

A STUDY OF KNOWLEDGE AND ATTITUDE OF WOMEN WITH HIGH-RISK SEXUAL BEHAVIOR, ADMITTED TO THE CENTERS AFFILIATED TO MINISTRY OF HEALTH AND WELFARE, ISFAHAN PROVINCE, 2016

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ABSTRACT

Introduction: Sexual health is one of the main aspects of personal health that affect all people at all ages and at all stages of life. One of the factors affecting sexual health is high risk behaviors. Among high risk behaviors, high risk sexual behavior, due to adverse and irreversible consequences, has been emphasized more than any other. So, the present study aimed to study the knowledge and attitude of women with high-risk sexual behavior, admitted to the centers affiliated to Ministry of Health and Welfare in Isfahan Province in 2016.

Method: the present study is a correlational-descriptive study and it is cross sectional in terms of data collection. The samples were selected by simple sampling method and eligible individuals were selected. Sample size was 307 and the data was collected using questionnaire. In order to investigate the reliability and validity of the questionnaire, 10 faculty members and personnel of related centers were asked to comment on it. The data was analyzed using SPSS V.16 software and descriptive and inferential statistics, including measures of central tendency, frequency distribution table, correlation analysis and linear regression analysis.

Results: the results showed that there are significant relationships between knowledge and attitude and the age of first sexual experience, use of contraception, methods of contraception, the use of drugs and alcohol in sexual relationship and number of sexual relationship ($p < 0.05$).

Conclusion: according to the results, it can be concluded that teaching the contents on sexual relationship in society can reduce high-risk sexual behaviors. So, it is recommended that the authorities of education, personnel of health care and support centers pay more attention to teach on sexual relationship at different ages as a priority in programs.

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Introduction

In the present era, due to technological progress and its direct impact on the quality of human life, addressing the issue of health and the factors influencing it has special significance and maintaining public health is one of the most important issues in each country [14]. Although health is important in both genders, but paying attention to the health of women and girls is more important [10]. Sexual health is one of the main aspects of personal health that affect all people at all ages and at all stages of life [6]. One of the factors affecting sexual health is high risk behaviors. High risk behaviors are classified in two

groups: first group includes the behaviors endangering the person's health and the second group includes the behaviors threatening the health of other people. Some of high risk behaviors threatening other people's health are anti-social behaviors such as theft, aggression, truancy from school, running away from home and sexual behaviors and some of high risk behaviors threatening an individual's health are alcohol consumption, smoking and unsafe sexual relations [4-5]. Among high risk behaviors, high risk sexual behavior, due to adverse and irreversible consequences such as pregnancy, infectious diseases, infection with HIV and an increased risk of cervical cancer in recent years, has been emphasized more than any other [7]. High risk sexual behavior is any sexual contact in which an individual is not aware of him/her or sexual partner's health and/ or a behavior which leads that a person becomes vulnerable to STIs and HIV/AIDS and or it leads to unwanted (unexpected) and early pregnancy. Risky sexual behaviors are early sexual activity (before age of 18 years), unprotected vaginal, oral and anal contacts (non-use or non-continuous use of latex condoms), having sex using latex condoms coated with oil-based lubricant (insoluble in water), having multiple sexual partners, having several sexual partners at the same time- resorting to violence during sex, accidental sex, consuming alcohol, drugs or psychotropic substances before having sex and having high risk sexual partner (sexual partners with HIV, the partners who used or uses addictive injectable drug, or a person who has different sexual partners and other risk factors) [14].

