

**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM**

MASTER THESIS

**COMPARISON OF BODY IMAGE, SEX ROLE,
AND SEXUAL SATISFACTION AMONG
MOTHERS AND NON-MOTHERS**

MÜNİRE ŞİRKET

20061780

**SUPERVISOR
ASSIST. PROF. DR. ZİHNİYE OKRAY**

NICOSIA

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Comparison Of Body Image, Sex Role And Sexual Satisfaction Among Mothers
And Non-Mothers

Prepared by; Mnire ŐRKET

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ÖZET**Annelerle Anne Olmayan Kadınlar Arasındaki Beden Algısı, Cinsiyet Rolü ve Cinsellik Doyumunun Karşılaştırılması****Hazırlayan; Münire ŞİRKET****Haziran, 2013**

Doğum yapmak, yani anne olmak bir kadının hayatındaki en önemli geçişlerden biri olarak kabul edilmektedir. Bu bakış açısıyla yola çıkarak, öncelikle evlilikle daha sonrada anneliğin bir sonucu olarak kadınların kendi kadınlıklarına bakış açılarında, beden algılarında ve cinsellik doyumlarında değişiklik olduğu düşünülmektedir. Bu çalışmada, anne olan kadınlarla, anne olmayan kadınların, beden algıları, cinsellik doyumları ve kadınsılıkla ilgili algıları arasındaki ilişkilerin ve farkların araştırılması planlanmıştır.

Bu amaçla, K.K.T.C.'nin Lefkoşa ilçesinde yaşayan, yaşları 25 ile 45 arasında olan, 40 evli çocuksuz kadın ile 40 evli çocuklu kadın çalışmaya dahil edilmiştir. Katılımcılara kartopu tekniği ile ulaşılmıştır. Katılımcılara, 'Sosyoekonomik-Demografik Bilgi Formu', 'Beden Algısı Ölçeği', 'BEM Cinsiyet Rollerı Envanteri' ve 'Golombok-Rust Cinsel Doyum Ölçeği' uygulanmıştır.

Anne olan ve olmayan evli kadınlar beden algısı ve kadınsılık-erkeksilik puanları açısından karşılaştırıldığında aralarında anlamlı fark bulunmamıştır ($p>0.05$). Sosyal kabul edilirlık puanları anne olmayan kadınların daha yüksek bulunmuştur ($p=0.002$).

Ayrıca, anne olan ve olmayan kadınlar cinsel doyum açısından karşılaştırıldığı zaman toplam puan olarak aralarında anlamlı bir fark bulunmamıştır ($p=0.185$), ancak, Golombok-Rust Cinsel Doyum ölçeğinin alt ölçeklerinden cinsel ilişkideki sıklık toplam puanları anne olan kadınların daha yüksek bulunmuştur ($p=0.012$). Yüksek puanlar hoşnutiyetsizliğe işaret etmektedir. Katılımcılara kendilerini hangi dönemde daha kadınsı tarif ettiği sorulduğunda, anne olmayan kadınların kendilerini evlilik döneminde daha kadınsı ve annelerin de kendilerini hem evlilik dönemi hem doğum sonrası dönemde daha kadınsı tarif ettikleri tespit edilmiştir.

Araştırmadaki bulgular, anne olan kadınların doğumla birlikte bedenlerinde değişiklik olmasına rağmen beden algılarında bir değişikliğe neden olmadığını göstermiştir. Annelerin cinsellik doyumlarında fark olmamakla beraber cinsel ilişki sıklığı azalmaktadır. Bu çalışmanın uzamsal araştırma deseni ile tekrarlanması bulguları destekleyecektir.

Anahtar Kelimeler: Annelik, Kadınlık, Beden Algısı, Cinsellik

ABSTRACT**Comparison Of Body Image, Sex Role And Sexual Satisfaction Among Mothers
And Non-Mothers****Prepared by: Münire ŞİRKET****June, 2013**

Giving birth which means being a mother is considered as one of the most important transitions in a woman's life. Based on this point of view, primarily after marriage, secondarily as a result of motherhood, women's perceptions about their femininity, is thought to be changed in their body images and sexual satisfaction. In this study, among married women who are mothers and not mothers, the relationship or the differences between perceptions of the body images, sexuality satisfaction and perceptions of femininity are planned to be investigate.

For this purpose, women who living in Nicosia aged between 25-45 participated the study. 40 of them had children and 40 of them were childless are included as participants in the research. Snowball sampling technique was used. The participants were administered 'Socioeconomic-Demographic Information Form', 'Body Image Scale', 'Bem Sex Role Inventory' and 'Golombok-Rust Inventory of Sexual Satisfaction'.

When women who had children were compared with the group who did not have children according to perception of body image, masculinity and femininity scores, significant difference was not found ($p>0.05$). Social desirability scores of women who were not mothers were significantly higher ($p=0.002$).

Furthermore, when the mothers and who are not mothers are compared with their sexual satisfaction, significant difference could not be found in total scores ($p=0.185$), but the frequency in intercourse found higher scores for the women who are mothers in the subscales of 'Golombok-Rust Inventory of Sexual Satisfaction' ($p=0.012$). High scores indicate discontentment. Ultimately, when the total scores averages of the question 'In which period do you define yourself more feminine?' for the mothers and nonmothers compared, the dispersion shows that the nonmothers define themselves more feminine during the marriage and the mothers define themselves more feminine both during the marriage and after birth.

The survey findings, although changes in the bodies of women who become mothers at birth did not cause a change in the perception of the body. Although there was difference in frequency of sexual intercourse decreased sexual satisfaction of mothers. The findings of this study support the repeated pattern of spatial research.

Key words: Motherhood, Womanhood, Body Image, Sexuality

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ABBREVIATIONS

BIM : BODY IMAGE SCALE

BSRI : BEM-SEX ROLE INVENTORY

GRISS : GOLOMBOK RUST INVENTORY OF SEXUAL SATISFACTION

BIS: BODY IMAGE SATISFACTION

BID: BODY IMAGE DISSATISFACTION

SBI: SEXUAL BODY IMAGE

1.INTRODUCTION

1.1. The Concept of Femininity and Motherhood

Being the mother or giving birth is considered to be the most important turning point in a woman's life. Childbearing has been identified as a major life event that can bring about many challenges for the woman and her family (Barclay et al., 1997, Darvill et al., 2008, Horne et al., 2005). Childbearing is a significant transition, especially for first mothers. Motherhood is central to contemporary gendered expectations for women (Mercer, 2004). In addition to discourses of selfless motherhood and the perception of motherhood as a passage to true adult womanhood, other discourses of femininity hold significant sway (Darvill, et al., 2008).

Women's perceptions of sexuality and body images can vary for many reasons. One of these reasons is to have a child. For all women pregnancy and the birth of a child represents a time of change, in identity and role, as well as physiology. It is also a time of emotional change which for some women may be experienced as a substantial upheaval and for others as more of a change in the balance of emotions. The loss of pre-pregnancy self and the gradual, but dramatic changes in maternal shape and size in the course of pregnancy, the associated changes in body image (Redshaw & Colin, 2011).

For women who do have children, apart from the psychosocial issues fundamental to taking on this new role, and this role changes in the couple relationship and the pleasures and frustrations of being a new mother (Miller, 2007).

Becoming a mother is a natural process and at the same time a normal life event that is marked by a major transition that is multifaceted in its impacts (Mcquillan, Greil, Shreffler, Tichenor, 2008).

A lot of research has proven a lot of women suffering from depression postpartum periods. They are thought to be many reasons. In early postpartum period many women describe themselves very different from before and after the birth (Homewood et al., 2009).

First of all, mothers and nulliparous women imposed having different meanings and thought about the concept of femininity and which is associated with having a child. Having a child, bringing the term of motherhood and is now being carried out with the womanhood to motherhood (Darvill et al., 2008). Nulliparous women and women who gave birth body images and body perception is thought to be different. The mothers while focusing on the body changes associated with the baby but woman's without children in concerns of body images may occur the future of the babies birth (Smith, 1999).

As physical appearance is very extremely to desirability, and attraction is seemed important in sexual encounters and relationships, the relation between body image and sexuality. Sexual body image is impacted by significant others and institutions, including media, family, and sexual partners. Classic heuristic of the looking-glass self, where rather than simply seeing one's reflection in the mirror the image one sees is how one perceives others to see them (Montemurro & Gillen, 2013).

1.1.1. Femininity and Motherhood

Femininity and motherhood are combined to form a single representation of womanhood and most women in the world still are their only self-representation. Motherhood is a state of being. In the early twentieth century, classical psychoanalysis defined motherhood as the healthy developmental outcome for women. As these women have entered the world of motherhood the psychoanalysts understanding of sex, gender, and parenthood are once again broken parts (Alizade, 2006).

Motherhood is not just about sexuality; it is also about maternal desire, developing a bond with child, and establishing a family. Any woman who is the biological mother of the child enters this position (Alizade, 2006). Alizade (2006), explore the concept of a non-motherly psychic space and the processes that do not revolve around the equations and events directly related to motherhood. Non-maternal psychic space implies that the mind is partly independent of bodily functions, that freedom of choice is possible, that there is creativity in the way one shapes one's life, that the human subject is culturally integrated, and that reproduction mandate of the species is no longer the only priority.

'Becoming a woman, being structured as such, requires, from the Freudian point of view, acquiring what we could call a maternal psychic organisation within the framework of a phallogocentric theory (Alizade, 2006, Bleichmar, 1998).

Feminisma ; The essence of feminisma is the ability to create a living, breathing human being in the space between one's hipbones. The concept of primary femininity entails an assumption that the girl develops some mental representation of

genital femaleness at an early age the equivalence between vaginal sexuality and femininity (Alizade 2006, Lax, 1997).

Femininity was between two areas; first is an attempt to speed a sense of self that inherently has to do with being a biological female; and the second is a culturally based experience imposed on the child through early object relations and, thus internalized in the psyche (Alizade 2006, Ambrosio, 1998). Feminism presents a challenge to the most archaic and effective splitting process in the world, that is between woman and men, body and mind, the body was woman's monopoly and the mind was man's (Alizade 2006, Guignard, 1997).

Bleichmar, 1998 think about primary femininity as an ideal ego- the ego ideal. The motherhood in the core of femininity. They think that the girl's primary femininity is structured around the maternal function, the wish to take care, to deploy role of behaviours of maternal activities. A femininity, the core of which is not genital anatomy or genital arousal, but an easily staging of motherhood is thought the to be complex parent's sex-gender network (Alizade, 2006).

