

ORIGINAL ARTICLE

The Determination of the Relationship Between Sexual Quality of Life and Healthy Lifestyle Behaviors of Women in Reproductive Age

Üreme Çağındaki Kadınların Cinsel Yaşam Kalitesi İle Sağlıklı Yaşam Biçimi Davranışları Arasındaki İlişkinin Belirlenmesi

 Nurgul Şimal Yavuz¹,  Zehra Gölbaşı²

¹Department of Midwifery, Lokman Hekim University, Faculty of Health Sciences, Ankara, Türkiye

²Department of Nursing, Lokman Hekim University, Faculty of Health Sciences, Ankara, Türkiye

Abstract

Introduction: It is thought that the quality of sexual life, which is affected by many factors with its multidimensional structure, is also sensitive to healthy lifestyle behaviors. This study was conducted to determine the relationship between quality of sexual life and healthy lifestyle behaviors in women of reproductive age.

Methods: This study was carried out in the outpatient clinic at a private hospital. Volunteer women between the ages of 18–49, with a sexual partner and without language problems, were included in the study. Pregnant, breastfeeding, and menopausal women were excluded from participation. Data collection tools included an individual characteristics form, the Sexual Quality of Life Questionnaire- Female (SQLQ-F), and the Healthy Lifestyle Behaviors Scale II (HLSBS-II). T-test, Pearson correlation, and multiple regression techniques were employed in data analysis, with statistical significance determined at the $p<0.05$ level.

Results: The study included 341 women. The mean age of the women was 34.09 ± 6.84 . The mean total score of SQLQ-F was 77.677 ± 22.276 and the mean total score of HLSBS-II was 124.14 ± 20.21 . A statistically significant but weak positive relationship was found between the total score of women's sexual life quality and healthy lifestyle behaviors ($r=0.351$, $p<0.01$). Spiritual development has been identified as a low-level predictor of women's sexual quality of life ($\beta=0.295$, $t=3.617$, $p<0.001$).

Discussion and Conclusion: This study demonstrated a weak correlation between women's sexual quality of life and healthy lifestyle behaviors. Further studies examining the various variables that may influence sexual quality of life are needed.

Keywords: Healthy lifestyle; Quality of life; Sexuality; Women's health

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Correspondence: Nurgul Şimal Yavuz, PhD. Lokman Hekim Üniversitesi, Sağlık Bilimleri Fakültesi, Ebelik Bölümü, Ankara, Türkiye

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The quality of sexual life is an expression of satisfaction with sexual life. When lived in a healthy way, it positively affects women's general quality of life and mental well-being. Sexual life quality is a multidimensional concept affected by many biological, psychological and social factors.^[1,2] Therefore, it is important to determine the variables affecting the quality of sexual life. Healthy lifestyle behaviors are behavioral patterns that constitute the lifestyle that an individual consciously prefers in order to ensure his/her biological, psychological, physiological and social well-being.^[3,4] These behavior patterns include health-promoting practices such as avoiding harmful habits, eating an adequate and balanced diet, exercising regularly, maintaining quality sleep, coping effectively with stress, and attending periodic health checks. It is also directly related to the individual's level of health-related knowledge, attitudes, belief systems and environmental conditions.^[2,5] The World Health Organization recommends promoting healthy lifestyle behaviors to reduce preventable health problems and increase positive behaviors.^[3,6] Healthy lifestyle behaviors contribute positively to many biological, social and psychological health parameters of individuals. At this point, the effect on sexual health, which is one of the basic life functions of the person, should be evaluated. It is thought that individuals' preference for a healthy lifestyle in their lives and living in line with this goal have an effect on their sexual quality.^[7-9]

Unhealthy lifestyles such as poor nutrition, smoking and substance abuse, obesity, cardiovascular and metabolic diseases, sedentary life, and chronic stress often contribute to the development of sexual dysfunctions.^[8] Mosallanezhad et al.^[9] reported that as body mass index increases, sexual desire, orgasm and marital satisfaction decrease and sexual function is negatively affected. Mues et al.^[7] mentioned the suppressive effect of subjective stress on sexual desire and arousal in their study, while at the same time stating that regular sexual activity can reduce stress levels over time. It is In a systematic review and meta-analysis study, it was reported that women who smoke are 48% more susceptible to sexual dysfunction.^[10] These studies show that healthy lifestyle behaviors can directly affect not only physical health but also the sexual functioning of women. Therefore, it is critical to approach lifestyle variables from a holistic perspective in sexual health services. Sexual health experts and health professionals who provide counseling on this subject should explain the importance of healthy lifestyle behaviors to individuals before recommending pharmacological or psychiatric support, while making suggestions for a satisfactory sexual life.^[8] When the

literature was analyzed, it was determined that there are limited number of studies on the subject at the international level. At the national level, no research conducted in a similar context was found. This situation reveals the need for further scientific examination of the current issue. This study aimed to determine the relationship between the quality of sexual life and healthy lifestyle behaviors among women of reproductive age.

