



# Relationship Between Body Image, Marital Offense-Specific Forgiveness, and Marital Happiness in Urban and Rural Married Women Aged 20 - 35

Tayebeh Rakhshani <sup>1</sup>, Leila Ghahremani <sup>2,\*</sup>, Baha Shams Ghasemnejad <sup>3</sup>, Abdolrahim Asadollahi <sup>4</sup>, Ali Khani Jeihooni <sup>1</sup>, Khadijeh Jafarpour <sup>5</sup>

<sup>1</sup> Associate Professor of Health Education and Promotion, Department of Public Health, School of Health Nutrition Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>2</sup> Associate Professor of Health Education and Promotion, Department of Health Education and Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>3</sup> Master Student in Health Education, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>4</sup> Assistant Professor of Gerontology Education and Promotion, Department of Health Education and Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>5</sup> PhD Student in Health Education and Health Promotion, Department of Health Education and Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

\*Corresponding author: Associate Professor of Health Education and Promotion, Department of Health Education and Health Promotion, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran. Email: lghahraman@gmail.com

Received 2023 December 5; Revised 2024 April 4; Accepted 2024 April 6.

## Abstract

**Background:** Identifying the main factors that affect body image (BI) is of utmost importance within the realm of marital relationships. In light of this, the present study investigated the relationship between BI, marital offense-specific forgiveness (MOF), and marital happiness (MH) among married women aged 20 - 35, living in urban and rural areas in the city of Jahrom, Fars Province, Iran.

**Methods:** This descriptive, cross-sectional study was conducted on 608 married women aged 20 - 35, residing in urban and rural areas and referring to the comprehensive community health centers in the city of Jahrom, Fars province, Iran, selected by stratified-cluster sampling. For this purpose, the statistical population was divided into two groups, viz., the urban and rural women, and sampling was done in keeping with their population. The Multidimensional Body-Self Relations Questionnaire (MBSRQ), the Marital Happiness Scale (MHS), and the Marital Offense-Specific Forgiveness Scale (MOFS) were further applied to collect the data, which were then analyzed using the IBM SPSS Statistics 25 software package.

**Results:** Comparing the MHS mean scores showed a statistically significant difference between urban and rural women ( $P < 0.001$ ). Additionally, a statistically significant difference was observed in the BI mean scores of the study groups, particularly in the appearance evaluation (AE) subscale ( $P < 0.001$ ). The regression analysis results also demonstrated that MH could affect BI ( $P < 0.001$ ).

**Conclusions:** The study results revealed that MH and MOF could lead to a positive BI in married women.

**Keywords:** Body Image, Marital Happiness, Marital Offense-Specific Forgiveness, Married Women

## 1. Background

Family is known as one of the oldest and most flexible social institutions in human history. Nearly all individuals generally grow up in a family, and most eventually form their own (1). The family resulting from the marriage bond between a man and a woman has

many manifestations in human social life, including constructive interactions between people and the existence of love that fosters sincerity and empathy (2). Upon choosing the right life partner and entering into a marriage contract, a family is then founded, providing a sense of security, belonging, and self-respect. It also enables individuals to achieve personal and social

growth and development by satisfying their physical, sexual, and emotional needs (3).

Notably, marital adjustment and satisfaction are of utmost importance in marriage, as the latter depends on the extent to which couples' needs and desires are met by each other. At the onset of marriage, almost all report high marital happiness (MH), but in many marriages, some signs of distress typically appear over the first few years of life (4). Women show their intimacy in the form of love, affection, and warm feelings, but men consider intimacy more with respect to participating in many activities, having physical contact, spending time with each other, and showing sexual behaviors. In this line, body image (BI) is one of the major factors associated with sexual performance, sexual satisfaction, and MH.

The mental image is accordingly an abstract word that includes information, feelings, and even conscious and unconscious perceptions about one's body. This concept consists of individual feelings about the size, sex, function, and ability of the body (5). The mental image of the body thus consists of two dimensions, viz., perceptual dimension (namely, a person's evaluation of one's body size) and cognitive-emotional dimension (that is, a person's attitude toward the body shape). As soon as a person considers oneself to be lower than the desired or ideal standards, they may have unsuitable feelings and attitudes toward oneself, such as low self-esteem or self-confidence, or depression, and even in some cases face academic failure. From this perspective, one of the significant psychological concepts making men and women worried is the mental image of the body (6).

While the cultural context of society puts much emphasis on the value of external attractiveness, especially for women, there are gradually increasing concerns about BI. More than a few factors, such as sociocultural values, social comparison, the importance of outward attractiveness in society, and negative experiences regarding interactions with others, also fuel such concerns. Nowadays, people of different classes devote much attention to one's body and its external appearance, so all (particularly women) seek to change their body, face, and appearance in accordance with the beauty models promoted and accepted within society (7). Besides, women seem to be much more sensitive to one's body and mental image than men (8).