Femininity (also called womanliness or womanhood) is a set of attributes, behaviours, and roles generally associated with girls and women. Femininity is made up of both socially defined and biologically created factors. This makes it distinct from the simple definition of the biological female sex, as women, men, and trans gender people can all exhibit feminine traits (Malacrida, 2009).

Feminism is a term we use so often and with an enthusiasm. Hence, its early clarification is important. By feminism, the theory and practice of overcoming sexism as part of a larger effort is to dismantle inter structured forms of domination including racism, colonialism, economic injustice, and discrimination on the basis of

sexual identity, nationality, or physical ability (Choi, Henshaw, Baker, Tree, 2007). Behavioral traits generally considered feminine include gentleness, empathy and sensitivity, though traits associated with femininity often vary depending on location and context, and include a variety of social and cultural factors (Malacrida, 2009).

A mother (or mum/mom) is a woman who has raised a child, given birth to a child, and supplied the ovum that united with a sperm which grew into a child. Because of the complexity and differences of a mother's social, cultural, and religious definitions and roles, it is challenging to specify a universally acceptable definition for the term (Coleman, 1999).

Motherhood is the main transition of the woman's life. Motherhood effects the woman perception of physical, social and psychological terms of femininity (Gauthier, 2010). The birth of a baby is accompanied by major physical, emotional and social changes in the life of a woman. These changes are complex and profound. Mothering can be one of the most difficult and most satisfying roles in a woman's life. Part of the difficulty in adapting to mothering comes from the many additional roles that must be managed (Afiyanti, 2002).

Following the birth of an infant, there is an enormous shift in orientation to the child and frequently away from the woman as a "woman", and towards being a "mother" of her child. This requires a transition in self-concept to incorporate the concept of being a mother who is responsible for a helpless infant alongside this new role (Vincent&Warren, 1988).

Motherhood is a social role that carries a significant moral weight. Many researches noted that mothering involves the tasks of 'protection, nurturance, training', and a readiness to respond to the needs of children with 'care and respect', qualities that are stereotyped as core attributes of hegemonic femininity (Malacrida, 2012).

The role of 'new parent' is considered as the second major new role in early adulthood. The magnitude of the role change relates to the changed occupational imbalance that motherhood entails, which are likely to include a changed environment and reduced time for self-care occupations including sleeping and leisure (Horne et al. 2005). Woman's adaptation to motherhood may be enhanced by doing things, because action facilitates change, personal development and consequent well-being (Horne et al., 2005)

1. 1. 2. Myth and History of Motherhood

1. 1. 2. a. The Myth Of Motherhood

Motherhood or maternalism is commonly used in nationalist discourses in which women's heroism is written through their roles as mothers. There is the 'Patriotic Mother', the ever-ready womb for war, who performs her duty by 'producing' children of the nation: the more she produces, the more significant is her heroism (Ahall, 2012).

On motherhood, myths and ideologies that accompany the image of the mother. The myth of motherhood that makes it the feminine ideal has some implications; When myth is compared with motherhood; the cultural component of motherhood is discarded and it is only considered as part of the biological female nature. Beliefs include the sense that the biological mother is the best and the only keeper of the children and that "maternal instinct" and spontaneous and unconditional love toward the children (Perez&Torrens, 2009).

Motherhood can be seen as a weapon since a multi-birthing woman will give life to many new fighters. Another nationalist discourse is the 'Spartan Mother', the woman

who raises her son as a warrior ready to die for the nation. The 'Spartan Mother' is heroic and patriotic because she sacrifices her sons for the greater good of the nation-state. Her agency in warfare is linked to her sacrifice for the nation (Ahall, 2012).

The myth of motherhood is that unconscious ideologies write motherhood as natural, something do not question, when it is in fact not natural, but a social and cultural construction. The definition of motherhood does not necessarily involve actual mothers or pregnant women, although such representations are more noticeable, but ideas about female bodies and the boundary between natural, unnatural femininity through the 'natural' association of female bodies with motherhood. It is about the capacity of female bodies to give life (Ahall, 2012).

There is a tension between female bodies 'capacities to give life and female bodies' with the capacities to take life. The tension seems to indicate that, because of women's assumed capacity to give life, they cannot 'naturally' take life; seemingly, motherhood, with which women are 'naturally' associated, and killing. In this sense, killing is the most 'unnatural' feminine behaviour. This tension is not only a way in which the Myth of Motherhood materializes, but it also shows how female agents of political violence have multiple subject positions in various discursive practices (Ahall, 2012).

A relationship of the equalities of mother with woman is instilled, where in feminine subjectivity is completed in its role as mother, and those attributes that characterize the maternal role such as care and service toward others are transferred to the feminine identity. This relationship of equality sets the belief in women that motherhood is the organizing center of their lives because through this experience, their completeness and legitimation as women will be found, a belief that is reinforced because other social actors perceive all women as having the desire to be mothers (Perez&Torrens, 2009).

The woman and mother are consisted to the domestic environment and to caring for others; her individual needs are ignored. The mother represented in this ideology is a devoted person dedicated to the care of others and self-sacrifice; she “is not an individual with her own needs and interests” (Perez&Torrens, 2009).

The myth shows an ideal and omnipotent mother because, based on her good care, she is able to obtain perfect results in he development of her child, or to the contrary, be responsible for the negative results in the child’s development, his or her psychological disorders, and social evils (Perez&Torrens, 2009).

1.1.2.b. History Of Motherhood

Mother Nature is divided into three sections, which examine evolutionary theory and animal behavior; the development of mothers, motherhood, and alloparents; and, finally, the physical development and evolved behaviours of infants. The first section of Mother Nature presents a history of evolutionary thinking on female behaviour across species. The second section of Mother Nature discusses what infants need from mothers, and how mothers have devised a variety of means to meet these needs (Jhonson&Liessen, 2001) .

The most interesting discussions in Mother Nature is about women’s efforts to secure assistance in rearing their children. The evolutionary and historical reality is that women have always needed help in raising their children, and they have elicited help from men and other women in acquiring resources and parenting (Jhonson, 2001).

Like the choice of motherhood itself, women face many options in securing help with their infants, and fathers are not the only ones who can supply help and resources. Both nonhuman and human primate females create a network of female allies (both kin and non-kin) who can help care for their offspring. Among humans, female alloparents to preteen females, grandmothers, aunts, and girl friends all can provide invaluable help to a mother and her children.

As much as women may be physically prepared to be mothers, and as much as perhaps most cultures set the expectation, some women will go to great lengths to avoid pregnancy or evade the responsibility of rearing their children (Jhonson&Liessen, 2001).

With a human mother's commitment potentially tenuous and contingent, a human infant has many traits and behaviours that can elicit caring and loving responses from its mother. This is the focus of the third part of *Mother Nature*. According to Hrdy, at some point in human evolution, human mothers has become much more discriminating about their infants (Jhonson&Liessen, 2001).

Human infants are incredibly dependent and vulnerable compared to the infants of other primates. As a result, they have evolved a number of traits and behaviours that help strengthen the bond with their mothers. Those infants who looked too different, or were ill-timed, faced an increased chance of abandonment and death. Consequently, babies have evolved certain traits humans are considered cute that further entice mothers to commit to their care (Jhonson&Liessen, 2001).

1.1.3. History of Femininity

Women's history, now mutating into gender history, is notably broadening and enriching historical studies. Despite the initial 'hype', women's history has not subverted the discipline by producing a new general interpretation or, more ambitiously, a new epistemology. Instead, historians of gender share the same range of theoretical problems faced by other historians. The chronology and the very nature of long-term changes and/or continuities remain unclear. In addition, gender historians have their own debates about the historical construction of gender identities. Although a timeless and a historical 'Woman' has been abandoned, it is far from clear how and how far social roles are learnt, transmitted and changed (Corfield,1997).

Women's history, in other words, has moved rapidly from a fringe interest into a mainstream one. The success of women's history has been its speedy inclusion within the new and broadly-based social and cultural history. The tides and times were favourable to the change. Once a narrow political history was gradually widened and a mechanistic economic history was rejected in favour of a broader approach, then a loose-jointed and ecumenical social history began to hold sway (Corfield,1997).

Freud (1931) realized that in order to develop into womanhood, the girl has to abandon the wish for a penis, and that this very process of abandoning, constructs femininity. If Freud's opinion; the girl is like a boy in the earliest phase of childhood. She was to become aware of her deficiency by discovering the difference between the sexes, implying the fact that she lacks a penis. Freud's view, the clitoris represents a penis, and he sees it as a masculine sexual organ. The girl can have sexual experiences only by means of her clitoris, and dissatisfied with its inferior size in comparison with the penis, she gives up masturbation at the age of four years. She then grows up without feminine libido until puberty when the vagina begins to give rise to sensations (Torsti, 1993) .

Femininity is passive, masochistic and narcissistic. In the woman's mind, the penis is superior and powerful, and this idea she accepts with resignation. Neither the definition of femininity nor the understanding of the development of a girl was possible without considering the girl's own libido, the original sexuality of the vagina (Torsti, 1993).

1.2. Women's Body Image

Body image or self is usually perceived as a multidimensional construct with emotional, cognitive, and behavioural components (Grogan,1999). Cash, (2004) distinguishes between 'body image evaluation', which assesses satisfaction or dissatisfaction with the body, and 'body image investment', the cognitive-behavioural importance placed on this appearance. However, body image evaluation in the context of pregnancy, or the relationship between body image and broader self-esteem in pregnant women. As a result of its reproductive functions, the female body undergoes great changes across the lifespan. During pregnancy, women undergo substantial fluctuations in their appearance: these include increasing body size, increasing size of breasts and hips, and changes in the condition of skin, hair and nails (Mclaren, et al., 2004).

Patel, et al., (2005), suggested that there are three times within a woman's life when body image is disrupted: During adolescence, college and motherhood. While adolescent and college females have been continually examined regard to body image issues, limited empirical research has been conducted within the 'mothering population'. As a woman's body changes dramatically throughout pregnancy, qualitative studies reveal that after the birth of the baby these fluctuations can lead to body dissatisfaction.

Body image and its correlates have received mounting attention in both the fields of psychology and sociology. Body image is a multidimensional self-attitude towards the size, in one's body shape (Cash & Pruzinsky, 1990). Body image consists two components. First is a physical component, which represents a given bodily feature or movement. Second, there is a psychological meaning which reflects a feeling, thought, or personal quality expressed by each particular bodily feature or action (Stokes& Frederick 2003).

