DOES SEXUAL SATISFACTION MEDIATE DAILY ASSOCIATIONS BETWEEN BODY
SATISFACTION AND RELATIONSHIP SATISFACTION IN NEW PARENT COUPLES?

by

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**Does Sexual Satisfaction Mediate Daily Associations Between Body Satisfaction and Relationship Satisfaction in New Parent Couples**

submitted by Erin Tracy Fitzpatrick in partial fulfilment of the requirements for the degree of Master of Arts in Psychology

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Abstract

Becoming parents can be an exciting yet challenging experience for couples. Many couples experience significant changes to their sexual and relationship satisfaction within the first year postpartum. Birthing parents’ and their partners’ bodies also change throughout pregnancy, leaving the postpartum as a vulnerable time for changes to body satisfaction. Research sampling community and new parent couples find links between dissatisfaction with one’s own or one’s partner’s body and poorer sexual satisfaction. Cross sectional studies have revealed that the link between body satisfaction and relationship satisfaction is explained by sexual satisfaction; however, no research has examined this longitudinally which is a stronger test of mediation. The goal of this study was to examine whether sexual satisfaction mediates associations between daily satisfaction with one’s own and one’s partner’s body and relationship satisfaction from 3- to 4-months postpartum. We hypothesized that one’s own sexual satisfaction would explain (i.e., mediate) daily associations between new parents’ satisfaction with their own and their partner’s bodies and both parents’ relationship satisfaction. New parent couples \( (N = 241) \) completed daily surveys for 21 consecutive days beginning at 3-months postpartum. On days when birthing parents reported greater satisfaction (than their average across all days) with their own or their partner’s body, they also reported higher sexual satisfaction and in turn, higher relationship satisfaction. On days when non-birthing parents reported greater satisfaction (than their average across all days) with their own or their partner’s body, they also reported higher sexual satisfaction and in turn, both parents reported higher relationship satisfaction. These findings are important because if left unaddressed, problems in couples’ sexual and romantic relationships can lead to disruptions for the entire family. Our results suggest that the effects of
postpartum body satisfaction on relationship satisfaction are at least partially explained by sexual satisfaction at the daily level.
Lay Summary

The goal of this research was to examine whether new parents’ daily sexual satisfaction explains the link between body satisfaction (i.e., how satisfied one feels with their own and their partner’s body) and their own and their partner’s relationship satisfaction. In the present study, new parent couples ($N = 241$) completed 21 days of daily surveys from 3- to 4-months postpartum. We found that on days when either parent reported lower satisfaction than usual with their own or their partner’s body, they reported lower sexual satisfaction and in turn, they also reported lower relationship satisfaction, as did their partner in some cases. Protecting against negative changes to relationship satisfaction is important for the well-being of the entire family. Finding ways to improve body satisfaction, and in turn, sexual satisfaction may help to bolster both parents’ relationship satisfaction in the postpartum.
Preface

All of the work in the present document was conducted in the Sexuality and Well-Being Laboratory at the University of British Columbia and Dalhousie University where Dr. Samantha Dawson is the Principal Investigator and was a postdoctoral fellow, respectively. I was responsible for the study design, data collection, data analysis, interpretation, and preparation of the final thesis. Dr. Samantha Dawson was the supervisory author of the current project for all components of the study including study design, data analysis, interpretation, and thesis preparation, as well as secured funding for the project. This project and methods were approved by the IWK Health Center Research Ethics Board (certificate #1024983). None of the text of this thesis has been taken directly from previously published articles.
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Chapter One: Introduction

Changes to couples’ sexual and romantic relationships are common after the birth of a baby. Indeed, both birthing parents and their partners report feeling sexually dissatisfied in over a third of couples (36%; Rosen et al., 2021). Sexual problems are most severe at 3-months postpartum and can persist beyond 12 months after the baby is born (reviewed in Fitzpatrick et al., 2021). Furthermore, changes to a couples’ sexual relationship can have implications for their overall relationship quality. Specifically, changes to how satisfied one feels with their sexual relationship influences how satisfied and committed they feel within their romantic relationship (Byers et al., 1998). Sexual and relationship dissatisfaction can have additional adverse effects for the couple (e.g., relationship dissolution; Røsand et al., 2014), as well as for the child (e.g., less warm parenting contributing to the development of behavioural and socioemotional problems; Stroud et al., 2015; poorer parent-child relationships; Yu et al., 2014). Given that the postpartum period is a vulnerable time for new parents’ sexual and relationship well-being, identifying risk factors associated with these changes is critical.

Most research examining factors associated with changes to sexual and relationship satisfaction have focused on biomedical factors (e.g., breastfeeding, perineal tearing) and ignored psychosocial and relational factors (e.g., body image, attraction) that may be more relevant (Fitzpatrick et al., 2021). Outside of the postpartum period (i.e., up to 12-months after the baby is born), an individual’s subjective rating of their own or their partner’s body image (i.e., internal representations of one’s physical appearance; Cash & Pruzinsky, 2002) are important predictors of sexual and relationship satisfaction. Given the many changes to birthing parents’ and their partners’ bodies that occur during pregnancy and the postpartum, body image may also be highly relevant for understanding changes to new parent couples’ sexual and relationship satisfaction,
though few studies have examined these links. Furthermore, most studies have relied on cross-sectional designs with small samples or sampled only women, ignoring effects for partners and the inherent dyadic context of sexual and romantic relationships. To address these gaps, the present study aims to examine how new parents’ daily satisfaction with their own and their partner’s bodies relate to their own sexual satisfaction, and in turn, their own and their partner’s relationship satisfaction at a vulnerable time—3-months postpartum.

**Body Image in Pregnancy and the Postpartum**

Body image for birthing parents fluctuates across pregnancy and the postpartum, with concerns being most intense after the baby is born. For some birthing parents, pregnancy is a unique period when temporary weight gain and shape changes are socially acceptable and considered healthy and necessary given their functionality (reviewed in Gillen & Markey, 2019; Watson et al., 2015). It seems that for 9 months, birthing parents are protected from the beauty standards of thinness that pervade throughout the rest of their lives (Gillen & Markey, 2019). However, in the postpartum there appears to be a harsh “return to reality” as constant messages from society (e.g., the media, social groups, healthcare providers) pressure birthing parents to quickly return to their pre-pregnancy bodies (Gillen & Markey, 2019; Hodgkinson et al., 2014; Roth et al., 2012; Watson et al., 2015). Exposure to idealized images of postpartum bodies and messaging around the importance of “getting one’s body back” can have deleterious effects on body image and mood for birthing parents (Becker et al., 2022). Indeed, when expectations surrounding how a postpartum body is “supposed to look” get violated, this may spark body image concerns in individuals who recently gave birth (Watson et al., 2015). Additionally, many birthing parents feel a loss of control over their bodies, focusing on changes to parts of their body (e.g., elasticity of the vagina) or shifts in sexual meaning (e.g., breasts are now for breastfeeding
and not pleasure) after the baby is born (Olsson et al., 2005). Taken together, it is understandable how the postpartum may be a vulnerable time for birthing parents to develop body image related concerns.