As well, women residing in rural areas may show a more positive BI than their urban counterparts thanks to the nature of rural life. For example, different BI experiences in rural women may mean that they are under less pressure to change their body or appearance, and indeed, appearance may be a more salient component of their self-concepts compared with those in urban women. Furthermore, mate selection decisions may have less to do with appearance in rural areas, where women merely live under considerable patriarchal control (9).

Women's dissatisfaction with their BI can thus be the result of a gap between one's mental image, achieved in the process of socialization, and the characteristics of the ideal woman pictured in society, which seems to be different based on the culture and society in each historical period. Sometimes, such conditions push women toward mental and emotional conflicts, anxiety, low self-confidence, and depression (10). Women with a negative BI are accordingly subjected to a lower level of sexual satisfaction and MH (11). In this vein, Meltzer and McNulty found that a desirable BI could expand MH and sexual satisfaction in couples. Upon controlling the components of body mass index (BMI), general self-esteem, and neuroticism, they had further reported that women's perceptions of their sexual attractiveness had positively helped boost MH in couples (12).

Of note, MH can reflect people's level of happiness associated with marital relationships or a combination of being pleased due to many factors specific to such relationships. It is a multifaceted and multidimensional concept, concentrating on psychological, socioeconomic, and spiritual aspects (13). Marital happiness is also one of the effective factors in resolving marital conflicts; it has been identified as the most common strength of happy couples during conflict resolution. The main difference between happy and unhappy couples is that spouses understand each other well when problems arise (14).

Many other factors can further affect BI, such as age at marriage, age difference at marriage, duration of marriage, level of education, occupation, sufficient income, roles, type of marriage (inter- and intra-family ones), number of children, personality traits, mental health status, feelings, relationships, intimacy, marital commitment, religion and spirituality, and sexual needs (15).

Another factor that affects BI is marital offence-specific forgiveness (MOF), a multidimensional motivational construct defined as the act of resentment in a marital relationship. Oftentimes, forgiving resentments is the only way to heal this injury, and forgiveness is the vital tactic to reconnect and strengthen positive feelings, thus improving marital relationships and leading to a more peaceful and productive life (16). Forgiveness means letting go of negative thoughts, feelings, and behaviors in response to incorrect ones, and replacing them with positive behaviors and reactions in dealing with aggression caused by injury (17, 18).

## 2. Objectives

Considering the role that marital relationships can have in mental health, identifying the factors influencing BI can be an important effort in the domain of marital life. As BI and its associated concerns are observed more in women, the aim of the present study was to address whether there is a relationship between BI, MOF, and MH in married women aged 20 - 35, living in urban and rural areas and referring to the comprehensive community health centers in the city of Jahrom, Fars province, Iran.

## 3. Methods

This descriptive, cross-sectional study was conducted in the city of Jahrom, Fars province, Iran, with the statistical population comprising married women aged 20 - 35 residing in urban and rural areas and referring to the comprehensive community health centers in this region. Stratified-cluster sampling was utilized for the selection process. The statistical population was divided into two groups: Urban and rural women, and a specific number of samples were chosen from each group based on the percentage of their population. The sample size for this study was determined based on the research by Azarkish et al. (19) with a standard deviation of 26.19 and a confidence level of 90% for a survey study. With knowledge of the statistical population size, 606 people were selected using formulas outlined by Meeker et al. (20). To select the study samples in each group, cluster sampling was employed. Four centers out of seven were chosen as the urban cluster, and seven out of 15 centers were designated as rural ones. Subsequently, samples were selected via simple random sampling from those visiting the comprehensive community health centers

and other affiliated bases. The questionnaire was administered to women at health centers and covered bases under the supervision of healthcare workers (21, 22). Consent was obtained from all participants who met the inclusion criteria, including being married, aged between 20 - 35 years, absence of sexually transmitted infections, absence of mental health problems (according to information in the Integrated Health System: Sib), good general health status (self-reported), absence of specific diseases such as multiple sclerosis (MS) or cancers, no chronic diseases such as diabetes mellitus, hypertension (HTN), and hypothyroidism, no addiction history, no history of cosmetic surgery, married for at least five years, literacy level equivalent to middle school graduation at a minimum, no plans for divorce, and willingness to cooperate in the study. Incomplete questionnaires returned by participants or their immigration constituted the exclusion criteria.