If the physical component of the body is seen in a negative manner, then the psychological meaning will in turn be negative in nature. Not only we see ourselves in relation to this self-formed body image, but we also form body images for those around us. Recognition of other's appearances and actions are categorized into certain images we have formed for them. Consequently, these body images we have created for others change as we perceive differences in the individual (Cusack, 2000).

A comparison between our own body image and the body images of others, begins the contest within ourselves to not only fit in, but also to comply with our society's ideal of perfection in order to be happy. Discontentment with one's own body and striving to attain the "ideal" body image dictated by those we esteem as society's elite, is the situation in which women commonly find themselves entangled (Ferraro et al., 2008).

Whether or not a woman chooses as an adult to have babies, the potential for becoming pregnant and for childbearing is part of her gender identity, self-concept and body image. The self-concept as a woman who can have babies can be more or less important for any individual woman (Malkah, 2003). Whether her reproductive possibilities are overshadowed by other issues, or defended against, they are nevertheless a fundamental part of the female self. A sense of vulnerability because of the possibility of pregnancy can also be considered as a part of the girl's body

image and of her gender identity. Women are subject to violence, such as rape, must consider that they may become pregnant and the consequences. This is a different vulnerability than the man's anxiety about illness, injury, and castration. It is important here to distinguish between pregnancy, childbearing, and mothering, which make different demands on the woman (Stokes&Frederick, 2003).

There are psychological concomitants to have a uterus and the potential for pregnancy has been reflected in the concept of "inner space". Erikson discussed women's "inner space" as "a sense of vital inner potential." Kestenberg (1956) defines the "inner genital phase" as a "somatic core" for the wish to have and nurture a baby. She believes this is an early phase that she places between the anal and "phallic" developmental phases. These "inner genital tensions" are considered by her to become part of the female body image. Even though one can question the anatomical origins of this, the potential for pregnancy is there as a concept. The wish for a baby can, of course, be a childhood fantasy of boys as well as girls, which is abandoned in later development (Clark, 2001) .

The sense of inner space as a part of the body, and the idea that one has the capacity to grow a baby, may be separate concepts. The female body comes to reproductive fruition in adolescence and adulthood, and later, changes from fertile to infertile or, more appropriately, postfertile after menopause. A woman has an internal clock that is not limited to the time of monthly cycling of the menstrual periods but forms part of each woman's ongoing sense of her body over her lifetime. The menstrual "clock" is part of the larger timetable (Cusack, 2000).

In today's society, a strong message is sent to women about the importance of physical appearance. These societal pressures result in women placing an inordinate amount of importance on body image. As a result, it is hypothesized that body image contributes to more comprehensive quality of life attitudes, such as happiness, in American women. Of particular interest for the present study is not only whether women's personal happiness is associated with body image, but if these relationships remain consistent across the life span (Stokes & Frederick, 2003).

Body image is defined as “the internal representation of your own outer appearance your own unique perception of yourself”. It is an essential part of our self-concept and identity, influencing our thoughts, feelings, behaviours and future goals. Body image develops throughout life as a product of sensory and behavioural experience including physical appearance, somatic changes, societal norms and cultural ideals of attractiveness and beauty. Cultural ideals of the female body have evolved over the centuries and are inculcated at a very young age and continue to be throughout life. Body image dissatisfaction (BID) occurs when there is inconsistency between one’s current and ideal body image (Bedford&Johnson, 2006).

Body satisfaction is an important component of health and well being for women of all age groups. Among adult women, dissatisfaction with body weight or shape has been linked with lower psychological well-being (Cash et al., 1986), lower self-esteem, greater depressive affect, lower overall quality of life, fewer energetic feelings and more feelings of fatigue, diminished sexual interest and less enjoyment of sex , and marital dissatisfaction . In terms of health behaviour, body dissatisfaction may preclude involvement in physical activity, it has been linked with smoking behaviour, and it may underlie unhealthy weight loss tactics and disordered eating. Although typically studied among adolescent and young adult women, a growing number of studies has examined body image in middle-aged and older women. Results generally suggest that dissatisfaction is less prevalent in these older samples relative to younger ones (McLaren & Kuh, 2004).

1.3. Women’s Sexuality

To describe the notion of being a family is thought to be the different. This changes the perceptions of sexuality. Also future perspectives changes after the birth of child (Hyde et al., 2001). The sexual relationship of expectant and new couple parent

is of medical and psychological significance. Sexual activity can be a psychological resource factor that can enhance couples and individual quality of life. The sexual relationship seems to be the most vulnerable area in the relationship of expectant and new parents (Judicibus&McCabe, 2002).

According to the world healthy organisation, (2002); Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors (Mohlakoana, 2008).

Many of us know women who, over the past 20 years or so, have struggled to combine sex, work and motherhood. Even when they are in heterosexual marriages, woman have difficulties linking these three aspects of their lives. Changes in sex, family, work spheres are emerging culturally in tandem with changes on the technological, economic, industrial level. Anxiety in relation to women and these spheres have, in part, to do with the fact than childbirth and child care are no longer an automatic, 'natural' part of woman's life cycle; this centrally affects woman's sex and work life, women may not only be sexual before marriage, but need not have children at all; meanwhile, they can compete with men in the work sphere (Kaplan, 1990).

The ways in which sexuality and biological female sexuality are inter-twined in the dominant reproductive-technologies discourse makes it very complicated topic for feminists. Feminist perspectives on the new Technologies are currently being developed from a variety of positions. It is clear that feminists first interest in reproductive Technologies in the 1960 s focused on their bodies (Hunt&Jung, 2009).

1.3.1. Traditional Sexuality

The constructions of sexuality, as well as notions of what is “good,” involve many experiences and interpretations. Religions have traditionally been guardians of sexual norms and practices. Religious beliefs and practices vary widely, but they form an important resource when reflecting on human sexuality. Concepts of the divine and grace, rituals related to sexual initiation and childbearing, customs related to marriage and family, and views on homosexuality and transgender persons are just a few of the cultural dimensions shaped by religious understandings of sexuality. Indeed, patriarchal religions are infamous for their taboos and proscriptions with regard to women and sex, most of them imagined and imposed by men(Hunt&Jung, 2009).

1.3.2. Women’s Sexual Satisfaction

Freud, 1905 expanded the idea of sexuality beyond the narrow limits within which that notion was conventionally defined, and on the other hand he argued that the beginnings of sexuality are to be found in early childhood, in other words at a much earlier period than had been thought up till then. He showed that sexuality does not begin with the onset of puberty but in early childhood and that it develops through successive stages before adult sexuality is reached (Quinodoz, 2005).

Sex, or sexuality as it is often termed, is a vexed and contested notion on a good day. Sex, of course, is much more than this potential for delight. It is emotional reactions, physical sensations, fantasies, occasionally reproductive, and, above all powerful.

Now, in light of HIV/AIDS and the rampant sexual slavery of women and children, it is a dangerous and costly commodity as well (Pillworth et al., 2006).

Koch et al. (2005) found that women ages 39 to 56 felt that they had become less attractive as they grew older, which contributed to diminished sexual response, desire, and sexual activity (Montemurro & Gillen, 2013). However, because of sexual behavior among senior women defies stereotypes, it is often neglected by health-care providers, thus contributing to the image of the asexual older woman. Women's sexual activity during mid-life, between the ages of 30 and 60, has also begun to be explored interviewed women ages 43 to 68, who reported increased sexual desire, pleasure, and satisfaction as they aged (Montemurro & Gillen, 2013).

1.4. Overview of the Current Studies

There are many researcher and articles about the transition of motherhood. Femininity is changing with the term of motherhood. The transition of motherhood effect the women perception of femininity and result of this many perceptions were changing of femininity on women. The study of; Psychological factors that impact on women's experiences of first-time motherhood; is a qualitative study of the transition.

The objectives of this study were to explore the maternal transition from women's perspectives and to identify any unmet needs for support. 13 women were participant in this study and the findings were collected in; three main themes (control, support and forming a family) all contributed in the core category; changes in the woman's self-concept (Darvill et al. 2008).

One hundred and forty-four women, with an average age of 40 years, were surveyed. Within the sample, three age groups were established: college-aged women, middle-aged women, and older women. Results indicated that happiness significantly and positively correlated with the three components of body esteem: sexual attractiveness, weight concern, and physical condition. There were no significant differences among the types of body satisfaction expressed by women of different ages. The results are discussed in terms of the importance of recognizing body image as a major contributor to overall life happiness in women (Stokes&Frederick, 2003).

In the study of interviews with 95 women aged 20–68 and they found women’s sexuality and feelings of desirability are influenced by physical appearance, media, as well as significant others and family. They note that sexual body image is more often negative than positive for women of all ages and that women struggle to accept changes in their bodies as a result of the aging process and life experiences; however, women in their 50s and 60s are most likely to accept their bodies and not feel influenced by social pressures (Montemurro&Gillen, 2013).

Another research showed that; The importance of motherhood among women in the contemporary United States. They contributed to feminist and gender scholarship on cultural notions of motherhood by analyzing the importance of motherhood among mothers and non-mothers. Used a national probability sample (N:2,519) of U.S. women ages 25-45, they found a continuous distribution of scores measuring perceptions of the importance of motherhood among both groups. Contrary to cultural schemas that view mother and worker identities as competing, they found that education level is not associated with the importance of motherhood for either group and that valuing work success is positively associated with valuing motherhood among mothers. Consistent with feminist explanations for delayed fertility, valuing leisure is negatively associated with valuing motherhood for non-mothers (Mcquillan, et al., 2008).

In research; Becoming a mother: Occupational change in first time motherhood; the aim study was to explore changes in the occupational lives of first time mothers. A concurrent nested strategy of enquiry was used. Quantitative data collected via the Modified Interest Checklist and the Role Checklist were nested within qualitative data collected through semi-structured interviews. Six of the first time mothers, who were two and a half years post motherhood and aged between 28 and 42 years, participated in this study. The findings indicate that 'new mothers' engaging in a pre-motherhood lifestyle that comprised a balance of self-care, leisure, productivity and rest occupations experience a period of occupational disruption before adapting into motherhood. These mothers' lives are productivity dominant, with most of their time being spent in paid employment and/or performing homecare/family care tasks. Their lives are also obligatory dominant, for example, they are performing occupations they need to do to enable them to fulfil their role as mother, as opposed to those they choose to do (Horne et al., 2005) .