Several factors can cause high risk sexual behaviors that sexual attitude and knowledge are two main factors in their development. Many studies have shown that in many cases, sexual abnormalities caused by the lack of awareness of the sexual response system and also, other studies have shown that low sexual information is the cause of many sexual anomalies. [3]. In a study by Farshad [4-5], aimed to investigate the effects of training self-awareness skill on reducing high risk sexual behaviors in addicts, it was shown that training self-awareness skill significantly reduces high risk behaviors among male addicts. In a study on female sex workers in Nigeria by [12], it was found that more than %54.2 of them had low knowledge on the symptoms of sexually transmitted diseases that this represents lack of knowledge on health and the needs for education in this field. So, given the destructive consequences of high risk sexual behaviors which is more focused on women due to its nature and since women make up half of society and in fact, they are the first victims of crime and social deviances [7], the present study aimed to study the knowledge and attitude of women with high-risk sexual behavior, admitted to the centers affiliated to Ministry of Health and Welfare in Isfahan Province in 2016.

[13] It has shown that the number of patients with breast cancer is increasing in Iran. So, identifying its possible risk factors and their roles in developing this type of cancer is very important in our society. Present study aimed to determine the amount of physical activities and dietary risk factors involved in breast cancer at different ages in Ardabil city.

Method

The present study is a correlational-descriptive study and it is cross sectional in terms of data collection. The samples were selected by simple sampling method and eligible individuals were selected. Sample size was 307 and the samples were women with high-risk sexual behavior, admitted to the centers affiliated to Ministry of Health and Welfare in 2016. This study was conducted in a period of time and the data was collected using questionnaire. Inclusion criteria were: women had high risk sexual behaviors and admitted to determined centers, conscious satisfaction to participate in the study, absence of severe depression which was determined with the score higher than 16 according to Beck's questionnaire, absence of human polarity which was determined by the psychologist's diagnosis recorded in the field, lack of sexual addiction determined by the diagnosis of consultant, older than 15 years. Research tools were three questionnaires which were developed using related books and references. First questionnaire was about demographic information, the second one includes items on sexual knowledge and the third one was on sexual attitude. After developing the questionnaires, in order to verifying their content and face validity, they were offered to 10 faculty members and personnel of related centers. Content validity was determined based on content validity indicators including the relevance, clarity and simplicity of each question and content validity ratios, including essential items, useful but non-essential items and non-essential items. After obtaining approval from the ethics committee of the University of Medical Sciences and presenting it to the officials of the Health and Welfare organization in Isfahan province and researcher attended in the related centers during office hours. Then, the objective of the research was explained to eligible participants and also, it was said to them that the questionnaire were filled out anonymously and they were confidential. Finally, the data was collected by individual questioning. The data was analyzed using SPSS V.16 software and descriptive and inferential statistics, including measures of central tendency, frequency distribution table, correlation analysis and linear regression analysis. P-value was considered less than 0.05.

Results

In the present study, they were in the 17-56 age range. 103 participant (33.6%) had passed high school course, 79 (%25.7) participants' fathers had secondary education, 99 (%32.2) participants' mothers were illiterate and 69 (%22.5) participants' spouses had secondary education. 158 (%51.5) participants' fathers were self-employed, 202 (%65.8) participants' mothers were housewives and 154(%50.2) participants' spouses were self-employed. The age of first sexual experience was in the 7-40 age range and the average age difference between participants and their spouses was 5.06 years. 142 (46.3%) participants

were married, 58 (%18.9) participants' parents remarried, 52 (%16.9) participants had divorced parents and 48(15.6) participant' fathers were addicted. According to the data collected, 168 participants (%54.7) had no history of addiction, 202 participants (%65.8) had no history of imprisonment and conviction, 174 (65.7%) participants had no history of sexual abuse, 185 participants (60.3 %) didn't use methadone and 123 (%51.9) participants didn't experience high risk sexual behaviors. The results showed that there are significant relationships between knowledge and attitude and the age of first sexual experience, use of contraception, methods of contraception, the use of drugs and alcohol in sexual relationship and number of sexual relationship ($p < 0.05$) in [Table 1].