Although vastly understudied, non-birthing parents also experience changes to their body during their partner’s pregnancy and after the baby is born. Such changes may occur due to decreases in testosterone for men (i.e., potentially reducing muscle mass and increasing fat deposits), increased stress, depressive symptoms, lack of sleep, or each partner influencing one another’s habits and lifestyle (Saxbe et al., 2018). In fact, one longitudinal study following over 10,000 men across 20 years revealed that fathers showed an increased body mass trajectory, whereas childless men displayed declining body mass trajectories (Saxbe et al., 2018; Garfield et al., 2016). Converging evidence suggests that expectant fathers gain 14 to 20 pounds on average during their partner’s pregnancy (Saxbe et al., 2018; Tudiver, 1981) and that fatherhood is associated with an increased risk of obesity compared to men without children (Saxbe et al., 2018). Likely a consequence of this weight gain, new fathers also experience body image concerns that parallel those of birthing parents after the baby is born (Tudiver, 1981).

**Body Image and Relationship Satisfaction**

Dissatisfaction with one’s own or one’s partner’s body is linked with greater attachment anxiety (McKinley & Randa, 2005), less self-compassion (Stauber & Stutts, 2021), and receiving criticism from one’s partner (Morrison et al., 2009), all of which may be especially detrimental for couples’ romantic relationships. The Risk Regulation Model (Murray & Holmes, 2006) proposes that positive self-evaluations and perceived partner regard (i.e., an individual’s perception of what their partner thinks of them) are key factors for promoting emotionally risky behaviours (e.g., self-disclosure, trust, engaging in intimacy) that can maintain and bolster
relationship quality and stability (Murray & Holmes, 2006). Consistent with this model, individuals who are dissatisfied with their bodies or who believe their partner is not attracted to them may take less emotional risks in their relationship, and in turn, may experience lower relationship satisfaction (Meltzer & McNulty, 2010). Conversely, when one desires little change to their partner’s body and is attracted to their partner, they report less frequent negative relationship events such as criticism from one’s partner (Morrison et al., 2009). Consistent with the Risk Regulation Model, in community couples, satisfaction with one’s own and one’s partner’s body are both associated with higher relationship satisfaction (e.g., Côté et al., 2021; Lee, 2016; Meltzer & McNulty, 2010; Morrison et al., 2009; van den Brink et al., 2018). Given that the postpartum is a highly vulnerable for body image concerns and relationship dissatisfaction, associations between an individual’s satisfaction with their own and their partner’s body and relationship satisfaction may be even stronger during this time. However, no research has examined these links in a sample of new parent couples.

**Body Image and Sexual Satisfaction**

The Risk Regulation Model (Murray & Holmes, 2009) is also relevant for understanding associations between body satisfaction and sexual satisfaction (Lee, 2016; Meltzer & McNulty, 2010). Indeed, emotionally risky behaviours that promote sexual satisfaction, such as engaging in or initiating sexual activity, trying new sexual activities, and being vulnerable with one’s partner during sex (e.g., undressing in front of one’s partner, leaving the light on during sex) are negatively impacted when one believes they are physically unattractive or holds body image concerns (Koch et al., 2005; Meltzer & McNulty, 2010; Woertman & van den Brink, 2012). Consistent with this theory, research sampling community couples supports links between one’s own body image concerns and poor sexual satisfaction and sexual function (i.e., desire, arousal,
lubrication, orgasm, pain) for both members of the couple. In fact, for both men and women, one’s own body image concerns predict up to 20% of the variance in their own sexual satisfaction scores (e.g., Côté et al., 2021; Holt & Lyness, 2007; Jawed-Wessel et al., 2017; Meltzer & McNulty, 2010; Pujols et al., 2010).

Cross-sectional and longitudinal research reveals that an individual’s greater satisfaction with their own or their partner’s body is also linked with their partner’s higher sexual satisfaction, and this is true for women and men (e.g., Holt & Lyness, 2007; Lee, 2016; Meltzer & McNulty, 2010; Zhaoyang & Cooper, 2013). Furthermore, research sampling community couples supports that one’s perceptions of their partner’s body may be equally, if not more important for sexual satisfaction than perceptions of one’s own body (Côté et al., 2021; Zhaoyang & Cooper, 2013). An individual viewing their partner as physically attractive may kindle desire and lead to initiation of sexual activity, which may contribute to more exciting and rewarding sexual experiences for both partners; whereas an individual viewing their partner as physically unattractive may decrease their motivation to please their partner sexually, resulting in poorer sexual satisfaction for both members of the couple (Zhaoyang & Cooper, 2013).

Despite pregnancy and the postpartum being a vulnerable time with respect to new parents’ experiencing changes in their sexual satisfaction and body image, little research has directly examined associations between these constructs. In two studies sampling couples in the postpartum period, up to 96% of birthing parents and up to 57% of partners reported significant and distressing concerns related to changes to their own or their partner’s body image and their postpartum sexuality (Pastore et al., 2007; Schlagintweit et al., 2016). Despite concerns about postpartum body image for sexuality being extremely common, findings from cross-sectional and longitudinal studies have been mixed (Jawed-Wessel et al., 2017; Mickelson & Joseph et al.,
Indeed, two studies found that birthing parents’ body image concerns in the postpartum were less important for their own sexual functioning—arousal, desire, lubrication, orgasm, satisfaction, and pain—than other factors such as having a negative perception of one’s genitals after giving birth (Jawed-Wessel et al., 2016) and urinary incontinence (Pauls et al., 2008).

Couples navigate pregnancy and the postpartum together and as such, problems with body image, sexuality, and relationships likely impact and are impacted by each member of the couple. Despite this interdependence, most research samples individuals rather than couples. One exception to this is a study of 85 new parent couples sampled at 9-months postpartum. They found that when either parent was dissatisfied with their own or their partner’s bodies, they also felt less satisfied with their own intimate lives—including sexual and non-sexual intimacy (Mickelson & Joseph, 2012). This effect of body satisfaction on intimacy was mediated by feelings of sexual rejection, such that an individual’s dissatisfaction with their own or their partner’s body was associated with greater feelings of sexual rejection by their partner, which in turn was associated with lower intimacy. Interestingly, when birthing parents’ reported dissatisfaction with their male partners’ body, this was linked with their own lower intimacy satisfaction and their partners’ lower intimacy satisfaction. These findings provide preliminary evidence that new fathers are sensitive to and aware of their partners being dissatisfied with their body during a vulnerable time such as the postpartum period.