### 3.1. Tools

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) was administered to evaluate participants' attitudes toward different dimensions of BI. This questionnaire comprised three subscales: Appearance evaluation (AE) (AE, 54 items), scored as follows: (1) For "definitely disagree"; (2) for "somewhat disagree"; (3) for "no opinion"; (4) for "somewhat agree"; and (5) for "definitely agree", body area satisfaction (BAS, 9 items) scored as follows: (1) For "completely dissatisfied"; (2) for "somewhat dissatisfied"; (3) for "no opinion"; (4) for "somewhat satisfied"; and (5) for "completely satisfied" and self-classified weight (SCW, 6 items). The validity of the main parts of this questionnaire had already been examined and confirmed Menzel JE et al. (22), and its reliability had also been established by Zar-Shenas et al. in Iran (23). The internal consistency was 0.81.

The Marital Offence-Specific Forgiveness Scale (MOFS) was further applied to assess MOF. This questionnaire contained 10 statements and two subscales of benevolence (Items 2, 5, 9, 10) and resentment-avoidance (Items 4, 6, 7, 8, 1, 3). Respondents needed to indicate their agreement or disagreement with each statement based on a six-point Likert-type Scale (from 1 = strongly disagree to 6 = strongly agree). The validity of this tool had been confirmed by Erkan (24), and its reliability had also been established in Iran by Sanai et al. (25). The internal consistency was 0.79.

The Marital Happiness Scale (MHS) was additionally utilized to measure the level of MH in this study. This instrument comprised 10 statements, addressing responsibility toward family, upbringing and education of children, social activities, financial matters, verbal and non-verbal communication, sexual relationships, career progress, self-independence, spouse's independence, and overall happiness. Scores ranged from 1 for "completely dissatisfied" to 10 for "completely satisfied". The score range of this questionnaire was between 10 and 100, with scores of 77 and above indicating very high MH, scores of 48 - 76 representing high MH, and scores of 19 - 47 and 18 and below indicating low and very low levels of MH, respectively. The researcher also provided necessary explanations to the participants and asked them to express their feelings exactly on that day and choose the most correct answer. The validity of this tool had been confirmed by Flett et al. (26). Additionally, the validity of the questionnaire had been further established by Isanezhad et al. (as cited by Khojastehmehr et al.) in Iran (27). The internal consistency of MHS was then established by calculating Cronbach's  $\alpha$  coefficient for each extracted subscale, which was 0.98, indicating very high reliability for the questionnaire.

All samples were included in the study after obtaining consent form. To analyze the data of quantitative variables, the Kolmogorov-Smirnov test was first performed to assess normality. Since the data were found to be normal, analysis of variance tests, Pearson correlation, and multivariate regression were employed to investigate differences in quantitative variables at various levels of demographic variables and to explore the mutual relationships between quantitative variables. All tests were analyzed and interpreted at a significance level of 0.05.

Upon collecting the data, they were analyzed using the IBM SPSS Statistics 25 software package, employing frequency, percentage, mean, and standard deviation (mean  $\pm$  SD), chi-square test, independent-samples *t*-test, as well as univariate and multivariate regression analysis.

#### 4. Results

The difference in demographic variables between urban and rural women was evaluated using the chi-square test or Fisher's exact test. The mean age of the study participants was  $28.82 \pm 4.40$ , and 31.1% of the cases

had a high school diploma. Additionally, 83.4% of the participants were homemakers. The mean age at marriage was  $21.11 \pm 3.88$ , and 44.1% of the women had experienced inter-family marriage. The couples had been living together for almost  $7.68 \pm 4.60$  years since their marriage. The age difference between spouses at marriage was  $5.42 \pm 3.32$  years. Moreover, 55.3% of the spouses were self-employed. Notably, the mean sleep duration was  $8.37 \pm 1.44$  hours per 24 hours. Based on the study findings, a statistically significant difference was observed between urban and rural women in terms of education, occupation, age at marriage, marriage meeting mode, duration of marriage, number and gender of children, husband's occupation and education, monthly income, and sleep duration ( $P < 0.001$ ) (Table 1).

According to the independent-samples *t*-test results for comparing the mean scores of BI, MOF, and MH in urban and rural women, a statistically significant difference was observed in terms of MH ( $P < 0.001$ ), while there was no significant difference in BI ( $P = 0.122$ ) and MOF ( $P = 0.657$ ) (Table 2).

Regarding the independent-samples *t*-test outcomes for comparing the mean scores of the AE subscale in both groups of urban and rural women, a statistically significant difference was observed ( $P < 0.001$ ), whereas there was no statistically significant difference in the subscales of BAS ( $P = 0.26$ ) and SCW ( $P = 0.131$ ) (Table 3).

