Chapter 3

The Effect of Sexual Myths on Quality of Sexual Life, Marital Satisfaction and Self-Esteem in Married Women with Physically Disabled

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Abstract

Physical disability constitutes a large proportion of the population both in the world and in Turkey. However, the problems related to marriage life, sexuality and sexual life of this population have not been adequately studied. The aim of this study is to evaluate the effect of sexual myths on the sexual quality of life, marital satisfaction and self-esteem in married women with physical disability. This descriptive and cross-sectional study was conducted between May 2022 - March 2023. The data of the study were collected by face-to-face interviews with physically disabled married women registered with the Disabled Associations in Zonguldak. The study was completed with 266 physically disabled married women who met the inclusion criteria. "Personal Charateristics Form", "Sexual Myths Scale", "Sexual Quality of Life Scale-Female", "Marital Satisfaction Scale" and "Rosenberg Self-Esteem Scale" were used for the data collection. SPSS was used to analyze the data. In the study, the level of belief in sexual myths of disabled married women was found to be above the medium level, and their sexual life quality, marital satisfaction and self-esteem were found to be low level. In addition, It was determined that there was a negative and strong relationship between belief in sexual myths and quality of sexual life ($r=-0.71$; $p<0.001$); there was a negative and moderate relationship between belief in sexual myths and marital satisfaction ($r=-0.51$; $p<0.05$) and self-esteem ($r=-0.58$; $p<0.05$). This study showed that married women with disability experience problems in their sexual lives. It is thought that the data obtained from the study will contribute to the literature.

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1. Introduction

Disabled is defined as a person who has lost his physical, mental, spiritual, emotional, and social abilities in various degrees as a result of any disease or accident, from birth or later, and cannot fulfill the requirements of normal life (WHO Global Disability Action Plan 2014–2021; Global Status Report on Disability and Development Prototype 2015). About 15% of the world's population and 12.29% of Turkey's population are people with disability (Turkey and Disabled People in the World, 2020). Of these, 8.8% are individuals with physical disabilities and it has been reported that women have a higher rate of physical disability (Disabled&Elderly, 2017). Physical disability is defined as a disability that does not affect life functions much (WHO Global Disability Action Plan 2014–2021; Global Status Report on Disability and Development Prototype 2015). A physically disabled is a person who has inadequacy, deficiency, and loss of function in the musculoskeletal system. A significant population is affected by the problems of people with a physical disability, who are known to be outnumbered among disability types (Disabled And Elderly Statistics Bulletin, 2022).

People with physical disabilities face many health and social problems throughout their lives. Although these problems are in various and different areas, the main problems are related to their married life or sexual life (Hanson, 1983). The sexual life of the physically disabled is an issue that is not emphasized much, and there are various sexual myths in societies, especially about the sexuality of women with disability. False information, exaggerated beliefs, fabrications, and superstitions that people think are true about sexual matters are called "sexual myths" (Torun et al., 2011; Keçe, 2019). There are some sexual myths about disabled women that both they and society believe. These myths; "Disabled women cannot marry, - Disabled women do not need sex even if they get married, - Disabled women are not sexually attractive, - Disabled women have excessive sexual desire, - Social needs of disabled women are more important than sex, - Disabled young girls do not need sexual education, - Disabled women cannot fully have sex, - Disabled women should not have children, - Disabled women may not be able to have sexual intercourse, Disabled women should be grateful in sexual relations" (Basson, 1998; Mythbusting, 2022).

The state or level of belief in sexual myths, which arise due to many individual and social factors, varies from person to person with a disability, and especially women are more affected by this situation. Due to society's perspective and pressure on the sexuality of disabled people, women with a

disability believe these sexual myths too much and face many difficulties in meeting their sexual needs (Torun et al., 2011). However, disabled women also have rights, sexual feelings, desires, needs, and problems, just like non-disabled women (Law Students For Reproductive Justice Women With Disabilities, 2009). In general, this humane need is prejudiced by society and it is assumed that they cannot have sexual intercourse even if they are married (Hershey, 2000). This situation negatively affects the sexual life quality and marital satisfaction of especially married disabled women (Ivy and Memphis, 2007; Litzinger and Gordon, 2005).