Materials and Methods

Study Place, Design and Sample

The study was carried out at the hospital of a private hospital in Ankara. This study was designed as a descriptive and correlational study. The study population consisted of women of reproductive age who visited the outpatient clinic of a private hospital. Volunteering women aged between 18–49, with a sexual partner and without language problems were included in the study. Women who were pregnant, breastfeeding, or menopausal were excluded from the study. When calculating the sample size of the study, a descriptive study using the same measurement tool (Sexual Quality of Life Questionnaire- Female) and having a similar sample group was used as a reference.^[11] In this study, the average scores of the Sexual Quality of Life Questionnaire- Female related to women's 'physical activity' status were used as a reference. As a result of the power analysis performed by taking into account the 95% confidence level, 0.24 effect size and $\alpha=0.05$ significance level, the minimum sample size required in the study was determined as 222. G*Power 3.1.9.7 statistical analysis program was used to calculate the sample size. After obtaining the necessary ethical and institutional permissions, the data were collected by the face-to-face interview method.

Data Collection Tools

The study collected data using individual characteristics forms, the Sexual Quality of Life Questionnaire- Female, and the Healthy Lifestyle Behaviors Scale II.

Individual characteristics form: This form was developed by reviewing the relevant literature. It consists of 19 questions questioning women's individual and fertility characteristics and family planning use.^[1,7,8]

Sexual Quality of Life Questionnaire- Female (SQLQ-F)

The scale was created by Symonds et al.^[12] Adaptation to the Turkish sample was made by Tuğut and Gölbaşı.^[13] This six-point Likert-type scale comprises 18 items and is one-dimensional. The scoring of five items in the scale is

reversed (items 1, 5, 9, 13, 18). The scale can be scored using either a 1–6 or a 0–5 system. When the 1–6 scoring system is used in the score calculation of the scale items, a score between 18–108 can be obtained. When a 0–5 scoring system is used, the score obtained from the scale varies between 0–90. Regardless of the scoring system employed, the total score is adjusted to a scale of 100. A higher score indicates a better quality of sexual life for women. In our study, the Cronbach's Alpha of this scale is 0.954.

Healthy Lifestyle Behaviors Scale II (HLSBS-II)

The scale was created by Walker et al.^[14,15] and revised again in 1996. Adaptation to the Turkish sample was made by Bahar et al.^[16] It consists of four Likert-type questions divided into six sub-dimensions, totaling 52 items. The overall score reflects an individual's healthy lifestyle behaviors, with higher scores indicating better health habits. The scale items are scored on a scale of 1–4 (never=1, regularly=4). The score that the participants can get from the scale varies between 52–208. In our study, the Cronbach's Alpha of this scale is 0.963.

Ethical Consideration

Before initiating the data collection phase, we secured essential approvals from the Scientific Research Ethics Committee of Lokman Hekim University (approval number: 2024/13 date: December 30, 2024) as well as from the institution where the research was conducted. The ethical approach of the study is based on the Declaration of Helsinki. Before participating in the study, the women were informed about the purpose and scope of the study. Women who agreed to participate in the study gave written informed consent in accordance with ethical principles. Data collection forms were completed by face-to-face interviews. The process of answering these forms took approximately 15 minutes, allowing for meaningful data collection.

Statistical Analysis

Data analysis was performed using the IBM SPSS Statistics 22.0 package program (SPSS INC., Chicago, IL, USA). Descriptive statistics, including frequency and percentage, were utilized to summarize the sociodemographic characteristics of the participants. Mean and standard deviation values were computed to evaluate the scale scores. To assess the normality of variable distributions, skewness and kurtosis values were analyzed. The results indicated that the data were normally distributed; thus, parametric statistical methods were employed in the analyses.