**The Mediating Role of Sexual Satisfaction**

Evidence from predominantly cross-sectional studies have examined associations between individual’s satisfaction with their own and their partner’s body and relationship satisfaction. Given longitudinal evidence supporting that high sexual satisfaction predicts
increases in relationship satisfaction over time but not the reverse (e.g., Fallis et al., 2016; Yeh, et al., 2006), sexual satisfaction has been hypothesized as a potential mediator of the association between body satisfaction and relationship satisfaction. Indeed, cross-sectional research sampling community couples has revealed that sexual satisfaction is a mechanism through which an individual’s own body image is associated with both their own (Côté et al., 2021; van den Brink et al., 2018) and their partner’s relationship satisfaction (Meltzer & McNulty, 2010). Given the established links between an individual’s satisfaction with their partner’s body and both sexual and relationship satisfaction (Lee, 2016; Morrison et al., 2009; Zhaoyang & Cooper, 2013), sexual satisfaction may also mediate associations between satisfaction with a partner’s body and relationship satisfaction. Despite one study finding links between body satisfaction and intimacy satisfaction in new parent couples (Mickelson & Joseph, 2012), as well as empirical research supporting associations between satisfaction with community individuals’ own and partner’s body and relationship satisfaction, no research to date has examined sexual satisfaction as a mediator of the associations between body satisfaction and relationship satisfaction in a sample of new parent couples. At a time when body satisfaction, sexual satisfaction, and relationship satisfaction may be compromised, the postpartum represents a unique and valuable opportunity to evaluate how these constructs may influence one another.

The Current Study

Empirical research evaluating the implications of postpartum body image concerns for sexual and relationship satisfaction is scant, despite the postpartum being a vulnerable time for body image, sexual satisfaction, and relationship satisfaction. Most research has sampled only women or birthing parents, ignoring the interpersonal context of sex, relationships, and the transition to parenthood (i.e., pregnancy and the postpartum). Our understanding of these
associations is further limited by cross-sectional designs that are poorly suited to test hypotheses of mediation. Furthermore, there is evidence that body image (Melnyk et al., 2004) and sexual satisfaction (Rubin & Campbell, 2012) vary day-to-day outside of the postpartum and that relationship satisfaction shows daily variation in new parent couples (Feinberg et al., 2018). Thus, daily experience methods are ideal for understanding how new parent couples’ body image relates to their daily sexual satisfaction and both partners’ daily relationship satisfaction. In the present study, we fill these critical gaps by investigating whether sexual satisfaction mediates associations between daily satisfaction with one’s own and one’s partner’s body and relationship satisfaction at 3-months postpartum—the time when 90% of couples have resumed sexual activity and may be experiencing sexual and relational challenges. Consistent with our pre-registration plan (https://osf.io/qwe9s), we hypothesized (H1) that on days when individuals were more satisfied with their own bodies (compared to their average across all days), they would also report higher sexual satisfaction, and in turn, both partners would report higher relationship satisfaction. Additionally (H2), on days when individuals were more satisfied with their partners’ bodies, we predicted that they would also report higher sexual satisfaction, and in turn, both partners would report higher relationship satisfaction.
Chapter Two: Method

Participants

First-time expectant couples were recruited between 12- and 20-weeks gestation ($N = 176$ couples) or at 3-months postpartum ($N = 65$ couples) as part of a larger longitudinal study and substudy on sexuality and relationship adjustment during pregnancy and the postpartum. To be eligible, participants were required to be primiparous (i.e., no previous children/have not given birth), fluent in English, 18 years of age or older, in a committed and cohabitating romantic relationship with their partner for at least six months without any other children living in the home, and able to access a personal e-mail account to complete the study questionnaires. Apart from the requirement that birthing parents be the biological parent of the child, individuals of all genders, bodies, and sexual orientations were included in the present study. Additionally, participants were not excluded if they reported physical or mental illnesses as long as these were well-managed. Couples with non-singleton pregnancies were excluded, as parents of multiples have a unique experience and may be at a higher risk for postpartum depression (Choi et al., 2009) and parental stress (Kehoe et al., 2016) which can negatively impact sexual (Dawson et al., 2021) and relationship functioning for both birthing parents and their partners (Don & Mickelson, 2012; Meçe, 2013).

Procedure

Participants were recruited from Canada ($N = 190$) and the United States ($N = 50$) through online social media ads, flyers in the community, word of mouth, and in person recruitment at IWK Health Centre’s Ultrasound Clinic in Halifax, Nova Scotia between December 2019 and August 2021. At the Ultrasound Clinic, trained research staff reviewed medical records to identify potentially eligible birthing parents prior to their 20-week
appointment. Identified birthing parents and their partners (if present) were informed about the study by Clinic staff when checking-in for their next appointment. If expectant parents were interested, research staff were notified to provide the couple with information about the study and conduct eligibility screening. For couples recruited online, through word of mouth, or by flyers in the community, eligibility was determined via a screening call with a trained research assistant during which study information was also provided. Both members of the couple were encouraged to be present for the screening call; however, only one member of each couple was required to attend. For all methods of recruitment, if only one member of the couple was present for the eligibility screening and was deemed eligible, a research assistant would then e-mail study information to the partner not present and offer to call and provide more information. The partner who was not present would indicate confirmation of their interest in the study via an e-mail response. Couples deemed eligible were only enrolled in the study after both partners confirmed their interest in participating. Informed consent was obtained electronically prior to starting the baseline survey for the larger longitudinal study and the substudy. The longitudinal study involved six time-points (i.e., 20- and 32-weeks gestation, and 2-weeks, 3-months, 9-months, and 15-months postpartum) and 21-days of consecutive brief online daily surveys (i.e., daily diaries) between 3- and 4-months postpartum. Couples recruited at 3-months postpartum for the substudy completed a single baseline survey followed by the same 21 consecutive days of daily diaries.

Following completion of the 3-months postpartum survey, all couples received a phone call from the research team providing information about completion of the daily diaries and to schedule a day for couples to begin the diaries together. After this information call, participants were emailed an individualized anonymized link to a daily diary each evening for 21 days at 5
p.m. their time on Qualtrics Research Suite survey software. Couples were instructed to complete their daily diaries independently from (i.e., without consulting) one another before 4 a.m., ideally right before they went to sleep (to capture any potential sexual activity), and if possible, at a similar time to their partner. Daily diaries were date- and time-stamped upon submission and the daily links expired at 4 a.m. the next morning.

During the 21 days, a research assistant contacted each couple bi-weekly via telephone or email depending on participant preference to: (1) build rapport and encourage participation in the daily diaries; (2) answer any questions that the couple may have had about the daily diaries; and (3) resolve any technical issues (e.g., diary links being filtered to junk mail) that the couple encountered throughout the week. Couples were compensated up to a maximum of $120 ($60 per person) in Canadian Dollars or USD equivalent for completing the daily diaries. The amount of compensation individual participants received was proportionate to the number of diary entries completed across the 21-day period. This protocol was followed to encourage high completion rates for the daily diaries. The final diary completion rate in our final sample of 241 couples (i.e., those who opted in and completed at least 3 out of 21 daily diaries) was 88%.