Marriage satisfaction is the satisfaction of spouses in their relationships, happiness in marriage, and positive or negative expression of harmony between spouses. In other words, marital satisfaction is one of the quality indicators of marriage and sexuality (Spanier, 1976; Tezer, 1996). It has also been reported in studies that marital satisfaction affects marital happiness and support exchange between spouses and is very important for the successful execution of the marriage process (Ivy and Memphis, 2007; Litzinger and Gordon, 2005; Celenk and Van de Vijver, 2013; Kudiaki, 2002). In addition, most of the studies have shown that the sexual quality of life is positively related to marital satisfaction (Ivy and Memphis, 2007; Litzinger and Gordon, 2005). If physically disabled women have problems in their sexual life and marital satisfaction, as well as their already difficult social lives, their sexual worth decreases, and they may also have to cope with psychological problems such as a lack of self-confidence and low self-esteem (Earle, 2001; Taleporos and McCabe, 2001). For disabled people, sexual satisfaction and marital satisfaction can be significant indicators of their social integration, quality of life, and self-esteem (Lee and Oh, 2012).

Self-esteem is the individual's perception of herself/himself as a resourceful, valuable person and is considered a positive personality trait. Self-esteem is a function of respect for self and others, confidence, and self-efficacy (Rosenberg, 1965). It is defined as an individual's attitude towards self-importance, competence, and evaluation of achievement (Coopersmith, 1967). Accordingly, self-esteem, which is the sum of an individual's positive and negative attitudes towards herself/himself, is the combination of competence, personal worth, and body image. The feelings of both inadequacy and frustration in disabled people affect their self-esteem (Kassinove and Tafrate, 2002; Yatkın, 2013). The individual's realization of his/her worth and having positive feelings towards himself/herself can be considered an important indicator of mental health. Low self-esteem can cause many problems related to sexuality, especially sexual interest/arousal

disorder. Communication problems between spouses can cause feelings of insignificance, low libido, and sexual dissatisfaction. Self-esteem and self-confidence of disabled people increase in direct proportion to satisfaction with sexual life (Earle, 2001). Information on disability and sexuality in the literature is also scarce and limited. It has been reported that studies should be carried out on these issues to reveal the problems experienced by disabled individuals in their sexual lives and to find solutions. In addition, sexual myths are among the important factors that can affect the general public health, as they affect the sexual process and the sexual quality of life (Taleporos and McCabe, 2001; Wiegerink et al., 2006; Cumurcu et al., 2012). In the literature review, no study was found that evaluated the effects of sexual myths on the sexual quality of life, marital satisfaction, and self-esteem in married women with disability.

The aims of this study were:

1. To determine the effect of sexual myths on the sexual quality of life in married women with physical disabilities.
2. To determine the effect of sexual myths on marital satisfaction in married women with physical disabilities.
3. To determine the effect of sexual myths on self-esteem in married women with physical disabilities.
4. To determine the sociodemographic factors affecting sexual myth, sexual quality of life, marital satisfaction, and self-esteem in physically disabled married women.

2. Methods

2.1. Design and Participants

This descriptive and cross-sectional study was conducted with physically disabled married women living in Zonguldak between May 2022 - March 2023. Zonguldak province is the 21st province with the highest number of the disabled population in Turkey. The data of the study were collected through face-to-face interviews with physically disabled married women registered with the three Disability Associations in Zonguldak. The study's universe consists of 301 physically disabled married women who were members of associations. The sample of the study was determined as 170 women from the study population with a 95% confidence interval and a 5% margin of error. OpenEpi, Version 3 program was used for sample calculation (http://www.openepi.com). The purposive sampling method

was used to reach sampling in the study. The study was completed with 266 physically disabled married women who met the inclusion criteria. Between the ages of 18 and 65, married, a woman, physically disabled, literate, and willing to participate in the study were the inclusion criteria.