Also this research findings shown as the effect of transitions of motherhood on femininity are; being a super mum, a super wife, a super everything: performing femininity in the transition to motherhood; The aim of this qualitative study was to comprehend how mothers understood and accounted for their experiences in relation to the ideology of motherhood which has been socially constructed as a critical aspect of femininity. Semi-structured interviews were conducted with 24 primiparous and multiparous women, and transcripts analysed using open and axial coding with triangulation. However, they could not be seen to be inadequate and therefore employed greater efforts to portray themselves as a super mum, a super wife, a super everything and hide the opposite. These findings are interpreted within the context of the social construction of femininity and how it is performed within motherhood. Implications for antenatal and postpartum care are discussed (Choi, et al., 2005) .

The final research is on; Performing motherhood in a disablist world: dilemmas of motherhood, femininity and disability; Women are expected to aspire to norms of femininity that include ideal motherhood, where mothers are positioned as ever available, ever nurturing providers of active, involved and expert mothering – indeed, being a caregiver is a master status for adult women in modernity. This study examines the contradictions and tensions embedded in disabled mothers' performances of ideal motherhood, drawing on qualitative interviews with 43 Canadian mothers with a variety of disabilities. The study examines how women with disabilities reconcile the demands of ideal mothering against the realities of their disabilities (Malacrida, 2009).

The experiences of mothers with disabilities as they negotiate the tensions of ideal motherhood permit us to see the challenges in this construct poses for all women, and thus they call for a feminist politics that will challenge this ideal and work for change in the lived experiences of mothering (Grue&Laerum, 2002). Studies shown that the women after the birth of child, they focus on the child centered occupations. These changes may affect the perceptions of women own femininity (Miller, 2007).

2. METODOLOGY

2.1. The Aim Of The Study

The aim of this study, is to determine the differences on body image perceptions and sexuality perceptions between women who gave birth among women who did not delivered.

In this research the hypothesis 'comparison of body image, sex role and sexual satisfaction; among mothers and non-mothers'. This study suggests that the femininity perception will change as the result of motherhood. It means motherhood may effect the perception of femininity. Therefore after birth it is thought to be a change in the perception of body image and sexuality is expected.

The aim of the study is to put forth the women's perception of femininity related with body image perceptions and sexual satisfaction. Femininity terms mean from women's changes with the birth of the child. Women effected from birth of the child psychological social and psychically. Result of this femininity means may change both groups of women. Body image perception and sexuality may change after the birth from mothers.

Women who had married but have no children yet may explain and determine the term of femininity different from the women who are married and have children. Mothers and non-mothers may also have different body image perception and sexuality explanations from each others. This study's purpose is to the find these differences. Women's perspectives on their own femininity is thought to have some changes return on motherhood.

2.2. Sub-hypothesis

1a. Mothers and non-mothers perceptions of body image are different as a result of birth.

1b. Mothers and non-mothers sexual satisfactions are different as a result of birth.

1c. Woman sex role attitudes are different after giving birth.

1d. The meaning of femininity changes after giving birth.

2.3. Sample

This study was investigated in Northern Cyprus distinct of Nicosia. The study of women aged between 25 to 45. In this study the population is formed from 40 married women and having children and 40 married childless women. Totally 80 woman participated in this study. Participants were all citizens of Northern Cyprus.

The criterias of the sample is as follows; 1) For with no child sample; being married but does not have a child yet, not pregnant, not given a still birth or having a story of miscarriage. 2) For with child sample; being married, give birth at least one time, not in early post partum period, last child if having more than one must be at least 9 months old or older.

In this study, the age range of participants were between 25-45 with the mean score of $32,15 \pm 5,06$ and the weight range of participants were between 49-100 with the mean score of $66,39 \pm 10,29$.

Table 1. Education level of participants

Education level	n	%
Middle school	2	2,5
High school	24	30
University	43	53,8
Master's degree	11	13,8
Total	80	100

In this study, 2(2,5%) of the participants were graduated from middle school, 24(24%) of the participants were graduated from high school, 43(53,8%) of the participants were graduated from university, 11(13,8%) of the participants had master's degree.

Table 2. Professional occupation of participants

Professional Occupation	n	%
Unemployed	5	6,3
Retired	0	0
Worker	3	3,8
Housewife	8	10
Government employee	24	30
Other professionals	40	50
Total	80	100

In this study, 5(6,3%) of the participants were unemployed, 3(3,8%) of the participants were worker, 8(10%) of the participants were housewife, 24(30%) of the participants were government employee, 40(50%) of the participants were other professionals.

Table 3. The longest place of residence of participants

The longest place of residence	n	%
Village	13	16,3
Country	67	83,8
Total	80	100

In this study, 13(16,3%) of the participants the longest place of residence were village , 67(83,8%) of the partiipants the longest place of residence were country.

Table 4. Income level of participants

Income level	n	%
1000-2000 TL	4	5
2000-3000 TL	19	23,8
3000-4000 TL	21	26,3
4000-5000 TL	25	31,3
5000 TL and above	11	13,8
Total	80	100

In this study, 4(5%) of the participants were income level were 1000-2000TL, 19(23,8%) of the participants income level were 2000-3000 TL, 21(26,3%) of the participants income level were 3000-4000 TL, 25(31,3%) of the participants income level were 4000-5000 TL, 11(13,8%) of the participants income level were 5000 TL and above.

Table 5. Chronic disease of participants

Chronic disease	n	%
Yes	10	12,5
No	70	87,5
Total	80	100

In this study, 10(12,5%) of the participants were persistent disease, 70(87,5%) of the participants were not persistent disease.

In this study, the range of weight in getting married of participants were between 45-87 with the mean score of $57,06 \pm 8,28$ and the year of marriage range of the participants were between 1-26 with the mean score of $7,14 \pm 6,02$.

Table 6. Sexual intercourse before marriage of participant

Sexual intercourse before marriage	n	%
Yes	33	41,3
No	47	58,8
Total	80	100

In this study, 33(41,3%) of the participants were sexual intercourse before marriage, 47(58,8%) of the participants were not sexual intercourse before marriage.

Table 7. Children of participants

Have a child or children?	n	%
Yes	40	50
No	40	50
Total	80	100

In this study, 40(50%) of the participants were have a child/children, 40(50%) of the participants were have not a child.

Table 8. The period that participant define themselves more feminine

In which period do you define yourself more feminine?	n	%
Premarital term	5	6,3
Marriage	52	65
Pregnancy	6	7,5
Post-natal term	17	21,3
Total	80	100

In this study, 5(6,3%) of the participants were define themselves more feminine in premarital term, 52(65%) of the participants were define themselves more feminine in marriage, 6(7,5%) of the participants were define themselves more feminine in pregnancy, 17(21,3%) of the participants were define themselves more feminine in post-natal period.

The range of children participants had was 0-3 with the number of having a daughter ranged between 0-2 and the number of having a son ranged between 0-3.

The mean of years after the first child was $1,36 \pm 1,76$, the year of have second children range of participants were between 1-11 with the mean score of $1,44 \pm 1,76$ and the year of have third children range of participants were between 1-10 with the mean score of $0,23 \pm 1,36$.

Table.9 Planned pregnancies of participants

Planned pregnancies	n	%
Have not a children	40	50
Yes	17	21,3
No	23	28,8
Total	80	100

In this study, 40(50%) of the participants were have not a child, 17(21,3%) of the participants were planned pregnancies, 23(28,8%) of the participants were not planned pregnancies.

The weight of before first children range of participants were between 45-82 with the mean score of $27,19 \pm 28,54$ and the weight of before second children range of participants were between 54-85 with the mean score of $13,75 \pm 26$.

The weight of the birth period from first children range of participants were between 53-89 with the mean score of $34,43 \pm 35,12$ and the weight of the birth period from second children range of participants were between 58-91 with the mean score of $15,95 \pm 30,09$ and the weight of the birth period from third children range of participants were between 60-70 with the mean score of $1,63 \pm 10,24$.

Table10. Pregnancy mood of participants

How was your pregnancy?	n	%
Have not a children	40	50
Terrible	3	3,8
Bad	3	3,8
Middle	14	17,5
Good	13	16,3
Very good	7	8,8
Total	80	100

In this study, 40(50%) of the participants were have not a children, 3(3,8%) of the participants pregnancy were terrible, 3(3,8%) of the participants pregnancy were bad, 14(17,5%) of the participants pregnancy were middle, 13(16,3%) of the participants were pregnancy were good, 7(8,8%) of the participants pregnancy were very good.

Table11. Delivery type of participants

The delivery type	n	%
Have not a children	40	50
Natural childbirth	14	17,5
Cesarean delivery	26	32,5
Total	80	100

In this study, 40(50%) of the participants were have not a children, 14(17,5%) of the participants were natural childbirth, 26(32,5%) of the participants were cesarean delivery.

Table 12. Chronic disease after birth of participants

Persistent disease after birth	n	%
Have not a children	40	50
Yes	4	5
No	36	45
Total	80	100

In this study, 40(50%) of the participants were have not a children, 4(5%) of the participants were persistent disease after birth, 36(45%) of the participants were not persistent disease after birth.

Table 13. Chronic disease among the children of the participants

Dose your children have chronic disease?	n	%
Have not a children	40	50
Yes	2	2,5
No	38	47,5
Total	80	100

In this study, 40(50%) of the participants were have not a children, 2(5%) of the participants children's were persistent disease, 38(47,5%) of the participants children's were not persistent disease.

Table 14. Body parts that participants do not like before pregnancies

Before your pregnancies do you have any body-parts that you do not like?	n	%
Have not a children	40	50
Yes	8	10
No	42	40
Total	80	100

In this study, 40(50%) of the participants were have not a children, 8(10%) of the participants were answer yes of the question of before your pregnancies do you have and body-parts that you do not like, 42(40%) of the participants were answer no of the question of before your pregnancies do you have and body-parts that you do not like.

Table 15. Reduction in the sexual life after birth of participants

Reduction in the sexual life after birth	n	%
Have not a children	40	50
Yes	17	21,3
No	23	88,8
Total	80	100

In this study. 40(50%) of the participants were have not a children, 17(21,3%) of the participants were reduction in the sexual life after birth, 23(88,8%) of the participants were not reduction in the sexual life after birth.

2.4. Procedure

The data was collected with snowball technique. Reason for this identify more quickly mothers and non mothers. The collected data was analyzed with SPSS-PASW Statistic 18 programme. Results and tables analyzed with One Way ANOVA, T-test, Pearson Correlation and Chi-square.