The relationships between the sub-dimensions of the scales for the women were assessed using Pearson correlation analysis. In interpreting the strength of the correlation coefficients, the cut-off values suggested by Cohen (1988) were used, where values between 0.10–0.29 indicate a weak correlation, 0.30–0.49 a moderate correlation, and ≥ 0.50 a strong correlation.^[17] Multiple regression analysis was conducted to explore the relationships between dependent and independent variables. The results of the regression analysis were reported with the regression coefficient (β), coefficient of determination (R^2), and goodness of fit of the model (F , t , and p -values), all within a 95% confidence interval. To determine the differences in scale scores based on the participants' descriptive characteristics, independent groups t -tests, one-way analysis of variance (ANOVA), and post hoc tests (Tukey, LSD) were applied as needed. Its significance level of $p < 0.05$ was considered.

Results

The study was completed by collecting data from 341 female participants during the implementation process. The mean age of the women who participated in this study was 34.09 ± 6.84 , the mean body mass index (BMI) was 25.14 ± 4.64 , and the mean duration of cohabitation with their partners was 10.52 ± 7.62 years. Among the women, 28.2% were between 26–30 years of age, 57.2% were of normal weight, 95.3% had nuclear families, 76.2% had university education and above, and 63.3% were employed. In addition, 77.1% of the women did not smoke, 77.4% did not drink alcohol, 73% did not exercise regularly and 76% did not have a chronic disease. 32.3% of the women had been married for 1–5 years, 62.8% had children and 44% had 1–2 children. In addition, 48.7% of participants reported having sexual intercourse 1–2 times per week.

The mean SQLQ-F score of the women was 77.677 ± 22.276 (Min=1.11; Max=100), and the mean total HLSBS-II score was 124.14 ± 20.21 (health responsibility subscale 20.73 ± 4.46 , physical activity subscale 14.92 ± 5.05 , nutrition subscale 20.63 ± 3.84 , spiritual development subscale 25.10 ± 4.96 , interpersonal relationships subscale 24.60 ± 4.18 , stress management subscale 18.14 ± 3.87) (Table 1).

According to the results of Pearson correlation analysis in Table 2, a statistically significant but weak positive relationship was found between sexual quality of life and the total score of healthy lifestyle behaviors ($r=0.351$, $p < 0.01$). At the sub-dimension level, sexual quality of life showed weak but significant positive correlations with

Table 1. Mean scores of Sexual Quality of Life Questionnaire-Female and Healthy Lifestyle Behaviors Scale II

	n	Mean	SD	Min.	Max.	Kurtosis	Skewness	Alpha
Sexual Quality of Life Questionnaire-Female total	341	77.677	22.276	1.110	100.000	0.246	1.049	0.954
Healthy Lifestyle Behaviors Scale II total	341	124.147	20.218	68.000	198.000	0.712	0.527	0.963
Health responsibility	341	20.733	4.465	11.000	36.000	0.205	0.531	0.954
Physical activity	341	14.921	5.053	8.000	32.000	0.533	0.855	0.906
Nutrition	341	20.639	3.840	11.000	35.000	0.869	0.579	0.916
Spiritual development	341	25.103	4.962	12.000	36.000	-0.345	-0.086	0.923
Interpersonal relationships	341	24.607	4.184	13.000	36.000	0.142	0.236	0.899
Stress management	341	18.144	3.876	9.000	31.000	0.395	0.442	0.957

SD: Standard deviation; Min: Minimum; Max: Maximum.

health responsibility ($r=0.180$, $p<0.01$), physical activity ($r=0.159$, $p<0.01$), and nutrition ($r=0.218$, $p<0.01$). Moderate but still relatively low positive correlations were observed with spiritual development ($r=0.399$, $p<0.01$), interpersonal relationships ($r=0.325$, $p<0.01$), and stress management ($r=0.337$, $p<0.01$).

As a result of regression analysis, it was determined that healthy lifestyle behaviors were a significant predictor of sexual quality of life ($\beta=0.351$, $t=6.892$, $p<0.001$). The significance of the model was statistically supported ($F=47.502$, $p<0.001$) and the variance explained was calculated as 12% ($R^2=0.120$). This finding suggests that only 12% of the change in sexual quality of life can be explained by healthy lifestyle behaviors, while the remaining 88% is explained by other variables that are not taken into account. Accordingly, it was determined that each unit increase in healthy lifestyle behaviors of individuals is associated with an increase of approximately 0.348 units in the sexual quality of life score. Durbin-Watson value (2.193) shows that there is no autocorrelation in the model (Table 3).