2.2. Data Collection Process

"Personal Characteristics Form", "Sexual Myths Scale", "Sexual Quality of Life Scale-Female", "Marital Satisfaction Scale" and "Rosenberg Self-Esteem Scale" were used for the data collection.

2.2.1. Personal Characteristics Form

The form consisted of eight questions prepared by the researcher by examining the literatüre (Litzinger and Gordon, 2005; Celenk and Van de Vijver, 2013; Taleporos and McCabe, 2001). This form included questions about the personal characteristics, disability, and sexual lives of disabled women.

2.2.2. The Sexual Myths Scale (SMS)

This scale was developed to determine whether individuals have sexual myths or not by Gölbasi et al. (Golbasi et al., 2016). The scale has a total of 28 items under eight sub-scales. The scale is a 5-point Likert-type scale, which is scored from 1 to 5. Total scores range from 28 to 140, where higher scores indicate an increase in the likelihood of having a sexual myth. Cronbach alpha of the scale was found to be 0.91. In this study, Cronbach's alpha was determined to be 0.90.

2.2.3. Sexual Quality of Life-Female (SQOL-F)

The sexual quality of life of women was measured using the Turkish version (Tuğut and Gölbaşı, 2010). of the SQOL-F, which was developed by Symonds et al. (Symonds et al., 2005). The sexual quality of life of women for the past 4 weeks was investigated using this scale, which can be used as a valid and reliable measurement tool for women aged 18-65. For the scale, consisting of 18 items, the scores of items 1, 5, 9, 13, and 18 were reversed before calculating the scale items, which were scored between 1 and 6. The total score to be obtained from the scale was converted to 100. The formula [(raw score of the scale - 18) x 100/90] was used for this conversion. High scores indicate a good sexual quality of life (Tuğut and Gölbaşı, 2010). Cronbach's alpha value of the Turkish version of the scale was 0.83. In this study, Cronbach's alpha value of the scale was 0.82."

2.2.4. Marriage Life Scale (MLS)

The scale was developed by Tezer (1996) to measure the general satisfaction level of spouses regarding their marital relationship. The scale is composed of 10 items. The participants assessed to what extent each item defined them, by using a 5-point Likert scale (1 = I do not agree, 5 = I agree). The highest point on the scale is 50, and the lowest point is 10. A high score on the scale indicates a high level of marital satisfaction. The Cronbach Alpha coefficient of the scale was 0.91. In this study, Cronbach's alpha value of the scale was 0.89 (Tezer, 1996).

2.2.5. Rosenberg Self-Esteem Scale (RSES)

The scale developed by Rosenberg (1965) has 12 subdimensions. In this study, the Self-Esteem sub-dimension (10 items) was used (Rosenberg, 1965). It was adapted into Turkish by Çuhadaroğlu in 1986 (Çuhandaroğlu, 1986). The score that can be obtained from the scale ranges from "0" to "6". High scores indicate low self-esteem. The Cronbach Alpha coefficient of the scale was 0.75. In this study, Cronbach's alpha value of the scale was 0.78.

2.3. Statistical analysis

Statistical analysis of the data was performed using SPSS 22.0 (IBM Corporation, Armonk, NY, USA) package program. The conformity of the data to the normal distribution was assessed with Kolmogorov-Smirnov and Shapiro-Wilk tests. Percentage, mean±SD, t-test, One-Way Analysis of Variance (ANOVA), Kruskall Wallis H Test, Mann Whitney U, and Tukey test were used in data analysis. Pearson Moments Multiplication Correlation analyses were used to evaluate the relationship between variables. In the calculation of the correlation strength, the following ranges were taken as a reference: very weak correlation (r = 0–0.25), weak correlation (r = 0.26–0.49), moderate correlation (r = 0.50–0.69), strong correlation (r = 0.70–0.89), and very strong correlation (r = 0.90–1.0) (Gürbüz & Şahin, 2014). $p < 0.05$ value was considered to be significant.