**Measures**

*Sociodemographic Information.* Participants individually reported their age, geographic location, ethnicity, biological sex, gender, sexual orientation, household income, relationship status and relationship duration in their baseline (20-weeks gestation or 3-months postpartum) survey for the larger study. Geographic location and relationship status were (re)assessed at 3-months postpartum, prior to beginning the daily diaries to ensure participants remained eligible.

*Satisfaction with Own and Partner’s Body.* Individuals’ satisfaction with their own body and their partner’s body was evaluated each day via six items (see Appendix A) rated on a
bipolar 5-point Likert scale (i.e., strongly disagree/strongly agree). Items assess the extent to which an individual feels that their own and their partner’s body features (e.g., weight, shape, build) are satisfactory or pleasing (e.g., “I have a good figure/body”, “My partner has a good figure/body”). Responses for all items related to one’s own body and one’s partner’s body were summed separately to create two total scores ranging from 3 to 15 to capture satisfaction with one’s own body and satisfaction one’s partner’s body. Higher scores indicate greater overall satisfaction with one’s own or one’s partner’s body on that day. Items were drawn from a previous daily experience study examining associations between body satisfaction and sexual outcomes in community couples (Zhaoyang & Cooper, 2013). The measures demonstrated strong psychometric properties for both men and women in the original study, including a clear single factor loading of items and strong internal consistency for each measure ($\alpha_{\text{women}} \geq .88$, $\alpha_{\text{men}} \geq .74$ for own body satisfaction, and $\alpha_{\text{men}} \geq .82$, $\alpha_{\text{women}} \geq .72$ for partner body satisfaction). The items assessing satisfaction with one’s own body demonstrated excellent reliability in the present study ($\alpha_{\text{birthing parent}} = .94$, $\alpha_{\text{non-birthing parent}} = .96$), as did the items assessing satisfaction with a partner’s body ($\alpha_{\text{birthing parent}} = .91$, $\alpha_{\text{non-birthing parent}} = .92$).

**Relationship Satisfaction.** Daily relationship satisfaction was assessed using 4 items from the Couples Satisfaction Index (CSI-4; Funke & Rogge, 2007) (see Appendix B). Participants were first asked to rate their degree of happiness, all things considered, with their relationship on a 7-point Likert scale (i.e., extremely unhappy/perfect) thinking about how they have felt since completing their last diary. Participants were then presented with 3 additional questions assessing the quality of their relationship across several factors (e.g., how rewarding their relationship is) rated on a 6-point Likert scale (i.e., not at all/completely). Responses from all items were summed to create a single rating of overall relationship satisfaction ranging from
0-21, with higher scores indicating greater satisfaction with one’s relationship on that day. The CSI-4 has exhibited strong internal consistency and construct validity (Funke & Rogge, 2007). Additionally, the CSI-4 has been used in daily experience studies and has demonstrated strong psychometric properties within other samples of new parents (Rosen et al., 2020). In the present study, the CSI-4 demonstrated excellent internal consistency ($\alpha_{\text{birthing parent}} = .93$, $\alpha_{\text{non-birthing parent}} = .94$).

**Sexual Satisfaction.** Daily sexual satisfaction was assessed using a single face-valid item from the Global Measure of Sexual Satisfaction (GMSEX; Lawrance & Byers, 1995; see Appendix C). The one bipolar item (“How would you describe your overall sexual relationship with your partner since you last completed a diary?”) was rated on a 7-point Likert scale ranging from 1 to 7 (e.g., very unsatisfying/very satisfying). Higher scores on the GMSEX reflect greater satisfaction with one’s sexual relationship on that day. The single-item GMSEX has been validated in both men and women, demonstrated fair test-retest reliability over a two-month period, and strong convergent validity with several measures of relationship satisfaction, a theoretically related construct (Mark et al., 2014).

**Data Analysis**

Data were analyzed with RStudio v2022.02.0. Demographics are reported descriptively in Table 1. Participants with item-level missing data for affected measures were not imputed due to brevity of our daily diary design (which included 1-4 items per measure). As such, any number of missing items on a given measure would reflect more than 20% of one’s data missing for that measure.

Consistent with our pre-registered analytic plan, multilevel modelling (MLM) informed by the Actor–Partner Interdependence Model (APIM; Cook & Kenny, 2005) was used to model
all associations, with the role of each partner (i.e., birthing parent or partner) serving as the distinguishing variable. The APIM MLM accounts for the nesting of study observations (i.e., 21 daily diaries) within individuals and individuals nested within couples (see Figure 1; Laurenceau & Bolger, 2011). An APIM approach (see Figure 2) enables evaluation of each couple member’s own predictor variables on their own outcome variables (i.e., an actor effect), as well as the influence on their partner’s outcome variable (i.e., a partner effect) simultaneously. Within the APIM framework, we assessed mediation using procedures for a 1-1-1 MLM mediation (i.e., predictor, mediator, and outcome are assessed at Level 1) outlined by Zhang et al. (2009). We used the Monte Carlo Method of Assessing Mediation (Preacher et al., 2010) with 20,000 resamples and 95% confidence intervals to test the significance of the indirect effects. Thus, we examined how an individual’s satisfaction with their own and their partner’s body (predictor variables) related to their own sexual satisfaction (mediator), and in turn, their own and their partner’s relationship satisfaction (i.e., outcome variables).

To separately consider and not conflate within- and between-person associations, total scores for satisfaction with one’s own and one’s partner’s body, sexual satisfaction, and relationship satisfaction were person-mean centered. That is, we calculated an aggregate variable indicating individuals’ mean scores across all days, as well as a variable indicating individuals’ deviation from that mean on each day. Stable means for each person across all diary days will allow for between-person comparisons and deviations from this mean will represent within-person change on each day.

Hypothesized models were tested for each predictor using two-level cross models with random intercepts to account for the fact that both partners completed the daily diaries on the same days. As such, these analyses account for between-person differences in satisfaction with
individuals’ own and their partners’ bodies and assess whether day-to-day changes from a person’s own mean satisfaction with their own or their partner’s body are associated with changes in relationship satisfaction. Coefficients are reported as unstandardized betas \((B)\) and can be interpreted as the change in the outcome for every one-unit increase in the predictor; thus, indicating the effect size.
Chapter Three: Results

Daily Associations Between Own Body Satisfaction and Sexual and Relationship Satisfaction

As predicted and reported in Table 3a and Figure 3a, on days when birthing parents reported greater satisfaction with their own body (compared to their average across all 21 days), they reported higher sexual and relationship satisfaction on that day. On days when birthing parents reported higher sexual satisfaction than their average, they also reported higher relationship satisfaction. Contrary to our hypotheses, neither birthing parents’ satisfaction with their own body nor sexual satisfaction were significantly associated with their partner’s relationship satisfaction. In line with our expectations, on days when non-birthing parents reported greater satisfaction with their own body than their average, they reported higher sexual satisfaction, and both parents reported higher relationship satisfaction. Non-birthing parents’ daily sexual satisfaction was also significantly associated with their own and their partner’s daily relationship satisfaction.

