

Sexual Health Self-Care: A Theory-Based Intervention

MarjanHavaei, Sara Esmaelzadeh-Saeieh and LeiliSaleh

Alborz University of Medical Sciences, Iran.

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Abstract

Background & Aim: Sexual health is one component of reproductive health that is a global challenge and this challenge is more highlighted among adolescents. Global statistics show that 111 million sexually transmitted infections (STIs) occur in adolescents annually. In addition, there are reports of 40% of AIDS new infections annually in this group (1,2).

According to a study, 50% of street women referred to rehabilitation centers were between the ages of 15 and 19 years. Unwanted pregnancies are another sexual concern in adolescents (3). According to culture and religion, Iranians consider marriage to be the only way to meet the sexual needs; cultural changes have led to an increase in unsafe sex in adolescents (4). Sexual and reproductive needs of adolescents are often underestimated for reasons such as social stigma, knowledge and misunderstandings, and the laws governing society (5).

Proper sex education is one of the basic human rights and has a positive effect on the quality of sexual intercourse. According to the literature review, the sex education not only has no negative sexual effects but also delays inappropriate sexual intercourse and reduces the number of sexual partners (6).

Protection motivation theory is widely used in behavior change programs (7,8). The protection motivation theory-based educational intervention has been shown to significantly improve sexual health self-care behaviors (7). This theory is based on the assumption that acceptance of protective risk-taking behavior is derived from individual beliefs (9).

This is a theory-based interventional study aimed to promote self-care behaviors regarding sexual and reproductive health in adolescents (girls) in Karaj.

Methods & Materials: This field trial study was conducted on 90 female students of the Alborz University of Medical Sciences in Iran.

The subjects were randomly selected. Stratified random sampling was used to select participants, and samples were put into intervention and control groups by block randomization. Inclusion criteria were Iranian nationals, single and under 21 years of age. Exclusion criteria were failure to attend two sessions and a history of mental illness confirmed by a physician (attention deficit disorder).

Assuming the equality of variances in the two groups and the mean difference of 0.5 units between the two groups with the type I error of 0.05 and the test power of 80 and according to the equation below.

$S1=0.8$, $S2=0.8$, $X1-x2=0.5$, $\alpha=0.05$, and $\beta=0.2$. The sexual and reproductive health self-care questionnaire designed by Alimoradi in 2017 includes 74 questions in 7 domains, adolescent-family interaction, adolescent girls' perception of premarital sex, girls' empowering factors in reproductive and sexual self-care, girls' perceptions and behaviors of interaction with the opposite sex, barriers to parent-adolescent

communication, reproductive and sexual knowledge, and self-care reproductive and menstrual health. Calculating the Cronbach's alpha coefficient, the internal consistency of the extracted factors was calculated to vary between 0.7 and 0.9, and this coefficient for the entire instrument was 0.895. In the test-retest method, the instrument has suitable reliability and the intra-cluster correlation coefficient was from 0.65 to 0.99 for the extracted factors and 0.913 for the entire instrument. Overall, the results from the psychometrics of instrument showed that the sexual and reproductive health self-care questionnaire of adolescent girls had suitable validity and reliability (10).

After obtaining permission from the original designer, the content validity of this tool was examined quantitatively and qualitatively by 10 faculty members who specialize in the field of reproductive health education. The adolescent girls' sexual and reproductive health self-care questionnaire contained 52 items within 7 domains, including adolescent-family interaction (5 questions), adolescent girls' perception of premarital sex (3 questions), girls' empowering factors in reproductive and sexual self-care (6 questions), girls' perceptions and behaviors of interaction with the opposite sex (7 questions), barriers to parent-adolescent communication (5 questions), reproductive and sexual knowledge (20 questions), and self-care reproductive and menstrual health (11 questions). The instrument was scored on a 6-point Likert scale from strongly agree to strongly disagree. In positive items, the minimum score of each item (1) is for the "strongly disagree" option and the maximum score of each item (5) is for the "strongly agree" option. In negative items, the minimum score of each item (1) is for the "strongly agree" option and the maximum score of each item (5) is for the "strongly disagree" option.

Reproductive health self-care questionnaire was used as a tool for data collection before, after and one month after intervention. Data were analyzed by using X2 and ANOVA tests using SPSS (19).

Results: There was no significant difference between the two groups in terms of demographic characteristics. The results of the study indicated that after education, sexual and reproductive knowledge ($p < 0.001$), self-care of sexual health ($p < 0.001$), self-care of menstrual and genital health ($p < 0.001$) increased significantly. But regarding parents communications ($P=0.11$), conversation barriers with parents ($p = 0.83$), interaction with ($p = 0.79$) and the perceptions of premarital sexual relationships ($p = 0.61$) differences are not significant.