2.5. Instruments

2.5.a. Socioeconomic-Demographic Information Form; It is consisted of 27 questions prepared by the researcher which investigates socio-economic and demographic properties of the sample.

2.5.b. Body Image Scale (BIS); This scale measured the status of the various parts of the body satisfaction. Secord and Jourard, (1953), has been developed and in 1989, the validity and reliability of Turkey made by Hovardaoğlu. 40-point scale, the lowest scores indicate that discontent. For each item on the scale with scores ranging from 1 to 5, and "I do not like", "Do not like them", "Neutral", "Like them" and "Very like it," he has the option of responding. Total score of the scale ranges from 40 to 200 and the height of the score indicates high levels of satisfaction. 135 points below the group of those who have been identified as a low body image. Hovardaoğlu, Cronbach's alpha internal consistency coefficient of 0.91 ($p < 0.01$) was found. BIS alpha value was 0.76 in the study (Erbil, et al., 2012).

2.5.c. BEM Sex-Role Inventory (BSRI); The BEM Sex-Role Inventory was developed by Bem, (1974), to measure of masculinity-femininity and social desirability. Kavuncu's, (1987), adaptation to Turkish form was used. In this study it assesses how people identify themselves psychologically. Scale reliability coefficient for;

Femininity Scale, .75 ($p < .05$),

Masculinity Scale .89 ($p < .05$),

Social Desirability Scale .87 ($p < .05$), was found by Kavuncu.

The test is formatted with 60 different personality traits which participants rate themselves based on a 7 point Likert scale; answers "not at all appropriate" to "always appropriate" a changing.. Traits are evenly dispersed, 20 masculine, 20 feminine, and 20 filler traits thought to be social desirability. BSRI is very empirically sound.

Femininity (F) scale items are; 2, 5, 8, 11, 14, 17, 20, 23, 26, 29, 32, 35, 38, 41, 44, 47, 50, 53, 56, 59 and; Masculinity (M) items are; 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34, 37, 40, 43, 46, 49, 52, 55, 58 respectively. Points of F and M substances according to the results obtained from the subjects in two separate gender roles, masculine, feminine, androgynous, and classified as uncertain are calculated from data collected from M and F scores. The scores is assembled separately (Holt, 1998).

2.5.d. Golombok-Rust Inventory of Sexual Satisfaction (GRISS); was developed by Rust J. And Golombok S., (1968). Tuğrul C., Öztan N., Kabakçı E. adapted it to the Turkish. It consists of two questionnaires (i.e. a male and a female questionnaire) with 28 items for each.

It studies sexual dysfunctions in heterosexual subjects. Provides a 5-point Likert-type measurement. Rating scale consists of choice; 'never', rarely ', 'sometimes', 'often', 'always' .

Reliability analysis of studies conducted by individual agents, item-total correlation coefficients were 0.18 and 0.74 in women varies between problematic and non-problematic. Item-total correlation coefficients were -0.04 and 0.76 in men varies between problematic and non-problematic. Cronbach's alpha coefficient was 0.92 for the total scores of men, women were found to be 0.91.

It provides a total score and subscales scores: intercourse frequency, incommunicability, dissatisfaction, avoiding sexual intercourse, absence of sexuality, anorgasmia and vaginismus (only in the female version), impotence and premature ejaculation (only in the male version). It is provided with good psychometric features and is easy to administer due to the limited amount of items. However, this feature limits its illustrative and diagnostic function.

Each item is scored between 0-4 gradually increasing. Some substances are scored in the opposite direction. Scored in the opposite direction (4-0) in the women form of certain substances; 2., 4., 5., 8., 9., 10., 11., 15., 16., 17., 19., 21., 22., 25., 26., 27. and 28. Both the total evaluation of the scale, as well as the scores of the lower sizes may be used. In the women form; 3. and 15. substances are related with frequency; 2. and 16. materials are related with communication; 5., 10., 18., and 22. materials are related with satisfaction; 7., 13., 20., 23., materials are related with avoidance; 9., 12., 19., and 25. materials are related with touch; 6., 11., 17., 24. substances are related with vaginismus; 8., 14., 21., 28. Materials are related with anorgazmi sub-dimensions. (Tuğrul, Öztan, Kabakçı, 1993).

3. RESULTS

Table 16. Comparison of mean scores of BSRI among mothers and non-mothers

BSRI Total	Mothers n (%)	Non-Mothers n (%)
Masculine	5(12,5)	4(10)
Feminine	3(7,5)	8(20)
Androgynous	7(17,5)	7(17,5)
Uncertain	25(62,5)	21(52,5)

p=0.435

There were 40 mothers and 40 non-mothers participant. The distribution of mothers and non-mother participants according to BRSI subtypes were compared with Chi-Square analysis. We found no statistically significant differences (p=0.435).

Table 17. Comparison of mean scores of BRSI subscales among mothers and non-mother

BSRI	Mothers (n)	Non-Mothers (n)	P
Masculinity	92,63±18,18 (n=40)	95,35±12,66 (n=40)	0,439
Femininity	101,35±13,30 (n=40)	106,2±10,15 (n=40)	0,71
Social desirability	84,83±8,23 (n=40)	90,03±6,14 (n=40)	0,002*

* $p \leq 0.005$

The mean scores of BRSI subscales according to mothers and non-mother participants were compared with Independent Samples T-Test analysis. There was no statistical significant difference between in masculinity and femininity scores. Non-mother participants had significantly higher social desirability mean scores ($p=0,002$).

Table 18. Comparison of mean scores of GRISS subscales among mothers and non-mother

GRISS	Mothers (n)	Non-Mothers (n)	P
Griiss total	36,98±16,14 (n=40)	32,1±16,46 (n=40)	0,185
Infrequency	3,88±1,26 (n=40)	3,1±1,41 (n=40)	0,012*
Noncommunication	3,6±2,28 (n=40)	2,98±2,14 (n=40)	0,211
Dissatisfaction	5,43±2,87 (n=40)	4,4±2,96 (n=40)	0,120
Avoiding	4,93±3,23 (n=40)	4,05±3,03 (n=40)	0,215
Nonsensuality	3,95±3,43 (n=40)	3,68±3,55 (n=40)	0,722
Anorgasmia	4,95±2,75 (n=40)	4,23±2,82 (n=40)	0,248
Vaginismus	4,98±2,80 (n=40)	5,13±2,76 (n=40)	0,810

*p≤0.005

The mean scores of GRISS total and subscales according to mothers and non-mothers participants were compared with Independent Samples T-Test analysis. When we compared GRISS total and subscale scores of mothers and non-mothers we found statistical difference between a subscale of frequency of sexual intercourse frequency. We found that frequency of sexual intercourse of mothers were significant higher than the non-mothers (p=0,012).

Table 19. Comparison of BIS total mean score among mothers or non-mothers

BIS	Mothers (n)	Non-Mothers (n)	P
BIS total	87,25±15,03 (40)	85,33±17,57 (40)	0,600

$p \geq 0.05$

The mean scores of BIS-Body Image Scale according to mothers and non-mothers were compared with Independent Samples t-test analysis. When we compared BIS total of mothers and non-mothers we found no statistically difference between the groups ($p \geq 0.05$).

Table 20. Comparing mothers and non-mothers according to age, marriage weight and year of marriage score

	Mothers (n)	Non-Mothers (n)	P
Age	34,65±5,27 (n=40)	29,65±3,36 (n=40)	0,000*
Marriage weight	54,45±7,45 (n=40)	59,67±8,33 (n=40)	0,004*
Year of marriage	10,73±6,30 (n=40)	3,55±2,71 (n=40)	0,000*

$p \leq 0.05$

In this study, we compared mothers and non-mothers according to their age, marriage weight and year of marriage mean scores with Independent Sample T-Test analysis. We found that mothers age and year of marriage scores significantly higher than non-mothers (respectively, $p=0.000$, $p=0.000$).

Table 21. Comparing mothers and non-mothers according to incoming level

	Mothers n(%)	Non-mothers n(%)
1000-2000 TL	1(2,5)	3(7,5)
2000-3000 TL	8(20)	11(27,5)
3000-4000 TL	11(27,5)	10(25)
4000-5000 TL	10(25)	15(37,5)
5000 TL and above	10(25)	1(2,5)
Total	40(100)	40(100)

p=0.042

In this study, we compared mothers and non-mothers according to incoming level with Chi-Square analysis. We found that mothers incoming level scores significantly higher than non-mothers (0.042).

Table 22. Comparing mothers and non-mothers according to sexual intercourse before marriage

	Mothers n(%)	Non-mothers n(%)
Sexual intercourse before marriage	12(30)	21(52,5)
No sexual intercourse before marriage	28(70)	19(47,5)
Total	40(100)	40(100)

p=0.041

In this study, we compared mothers and non-mothers according to sexual intercourse before marriage with Chi-Square analysis. We found that non-mothers sexual intercourse before marriage scores significantly higher than mothers (0.041).

Table 23. Comparing mothers and non-mothers according to the period that define themselves more feminine

	Mothers n(%)	Non-mothers n(%)
Before marriage	1(2,5)	4(10)
Marriage	16(40)	36(90)
Pregnancy period	6(15)	0(0)
After pregnancy	17(42,5)	0(0)
Total	40(100)	40(100)

p=0.041

In this study, we compared mothers and non-mothers according to the term that define themselves more feminine with Chi-Square analysis. We found that mothers and non-mothers define themselves significantly more feminine at marriage (0.041).

Table 24. Relation of age and BIS total mean score

	BIS
Women's age	p=0,037* r=0,233

* $p \leq 0,05$

The relation of all women's age and BIS total mean score correlated with Pearson Correlation analysis. We found low positive correlation when women's age was higher; BIS total scores got increase ($r \leq 0.30$).

Table 25. Relation of age, weight and marriage years and BSRI subscale of social desirability mean score

	Social desirability
Age	p=0,003** r=-0,323
Weight	p=0,000** r=-0,387
Marriage years	p=0,000** r=-0,398

* $p \leq 0,05$, ** $p \leq 0,001$

The relation of all women's age, weight and marriage years and BSRI subscale of social desirability scores correlated with Pearson Correlation analysis. We found moderate negative correlation when women's age, weight and marriage years were higher social desirability scores were get decrease ($r \geq 0.30$).