Daily Associations Between Satisfaction with a Partner’s Body and Sexual and Relationship Satisfaction

Consistent with our hypotheses and reported in Table 3b and Figure 3b, on days when birthing parents reported greater satisfaction with their partner’s body (compared to their average across all 21 days), they reported higher sexual satisfaction and both parents reported greater relationship satisfaction on that day. On days when birthing parents reported higher sexual satisfaction than their average, they also reported higher relationship satisfaction. Contrary to our hypotheses, birthing parents’ sexual satisfaction was not significantly associated with their partner’s relationship satisfaction. As expected, on days when non-birthing parents reported greater satisfaction with their partner’s body than their average, they reported higher sexual
satisfaction, and both parents reported higher relationship satisfaction. Non-birthing parents’
daily sexual satisfaction was also significantly associated with their own and their partner’s daily
relationship satisfaction.

**Mediating Role of Sexual Satisfaction**

As predicted, on days when birthing parents reported greater satisfaction with their own
bodies, they reported higher sexual satisfaction, and in turn reported higher relationship
satisfaction (indirect effect: 0.02, 95% CI = [0.01, 0.03]). Birthing parents’ sexual satisfaction
did not significantly mediate associations between birthing parents’ satisfaction with their own
body and their partner’s relationship satisfaction (indirect effect: 0.00, 95% CI = [0.00, 0.00]). A
similar pattern of results emerged for non-birthing parents: on days when non-birthing parents
reported greater satisfaction with their own body, they reported higher sexual satisfaction, and in
turn, both they (indirect effect: 0.02, 95% CI = [0.01, 0.03]) and the birthing parent (indirect
effect: 0.004, 95% CI = [0.001, 0.01]) reported higher relationship satisfaction.

We found a similar pattern of results for satisfaction with a partner’s body. As expected,
on days when birthing parents reported greater satisfaction with their partner’s body than their
average across all days, they reported higher sexual satisfaction, and in turn, reported higher
relationship satisfaction on that day (indirect effect: 0.05, 95% CI = [0.04, 0.07]). Sexual
satisfaction did not significantly mediate associations between birthing parents’ satisfaction with
their partner’s body and non-birthing parents’ relationship satisfaction (indirect effect: 0.00, 95%
CI = [-0.01, 0.01]). Finally, consistent with our hypotheses, on days when non-birthing parents
reported greater satisfaction with their partner’s body than their average across all days, they also
reported higher sexual satisfaction, and in turn, both they (indirect effect: 0.05, 95% CI = [0.03,
and the birthing parent (indirect effect: 0.01, 95% CI = [.002, 0.02]) reported higher relationship satisfaction.
Chapter Four: Discussion

This dyadic daily experience study examined whether sexual satisfaction mediated daily associations between new parents’ satisfaction with their own and their partner’s body and their relationship satisfaction. As hypothesized, sexual satisfaction significantly mediated daily associations between both parents’ satisfaction with their own and their partner's body and their own relationship satisfaction. We also observed some interpersonal benefits such that when non-birthing parents felt more satisfied with their own or their partner’s body, birthing parents reported higher relationship satisfaction on that day, and this was partially explained by the non-birthing parents’ higher sexual satisfaction. Together, these findings support new parents’ satisfaction with their own and their partner’s bodies as potential protective factors for maintaining relationship satisfaction in the postpartum and reveal sexual satisfaction as one factor that may buffer against negative associations between body dissatisfaction and new parent couples’ relationship quality.

Intrapersonal Benefits of Body Satisfaction for Sexual and Relationship Satisfaction

The postpartum is associated with changes to new parents’ bodies, as well as a vulnerable time for their sexual and romantic relationship. The majority of new parents report distressing concerns about either their own or their partner’s body image as a factor affecting their sexuality in the postpartum (Pastore et al., 2007; Schlagintweit et al., 2016). Moreover, these postpartum concerns are associated with poorer relationship satisfaction (Schlagintweit et al., 2016). Thus, examining daily associations between body satisfaction, sexual satisfaction and relationship satisfaction may be especially relevant for understanding changes to sexuality and relationships during the postpartum. As expected, we found that on days when either parent felt more satisfied than usual with their own body, they reported greater sexual satisfaction, and in turn, greater
relationship satisfaction on that day. In other words, the links between how one felt about their own body and their relationship satisfaction were partially explained by how sexually satisfied they felt on that day. In line with the Risk Regulation Model, on days when either parent felt more satisfied with their own body (i.e., a positive self-evaluation), they may have been more likely to engage in emotionally risky behaviours (e.g., trying new sexual activities). Consistent with this theory, previous research has established that those who are more satisfied with their body tend to report more initiation of sex, more frequent sex, greater confidence in their ability to please their partner, and greater comfort with a variety of vulnerable or “emotionally risky” sexual behaviours such as trying new sexual activities (Ackard et al., 2000) which likely contribute to more satisfying and pleasurable sexual experiences. In contrast, those who are less satisfied with their body tend to be less sexually assertive (Gagnon-Girouard et al., 2014; Weaver & Byers, 2006) and engage in sex for avoidance reasons (e.g., to avoid feeling unattractive or upsetting their partner; Poovey et al., 2022) which are associated with poorer daily sexual and relationship satisfaction (Muise et al., 2013) and less sexual pleasure (Poovey et al., 2022). As such, engaging in such emotionally risky behaviours because of greater satisfaction with one’s own body may have contributed to greater feelings of satisfaction with one’s sex life, and in turn, greater feelings of satisfaction with one’s relationship on that day (Murray & Holmes, 2006). During the postpartum, new parents who maintain satisfaction with their own body and who are flexible in their approach to sex (e.g., by trying new sexual activities) despite body changes, may experience benefits to their sexual satisfaction, and in turn, relationship satisfaction.

Similarly, when individuals were more satisfied with their partner’s body than usual, they were also more satisfied with their sex life, and in turn, their relationship on that day. Feeling attracted to one’s partner likely contributes to more frequent, exciting, and/or rewarding sexual
experiences. Indeed, men and women both endorse attraction to their partner as the most common reason for engaging in sexual activity (Meston & Buss, 2005). Furthermore, attraction to one’s partner is important for kindling sexual desire (i.e., one’s interest/motivation to engage in sexual activity), which is critical for the maintenance of sexual and relationship satisfaction (reviewed in Mark & Lasslo, 2018). It is possible that on days when new parents felt more satisfied with their partner’s body, they were more likely to initiate sexual activity (i.e., an emotional risk), were more receptive to their partner’s initiation of sex, or were more motivated to meet their partner’s sexual needs, which is linked with one’s higher sexual satisfaction and both their own and their partner’s higher relationship satisfaction in the postpartum (Muise et al., 2017).