As illustrated in Table 4, MH ( $\beta = 0.142$ ,  $P < 0.001$ ) could affect BI. To explain it and identify the factors impacting BI, the univariate linear regression analysis was used for MOF, MH, education, and age. The main objective was to import the variables whose value was below 0.2 into the multivariate regression analysis. As MH was found to be the only significant variable ( $P < 0.001$ ), multivariate regression was not needed.

#### 5. Discussion

The mental image of the body is a significant dimension of self-appearance and self-evaluation, shaping an individual's personality. It influences physical, emotional, and attitudinal perceptions, as well as various aspects of psychological, social, sexual, family, and marital satisfaction. To foster a healthy and fulfilling marital life and to adjust with oneself and others, having a realistic mental image is essential (12). Therefore, the present study aimed to investigate the relationship between BI, MOF, and MH.

**Table 1.** Comparison of Demographic Variables in Urban and Rural Married Women<sup>a</sup>

Variables	Urban Women	Rural Women	P-Value
<b>Education</b>			< 0.001
Elementary school	19 (5.39)	60 (23.43)	
High school	31 (8.80)	66 (25.78)	
High school diploma	161 (45.73)	104 (40.62)	
Bachelor's degree and higher	141 (40.05)	26 (10.15)	
<b>Occupation</b>			< 0.001
Housewife	253 (77.5)	234 (91.40)	
Employee	52 (14.77)	20 (7.81)	
Free job	27 (1.33)	6 (2.34)	
<b>Age at marriage (y)</b>			< 0.001
12 - 22	202 (57.38)	204 (79.68)	
23 - 34	152 (43.18)	52 (20.31)	
<b>Marriage meeting mode</b>			< 0.001
Family	130 (36.93)	138 (53.90)	
Locality	98 (27.84)	53 (20.70)	
Introduction by friends	88 (25)	53 (20.70)	
Other	36 (10.22)	12 (4.68)	
<b>Marriage duration (y)</b>			< 0.001
1-10	289 (82.10)	158 (61.71)	
11-20	63 (17.89)	98 (38.28)	
<b>Number of children</b>			< 0.001
0	42 (11.93)	40 (15.62)	
1-2	296 (84.09)	171 (66.79)	
3-4	14 (3.97)	45 (17.57)	
<b>Husband's occupation</b>			< 0.001
Employee	107 (30.39)	12 (6.68)	
Self-employed	196 (55.68)	140 (54.68)	
Other	49 (13.92)	104 (4.62)	
<b>Husband's education</b>			< 0.001
Elementary school	27 (7.67)	57 (22.26)	
High school	53 (15.05)	90 (35.15)	
High school diploma	163 (46.30)	94 (36.71)	
Bachelor's degree and higher	109 (30.96)	15 (5.85)	
<b>Monthly income (IRR)</b>			< 0.001
< 1 million	33 (9.37)	124 (48.43)	
1-3 million	220 (62.5)	117 (45.7)	
3-4 million	72 (20.45)	9 (3.51)	
5 million <	27 (7.67)	6 (2.34)	
<b>Sleep duration per 24 hours</b>			< 0.002
4-7	95 (26.98)	63 (24.60)	
8-14	257 (73.01)	193 (75.39)	

<sup>a</sup> values are expressed as NO. (%).

The study findings revealed a statistically significant difference between women in both groups concerning education, occupation, age at marriage, mode of

marriage meeting, duration of marriage, number and gender of children, husband's occupation and education, monthly income, and sleep duration per 24

**Table 2.** Comparison of Mean Scores of Body Image, Marital Happiness, and Marital Offense-Specific Forgiveness in Urban and Rural Married Women

Variables and Groups	Mean ± SD	P-Value
<b>BI</b>		0.122
Urban women	164.73 ± 16.60	
Rural women	162.33 ± 21.61	
<b>MH</b>		≤ 0.001
Urban women	81.88 ± 10.79	
Rural women	77.94 ± 15.27	
<b>MOF</b>		0.657
Urban women	37.32 ± 6.08	
Rural women	37.57 ± 7.81	

Abbreviations: BI, body image; MH, marital happiness; MOF, marital offense-specific forgiveness.

