 37.3% planned cesareans, and 24.8% emergency cesareans.

Table 2 presents the descriptive characteristics of sexual function, genital self-image, and self-esteem. Based on the Female Sexual Function Index (FSFI), 30.7% of participants had normal sexual function, while 52.9% were at mild risk, 9.8% at moderate risk, and 6.5% at severe risk. The mean total FSFI score was 22.91±5.86. Subscale means were: sexual desire (3.64±1.22), arousal (4.16±1.63), lubrication (3.80±1.24), orgasm (4.33±1.55), satisfaction (4.53±1.65), and pain (2.09±1.33). The mean Female Genital Self-Image Scale (FGSIS) score was 18.37±4.59, while the mean Rosenberg Self-Esteem Scale (RSES) score was 30.95±5.33.

Table 3 presents the correlation between female sexual function, genital self-image, and self-esteem. Significant positive correlations were observed between the Female Sexual Function Index (FSFI) and both the Female Genital Self-Image Scale (FGSIS) and the Rosenberg Self-Esteem Scale (RSES). All FSFI subdomains, including sexual desire (r=0.220, p=0.001), sexual arousal (r=0.313, p=0.001), lubrication (r=0.280, p=0.001), orgasm (r=0.338, p=0.001), and satisfaction (r=0.375, p=0.001), demonstrated significant positive correlations with genital self-image. Additionally, the total FSFI score was positively correlated with FGSIS (r=0.313, p=0.001). In contrast, the pain subscale was negatively correlated with genital self-image (r=-0.157, p=0.001). Similarly, all FSFI subdomains, including sexual desire (r=0.274, p=0.001), sexual arousal (r=0.367, p=0.001), lubrication (r=0.281, p=0.001), orgasm (r=0.348, p=0.001), and satisfaction (r=0.401, p=0.001), were positively correlated with self-esteem. The total FSFI score also showed a significant positive

Table 4. The predictors of FSFI and its subdimensions

Dependent Variables	*Independent Variables*	*B*	*SE*	*Beta*	*t*	*p*	*95% Confidence Interval*		*DW*	*Collinearity Statistics*	
							LLCI	*ULCI*		*Tolerance*	*VIF*
FSFI											
Sexual desire	Constant	2.210	0.997		2.218	0.028	0.238	4.182	2.03		
	FGSIS	0.064	0.037	0.145	1.754	0.081	-0.008	0.137		0.889	1.126
	RSES	0.086	0.032	0.226	2.739	0.007	0.024	0.149		0.889	1.126
	R^2=0.094; F=7.751; p=0.001										
Sexual arousal	Constant	-0.080	2.525		-0.032	0.975	-5.064	4.905	2.05		
	FGSIS	0.253	0.093	0.215	2.728	0.007	0.071	0.435		0.889	1.126
	RSES	0.300	0.080	0.295	3.754	0.000	0.141	0.459		0.889	1.126
	R^2=0.175; F=15.952; p=0.000										
Lubrication	Constant	4.136	1.994		2.074	0.040	0.200	8.072	2.07		
	FGSIS	0.189	0.073	0.210	2.578	0.011	0.045	0.334		0.889	1.126
	RSES	0.164	0.063	0.211	2.597	0.010	0.040	0.289		0.889	1.126
	R^2=0.118; F=10.039; p=0.000										
Orgasm	Constant	0.987	1.806		0.546	0.586	-2.579	4.553	2.06		
	FGSIS	0.211	0.066	0.250	3.182	0.002	0.080	0.342		0.889	1.126
	RSES	0.192	0.057	0.265	3.367	0.001	0.080	0.304		0.889	1.126
	R^2=0.177; F=16.089; p=0.000										
Satisfaction	Constant	-0.598	1.865		-0.321	0.749	-4.276	3.080	2.04		
	FGSIS	0.244	0.069	0.271	3.564	0.000	0.108	0.380		0.889	1.126
	RSES	0.240	0.059	0.310	4.072	0.000	0.123	0.357		0.889	1.126
	R^2=0.226; F=21.908; p=0.000										
Pain	Constant	7.934	1.689		4.699	0.000	4.605	11.263	2.08		
	FGSIS	-0.104	0.062	-0.143	-1.672	0.097	-0.226	0.018		0.889	1.126
	RSES	-0.026	0.053	-0.042	-0.491	0.624	-0.131	0.079		0.889	1.126
	R^2=0.026; F=2.015; p=0.137										
Total	Constant	10.633	3.560		2.987	0.003	3.611	17.655	2.04		
	FGSIS	0.250	0.131	0.156	1.908	0.058	-0.009	0.508		0.889	1.126
	RSES	0.338	0.113	0.245	2.999	0.003	0.115	0.561		0.889	1.126
	R^2=0.110; F=9.249; p=0.000										

FGSIS: female genital self-image scale; FSFI: female sexual function index; RSES: Rosenberg self-esteem scale; LLCI: lower limit confidence interval; ULCI: upper limit confidence interval; SE: standard error; DW: Durbin-Watson statistic; R^2: coefficient of determination; VIF: variance inflation factor.

correlation with self-esteem (r=0.356, p=0.001). However, the pain subscale demonstrated a negative correlation with self-esteem (r=-0.090, p=0.001).