2.4. Ethical standards

This study was performed in line with the principles of the Declaration of Helsinki. Ethical approval was obtained from the Zonguldak Bülent Ecevit University Human Researches Ethics Commission (Date/Number: 13.05.2022-165693). Then, permission was obtained from the Zonguldak Branch Office of the Turkish Disabled Association for disabled associations where the study was conducted (E-46751649- E-2180878-105754). The

participants were informed about the purpose and benefits of the study and were asked to sign the "Informed Consent" form. Permission for the use of the scales was obtained from the responsible authors via e-mail.

3. Results

The descriptive characteristics of married women with physical disabled were given in Table 1. Accordingly, 42.9% were in the 31-40 age range, 49.6% were married between 6-10 years, 66.2% were primary school graduates, 46.6% had one child, 78.2% were unemployed, and the majority of them had moderate income conditions. 49.6% of disabled women had sexual intercourse 1 time per month or less and 74.4% were congenitally disabled.

Table 1. Descriptive characteristics of married women with a physical disabled (N=266)

Variables	n(%)
Age	
20-30 years	90 (33.8)
31-40 years	114 (42.9)
41 and above	62 (23.3)
Duration of marriage	
1-5 year	62 (23.3)
6-10 year	132 (49.6)
11 and above	72 (27.1)
Education status	
Primary education	176 (66.2)
High school	52 (19.5)
Undergraduate	38 (14.3)
Number of children	
0 child	62 (23.3)
1 child	124 (46.6)
2 and above child	80 (30.1)
Working status	
Yes	58 (21.8)
No	208 (78.2)
Income status	
Good	38 (14.3)
Middle/Poor	228 (85.7)
Frequency of sexual intercourse	
1-2 times a week	92 (34.6)
3 times or more a week	42 (15.8)
1 time per month or less	132 (49.6)
Disability status	
Congenital	198 (74.4)
Later	68 (25.6)

The scales mean scores of the disabled married women were given in Table 2. According to the scale evaluation, it was determined that the level of belief in sexual myths of disabled married women was above the moderate level (88.56±19.61). Moreover, their sexual life quality (46.28±5.12), marital satisfaction (26.26±12.47), and self-esteem (3.20±1.64) were found to be low levels.

Table 2. Mean scores of scales

Mean±SD	Min-Max
88.56±19.61	28-120
46.28±5.12	21-100
26.26±12.47	10-50
3.20±1.64	0-6

SMS: Sexual Myths Scale; **MLS**: Marital Life Scale

SQOL-F: Sexual Quality of Life Questionnaire-Female

RSES: Rosenberg Self-Esteem Scale

The comparison of the mean scores of the scales according to the descriptive characteristics of the physically disabled married women was given in Table 3. A statistically significant difference was found between the mean SMS scores of disabled women according to age (p=0.012), education status (p=0.001), working status (p=0.003), income status (p=0.017), and frequency of sexual intercourse (p=0.047). It was determined that the level of belief in sexual myths was higher among disabled women who were over 41 years old, graduated from primary school, did not work, had a medium or low income, and had sexual intercourse once a month or less (Table 3).

A statistically significant difference was found between the mean SQLQ-F scale scores of disabled married women according to age (p=0.041), duration of marriage (p=0.020), education status (p=0.036), frequency of sexual intercourse (p=0.045) and disability status (p=0.047). According to this; It was determined that the sexual quality of life was higher and statistically significant for those between the ages of 20-30, those with a marriage duration of 1-5 years, those with an undergraduate degree, those who had sexual intercourse 1-2 times a week, and those with congenital disability (Table 3).