**Table 3.** Comparison of Multidimensional Body-Self Relations Questionnaire Mean Scores in Urban and Rural Married Women

MBSRQ Subscales and Groups	Mean ± SD	P-Value
<b>AE</b>		≤ 0.001
Urban women	135.14 ± 14.31	
Rural women	131.51 ± 19.38	
<b>BAS</b>		0.26
Urban women	13.84 ± 4.16	
Rural women	15.13 ± 5.01	
<b>SCW</b>		0.131
Urban women	15.75 ± 2.57	
Rural women	15.68 ± 2.74	

Abbreviations: AE, appearance evaluation; BAS, body area satisfaction; SCW, self-classified weight.

hours. These findings align with those of Haghi et al., Sarma et al., and Li et al. (9, 28, 29). Additionally, the BI mean scores did not exhibit a statistically significant difference between urban and rural women, consistent with findings from Swami et al., Prioreshi et al., and Tiwari (30-32). This suggests that body dissatisfaction has become prevalent across different socioeconomic contexts (33). Moreover, individuals with high levels of happiness may experience a sense of being noticed and attractive to others, leading to a positive self-view (11). The study results further indicated a statistically significant difference in the MH mean scores between urban and rural women, with urban women demonstrating higher levels of MH compared to their rural counterparts. This finding is consistent with reports by Nam and Ahn (33). Urban married women may experience lower levels of cultural stress and receive higher levels of support from their husbands, contributing to greater marital satisfaction. However, the findings of Zare Shahabadi and Montazeri's study

were inconclusive, possibly due to the small sample size (34).

Many factors can affect MH in couples, including emotions, violence, communication patterns, sexual relationships, self-concept, self-confidence, awareness of marriage, personality traits, beliefs, family expectations, marital conflicts, and attitudes towards self and marriage (35). Internal and psychological, interpersonal, and sociocultural factors are also considered main mediators in MH (36). Researchers have noted that cultural norms and expectations often lead girls and women to be highly concerned about their BI, investing psychologically in their physical aesthetics, which may undermine their well-being and contribute to mental health problems (37).

The regression analysis in the present study revealed a significant positive relationship between BI and MH. Women's BI appeared to have a more significant influence than men's on romantic relationships. When women perceived that their partners were satisfied with

**Table 4.** Univariate Linear Regression Analysis to Identify BI Based on Demographic Variables and MH

Variables	$\beta$	SE	Sig.	CI
<b>Upper Bound</b>	<b>Lower Bound</b>			
MOF	- 0.17	6.47	0.68	- 0.26 - 0.17
MH	0.142	0.59	0.001	0.320 - 0.09
<b>Education</b>	<b>0.24</b>	<b>1.23</b>	<b>0.55</b>	<b>0.93 - 0.49</b>
Age	- 0.19	2.22	0.64	0.42 - 0.26

Abbreviations: MOF, marital offence-specific forgiveness; MH, marital happiness.

their body weight and shape, they tended to develop a more positive BI (38). Swami et al. similarly concluded that women with a positive perception of BI reported higher levels of MH and mental well-being (30).

Additionally, Chen established a significant positive relationship between BI satisfaction and happiness (39). Therefore, high levels of happiness, by mediating emotional experiences in communication and social environments, could alleviate BI concerns. The relationship between BI and MH is reciprocal; individuals with higher MH tend to have a more positive BI, contributing to greater MH (40).

In this context, a satisfying relationship can serve as psychological support against societal pressure to achieve an ideal BI. Marriage can act as either a risk factor or a protective factor for physical and mental health in this regard. The perceptions, evaluations, and opinions of life partners about a person's weight and BI significantly impact happiness and unhappiness in marriage (39).

The results of the present study revealed that the MOF mean scores did not exhibit a statistically significant difference between urban and rural women, which aligned with the findings of Paleari et al. (41). Forgiveness, entailing a decrease in negative feelings or an increase in positive ones, contributes to higher-quality marital relationships. When individuals can forgive, it adjusts the relationship between offense and the quality of the marital relationship. Those who forgive their spouses believe in sanctifying their marital relationships, leading to stronger bonds and increased satisfaction (42). Additionally, forgiveness serves as a motivational tool facilitating interpersonal behaviors like reconciliation, preventing anger and retaliatory behavior, and maintaining stable, long-term relationships (43). Thus, having a satisfying relationship can counterbalance cultural pressures to attain an ideal

BI, with marriage acting as either a risk or protective factor for individuals' physical and mental health in this regard.

Among the strengths of the study was the development of practical strategies for planning and policymaking to prevent social issues such as divorce and comparing the BI of urban and rural women. However, weaknesses included the inability to generalize results to men and other age groups, and the lack of clinical trials focusing on the study's outcomes. Future research should aim to evaluate these results across various age groups and genders simultaneously, considering different ethnicities and races, and assessing the clinical effectiveness of the study. Moreover, expanding research in this area using self-report questionnaires and qualitative interviews over longer intervention periods is recommended. Overall, adopting a positive psychology approach emphasizing skill-building in healthcare programs can empower women to prevent and manage marital challenges.