Table 4 presents the regression analysis examining the predictors of female sexual function and its subdimensions. The Female Genital Self-Image Scale (FGSIS) and the Rosenberg Self-Esteem Scale (RSES) were included as independent variables in the model. For sexual desire, RSES was a significant predictor (B=0.086, p=0.007), while FGSIS did not reach statistical significance (B=0.064, p=0.081). The model explained 9.4% of the variance in sexual desire (R^2=0.094, F=7.751, p=0.001). For sexual arousal, both FGSIS (B=0.253, p=0.007) and RSES (B=0.300, p <0.001) were significant predictors, accounting for 17.5% of the variance (R^2=0.175, F=15.952,

p <0.001). For lubrication, FGSIS (B=0.189, p=0.011) and RSES (B=0.164, p=0.010) were significant predictors, explaining 11.8% of the variance (R^2=0.118, F=10.039, p <0.001). For orgasm, both FGSIS (B=0.211, p=0.002) and RSES (B=0.192, p=0.001) significantly contributed to the model, explaining 17.7% of the variance (R^2=0.177, F=16.089, p <0.001). For satisfaction, FGSIS (B=0.244, p <0.001) and RSES (B=0.240, p <0.001) were significant predictors, accounting for 22.6% of the variance (R^2=0.226, F=21.908, p <0.001). For pain, neither FGSIS (B=-0.104, p=0.097) nor RSES (B=-0.026, p=0.624) significantly predicted pain scores, and the model was not statistically significant (R^2=0.026, F=2.015, p=0.137). For the total FSFI score, RSES (B=0.338, p=0.003) was a significant predictor, while FGSIS was marginally significant (B=0.250, p=0.058). The model explained 11.0% of the variance in overall sexual function (R^2=0.110, F=9.249, p <0.001).

DISCUSSION

The aim of this study was to examine the effect of postpartum women's genital body image and self-esteem on their sexual function, thereby addressing an important gap in the literature. The significant positive correlations observed between the FGSIS, RSES, and FSFI demonstrate that both self-perception and psychological well-being play essential roles in postpartum sexual health. These results are consistent with prior research suggesting that body image and self-esteem are pivotal determinants of sexual satisfaction and overall well-being.[10,12,14] Özcan also reported that body image and genital self-image together explain 14.1% of the variance in overall sexual function.[15] Similarly, Lee et al. (2023) demonstrated that postpartum body image dissatisfaction is shaped not only by intrapersonal factors such as weight concerns and mental health, but also by interpersonal, institutional, and societal influences, all of which are closely linked with self-esteem, mood, and sexual functioning.[16]

The findings of this study also align with previous research highlighting a strong relationship between genital self-image and sexual function. Women who perceive their genital appearance positively are more likely to experience higher sexual satisfaction, improved sexual desire, and greater arousal.[9,11,13] The significant associations observed between FGSIS and FSFI domains, including lubrication, orgasm, and satisfaction, further underscore the importance of addressing genital self-image perception in postpartum care.[10,12] In line with this, Samiei et al. (2024) found that although genital self-image remained stable from late pregnancy to postpartum, sexual function scores improved significantly in the postpartum period.[28] Likewise, Sönmez et al. (2024) reported that lower genital self-image was significantly associated with reduced sexual satisfaction and greater sexual distress, identifying genital self-image as a predictor of both outcomes.[29]

Postpartum changes in the genital area —such as vaginal laxity, scarring, or perineal trauma— may contribute to negative perceptions of genital self-image.[4,20] Women with such perceptions are more likely to report sexual dysfunction, decreased libido, and discomfort during intercourse.[3,12] The present findings suggest that interventions aimed at improving genital self-image, including counseling, education, and postpartum rehabilitation programs, may positively influence women's sexual health. Supporting this, Musavi et al. (2024) demonstrated that a structured sexual education program significantly improved postpartum women's sexual self-confidence and self-efficacy, with sustained effects at follow-up.[8] Similarly, Koochakzai et al. (2025), in a meta-analysis of non-pharmacological interventions, showed that approaches such as cognitive behavioral therapy, sexual education, and mindfulness-based programs can effectively enhance female sexual function, with several studies specifically involving postpartum women.[30]