Table 26. Comparison of mean scores of BSRI subscales according to occupation of the participants

Occupations	Masculine m±sd (n)	F(p)
Unemployed	90±13,29 (5)	2,870 (0,029)
Worker	88±16,37 (3)	
House wife	99,88±16,63 (8)	
Government employee	86,46±14,53 (24)	
Other occupations	98,28±14,93 (40)	

p≤0.05

We compared all women's occupations according to BSRI subscale of social masculine scores with One-Way ANOVA analysis. We found statistically significant differences between these groups (p=0.029). Further analysis with Tukey shown that 'government employee' group had significantly lower mean scores than 'other occupations' group (p=0.024).

Table 27. Relation of age, weight, social desirability, femininity and masculinity scores and GRISS total mean score

	GRISS total
Ages	p=0,019* r=0,263
Weights	p=0,000** r=0,394
Social desirability	p=0,007** r=-0,301
Femininity	p=0,000*** r=-0,512
Masculinity	p=0,001** r=-0,377

* $p \leq 0,05$, ** $p \leq 0,001$, *** $p \leq 0,0001$

The relation of all women's GRISS total scores and age, weight, social desirability, femininity and masculinity scores correlated with Pearson Correlation analysis. We found low positive correlation between GRISS total scores and all women's ages, moderate positive correlation between GRISS total scores and weight ($r \geq 0,30$), moderate negative correlation between GRISS total scores and social desirability and masculinity scores ($r \geq 0,30$) and strong negative correlation between GRISS total scores and femininity scores ($r \geq 0,30$).

Table 28. Relation of all women's ages and BSRI subscales of femininity and masculinity mean score

	Ages
Femininity	p=0,007** r=-0,297
Masculinity	p=0,054 r=-0,216

* $p \leq 0,05$, ** $p \leq 0,001$

The relation of all women's ages and BSRI subscales of femininity and masculinity mean score correlated with Pearson Correlation analysis. We found moderate negative correlation between women's age and femininity scores ($r \geq 0.30$).

Table 29. Relation of all women's age and GRISS subscales of infrequency, non-communication, dissatisfaction, avoiding, non-sensuality, anorgasmia mean score

	Ages
Infrequency	p=0,039** r=0,310
Non-communication	p=0,000** r=0,441
Dissatisfaction	p=0,008** r=0,295
Avoiding	p=0,018* r=0,264
Non-sensuality	p=0,001** r=0,379
Anorgasmia	p=0,010* r=0,285

* $p \leq 0,05$, ** $p \leq 0,001$

The relation of all women's ages and GRISS subscales of infrequency, non-communication, dissatisfaction, avoiding, non-sensuality, anorgasmia scores correlated with Pearson Correlation analysis. We found low positive correlation between women's age and avoiding, anorgasmia ($r \leq 0.30$), moderate positive correlation between women's age and infrequency, non-communication, dissatisfaction, non-sensuality ($r \geq 0.30$).

4. DISCUSSION

In this study, when we compared mothers and non-mothers according to the period that define themselves more feminine we found statistically significant differences. Non-mothers define themselves more feminine in the marriage period and some of the mothers define themselves more feminine in marriage and some of the mothers define themselves after the pregnancies. It was seen that marriage effect both mothers and non-mothers feeling more feminine. Also, the result of having a child or children effects the mothers' femininity description. Darvill study shown us the three main themes (control, support, and forming a family) changes in the woman's self concept. Forming a family increase both mothers and non-mothers femininity description. (Darvill et al. 2008).

In this study when we compared mothers and non-mothers according to BSRI subscales of masculine, feminine, androgynous and uncertain sex roles and we found no statistically significant differences. It was seen that whether or not to be a mother was not affected by the sex role of masculinity or femininity. Current studies about mothers sex roles shown that mothers femininity role changed as a result of birth. The findings were interpreted within the context of the social construction of femininity and how it was performed within motherhood (Choi et al., 2005). When we compared BRSI subscales of masculinity and femininity, again we found no statistically significant differences but subscale of social desirability scores show differences between the mothers and non-mothers. It was seen that mothers social desirability levels were more lower than non-mothers and have a child or children effect the social desirability of women. The current studies findings indicate that 'new mothers' engaging in a pre-motherhood lifestyle that comprised a balance of self-care, leisure, productivity and rest occupations experience a period of occupational disruption before adapting into motherhood (Horne et al., 2005) .

Also when we compared mothers and non-mothers according to BIS scores, we found no statistically significant differences. It was seen that whether or not to be a mother was not affected by the body image perceptions. The present study results were discussed in terms of importance of recognized body image as a major contribution to overall life happiness in woman (Stokes&Frederick, 2003). The total scores of mothers' weights were higher than non-mothers but it shows us mothers are not dissatisfied of their body or body images. This also might be result of the number of participants at each group was small and the difference could not be shown statistically.

We compared mothers and non-mothers according to GRISS we found no statistically significant differences GRISS total scores, but subscale of sexual intercourse frequency scores of mothers were higher than the non-mothers. The highest scores of GRISS subscales related to the dissatisfaction. It was seen that mothers were more dissatisfied of sexual intercourse frequencies. The research about the sexual satisfaction of mothers noted that sexual body image was more often negative than women who have not children and the mothers struggle to accept changes in their bodies as a result of the aging process and life experiences (Montemurro&Gillen, 2013).

Our research shows us, mothers incoming level were higher than non-mothers. Its result might be related with the mothers age that were higher than the non-mothers. Mcquillan, et al., (2008), suggested that work success is positively associated with valuing motherhood among mothers. Also, the sexuality before marriage scores indicated mothers' sexuality before marriage scores less than non-mothers (Mcquillan, et al., 2008). It was seen that might related with the cultural efficiency. In this study the mothers marriage years more than non- mothers and it might be shown us cultural variables effect the women's sexual intercourse before marriage.

Our research, we interpreted to be a mother and not conditions to the findings of the above. In addition to these findings on the status of the mother or not, also we compared all women with some variables and some of the relationships and differences in correlations were found. When we compared all women's age according to BIS total scores we found low positive correlation when women's age was higher, BIS total scores got increase. It was seen that age affected the body images of women's but it was not related with having a child or children. The literature indicate that with increasing age in women is far more interest in returning to their bodies, and also changed the perceptions of mothers' body after having a child, but due to the preoccupation of child physical time to devote to it is not noted. (Malacrida, 2009).

We compared all women's age, weight and marriage years according to BSRI subscale of social desirability scores and we found moderate negative correlation when women's age, weight and marriage years were higher social desirability scores got decrease. It is shown that women's age, weight and marriage years affect the status of sociality in their life. We did not find this relation between mothers and non-mothers but we might say this relation result of marriage.

We found all women's ages correlated with GRISS subscales of infrequency, non-communication, dissatisfaction, avoiding, non-sensuality, anograzmia scores. We found low positive correlation between women's age and avoiding, anograzmia,

moderate positive correlation between women's age and infrequency, non-communication, dis-satisfaction, non-sensuality. It was seen that women's age related with the sexuality satisfaction. The highest points have shown the dissatisfaction. According to the literature women ages 39 to 56 felt that they had become less attractive as they grew older, which contributed to diminished sexual response, desire, and sexual activity(Montemurro &Gillen, 2013).

The important point was GRISS total scores correlated with the women's weights. Moderate positive correlation between GRISS total scores and weight were found. We might say that when the women's weights got increase it affected the sexual satisfaction.

Also, GRISS total scores correlated between social desirability, femininity and masculinity scores. We found moderate negative correlation between GRISS total scores and social desirability and masculinity scores and strong negative correlation between GRISS total scores and femininity scores. Sexual satisfaction affected to social desirability, masculinity and femininity of the mother's might be said. Consistent with feminist explanations for delayed fertility, valuing leisure is negatively associated with valuing motherhood for non-mothers (Mcquillan, et al., 2008).

We compared all women's professional occupations according to BSRI subscale of social masculine scores, we found statistically significant differences between these groups. The further analysis of Tukey, showed us this relationship were between the grade civil servants and other occupations (private sector). It was seen that our participants women's masculinity femininity affected by the occupations. That in Northern Cyprus private sectors' workers on our participants affected more than grade civil workers of the sex roles.

5.CONCLUSION

The survey findings, although changes in the bodies of women who become mothers at birth did not cause a change in the perception of the body. Perceive themselves more feminine women who are mothers. Although there is difference in frequency of sexual intercourse decreased sexual satisfaction of mothers. We think that the study we have done can be a leading feature for similar studies about the women's description of femininity term.

As we found the result of term of the womanhood as expected which makes change on marriage and having a child for the mothers or nonmothers, we have the conviction of this effect which makes change on both cultural and personal reasons. Also it makes us think that when mothers who got low points have a child their sociability may lessen in terms of social acceptability. Studies shown that the women after the birth of child, they focus on the child centered occupations. These changes may affect the perceptions of women own femininity (Miller, 2007).

We can not say that the body perception and sexual satisfaction cause change on womanhood or the perception of womanhood causes body perception and sexual satisfaction, however it is possible to say that these variables affect eachother in this study. The findings of this study support the repeated pattern of spatial research.

REFERENCES

- Afiyanti, Y., 2002. Negotiating motherhood; the difficulties and challenges of rural first-time mothers in Parung, West Java. *Makara, Kesehatan* vol 6. No.1.
- Ahall, L., 2012. Motherhood, Myth and Gendered Agency in Political Violence, *International Feminist Journal of Politics*, 14:1, 103-120
- Alizade, A. M., 2006. Motherhood in the twenty-first century, *Karnac*, 11-21, 23-33, 59-71, 73-83.
- Barclay, L., Everitt, L., Rogan, F., Schmied, V., Wyllie, A., 1997. Becoming a mother: an analysis of women's experience of early motherhood. *Journal of Advanced Nursing* 25, 719–728.
- Bedford, J. L., Johnson, C. S., 2006. Societal Influences on Body Image Dissatisfaction in Younger and Older Women, *Journal of Women & Aging*, 18:1, 41-55.
- Bennett, J. W., 2009. *The ecological transition: Cultural anthropology and human adaptation*, New York, Pergamon press. p.90-110.
- Cash, T.F., Pruzinsky, T., 1990. *Body images: Development, deviance, and change*. New York: Guilford Press.
- Choi, C., Henshaw, S., Baker, S., Tree J., 2007. Supermum, superwife, super everything; Performing femininity in the transition to motherhood. *Journal of reproductive and infant psychology*, 23:2, 167-180.
- Clark, E., 2001. Metaphors of motherhood: claiming back the female body in the poems of Mary Sidney and Mary Wroth, *Women's Writing*, 8:2, 263-273.