A limitation of the study was the low number of visits to comprehensive community health centers by women aged over 35, potentially influencing variations in BI, MOF, and MH across different age groups. As the study was conducted in Jahrom, Fars province, Iran, its results may not be fully generalizable to women from other ethnicities and countries with differing socioeconomic conditions.

### 5.1. Conclusions

The study results reveal that MH and MOF could lead to a positive BI in married women. In comparison with rural women, urban married women might thus experience lower levels of cultural stress, higher levels of support from their husbands, and greater marital satisfaction. Therefore, promoting education on MH among women could contribute to fostering a positive

mental image of their bodies. The findings of the present study can serve as a valuable empirical foundation for the development of educational and health programs for couples, as well as intervention and treatment initiatives aimed at enhancing and stabilizing couples' relationships.

### Acknowledgements

We wish to express our gratitude to our colleagues and the anonymous referees for their valuable comments.

### Footnotes

**Authors' Contribution:** Study design: Leila Ghahremani, Tayebeh Rakhshani, and Baha Shams Ghasemnejad; data collection and analysis: Abdolrahim Asadollahi; manuscript preparation: Ali Khani Jeihooni, Khadijeh Jafarpour.

**Conflict of Interests Statement:** The authors declare no conflicts of interest.

**Data Availability:** The dataset presented in the study is available on request from the corresponding author during submission or after publication.

**Funding/Support:** This research did not receive any specific grants from funding agencies in the public, commercial, or not-for-profit sectors.

**Informed Consent:** Consent was obtained from all participants who met the inclusion criteria.

### References

- Gellatly C, Störmer C. How does marriage affect length of life? Analysis of a French historical dataset from an evolutionary perspective. *Evol Human Behav.* 2017;**38**(4):536-45. <https://doi.org/10.1016/j.evolhumbehav.2017.02.002>.
- Abolhassan Tanhai H, Aghajani Beigi Z. [Sociological Explanation of the Transformation of the Family Institution in the Light of Extramarital Affairs with the GT Approach]. *J Woman Family Stud.* 2021;**9**(4):21-42. Persian.
- Niknam M, Khodi Z, Khodi M. [The relationship between body image, self-concept and happiness among women seeking cosmetic surgery in Tehran]. *J Shahid Sadoughi Univ Med Sci.* 2019;**27**(9). Persian. <https://doi.org/10.18502/ssu.v27i1.868>.
- Ajeli Lahiji L, Reza Zakeri H. [Correlation between marriage and marital satisfaction with the components of sexual self-awareness of couples]. *Family Pathol Couns Enrichment J.* 2018;**3**(2):61-80. Persian.
- David P, Stafford L. A Relational Approach to Religion and Spirituality in Marriage. *J Family Issues.* 2015;**36**(2):232-49. <https://doi.org/10.1177/0192513x13485922>.
- Rezaei Fard Z, Azadi A, Veisani Y. Body Image, Quality of Life, and Their Predicting Factors in Pregnant Women: A Cross-Sectional Study. *Kesmas: J Kesehatan Masyarakat Nat.* 2022;**17**(1). <https://doi.org/10.21109/kesmas>.