The effect of having higher satisfaction with a partner’s body can also be understood through the Risk Regulation framework. In addition to positive self-evaluations, the Risk Regulation Model also positions perceived partner regard (i.e., one’s perception of how their partner feels about them) as a key determinant of emotionally risky behaviours that can bolster sexual satisfaction and in turn, relationship satisfaction. On days when one parent felt more satisfied with their partner’s body, their partner may have picked up on this and felt more appreciated by and attractive to their partner. Consistent with this theory, one cross-sectional study sampling over 2000 individuals found that greater attraction to one’s partner was directly linked with greater sexual satisfaction for men and indirectly for women. For women, greater sexual satisfaction was achieved through perceived partner regard (i.e., how affectionate they found their partner to be) and emotionally risky behaviours (i.e., engaging in a variety of sexual activities), which likely required more sexual openness and experimentation (Parish et al., 2017) that appear conducive to higher sexual satisfaction.
Results from the present study help to disentangle previous work on the importance of satisfaction with one’s own versus one’s partner’s body and how this differs for both members of the couple. Some studies have argued that satisfaction with one’s own body is more important for women, whereas satisfaction with a partner’s body is more important for men (Côté et al., 2020), and others purport that these links are similar regardless of gender (Van den Brink et al., 2014). One study even emphasized the importance of satisfaction with a partner’s body for sexual quality above and beyond that of satisfaction with one’s own body for both men and women (Zhaoyang & Cooper, 2013). Due to the variance in our variables largely being accounted for by our role distinguisher (i.e., birthing or non-birthing parent), our study could not evaluate the role of gender. However, this study does highlight the importance of both satisfaction with one’s own body and one’s partner’s body for sexual and relationship outcomes in both members of new parent couples.

A key distinction between the present study and previous research is that past studies have largely sampled young couples from the community (e.g., Côté et al., 2020; Zhaoyang & Cooper, 2013), while this study sampled couples during the postpartum, a vulnerable time for body image concerns and sexual and relationship functioning. Due to the weight gain and shape changes experienced by both birthing parents and their partners in pregnancy and the postpartum, our study may have been better equipped to detect the beneficial effects of either partner’s satisfaction with their own or their partner’s body than previous studies. For example, the young men sampled in Côté et al. (2020)’s study reported being relatively satisfied with their bodies, whereas in our study, non-birthing parents—who mostly identified as men—reported only moderate levels of body satisfaction (see Table 1). Our results were consistent with another study sampling postpartum couples who found that both parents’ satisfaction with their own and their
partner’s body directly or indirectly predicted their own intimacy satisfaction (Mickelson & Joseph, 2012). The fathers sampled in Mickelson and Joseph’s (2012) study also reported being neither satisfied nor dissatisfied with their postpartum bodies. If we expect a greater degree of body dissatisfaction in new parents than the general population, this may help to explain why we found evidence that both satisfaction with one’s own and their partner’s body were important for both member of the couple.

**Interpersonal Benefits of Body Satisfaction for Sexual and Relationship Satisfaction**

Given that sexual and romantic relationships are inherently interpersonal, and couples navigate new parenthood together, it follows that factors such as satisfaction with one’s own or one’s partner’s body and sexual satisfaction may have implications for both partners’ relationship functioning. Capitalizing on the interpersonal postpartum context, we found evidence that on days when non-birthing parents felt more satisfied with their own or their partner’s body than usual, this benefitted their partner’s (i.e., the birthing parent) relationship satisfaction through the non-birthing parent’s sexual satisfaction. These results are consistent with research sampling couples outside of the postpartum finding that individuals are twice as likely to report relationship happiness when their partner is sexually satisfied (Fisher et al., 2015). It follows that on days when non-birthing parents felt more satisfied with their own or their partner’s body and potentially felt more sexually satisfied as a result, their partner may have noticed this and felt more emotionally and physically connected or may have felt as though their partner’s sexual satisfaction was a greater reward in their relationship, which previous research has found contributes to higher relationship satisfaction (Lawrance & Byers, 1995).

Contrary to our hypothesis, we found that on days when birthing parents reported being more satisfied with their own body, there were no observed benefits for their partner’s
relationship satisfaction. However, on days when birthing parents felt more satisfied with their
partner’s body, the non-birthing parent reported being more relationally satisfied, though this
link was not explained by the birthing parent’s sexual satisfaction. In line with this finding,
birthing parents’ sexual satisfaction was not significantly associated with their partner’s
relationship satisfaction on that same day in our study. Taken together, it may be the case that
factors other than birthing parents’ satisfaction with their own body or with their sex life may be
more relevant for understanding non-birthing parents’ postpartum relationship satisfaction. For
example, how satisfied birthing parents’ feel with their partner’s body, as tested in this study,
was related to partner’s relationship satisfaction. Indeed, previous research has found that men
and fathers are particularly sensitive to perceptions of how attractive their partner finds them to
be (Gagnon-Girouard et al., 2014; Mickelson & Joseph, 2012). Previous research has also
established that birthing parents typically experience the most significant changes to their
sexuality during the postpartum (Rosen et al., 2021; Schwenck et al., 2020), so it is also possible
that we had greater power to detect small partner effects for birthing parents’ outcomes
compared to their partners’ outcomes.

**Limitations and Future Directions**

Our study had notable strengths including an intensive dyadic, daily experience study
design, large sample of new parent couples, and pre-registered hypotheses and analytic plan.
Notably, despite the sophisticated analytic approach that accounted for the interpersonal context,
these data and analyses remain correlational. Thus, we cannot conclude that an individuals’
satisfaction with their own or their partner’s body is responsible for *improvements* to their sexual
satisfaction, and in turn, their own and their partner’s relationship satisfaction. However, our
repeated measures design, in combination with past research and theory, increases confidence in
our conclusions relative to cross-sectional studies. Indeed, a cross-sectional study provides a single snapshot in time that can answer questions at the between-person level (i.e., do people with higher body satisfaction also report higher sexual satisfaction?). In contrast, our daily diary design allowed us to answer within-person questions by capturing individuals’ day-to-day variation in the tested variables (i.e., on days when individuals have higher body satisfaction than their average, do they also report higher sexual satisfaction than usual?). Such that our variables were assessed at the same time on each day, and we cannot confirm the temporal order of variables, one may consider an alternative possibility for our hypothesized mediation pathway. For example, perhaps body satisfaction predicts relationship satisfaction and in turn, sexual satisfaction. However, our hypothesized order of effects is supported by theory (i.e., the Risk Regulation Model) and longitudinal evidence that sexual satisfaction predicts relationship satisfaction over time but not the reverse.