A statistically significant difference was found between the mean MLS scores of disabled women according to age (p=0.007), education status (p=0.041), income status (p=0.031), frequency of sexual intercourse (p=0.027), and disability status (p=0.041). It was determined that

the marital satisfaction of disabled women between 20-30 years of age, undergraduate graduates, good income, having sexual intercourse 1-2 times a week, and later having a disability were higher and more significant. When the mean scores of the RSES were examined, it was determined that the self-esteem of disabled women was lower and more significant as their age increased, educational status, income status, and frequency of sexual intercourse decreased (Table 3).

Table 3. Mean scores of scales according to descriptive characteristics of women with a physical disabled

	SMS	**SQOL-F**	**MLS**	**RSES**
	Mean±SD	**Mean±SD**	**Mean±SD**	**Mean±SD**
Age				
20-30 years[1]	72.11±8.27	46.97±11.17	28.28±2.75	2.41±1.48
31-40 years[2]	80.07±7.93	43.70±12.35	26.52±3.48	3.06±1.45
41 and above[3]	88.67±11.02	40.05±7.89	25.61±4.18	3.58±1.87
Statistics	**F=18.422; p=0.012; 3>1***	**F=3.567; p=0.041; 1>3***	**F=10.217; p=0.007; 1>3***	**KW=10.624; p=0.003; 1>3***
Duration of marriage				
1-5 years[1]	84.61±4.79	49.97±3.28	27.62±5.28	3.21±1.85
6-10 year[2]	86.05±6.92	47.01±6.07	26.12±6.92	3.22±1.67
11 and above[3]	84.17±5.34	45.87±5.01	25.37±6.08	3.20±1.08
Statistics	F=5.791; P=0.736	**F=4.110 p=0.020; 1>3***	F=4.927; p=0.131	KW=10.145; p=0.101
Education status				
Primary education[1]	93.01±8.40	41.97±13.41	24.48±7.03	3.37±1.87
High school[2]	86.52±7.38	46.85±12.95	26.57±6.12	3.04±1.84
Undergraduate[3]	62.90±9.25	48.10±11.96	27.91±9.01	2.91±1.24
Statistics	**F=23.812; P=0.001; 1>3***	**F=3.958; p=0.036; 3>1***	**F=2.980; p=0.041; 3>1***	**KW=10.627; p=0.040; 3>1***
Number of children				
0 child[1]	84.27±9.01	46.04±11.14	25.98±4.61	3.12±1.65
1 child[2]	85.58±5.92	45.57±10.05	22.57±3.80	3.23±1.91
2 and above child[3]	85.97±8.12	45.92±15.45	21.93±3.92	3.21±1.54
Statistics	F=4.928; p=0.692	F=0.617; p=0.541	F=4.845; p=0.057	KW=4.453; P=0.384
Working status				
Yes	80.01±4.18	45.03±13.76	26.91±6.01	2.66±1.30
No	88.12±6.57	45.43±8.57	26.20±5.87	3.47±1.64
Statistics	**t=0.129; p=0.003**	t=1.627; p=0.523	t=0.191; p=0.071	**U=103.52; p=0.021**
Income status				
Good	81.71±1.62	46.06±14.01	26.78±5.58	2.84±1.15
Middle/Poor	87.30±3.58	44.65±13.01	23.18±6.21	3.45±1.58