Coleman, P., Nelson, E. S., Sundre, D. L., 1999. The relationship between prenatal expectations and postnatal attitudes among first-mothers. *Journal of Reproductive and Infant Psychology*, 17:1, 27-39.

Corfield, P. J., 1997. History and the challenge of gender history , *Rethinking History: The Journal of Theory and Practice*, 1:3, 241-258

Cusack, L., 2000. Perceptions of Body Image, *Employee Assistance Quarterly*, 15:3, 23-39.

Darvill, R., Skirton, H., Farrand, P., 2008. Psychological factors that impact on women's experiences of first-time motherhood: a qualitative study of the transition. *Midwifery*, 26, 357-366.

Erbil, N., Şenkul A., Başara G. F., Sağlam, Y., Gezer, M., 2012. Body Image Among Turkish Women During the First Year Postpartum, *Health Care for Women International* Volume 33, Issue 2, pages 125-137.

Ferraro, F. R., Muehlenkamp, J. J., Paintner, A., Wasson, K., Hager, T., Hoverson, F., 2008. Aging, Body Image, and Body Shape, *The Journal of General Psychology*, 135:4, 379-392.

Grogan, S., 1999. *Body image: Understanding body dissatisfaction in men ,women and children.* London : Routledge.

Holt, C. L., Ellis, J. B., 1998. Assessing The Current Validity of Bem Sex-Role Inventory, *Sex-Roles*, Vol. 39., Nos. 11/12.

Holton, S., Fisher, J., Rowe, H., 2009. Attitudes toward woman and motherhood; their role in Australian woman's childbearing behavior..*Sex roles* 61:677-687.

Homewood, E., Tweed, A., Cree, M., Crossley, C., 2009. Becoming occluded: the transition to motherhood of women with postnatal depression, *Qualitative Research in Psychology*, 6:4, 313-329.

Horne, J., Corr, S., Earle, S., 2005. Becoming a Mother: Occupational Change in First Time Motherhood. *Journal of Occupational Science*, 12:3, 176-183.

Hunt, M. E., Jung, P. B., 2009. "Good Sex" and Religion: A Feminist Overview, *Journal of Sex Research*, 46:2-3, 156-167.

Hyde J. S., DeLamater J. D., Durik, A. M., 2001. Sexuality and the dual-earner couple, part II: Beyond the baby years, *Journal of Sex Research*, 38:1, 10-23.

Jhonson, G. R., Liessen, L. T. 2001. Politics and The Life Sciences. Mother Nature: A History of Mothers, Infants, and Natural Selection (Sarah Blaffer Hrdy), Volume 20, 107-252.

Judicibus, M. A., McCabe, M. P., 2002. Psychological factors and the sexuality of pregnant and postpartum women, *Journal of Sex Research*, 39:2, 94-103.

Kaplan, E. A., 1990. Sex, work and motherhood: The impossible triangle, *Journal of Sex Research*, 27:3, 409-425.

Koch, P. B., Mansfield, P. K., Thurau, D., Carey, M., 2005. Feeling frumpy: The relationships between body image and sexual response changes in midlife women. *The Journal of Sex Research*, 42, 215–223.

Malacrida, C., Boulton, T., 2012. Women's perceptions of childbirth 'choices': Competing discourses of motherhood, sexuality, and selflessness. *Gender & Society* 26:748.

Malacrida, C., 2009. Performing motherhood in a disablist world: dilemmas of motherhood, femininity and disability. *International journal of qualitative studies in education*, 22:1,99-117.

Malkah, T., Notman, M. D., 2003. The Female Body and Its Meanings, *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals*, 23:4, 572-591.

Mcquillan, J., Greil, A., Shreffler, K., and Tichenor, V., 2008. The importance of motherhood among women in the contemporary United States. *Gender & Society*, 22;477.

McLaren, L., Kuh, D., 2004. Body Dissatisfaction in Midlife Women, *Journal of Women & Aging*, 16:1-2, 35-54.

McLaren, L., Diana Kuh, D., Hardy, R., Gauvin, L., 2004. Positive and negative body-related comments and their relationship with body dissatisfaction in middle-aged women, *Psychology & Health*, 19:2, 261-272.

Mercer, R. T., 2004. Becoming a mother versus role attainment. *Journal of Nursing Scholarship* 36, 226–232.

Miller, T., 2007. 'Is this what motherhood is all about?'; Weaving experiences and discourse through transition to first-time motherhood. *Gender & Society*, 21:337.

Mokobocho-Mohlakoana, K., 2008. Motherhood and sexuality, *Agenda: Empowering women for gender equity*, 22:76, 57-64.

Montemurro, B., Gillen, M. M., 2013. Wrinkles and Sagging Flesh: Exploring Transformations in Women's Sexual Body Image, *Journal of Women & Aging*, 25:1, 3-23.

Patel, P., Lee, J., Wheatcroft, R., Barnes, J., and Stein, A., 2005. Concerns about body shape and weight in the postpartum period and their relation to women's self-identification. *Journal of Reproductive and Infant Psychology*, 23 (4), 347–364.

Pérez, J. C., Tórrrens A. J., 2009. The Myth of Motherhood and the Role of Stepmothers: An Outlook of Women Who Have Delayed Their Motherhood, *Journal of Divorce & Remarriage*, 50:3, 206-219.

Pillsworth, E. G., Haselton, M. G., 2006. Women's Sexual Strategies: The Evolution of Long-Term Bonds and Extrapair Sex, *Annual Review of Sex Research*, 17:1, 59-100.

Quinodoz, J. M., 2005. Reading Freud: a chronological exploration of Freud's writing, Published in Association With the Institute of Psychoanalysis, London, p.57-64.

Redshaw, M., Martin, C., 2011. Motherhood: a natural progression and a major transition. *Journal of reproductive and infant psychology*, 29:4,305-307.

Smith, J. A., 1999. Identity development during the transition to motherhood: An interpretative phenomenological analysis, *Journal of Reproductive and Infant Psychology*, 17:3, 281-299.

Stokes, R.,Frederick C. R., 2003. Women's Perceived Body Image: Relations with Personal Happiness, *Journal of Women & Aging*, 15:1, 17-29.

Torsti, M., 1993. The Feminine Self and Body Image, *The Scandinavian Psychoanalytic Review*, 16:1, 47-62.

Torsti, M., 1998. On motherhood, *The Scandinavian Psychoanalytic Review*, 21:1, 53-76.

Tuğrul C, Öztan N, Kabakçı E, 1993. Golombok-Rust Cinsel Doyum Ölçeği'nin Standardizasyon Çalışması. *Turk Psikiyatri Derg*, 4:83-8.

Vincent, C., Warren, S., 1998. Becoming a 'Better' Parent? Motherhood, education and transition, *British Journal of Sociology of Education*, 19:2,177-193.

APPENDIX

Bu anket Yakın Doęu Üniversitesi, Sosyal Bilimler Enstitüsü , Uygulamalı Psikoloji yüksek lisans programında yürütölen tez alıřmasının bir parçasıdır.

Ekte yer alan kişisel bilgi formu ve bazı öleklerle evli ocuksuz kadınlarla, evli ocuklu kadınların beden algısı ve cinsellik doyumunu arasındaki bakıř aılarını karşılařtırmayı amalamaktadır. Vereceęiniz cevaplar sadece arařtırmacı tarafından bilinecek ve sadece bu arařtırma iin kullanılarak kesinlikle gizli kalacaktır. İsmınızı vermeniz istenmemektedir.

Arařtırmanın daha saęlıklı bir řekilde yürütölebilmesi iin yanıtlarınız gerekten duygu ve dūřüncelerinizi yansıtacak bir řekilde, itenlikle vermeniz önemlidir. Soruların tamamını yanıtlamanız, yanıtların bilimsel deęerlendirilmesini kolaylařtıracaktır ancak yine de istedięiniz soruyu atlayabilir ya da diledięiniz anda cevaplamaya devam etmeyebilirsiniz.

LÜTFEN HERHANGİ BİR YERE ADINIZI YAZMAYINIZ.

Katıldıęınız iin teřekkür ederim...

Münire řİRKET

Psikolog

SOSYO EKONOMİK VE DEMOGRAFİK ÖZELLİKLERİNE İLİŞKİN BİLGİ FORMU

1.Yaşınız.....

2.Kilonuz.....

3.Eğitim durumunuz

 Okuma yazma bilmiyor Okur yazar İlkokul mezunu Orta okul mezunu Lise mezunu Üniversite mezunu Yüksek lisans mezunu

4.Mesleğiniz

 İşsiz Emekli İşçi Ev hanımı Memur Diğer.....

5.En uzun yaşadığınız yer

 Köy İlçe

6.Ailenizin toplam ortalama geliri ne kadardır?

 500-1000 TL 1000-2000 TL 2000-3000 TL 3000-4000 TL 4000- 5000 TL 5000 TL ve üzeri

7.Herhangi bir kalıcı hastalığınız var mı?

 Evet Hayır

Cevabınız EVET ise belirtiniz

8.Evlendiğinizde kaç kiloydunuz?.....

9..Kaç yıllık evlisiniz ?.....

10.Evliliğinizden önce aktif bir cinsel hayatınız var mıydı?

 Evet Hayır

11.Çocuğunuz var mı?

()Evet ()Hayır

12.Kendinizi hangi dönemde daha kadınsı olarak tarif edersiniz?

()Evlilik öncesi dönem ()Evlilik dönemi ()Hamilelik dönemi

()Doğum sonrası dönem

ÇOCUĞUNUZ YOKSA II. BÖLÜME GEÇİNİZ.

13.Kaç çocuğunuz var?

14.Kız çocuk sayısı: Erkek çocuk sayısı:.....

15.Çocuk ya da çocuklarınızı evliliğinizin kaçınıcı yılında doğurdunuz?

1 . Çocuk Cinsiyet 4. Çocuk Cinsiyet
.....

2. Çocuk Cinsiyet 5.Çocuk Cinsiyet
.....

3. Çocuk Cinsiyet 6. Çocuk Cinsiyet
.....

Daha fazla çocuğunuz varsa belirtiniz.....

16.Hamilelikleriniz planlı mıydı?

()Evet ()Hayır

17.Planlı çocuk sayısı:..... Plansız çocuk sayısı:.....

18.Nasıl bir hamilelik geçirdiniz

()Çok Kötü ()Kötü ()Orta ()İyi ()Çok İyi

19.Hamilelik veya hamileliklerinizden önce kaç kiloydunuz?