Though we employed our best efforts to recruit a diverse sample in terms of ethnicity, sexual orientation, and class, our sample was predominantly White, heterosexual, and of high socio-economic status. Thus, these findings may not generalize to ethnic-, racial-, sexual-, and/or class-diverse couples. That being said, research has found that there are more similarities than differences in body image across racial and ethnic groups. Specifically, one study found that while White individuals were more likely to endorse body shape concerns than individuals who were Asian and Pacific Islander, there were no other significant differences across racial or ethnic groups (i.e., Black, Hispanic; Olson et al., 2020). Another study found no differences in body dissatisfaction across a variety of ethnic groups (Shaw et al., 2004). Regarding gender/sex and sexual orientation, one meta-analysis comparing lesbian women to heterosexual women of varying Body Mass Indexes revealed no differences in body dissatisfaction across groups.
(Morrison et al., 2004). In contrast, transgender and non-binary individuals do report worse body image than cisgender individuals (Kennis et al., 2022) likely due to minority stress and social stigma (Tabaac et al., 2019). Overall, body image concerns seem relatively homogenous across groups. Thus, we have no reason to hypothesize that associations between body satisfaction with sexual and relationship outcomes would differ among new parents on the basis of ethnicity, gender, or sexual orientation. If anything, we may expect the effects of body satisfaction on sexual and relationship satisfaction to be even stronger for groups with more pronounced body image concerns.

**Implications and Conclusion**

Building upon previous cross-sectional research, our findings revealed sexual satisfaction as an important mediator of the link between body satisfaction (i.e., both with one’s own and one’s partner’s body) and relationship satisfaction. This research adds to a growing body of literature supporting the importance of psychosocial and interpersonal factors for couples’ sexual and relationship well-being across the transition to parenthood (reviewed in Fitzpatrick et al., 2021). Understanding risk and protective factors for couples sexual and relationship satisfaction is important given that in approximately 53% of couples, one or both partners experience significant declines to relationship satisfaction at 3-months postpartum or before (Leonhardt et al., 2022). Additionally, sexual problems affect up to 83% of new parents, with sexual dissatisfaction being of one of the most common for both birthing parents and their partners (reviewed in Fitzpatrick et al., 2021). Left unaddressed, sexual and relationship problems are not inconsequential and can negatively impact individuals’ mental and physical health (Diamond & Huebner, 2012), as well as their child’s development (e.g., Stroud et al., 2015). Thus, identifying who may be most at risk for sexual and relationship problems is critical.
In line with our data finding a large effect of sexual satisfaction on new parents’ relationship satisfaction, health care professionals working with new parent couples may consider screening for how satisfied new parents feel with their sexual relationships. It may be especially useful to target sexual satisfaction in prevention or intervention programs to buffer against the potential negative impacts of psychosocial factors like body dissatisfaction on relationship outcomes. Previous research sampling postpartum couples has found a host of modifiable factors (e.g., self-compassion, compassionate love, coping styles, information about sexuality; Dawson et al., 2023, Schwenck et al., 2022; Fitzpatrick et al., 2023) that could be addressed, and in turn, perhaps bolster new parents’ sexual and relationship satisfaction. Furthermore, though the effects were small, direct interventions for improving satisfaction with one’s own or their partner’s body such as normalizing postpartum bodies through exposure to body positive media (Becker et al., 2022), self-compassion focused meditation (Papini et al., 2022), and mindfulness (Tavares et al., 2023) may also be effective for bolstering relationship satisfaction. Finally, recent research has revealed that sexual flexibility (i.e., one’s ability to adapt and try out new options for sex in the face of sexual problems) can benefit not only one’s own but also their partner’s sexual satisfaction (Bouchard et al., 2023). Encouraging a flexible approach to sex (e.g., trying new positions during sex when feeling unconfident) in the face of changes to new parents’ bodies may be one way that couples could benefit both partner’s sexual satisfaction and in turn, relationship satisfaction.
Table 1.  
Sociodemographic (N = 240 couples) and independent and dependent variables (N = 241 couples) descriptives.  

<table>
<thead>
<tr>
<th></th>
<th>Birthing parents</th>
<th>Non-birthing parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M ± SD or N (%)</td>
<td>M ± SD or N (%)</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td>31.10 ± 3.96</td>
<td>32.74 ± 4.72</td>
</tr>
<tr>
<td><strong>Biological Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>240 (100%)</td>
<td>7 (2.9%)</td>
</tr>
<tr>
<td>Male</td>
<td>-</td>
<td>233 (97.1%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>240 (100%)</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>Man</td>
<td>-</td>
<td>232 (96.7%)</td>
</tr>
<tr>
<td>Non-binary</td>
<td>-</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td>Agender</td>
<td>-</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>209 (87.1%)</td>
<td>220 (91.7%)</td>
</tr>
<tr>
<td>Lesbian</td>
<td>-</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>22 (9.2%)</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>Pansexual</td>
<td>2 (0.8%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Asexual</td>
<td>-</td>
<td>6 (2.5%)</td>
</tr>
<tr>
<td>Queer</td>
<td>7 (2.9%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td><strong>Ethnicity/Culture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>3 (1.3%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>White</td>
<td>195 (81.3%)</td>
<td>192 (80.0%)</td>
</tr>
<tr>
<td>East Asian</td>
<td>10 (4.2%)</td>
<td>11 (4.6%)</td>
</tr>
<tr>
<td>Hispanic/Latine</td>
<td>11 (4.6%)</td>
<td>10 (4.2%)</td>
</tr>
<tr>
<td>African American/Black</td>
<td>2 (0.8%)</td>
<td>10 (4.2%)</td>
</tr>
<tr>
<td>South Asian</td>
<td>5 (2.1%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Southeast Asian</td>
<td>6 (2.5%)</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>7 (2.9%)</td>
<td>8 (3.3%)</td>
</tr>
<tr>
<td>Middle Eastern/Central Asian</td>
<td>1 (0.4%)</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>Hawaiian/Other Pacific Islander</td>
<td>-</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Something else†</td>
<td>4 (1.7%)</td>
<td>2 (0.8%)</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>193 (80.4%)</td>
<td></td>
</tr>
<tr>
<td>Common-law</td>
<td>25 (10.4%)</td>
<td></td>
</tr>
<tr>
<td>Engaged</td>
<td>17 (7.1%)</td>
<td></td>
</tr>
<tr>
<td>Living together</td>
<td>5 (2.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship Length (years)</strong></td>
<td>6.79 ± 3.49</td>
<td></td>
</tr>
<tr>
<td><strong>Shared Annual Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0-$39,999</td>
<td>5 (2.1%)</td>
<td></td>
</tr>
<tr>
<td>$40,000-$79,999</td>
<td>46 (19.2%)</td>
<td></td>
</tr>
<tr>
<td>&gt;$80,000</td>
<td>189 (78.8%)</td>
<td></td>
</tr>
<tr>
<td><strong>Satisfaction with Own Body</strong></td>
<td>8.89 ± 3.76</td>
<td>9.39 ± 3.44</td>
</tr>
<tr>
<td><strong>Satisfaction with Partner’s Body</strong></td>
<td>12.00 ± 2.78</td>
<td>11.97 ± 2.85</td>
</tr>
<tr>
<td><strong>Relationship Satisfaction</strong></td>
<td>16.96 ± 3.42</td>
<td>16.83 ± 3.66</td>
</tr>
<tr>
<td><strong>Sexual Satisfaction</strong></td>
<td>4.14 ± 1.66</td>
<td>4.23 ± 1.66</td>
</tr>
</tbody>
</table>