In the multiple regression analysis at the level of sub-dimensions, it was found that only the spiritual development sub-dimension predicted sexual quality of life at a significant level ($\beta=0.295$, $t=3.617$, $p<0.001$). The other sub-dimensions of health responsibility ($p=0.127$), physical activity ($p=0.996$), nutrition ($p=0.503$), interpersonal relationships ($p=0.186$) and stress management ($p=0.204$) had no significant effect on sexual quality of life. The model was generally significant ($F=11.744$, $p<0.001$) and the variance explained was 15.9% ($R^2=0.159$). This indicates that 15.9% of the variability in sexual quality of life is accounted for by the sub-dimensions included in the model, while the remaining 84.1% is attributable to other factors not included. Durbin-Watson value (2.172) shows that there is no autocorrelation problem in this model (Table 4).

Table 2. Correlation analysis between Sexual Quality of Life Questionnaire-Female and Healthy Lifestyle Behaviors Scale II scores

	Sexual Quality of Life Questionnaire-Female total
Healthy Lifestyle Behaviors Scale II total	
r	0.351*
p	0.000
Health responsibility	
r	0.180*
p	0.001
Physical activity	
r	0.159*
p	0.003
Nutrition	
r	0.218*
p	0.000
Spiritual development	
r	0.399*
p	0.000
Interpersonal relationships	
r	0.325*
p	0.000
Stress management	
r	0.337*
p	0.000

*: <0.01. Pearson correlation analysis.

Discussion

This study was conducted to determine the relationship between healthy lifestyle behaviors and the quality of sexual life of women of reproductive age. In this study, it was determined that women had a high level of sexual quality. When the literature is examined, in the study conducted

Table 3. The effect of Healthy Lifestyle Behaviors Scale II on Sexual Quality of Life Questionnaire-Female

Independent variable	Unstandardised coefficients		Standardised coefficients	t	p	95% CI	
	B	SE	β			Bottom	Upper
Constant	26.752	6.344		4.217	0.000	14.273	39.231
Healthy Lifestyle Behaviors Scale II total	0.348	0.050	0.351	6.892	0.000	0.248	0.447

Dependent variable=Sexual Quality of Life Questionnaire-Female total; R=0.351; R²=0.120; F=47.502; p=0.000; Durbin Watson Value =2.193; SE: Standard error; CI: Confidence interval.

Table 4. The effect of Healthy Lifestyle Behaviors Scale II subscales on Sexual Quality of Life Questionnaire-Female

Independent variable	Unstandardised coefficients		Standardised coefficients	t	p	95% CI	
	B	SE	β			Bottom	Upper
Constant	23.973	6.853		3.498	0.001	10.492	37.455
Health responsibility	-0.473	0.309	-0.105	-1.531	0.127	-1.081	0.135
Physical activity	0.001	0.243	0.000	0.006	0.996	-0.477	0.480
Nutrition	0.226	0.337	0.043	0.670	0.503	-0.437	0.889
Spiritual development	1.191	0.329	0.295	3.617	0.000	0.543	1.839
Interpersonal relationships	0.481	0.363	0.100	1.326	0.186	-0.233	1.195
Stress management	0.514	0.404	0.099	1.273	0.204	-0.281	1.309

Dependent variable=Sexual Quality of Life Questionnaire-Female total; R=0.417; R²=0.159; F=11.744; p=0.000; Durbin Watson Value=2.172; SE: Standard error; CI: Confidence interval.

by Fathi et al.^[18] (2025) with Iranian women, the quality of sexual life was found at a moderate level; in the study conducted by Akalın and Bostancı (2022)^[19] with Turkish women of reproductive age, the quality of sexual life of women was found at a high level. In the study conducted by Sevinç et al.,^[20] the quality of sexual life of women of childbearing age was found to be moderate. This result was associated with low genital hygiene behavior. In a study conducted with a similar study group, the quality of sexual life was found to be high among women, but at the same time, more than half of the group was found to have sexual dysfunction.^[21] Studies show that women of reproductive age who do not go through a period of life or a disease process, such as pregnancy, postpartum, etc., generally have moderate and high levels of sexual life quality. The literature generally coincides with our study findings. However, the differences observed in some studies are thought to be caused by individual and environmental variables such as the educational level, sociocultural characteristics, lifestyle habits and attitudes towards sexuality of the sample groups. The women participating in this study have a moderate level of healthy lifestyle behaviors. A separate analysis of women's lifestyles across different life stages revealed that Turkish women of reproductive age also demonstrate a

moderate level of healthy lifestyle behaviors.^[22] Similarly, in a study conducted with university students, it was reported that female students had a moderate level of healthy lifestyle behaviors.^[23] Additionally, research investigating healthy lifestyle behaviors and preventive health practices showed that women aged 18 to 64 have moderate levels of healthy lifestyle behaviors.^[24] A study conducted with Iranian women of reproductive age indicated that most women adopted healthy lifestyle behaviors at an intermediate level.^[4] In addition to supporting our findings, the results of the studies in the literature reveal the current situation regarding women's healthy lifestyle behaviors and emphasize the importance of determining strategies to improve these behaviors.