Self-esteem has long been recognized as a crucial factor influencing multiple aspects of well-being, including sexual satisfaction and relationship dynamics.[6,14,24] The significant association between RSES and FSFI observed in this study supports the notion that higher self-esteem is linked to enhanced sexual function. Women with greater self-confidence are more likely to engage in satisfying sexual experiences, communicate their needs effectively, and feel more comfortable with their bodies.[19,21] These results are corroborated by Husain et al. (2023), who evaluated 514 sexually active women and found that both body image and self-esteem were significantly associated with sexual function, with a strong positive correlation between RSES and FSFI scores (r=0.32, p <0.001).[31]

The postpartum period is characterized by a range of psychological and emotional challenges, including feelings of inadequacy, body dissatisfaction, and identity shifts.[3,9] These factors may contribute to diminished self-esteem, which in turn can negatively affect sexual function. The present findings emphasize the importance of interventions designed to foster self-esteem —such as support groups, mindfulness practices, and self-compassion training— in mitigating these adverse outcomes.[24,25]

Overall, the results of this study have important

implications for clinical practice. Healthcare providers, particularly those involved in postpartum nursing and sexual health counseling, should remain attentive to the psychological and emotional dimensions of postpartum sexual function. Routine assessments of genital self-image and self-esteem could help identify women at risk of sexual dysfunction, thereby enabling more targeted interventions. Postpartum education programs should also include discussions on body image, self-esteem, and sexual function to prepare women for the changes they may encounter. Structured interventions —such as pelvic floor therapy, psychological support, and sexual counseling— may help women navigate postpartum sexual health concerns more effectively. Furthermore, healthcare professionals should foster open dialogue about sexual function, address misconceptions, and provide evidence-based recommendations.

Implications for Practice

The findings of this study underscore the importance of adopting a holistic approach to postpartum care that integrates both physical and psychological dimensions of women's health. In clinical practice, routine postpartum evaluations should go beyond physical recovery to include assessments of genital body image and self-esteem, which are closely linked to sexual function. Healthcare professionals —particularly nurses, midwives, and sexual health counselors— should be trained to engage in open, non-judgmental conversations about sexuality and body image during the postpartum period. Implementing structured educational programs that incorporate pelvic floor rehabilitation, self-compassion exercises, and peer support may foster both self-esteem and sexual well-being. By acknowledging the emotional and identity-related transitions that women face postpartum, healthcare systems can better support women's overall recovery and long-term quality of life.

Strength and Limitations

This study provides valuable insights into the relationship between genital self-image, self-esteem, and sexual function in postpartum women. However, several limitations should be acknowledged. The reliance on self-reported measures may introduce response bias, as participants might provide socially desirable answers rather than fully accurate reflections of their experiences. Additionally, the cross-sectional design prevents causal inferences, making it difficult to determine the directionality of relationships among the variables. Future studies should adopt longitudinal designs to examine how these factors evolve over time.

Further research is needed to assess the effectiveness of interventions aimed at improving genital self-image and self-esteem in postpartum women. Incorporating qualitative methods could offer deeper insights into women's lived experiences and coping mechanisms related to postpartum sexual function. Additionally, partner support and relationship dynamics should be explored as potential moderators or mediators in postpartum sexual health, which could inform the development of holistic, couple-centered interventions to enhance sexual well-being during this period.

CONCLUSION

This study underscores the critical role of genital self-image and self-esteem in postpartum sexual function. Women with a positive perception of their genital appearance and higher self-esteem are more likely to experience greater sexual satisfaction and improved sexual function. Given these findings, healthcare providers should integrate psychological and educational interventions into postpartum care, equipping women with the necessary support to navigate changes in body image and sexual health.

Future research should prioritize the development and evaluation of targeted interventions aimed at enhancing genital self-image, self-esteem, and overall postpartum sexual well-being. Additionally, partner support and relationship dynamics warrant further exploration, as they may play a crucial role in postpartum sexual health. Understanding these interpersonal influences could lead to more holistic, couple-centered approaches that foster both individual and relational sexual well-being during the postpartum period.

Ethics Committee Approval
The study was approved by Hacettepe University Non-Interventional Clinical Research Ethics Committee. (date and number of approval: 26.12.2023/SBA 23/372).

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Conflict of Interest
No conflict of interest was declared by the authors.

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