*Note.* Sociodemographic data for N = 1 couple was missing. The N for our ethnicity variable exceeds the total N (240 couples) as participants were allowed to select as many options as they felt applied to them. Thus, participants who selected more than one ethnicity are captured in more than one cell.  
†Additional response(s) for ethnicity: Afro-Arab, Asian American/Asian, European
Table 2.
Correlations within- and between-both members of the couples (N = 241) for predictor, mediator, and outcome variables.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Birthing parent’s relationship satisfaction</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Non-birthing parent’s relationship satisfaction</td>
<td>.461</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Birthing parent’s sexual satisfaction</td>
<td>.458</td>
<td>.290</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Non-birthing parent’s sexual satisfaction</td>
<td>.284</td>
<td>.496</td>
<td>.476</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Birthing parent’s satisfaction with own body</td>
<td>.118</td>
<td>.086</td>
<td>.194</td>
<td>.076</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Non-birthing parent’s satisfaction with own body</td>
<td>.097</td>
<td>.221</td>
<td>.190</td>
<td>.133</td>
<td>.204</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Birthing parent’s satisfaction with partner’s body</td>
<td>.411</td>
<td>.241</td>
<td>.335</td>
<td>.091</td>
<td>.233</td>
<td>.390</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Non-birthing parent’s satisfaction with partner’s body</td>
<td>.134</td>
<td>.292</td>
<td>.150</td>
<td>.167</td>
<td>.370</td>
<td>.286</td>
<td>.209</td>
</tr>
</tbody>
</table>

Note. All correlations were significant at *p* < .01. Birthing parents’ correlations between variables are below the diagonal, non-birthing parents’ correlations are above the diagonal. Correlations between partners are on the diagonal.
Table 3a.
Associations between satisfaction with own body, sexual satisfaction and relationship satisfaction.

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*Note.* Actor effects indicate the effects of one’s own predictor variable (i.e., satisfaction with their own body) on their own outcome variables (e.g., relationship satisfaction). Partner effects indicate the effects of one’s partner’s predictor variable on their own outcome variables.
### Table 3b.
Associations between satisfaction with partner’s body, sexual satisfaction and relationship satisfaction.

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*Note.* Actor effects indicate the effects of one’s own predictor variable (e.g., satisfaction with their partner’s body) on their own outcome variables (e.g., relationship satisfaction). Partner effects indicate the effects of one’s partner’s predictor variable on their own outcome variables.
Figure 1. A visual representation of multilevel modelling approach to dyadic daily diary data with three levels—the observations (Level 1) nested within individuals (Level 2), and individuals nested within couples (Level 3).
Figure 2. Depiction of the Actor-Partner Interdependence Model. Solid lines represent actor effects (i.e., the influence of an individual’s own predictor on their own outcome) and dashed lines represent partner effects (i.e., the influence of an individual’s own predictor on their partner’s outcome). Double headed arrows represent covariance.
Figure 3a. Results from APIM model with daily satisfaction with own body, sexual satisfaction, and relationship satisfaction. Solid lines represent actor effects (i.e., associations between one’s predictor variable and their own outcome variable) and dashed lines represent partner effects (i.e., associations between one’s predictor variable and their partner’s outcome variable). Black lines represent significant effects and grey lines represent non-significant effects at $p \leq .05$. 
Figure 3a. Results from APIM model with daily satisfaction with a partner’s body, sexual satisfaction, and relationship satisfaction. Solid lines represent actor effects (i.e., associations between one’s predictor variable and their own outcome variable) and dashed lines represent partner effects (i.e., associations between one’s predictor variable and their partner’s outcome variable). Black lines represent significant effects and grey lines represent non-significant effects at $p \leq .05$. 

$b = .14$

$b = .38$

$b = .01$

$b = .28$

$b = .15$

$b = .34$

$b = .15$

$b = .07$

$b = .39$
References


[https://doi.org/10.1037/met0000250](https://doi.org/10.1037/met0000250)


https://doi.org/10.1007/s10508-013-0082-4
Appendix A

Satisfaction with Own and Partner’s Body

Please rate the degree to which you agree with the following statements about your own body SINCE YOUR LAST DIARY using the following scale.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Neither agree/disagree</th>
<th>Strongly agree</th>
</tr>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
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</table>

1. My weight is about right—not too fat or too skinny
2. I am proud of my body
3. I have a good figure/body

Please rate the degree to which you agree with the following statements about your partner’s body SINCE YOUR LAST DIARY using the following scale.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Neither agree/disagree</th>
<th>Strongly agree</th>
</tr>
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<td>3</td>
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<tr>
<td></td>
<td>4</td>
<td>5</td>
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</table>

1. My partner’s weight is about right—not too fat or too skinny
2. I am proud of my partner’s body
3. My partner has a good figure/body
Appendix B

Couple Satisfaction Index (CSI-4) – 4 items

Instructions: For each item, please select the number that best describes your relationship with your partner since you last completed a diary.

1. Please indicate the degree of happiness, all things considered, of your relationship.

<table>
<thead>
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<th>Extremely unhappy</th>
<th>Fairly unhappy</th>
<th>A little unhappy</th>
<th>Happy</th>
<th>Very happy</th>
<th>Extremely happy</th>
<th>Perfect</th>
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</thead>
<tbody>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

2. I have a warm and comfortable relationship with my partner

<table>
<thead>
<tr>
<th>Not at all true</th>
<th>A little true</th>
<th>Somewhat true</th>
<th>Mostly true</th>
<th>Almost completely true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. How rewarding is your relationship with your partner?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Almost completely</th>
<th>Completely</th>
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</thead>
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<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

4. In general, how satisfied are you with your relationship?

<table>
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<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
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Appendix C

Global Measure of Sexual Satisfaction (GMSEX) – single item

*Instructions:* How would you describe your *overall sexual relationship* with your partner *since you last completed a diary*?

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