Since the significance level of the Mauchly test was greater than 0.05, the result of repeated measures ANOVA test assuming sphericity indicates a change in the score of reproductive and sexual health self-care over time (250.9 ± 9 before the intervention, 261.11 ± 8.1 immediately after the intervention) in the intervention group.

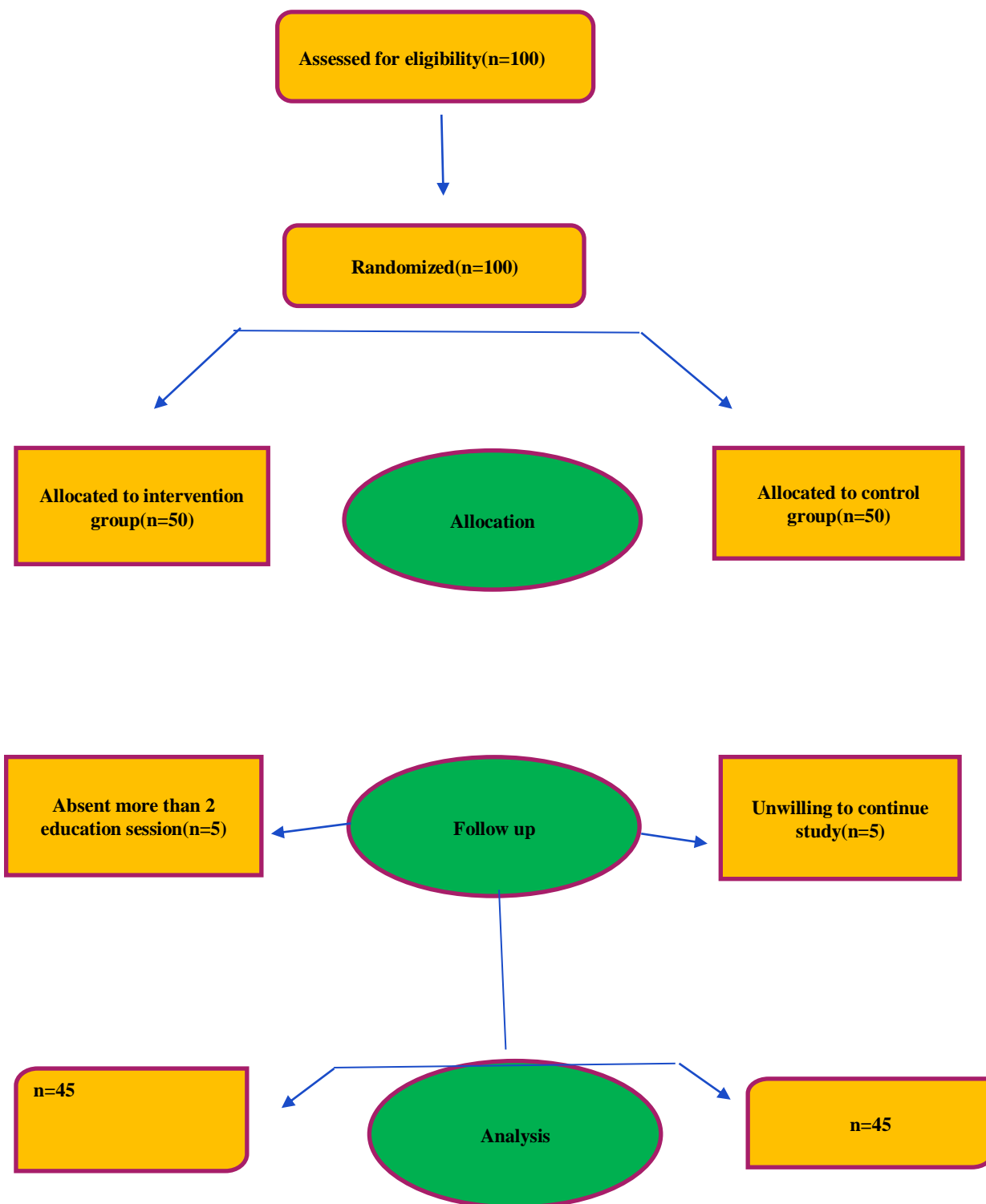


Fig.Flow diagram of study

Conclusion: Theory based education can improve sexual health in adolescents.

Based on the results of the present study, education was able to significantly improve the self-care dimension of sexual health in adolescents. The self-care is one of the main components of health care in people and covers all dimensions of health. This is especially important when it comes to culture, politics, gender, and power. Obviously, this issue becomes even more important in self-care sexual health because many people cannot decide for themselves about their own bodies, especially those with less knowledge (11).

Educational intervention based on protection motivation theory may improve sexual health in adolescent girls. This education has a significant impact on sexual health self-care, reproductive and sexual knowledge, self-care reproductive and menstrual health, and understanding of premarital sex. It is recommended to use this theory as an interventional framework to educate the sexual health in adolescents.

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