Statistics	**t=0.189; p=0.017**	t=1.629; p=0.601	**t=1.017; p=0.031**	**U=104.50; p=0.021**
Frequency of sexual intercourse				
1-2 times a week[1]	82.17±7.28	46.03±14.14	28.12±11.78	2.34±1.45
3 times a week or more[2]	86.21±5.32	44.65±13.09	26.01±9.78	2.74±1.56
1 time per month or less[3]	87.98±4.27	40.04±12.78	23.47±5.31	3.37±1.45
Statistics	**F=10.272; p=0.047; 3>1***	**F=5.758; p=0.045;1>3**	**F=3.928; p=0.027; 1>3***	**KW =9.324; p=0.004; 1>3***
Disability status				
Congenital	84.01±5.11	46.06±8.10	22.87±3.12	3.29±1.65
Later	83.21±4.75	43.35±6.84	25.78±2.85	3.02±1.67
Statistics	t=1.042; p=0.103	**t=1.871; p=0.0**47	**t=1.875; p=0.041**	U=-92.12; p=0.007

t=Independent Sample t-test**; F:** ANOVA**; KW:** Kruskal Wallis H test **U:** Mann Whitney U test**, *:** Tukey test

SMS: Sexual Myths Scale; **SQOL-F:** Sexual Quality of Life Questionnaire-Female; **MLS:** Marital Life Scale

RSES: Rosenberg Self-Esteem Scale

In Table 4, the correlation between the level of belief in sexual myths, quality of sexual life, marital satisfaction, and self-esteem of physically disabled married women was examined. Accordingly, there was a negative and strong correlation between the level of belief in sexual myths and the quality of sexual life($r=-0.71$; $p<0.001$); It was determined that there was a negative and moderate relationship between belief in sexual myths and marital satisfaction ($r=-0.51$; $p<0.05$) and self-esteem ($r=-0.58$; $p<0.05$). It was determined that there was a moderate and positive correlation between the quality of sexual life and marital satisfaction ($r=0.62$; $p<0.001$) and self-esteem ($r=0.50$; $p<0.05$), and a moderate and positive correlation between marital satisfaction and self-esteem ($r=0.63$; $p<0.001$).

Table 4. The relationship between sexual myths, quality of sexual life, marital satisfaction and self-esteem in women with physical disabled

	SMS	**SQOL-F**	**MLS**	**RSES**	
SMS	1.00				
SQOL-F	-0.71**	1.00			
MLS	-0.51*	0.62**	1.00		
RSES	-0.58*	0.50*	0.63**	1.00	
Pearson Moments Multiplication Correlation				***p<0.05**	****p<0.001**

SMS: Sexual Myths Scale; **SQOL-F**: Sexual Quality of Life Questionnaire Female

MLS: Marital Life Scale; **RSES:** Rosenberg Self-Esteem Scale

The regression table shows the effects on sexual myths of sexual quality of life, marital satisfaction, and self-esteem in physically disabled married women (Table 5). According to this; Sexual quality of life, marital satisfaction, and self-esteem were determined to be effective factors in sexual myths (F=30.994; p=0.000). These results are also consistent with the correlation analysis results.

Table 5. Regression table of the effects on sexual myths of sexual quality of life, marital satisfaction, and self-esteem

Dependent Variable	Independent Variable	β	t	p	Adj. R2	F
	Constant		8.748	0.000*	0.499	30.994
Sexual Myths	**Sexual Quality of Life**	-0.453	-6.476	0.000*		
	Marital Satisfaction	-0.378	-5.855	0.018**		
	Self-Esteem	-0.320	-4.980	0.026**		

***p<0.001;**
****p<0.05** **R=Regression coefficient**

4. Discussion

Physical disability constitutes a large proportion of the population both in the world and in Turkey. However, the problems related to married life, sexuality, and sexual life of this population have not been adequately studied. Considering the importance of the subject for disabled individuals, it has been reported that it is important to conduct new studies to find solutions to the problems (Taleporos and McCabe , 2001; Wiegerink et al., 2006). This study, which was planned for these reasons, it was aimed to evaluate the effect of sexual myths on the sexual quality of life, marital satisfaction, and self-esteem in physically disabled married women. *The reason why married women were chosen as a criterion in the study is that false beliefs about sexuality are more common in women and they need more sexual health information. This situation has more negative effects on marital satisfaction and self-esteem* (Basson, 1998; Hershey, 2000; Taleporos and McCabe, 2001).