- Norozi A, Maleki APMGH. [Investigating the effect of body image and body management on women's sports participation in Ilam province]. *J App Soc.* 2018;**29**(4):21-4. Persian.
- Solgi Z. [The relationship between fear of body image and cognitive emotion regulation strategies with the fear of first delivery in pregnant women]. *Quarterly App Psychol.* 2019;**13**(3):391-407. Persian.
- Li Y, Yatsuya H, Hanibuchi T, Ota A, Naito H, Otsuka R, et al. Positive Association of Physical Activity with Both Objective and Perceived Measures of the Neighborhood Environment among Older Adults: The Aichi Workers' Cohort Study. *Int J Environ Res Public Health.* 2020;**17**(21). [PubMed ID: 33138333]. [PubMed Central ID: PMC7663542]. <https://doi.org/10.3390/ijerph17217971>.
- Ghasemi A. [A Qualitative Study of Women's Attitudes and Perceptions towards their Body]. *J App Soc.* 2017;**28**(4):173-94. Persian. <https://doi.org/10.22108/jas.2017.75214.0>.
- Shaheen A, Uzma A, Haresh K, Pirbho MM. Association between body image and marital satisfaction in married adults. *Journal of Basic and Applied Sciences.* 2016;**12**:420-5.
- Meltzer AL, McNulty JK. Body image and marital satisfaction: evidence for the mediating role of sexual frequency and sexual satisfaction. *J Fam Psychol.* 2010;**24**(2):156-64. [PubMed ID: 20438191]. [PubMed Central ID: PMC2864925]. <https://doi.org/10.1037/a0019063>.
- Sadati Z, Mirzaian B, Dousti Y. [The Effect of Life Skills Training on Marital Satisfaction and Happiness of Married Students]. *Comm Health.* 2018;**5**(3):282-90. Persian.
- Nasirharand M, Makvandy B, Bavi S, Pasha R. [Comparison of the Effectiveness of Schema Therapy and Compassion-Focused Therapy on Marital Life Satisfaction and Maladaptive Schemas Married Student Women]. *Psychological Achievements.* 2022;**29**(1). Persian. <https://doi.org/10.22055/psy.2022.39426.2765>.
- Sayehmiri K, Kareem KI, Abdi K, Dalvand S, Gheshlagh RG. The relationship between personality traits and marital satisfaction: a systematic review and meta-analysis. *BMC Psychol.* 2020;**8**(1):15. [PubMed ID: 32033583]. [PubMed Central ID: PMC7006385]. <https://doi.org/10.1186/s40359-020-0383-z>.
- Chung M. Pathways between attachment and marital satisfaction: The mediating roles of rumination, empathy, and forgiveness. *Pers Individ Dif.* 2014;**70**:246-51. <https://doi.org/10.1016/j.paid.2014.06.032>.
- Zaheri F, Dolatian M, Shariati M, Simbar M, Ebad A, Azghadi SB. Effective Factors in Marital Satisfaction in Perspective of Iranian Women and Men: A systematic review. *Electron Physician.* 2016;**8**(12):3369-77. [PubMed ID: 28163850]. [PubMed Central ID: PMC5279968]. <https://doi.org/10.19082/3369>.
- Senobari M, Azmoude E, Mousavi M. The relationship between body mass index, body image, and sexual function: A survey on Iranian pregnant women. *Int J Reprod Biomed.* 2019;**17**(7):503-12. [PubMed ID: 31508576]. [PubMed Central ID: PMC6718881]. <https://doi.org/10.18502/ijrm.v17i7.4862>.
- Azarkish M, Naderi F, Askari P, Heidarei A. [Effectiveness of Sexual Education on Marital Offence-Specific Forgiveness and Marriage Stability of Married Women in Abadan City]. *Comm Health J App Soc.* 2017;**11**(3, 4):20-9. Persian.