1 . Çocuk 4. Çocuk

2. Çocuk 5.Çocuk

3. Çocuk 6. Çocuk

Daha fazla çocuğunuz varsa belirtiniz.....

20. Hamilelik veya hamileliklerinizde, doğum öncesinden hemen önce kaç kiloydunuz?

1 . Çocuk 4. Çocuk

2. Çocuk 5.Çocuk

3. Çocuk 6. Çocuk

Daha fazla çocuğunuz varsa belirtiniz.....

21.Doğumdan sonra kaç kilo fazlanız kaldı?

1 . Çocuk 4. Çocuk

2. Çocuk 5.Çocuk

3. Çocuk 6. Çocuk

Daha fazla çocuğunuz varsa belirtiniz.....

22.Hamilelik süreniz veya birden fazla doğum yaptıysanız hamilelik sürelerinizi yazınız.

1 . Çocuk(Ay).....(Gün)

4. Çocuk (Ay).....(Gün)

2.Çocuk(Ay).....(Gün)

5.Çocuk (Ay).....(Gün)

3.Çocuk(Ay).....(Gün)

6. Çocuk (Ay).....(Gün)

Daha fazla çocuğunuz varsa belirtiniz.....

23.Doğum şekliniz

()Normal doğum ()Sezeryan doğum

24.Doğumdan sonra herhangi bir hastalık geçirdiniz mi

()Evet ()Hayır

Cevabımız EVET ise belirtiniz.....

25.Çocuğunuzda yada çocuklarınızda kalıcı hastalığı olan var mı

()Evet ()Hayır

Cevabımız EVET ise kaçınıcı çocuk veya çocuklarınız olduğunu ve hastalığını belirtiniz.....

26.Doğum öncesindeki yıllarda bedeninizde beğenmediğiniz bir bölge var mıydı

()Evet ()Hayır

Cevabınız EVET ise belirtiniz

27.Hamilelikten sonraki yıllarda cinsel yaşamınızda azalma oldu mu

()Evet ()Hayır

BEDEN ALGISI ÖLÇEĞİ

Aşağıda çeşitli vücut özellikleri ve beğenip beğenmeme ifadeleri bulunmaktadır. Yapmanız gereken, bir vücut özelliğiniz hakkındaki duygularınızı bu ifadelere göre değerlendirmektir. Örneğin bir vücut özelliğinizi çok beğeniyorsanız, bu özellik için “çok beğeniyorum” ifadesinin bulunduğu kutuya “X” işreti koyunuz. Herhangi bir vücut özelliğinizi genel olarak beğenip beğenmediğinize göre duygularınızı değerlendiriniz.

	Çok beğeniyorum	Oldukça beğeniyorum	Kararsızım	Pek beğenmiyorum	Hiç beğenmiyorum
1. Saçlarım					
2. Yüzümün rengi					
3. İştahım					
4. Ellerim					
5. Vücutumdaki kıl dağılımı					
6. Burnum					
7. Fiziksel gücüm					
8. İdrar – dışkı düzenim					
9. Kas kuvvetim					
10. Belim					
11. Enerji düzeyim					
12. Sırtım					
13. Kulaklarım					
14. Yaşım					
15. Çenem					
16. Vücut yapım					
17. Profilim					
18. Boyum					

	Çok beğeniyorum	Oldukça beğeniyorum	Kararsızım	Pek beğenmiyorum	Hiç beğenmiyorum
19. Duyularımın keskinliği					
20. Ağrıya dayanıklılığım					
21. Omuzlarımın genişliği					
22. Kollarım					
23. Göğüslerim					
24. Gözlerimin şekli					
25. Sindirim sistemim					
26. Kalçalarım					
27. Hastalığa direncim					
28. Bacaklarım					
29. Dişlerimin şekli					
30. Cinsel gücüm					
31. Ayaklarım					
32. Uyku düzenim					
33. Sesim					
34. Sağlığım					
35. Cinsel faaliyetlerim					
36. Dizlerim					
37. Vücutumun duruş şekli					
38. Yüzümün şekli					
39. Kilom					
40. Cinsel organlarım					

BEM ENVANTERİ

Lütfen aşağıdaki her bir sıfat sizi ne kadar ifade ediyorsa karşısında bulunan kutucuklara ilgili rakamı yazınız.

1- Bana göre hiçbir zaman doğru değil

2- Bana göre genellikle doğru değil

3- Bana göre çoğunlukla doğru değil

4- Bana göre ne doğru ne de değil

5- Bana göre çoğunlukla doğru

6- Bana göre genellikle doğru

7- Bana göre her zaman doğru

1	Kendine güvenen		22	Gözüpek		43	Saldırgan	
2	Sıkılğan		23	Başkalarının inançlarına duyarlı		44	Sadık	
3	Dürüst		24	Kibirli		45	Hoşgörülü	
4	Kendi inançlarını savunan		25	Ailesine karşı sorumlu		46	Haksızlığa karşı tavır alabilen	
5	Fedakâr		26	Yumuşak nazik davranan		47	Sevecen	
6	Kıskanç		27	Etrafına karşı saygılı		48	Sistemsiz, plansız	
7	Girişken		28	Otoriter		49	Kuralcı, katı davranan	
8	Boyun eğen		29	Merhametli		50	Kaba dil kullanmayan	
9	Güvenilir		30	Ne yapacağı belli olmayan		51	Dostça davranan	
10	Etkileyici, güçlü		31	Sözünde duran		52	Baskın, tesirli	
11	Ağırbaşlı, ciddi		32	Canayakın		53	Anlayışlı	
12	Karamsar		33	İşinde ciddi ve sorumlu olan		54	Yapmacık davranan	
13	Riski göze almaktan çekinmeyen		34	İdealist		55	Duygularını açığa vurmeyen	
14	Duygusal		35	İncinmiş duyguları tamir etmeye duyarlı		56	Hassas	
15	Konuksever		36	Asık suratlı		57	Samimi	
16	Hırslı		37	Cömert		58	Mantıklı davranan	
17	Gönül alan		38	Tatlı dilli		59	Çocukları seven	
18	Dedikodu yapan		39	Yardımsöver		60	Tutucu	
19	Lider gibi davranan		40	Erkeksi				
20	Kadınsı		41	Namuslu				
21	Uyum sağlayabilen		42	Bencil				

IV. BÖLÜM

GOLOMBOK-RUST ÖLÇEĞİ

Aşağıda cinsel yaşamla ilgili sorular yer almaktadır. her sorunuz için ‘hiçbir zaman’, ‘nadiren’, ‘çoğu zaman’, ‘her zaman’ şeklinde beş cevap şıkkı yer almaktadır. Sizden istenilen kendi cinsel yaşamınızı göz önünde alarak sorularını cevaplandırmanızdır.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
1. Cinsel yaşama karşı ilgisizlik duyar mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eşinize, cinsel ilişkinizle ilgili olarak nelerden hoşlanıp, nelerden hoşlanmadığınızı sorar mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bir hafta boyunca cinsel ilişkide bulunmadığınız olur mu? (adet günleri, hastalık gibi nedenler dışında)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cinsel yönden kolaylıkla uyarılır mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sizce, sizin ve eşinizin önsevişmeye (öpme, okşama gibi) ayırdığınız zaman yeterli mi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kendi cinsel organınızın, eşinizin cinsel organının giremeyeceği kadar dar olduğunu düşünür müsünüz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Eşinizle sevişmekten kaçınırmısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cinsel ilişki sırasında doyuma (orgazma) ulaşabilir mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Eşinize sarılıp, vücudunu okşamaktan zevk alırmısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Eşinizle olan cinsel ilişkinizi tatminkâr bulur musunuz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gerekirse rahatsızlık ve acı duymaksızın, parmağınızı cinsel organınızın içine sokabilir misiniz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Eşinizin cinsel organına dokunup, okşamaktan rahatsız olur musunuz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Eşiniz sizinle sevişmek istediğinde, rahatsız olur musunuz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
14. Sizin için doyuma (orgazma) ulaşmanın mümkün olmadığını düşünür müsünüz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Haftada 2 defadan fazla cinsel birleşmede bulunur musunuz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Eşinize, cinsel ilişkinizle ilgili olarak, nelerden hoşlanıp, nelerden hoşlanmadığınızı söyleyebilir misiniz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Eşinizin cinsel organı, sizin cinsel organınıza rahatsızlık vermeden girebilir mi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Eşinizle olan cinsel ilişkinizde sevgi ve şefkatin eksik olduğunu hisseder misiniz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Eşinizin cinsel organınıza dokunup okşamasından zevk alır mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Eşinizle sevişmeyi reddettiğiniz olur mu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Önsevişme sırasında eşiniz bızırınızı (klitoris) uyardığında doyuma (orgazm) ulaşabilir misiniz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Sevişme boyunca, sadece cinsel birleşme için ayrılan süre sizin için yeterli mi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Sevişme sırasında yaptıklarınızdan tiksinti duyar mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Kendi cinsel organınızın, eşinizin cinsel organının derine girmesini engelleyecek kadar dar olduğunu düşünür müsünüz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Eşinizin sizi sevip okşamasından hoşlanır mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sevişme sırasında cinsel organınızda ıslaklık olur mu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cinsel birleşme anından hoşlanır mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Cinsel birleşme anında doyuma (orgazma) ulaşır mısınız?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTOBIOGRAPHY

Münire Şirket was born in Nicosia 1988, went to Gelibolu Primary School, Sht. Hüseyin Ruso Primary School and Bülent Ecevit Anadolu High School and graduated with high degree.

In 2006, she was able to enter the department of Art and Science For Bachelor program, Psychology. She first started at English preparation school and entered the department after. She completed her bachelor studies by submitting her group thesis on 'TRNC High School 10th Grade Students' Drug Use Prevelacy'.

She attended to several psychology conferences educations seminars. She was able to complete her internship at Hospital of Antalya in Mental&Neurological disorder department and also at a private kindergarden which is located in Nicosia.

In 2011, she started at Near East University Graduate School Of Social Sciences Applied(Clinical) Psychology Master Program, started her intership at Hospital of Nicosia Mental&Neurological disorder department and at Near East University Psychology&Guidance clinic and was able to complete her program succesfully.

She started her master thesis writing about 'Comparison Of Body Image ,Sex Role And Sexual Satisfaction; Among Mothers And Non-mothers' and submitted successfully and graduated from the department.

She is also an active member of the Institution of Psychology of Northen Cyprus.