Sex myths, which are one of the issues that affect sexuality and sexual satisfaction, cause sexuality to be complicated. The most important reasons for the emergence of sexual myths are the inability to talk about sexuality, the value judgments of society, and the insufficient number of scientific studies on sexuality (Mythbusting, 2022; Taleporos and McCabe, 2001). In the study, it was determined that the physically disabled married women had a belief in sexual myths above the moderate level according to the scale evaluation. In

a study conducted with disabled individuals, it was determined that disabled women were more exposed to sexual myths and this reduced their sexual quality of life (McKenzie, 2012). In similar studies, it was determined that disabled people had sexual myths and this situation reduced their sexual life satisfaction (Taleporos and McCabe, 2001; Wiegerink et al., 2006). In the study, it was observed that the level of belief in sexual myths was higher in those who were older, less educated, unemployed, low-income, and had less sexual intercourse. As a result of a study conducted by Taleporos and McCabe on the sexual lives of people with a physical disability, it was determined that age, educational status, and frequency of sexual intercourse affect the level of belief in sexual myths (Taleporos and McCabe, 2001). There have not been many studies on sexual myths in people with disability. This situation limits the discussion of the study results. However, the results of the study were found to be similar to the results of the literature.

Sexuality constitutes an important dimension of the quality of life for people (Earle, 2001). People with physical disabilities struggle with many sexual problems related to their physical limitations. This situation causes a decrease in the sexual quality of life in people with disability (Taleporos and McCabe, 2001). In the study, when the sexual quality of life of married women with a physical disability was examined, it was determined that it was at a low level according to the scale evaluation. As a result of a study conducted on the sexual quality of life of disabled individuals by Wiegerink et al., it was reported that the sexual quality of life of disabled people was low (Wiegerink et al., 2006). In similar studies, it has been reported that disabled individuals experience some difficulties in sexual relations and their sexual quality of life was low (Earle, 2001; Taleporos and McCabe, 2001; Glass and Soni, 1999). These results are similar to the results of the study. Different from the results of this study, some studies showed that disabled women had a normal sexual life like their same sex and did not experience great difficulties and that physically disabled women got used to sexual life more easily. Disabled women were reported to have higher sexual satisfaction, higher sexual esteem, and lower levels of sexual depression than men. It was stated that this was because women paid less attention to their genital functions (Drench, 1992; Tepper et al., 2001; Silvers, 1996).

In the study, it was determined that age, duration of the marriage, educational status, frequency of sexual intercourse, and disability status affect the sexual quality of life in disabled women. In the study, the sexual quality of life of women with a congenital physical disability was found to be higher. It has been reported that people with long-term physical disabilities experience more positive feelings about their sexuality over time (McCabe

and Taleporos, 2003). This situation can be interpreted as the sexual adaptation process of women with a physical disability getting better as they get used to and accept their disability. As a result of a study examining the sexual quality of life of disabled people, it was seen that the duration of the marriage and educational status affect the quality of sexual life, similar to this study's results (Taleporos and McCabe, 2002).

When each individual reaches a certain maturity, society expects her/him to marry, establish a family and have children. However, when it comes to the marriage of disabled people, it is strange for them to get married. It is thought that disabled women cannot be good wife, a good mothers, cannot fulfill their domestic responsibilities, and have no sex life. Marriage and family life of disabled people is an issue that is not emphasized. When the literature is examined, it has been seen that the studies on the marriages and marital satisfaction of disabled individuals are very limited and it is recommended to conduct similar studies (Orbuch et al., 1996). In addition, there is no study in the literature examining the marital satisfaction of disabled people according to different variables. The results of this study are therefore important. Studies have mainly focused on families with disabled children and parents. It was found that married women with a physical disability who participated in this study had a low level of marital satisfaction. In addition, it was determined that age, education level, income status, frequency of sexual intercourse, and disability status affect marital satisfaction. In similar studies, it was determined that people with physical disabilities had low marital satisfaction (Lee and Oh, 2012). In addition, similar to the results of the study, it was determined that age, education level, income status, and sexual satisfaction affect marital satisfaction in physically disabled people (Orbuch et al., 1996; Bradbury et al., 2000; Fincham and Beach, 2010).