This study found a statistically significant but weak to moderate positive relationship between healthy lifestyle behaviors and sexual quality of life and its sub-dimensions. Although these correlations are modest in strength, they suggest that improvements in health responsibility, physical activity, nutrition, stress management, interpersonal relationships, and spiritual development may contribute to better sexual well-being among women. The relatively weak associations indicate that sexual quality of life is a multidimensional construct, influenced not only by lifestyle behaviors but

also by psychological, social, and cultural factors. Similar studies in the literature have also reported small to moderate correlations between lifestyle and sexual health outcomes.^[25–28] Furthermore, the statistical significance observed in this study may partly be attributed to the large sample size. Nevertheless, these findings highlight the importance of promoting healthy lifestyle behaviors as part of a holistic approach to enhance sexual health. Bagherinia et al.,^[25] in a meta-analysis study conducted to determine the social mediating factors in health associated with sexual quality of life in women of reproductive age, found that health-related lifestyle behaviors had a moderate to high level relationship with sexual quality of life. In a meta-analysis study by Allen and Walter^[26] (2018), including eighty-nine studies, it was stated that health-related lifestyle factors such as physical activity, eating habits, smoking and alcohol use were determinants of the risk of sexual dysfunction. Considering that sexual dysfunction is a factor that may accompany low sexual quality, it can be said that these results support our study. In a nine-year prospective cohort study examining the effect of a healthy lifestyle on future sexual life satisfaction, it was determined that individuals with healthy lifestyle behaviors had higher levels of sexual life satisfaction compared to the other group in the evaluations nine years later.^[27] In a study conducted with women of reproductive age in Iran, it was reported that all sub-dimensions of healthy life behaviors except pain and physical activity had a significant relationship with sexual function. In particular, variables such as responsibility, interpersonal relationships and stress management were found to have a significant correlation with sexual function.^[28] This result reveals that sexual life is linked not only to physiological but also to psychosocial processes. In conclusion, our research findings show that sexual quality of life is weakly to moderately associated with a range of lifestyle behaviors. The relevant literature supports our research findings.

According to regression analysis, healthy lifestyle behaviors significantly predict sexual quality of life. The explained variance of the model was found to be 12%. This rate supports the effect of healthy lifestyle behaviors on sexual life quality, but also draws attention to the multidimensional structure of sexual life quality affected by different variables. It is a remarkable finding that the spiritual development sub-dimension was a significant predictor in both correlation and multiple regression analyses. This finding suggests that aspects like women's inner peace, self-actualization, life meaning, spiritual satisfaction, and value systems may closely relate to their perceptions and satisfaction with their sexual lives. Currently, there are no studies in the literature specifically addressing the concept of spiritual development; however, several studies have explored closely related concepts. For instance, a study conducted with

reproductive-aged women in Iran found that those with a higher level of self-actualization experienced better sexual functioning.^[28] Dehghani et al.^[29] showed that people with high spiritual well-being had high sexual satisfaction. Furthermore, research by Yakalı et al.^[30] involving university students revealed that as students' psychological well-being scores increased, so did their sexual satisfaction. A systematic review of fourteen studies reported that psychological well-being, high levels of self-esteem and life satisfaction were associated with better sexual function and satisfaction in women. Notably, high self-esteem, especially among young women, correlated with greater sexual function and orgasmic ability.^[31] The results obtained in this context show that the quality of sexual life is affected not only by physiological or behavioral aspects, but also by the woman's psychological strength, self-esteem and the search for spiritual balance. It is thought that the result obtained in this study is due to the sociodemographic characteristics of the sample group.

The fact that this study was a cross-sectional and correlational design and that the data were collected from a single hospital can be considered a limitation.

Conclusion

This study showed that there is a positive and significant but weak relationship between healthy lifestyle behaviors and sexual quality of life among women of reproductive age. Additionally, spiritual development has been identified as a low-level predictor of women's sexual quality of life. In line with the results, further studies examining different variables affecting sexual life quality are needed. In addition, it is important to include holistic approaches that support healthy life behaviors in women's health services.

Ethics Committee Approval: The Lokman Hekim University Scientific Research Ethics Committee granted approval for this study (date: 30.12.2024, number: 2024/13).

Informed Consent: Written informed consent was obtained from participants.

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