20. Meeker WQ, Hahn GJ, Escobar LA. *Statistical intervals: a guide for practitioners*. Hoboken, New Jersey: John Wiley & Sons; 2011.
21. Khorashadizade F, Karamidehkordi A, Rahsepar AA, Latifnejad Rodsari R, Salari M, Esmaily H, et al. [Determination of the association between body image with sexual function and marital adjustment in fertile and infertile Women by path analysis modeling]. *J North Khorasan Univ Med Sci*. 2012;3(5):23-31. Persian. <https://doi.org/10.29252/jnkums.3.5.S5.23>.
22. Menzel JE, Krawczyk R, Thompson JK. Attitudinal assessment of body image for adolescents and adults. In: Cash TF, Smolak L, editors. *Body image: A handbook of science, practice, and prevention*. Psychology Faculty Publications; 2011.
23. Zar-Shenas S, Karbalaeei-Nouri A, Hosseini S, Rahgozar M, Seyed-Nour R, Moshtagh N. The effects of aerobic exercise on body image attitudes in women. *J Rehabil*. 2010;11(2):15-20.
24. Erkan Z. Adaptation of the Marital Offence-Specific Forgiveness Scale for Use in a Turkish Cultural Context. *Soc Behav Pers: Int J*. 2015;43(7):1057-70. <https://doi.org/10.2224/sbp.2015.43.7.1057>.
25. Sanaei B, Hooman A, Alaghmand S. *Measures of family and marriage scales*. Tehran, Iran: Besat Publisher; 2009.
26. Flett GL, Hewitt PL, Shapiro B, Rayman J. Perfectionism, Beliefs, and Adjustment in Dating Relationships. *Curr Psychol*. 2018;20(4):289-311. <https://doi.org/10.4324/9781351309561-2>.
27. Khojastehmehr R, Shirmardi S, Omidian M, Sodani M. A meta-analysis of the effectiveness of marriage enrichment programs on marital intimacy. *J Psychological Sci*. 2021;20(103):1077-94. <https://doi.org/10.52547/jps.20.103.1077>.
28. Haghi HB, Hakimi S, Mirghafourvand M, Mohammad-Alizadeh Charandabi S, Farahbakhsh M. Comparison of Quality of Life Between Urban and Rural Menopause Women and its Predictors: A Population Base Study. *Int J Women's Health Reprod Sci*. 2016;5(2):137-42. <https://doi.org/10.15296/ijwhr.2017.25>.
29. Sarma H, Saquib N, Hasan MM, Saquib J, Rahman AS, Khan JR, et al. Determinants of overweight or obesity among ever-married adult women in Bangladesh. *BMC Obes*. 2016;3:13. [PubMed ID: 26962459]. [PubMed Central ID: PMC4774107]. <https://doi.org/10.1186/s40608-016-0093-5>.
30. Swami V, Kannan K, Furnham A. Positive body image: inter-ethnic and rural-urban differences among an indigenous sample from Malaysian Borneo. *Int J Soc Psychiatry*. 2012;58(6):568-76. [PubMed ID: 21821633]. <https://doi.org/10.1177/0020764011415208>.
31. Pioreschi A, Wrottesley SV, Cohen E, Reddy A, Said-Mohamed R, Twine R, et al. Examining the relationships between body image, eating attitudes, BMI, and physical activity in rural and urban South African young adult females using structural equation modeling. *PLoS One*. 2017;12(11). e0187508. [PubMed ID: 29145423]. [PubMed Central ID: PMC5690598]. <https://doi.org/10.1371/journal.pone.0187508>.
32. Tiwari GK. Body image satisfaction enhances self-esteem. *Vaichariki-A Multidiscip Refereed Int Res J*. 2014;4(4):7-11.
33. Nam IS, Ahn S. Comparison of Stress, Social Support, and Marital Satisfaction between Married Immigrant Women in Urban and Rural Areas. *Korean J Women Health Nurs*. 2011;17(2):99-108. [PubMed ID: 37697559]. <https://doi.org/10.4069/kjwhn.2011.17.2.99>.
34. Zare Shahabadi A, Montazeri M. A Survey of Factors Related to Marital Satisfaction among Married Women in Taft City, Iran. *Soc Behav Res Health*. 2019;3(1):309-21. <https://doi.org/10.18502/sbrh.v3i1.1035>.
35. Kui-Ling EL, Kiaw M, Hamzah NH, Sercombe P. The Perception of Malaysian Rural and Urban Indigenous Women on Body Image. *Melayu J Antarabangsa Dunia Melayu*. 2021;14(2):285-304. [https://doi.org/10.37052/jm.14\(2\)no7](https://doi.org/10.37052/jm.14(2)no7).
36. Satinsky S, Reece M, Dennis B, Sanders S, Bardzell S. An assessment of body appreciation and its relationship to sexual function in women. *Body Image*. 2012;9(1):137-44. [PubMed ID: 22018776]. <https://doi.org/10.1016/j.bodyim.2011.09.007>.
37. Brown TA, Cash TF, Mikulka PJ. Attitudinal body-image assessment: factor analysis of the Body-Self Relations Questionnaire. *J Pers Assess*. 1990;55(1-2):135-44. [PubMed ID: 2231236]. <https://doi.org/10.1080/00223891.1990.9674053>.
38. Bove CF, Sobal J. Body weight relationships in early marriage. Weight relevance, weight comparisons, and weight talk. *Appetite*. 2011;57(3):729-42. [PubMed ID: 21864601]. [PubMed Central ID: PMC3229225]. <https://doi.org/10.1016/j.appet.2011.08.007>.
39. Chen MJ. *The Association of Body Image and Interpersonal Relationships as it relates to Happiness [BS thesis]*. Orlando, Florida: Burnett Honors College; 2015.
40. Azra S, Uzma A, Hareesh K, Pirbho Mal M. Association between Body Image and Marital Satisfaction in Married Adults. *J Basic App Sci*. 2016;12:420-5. <https://doi.org/10.6000/1927-5129.2016.12.65>.
41. Paleari FG, Regalia C, Fincham FD. Measuring offence-specific forgiveness in marriage: the Marital Offence-Specific Forgiveness Scale (MOFS). *Psychol Assess*. 2009;21(2):194-209. [PubMed ID: 19485674]. <https://doi.org/10.1037/a0016068>.
42. Klos LA, Sobal J. Marital status and body weight, weight perception, and weight management among U.S. adults. *Eat Behav*. 2013;14(4):500-7. [PubMed ID: 24183145]. <https://doi.org/10.1016/j.eatbeh.2013.07.008>.
43. Piri M, Shirazi PM. [The Role of Marital Offence-Specific Forgiveness and Semantic Differential of Sex Roles in Marital Satisfaction of Married Teachers in Zahedan]. *Quarterly J Family Res*. 2018;15(2):109-28. Persian.