It is stated that being disabled from birth is an important factor in reducing marital satisfaction in disabled people (Lobentanz et al., 2004). In the study, it was determined that the marital satisfaction of disabled women whose disability occurred later was higher. As a result of a study conducted on 1217 disabled married people in the United States, it was determined that the subsequent occurrence of physical disability increases marital satisfaction (Yorgason et al., 2008). In the results of similar studies, it was reported that congenital physical disability reduces marital satisfaction (Lobentanz et al., 2004; Nosek et al., 1985).

Self-esteem, which is the sum of an individual's positive and negative attitudes towards herself/himself, is the combination of social competence,

personal worth, and body image. The feeling of frustration and labeling in disabled people affect self-esteem (Rosenberg, 1965; Yatkın, 2013). In addition, organ deficiency is thought to have a significant effect on leading to low self-esteem. In the study, it was determined that the self-esteem of married women with a physical disabilities was low. Similar to the results of the study, in a study conducted with physically disabled people, it was determined that the self-esteem of disabled people was lower than that of non-disabled people (Franzoı et al., 1989). In the study, it was observed that age, education level, income status, employment status, and frequency of sexual intercourse affected the self-esteem of disabled women. In similar studies, it was determined that self-esteem was higher in disabled people with high educational and economic status and working (Akpınar and Şahin, 2016; Dökmen and Kışlak, 2004). It can be thought that economic comfort, having a job and social security increase social status, and increase self-esteem by making individuals feel more comfortable and safe.

Disabled people struggle with many sexual problems related to the physical limitations they experience. These situations can cause a decrease in sexual relations and sexual worthiness in disabled people (Taleporos and McCabe, 2001). In the study, it was determined that there was a significant relationship between the frequency of sexual intercourse and self-esteem, and it was determined that those who had more frequent sexual intercourse had higher self-esteem. In a similar study, it was seen that the frequency of sexual intercourse and sexual life satisfaction were directly proportional to self-esteem (Earle, 2001).

According to the study results; No statistically significant difference was found between self-esteem and disability status. Similarly, in the study of Balcı and Şahin, no significant difference was found between self-esteem and disability status (Balcı and Şahin, 2016). In Yatkın's study, it was observed that being physically disabled, whether congenital or later, did not affect self-esteem (Yatkın, 2013). These results are similar to this study's results.

5. Conclusion

People with a physical disability may experience numerous difficulties in their sexual lives as in other areas. Experiencing sexual problems in addition to physical problems can cause problems in psychosocial life and marital relations. Identifying sexual problems in people with physical disabilities determines how we can help them. This is important that increase the quality of life of disabled people. It should not be forgotten that people with disability are as normal as people who do not have regular sexual life

and have children, and they should be supported. The data obtained from this study will make it possible to evaluate the marriages of married disabled women and will provide new information on marriage and sexual problems. It is thought that this information will be a source for education programs on disability and sexuality and will guide experts working in this field.

Implications

To prevent the sexual problems of disabled people; Awareness should be created by planning education on this issue in society; Educated people should be trained to provide professional counseling to the families of disabled people on sexual issues; Health professionals should also be provided with in-service training on sexual problems and coping strategies for the disabled people. It is recommended to carry out studies involving large groups to understand what types of sexual problems are experienced according to the type of physical disability.

Limitations

The lack of studies on sexual difficulties and marital relationships among disabled persons limited the discussion of the study's findings. Another weakness of the study is that this study group is special, the number of married women with disabilities registered with the disabled association is low, and the total population does not participate.

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