Table 1: A study of a relationship between participants' knowledge score and high risk sexual behavior pattern

Knowledge and pattern of high risk sexual behavior	Test criteria	p-value
Age of first sexual experience	Pearson's correlation coefficient, R=0.503	P=0.001
Having sex with more than one person in the past three months	Independent t-test, t=-0.075	P=0.94
Frequency of sex in the past three months	Pearson's correlation coefficient, R=0.08	P=0.336
Use of contraception	Independent t-test, t=2.47	P=0.014
Type of contraception	Variance analysis, F=4.91	P=0.000
Use of force and violence in sex	Independent t-test, t=0.202	P=0.84
Use of drugs in sex	Independent t-test, t=-2.19	P=0.029
Use of alcohol in sex	Independent t-test, t=-2.14	P=0.033
Use of psychoactive substances in sex	Independent t-test, t=-1.67	P=0.07
Sexual partner uses drugs in sex	Independent t-test, t=2.81	P=0.062
multi-partner of sexual partner	Independent t-test, t=3.16	P=0.044
Use of condoms during sex	Pearson's correlation coefficient, R=0.004	P=0.95

According to [Table 2], there are significant relationship between attitude and type of contraception and condom use in sex.

Table 2: A study of a relationship between participants' attitude score and high risk sexual behavior pattern

Knowledge and pattern of high risk sexual behavior	Test criteria	p-value
Age of first sexual experience	Pearson's correlation coefficient, R=0.604	P=0.265
Having sex with more than one person in the past three months	Independent t-test, t=0.894	P=0.372
Frequency of sex in the past three months	Pearson's correlation coefficient, R=-0.025	P=0.765
Use of contraception	Independent t-test, t=0.897	P=0.371
Type of contraception	Variance analysis, F=3.22	P=0.008
Use of force and violence in sex	Independent t-test, t=0.019	P=0.985
Use of drugs in sex	Independent t-test, t=0.86	P=0.039
Use of alcohol in sex	Independent t-test, t=1.31	P=0.19
Use of psychoactive substances in sex	Independent t-test, t=-0.58	P=0.56
Sexual partner uses drugs in sex	Variance analysis, F=0.128	P=0.88
multi-partner of sexual partner	Variance analysis, F=2.49	P=0.085
Use of condoms during sex	Pearson's correlation coefficient, R=0.261	P=0.000

Discussion

The present study aimed to study the knowledge and attitude of women with high-risk sexual behavior, admitted to the centers affiliated to Ministry of Health and Welfare. In this regard, another study shows that training self-awareness skill reduces high risk sexual behaviors in male addicts [4-5] and this is consistency with result of the present study. The result of the present study is consistency with the result of a study on female sex workers in Nigeria by [12] in which it was found that more than %54.2 of them had low knowledge on the symptoms of sexually transmitted diseases that this represents lack of knowledge on health and the needs for education in this field. Also, [11], in a study, noted to the lack of adequate knowledge as a deterrent

to the sex workers' use of health services and safe sexual relationship. Also, the results of present study showed significant relationship between the knowledge of people with high risk behavior and their ages so that the older people had more knowledge. There are significant relationship between the knowledge of people with high risk behavior and their education so that literate people had more knowledge than illiterate and semi-literate people, no significant relationship was observed between income level, employment and married status. No significant relationships were observed between attitude level and age, income, employment, married status and education, this is consistence with the result of the present pressure. Khodamorad [9], in his study, show that lack of sexual knowledge and obtaining false information about sex increase conflict and sexual damage which are consistent with the result of the present study. According to a study by [1-2], there is no significant relation between the women's knowledge and ages and it is inconsistency with the resultsof the present study ($p > 0.05$). Also in the present study, it was shown that less than half of women (%46.6) knew that the condom is the only method of preventing pregnancy and the transmission of AIDS and other sexually transmitted diseases are effectively prevented ($p > 0.05$) [8] The limitations of the present study were special conditions, specific ways of communicating with them and the small sample size.

Conclusion

According to the results, it can be concluded that due to starting having sex at an early age, training sexual behavior and raising awareness about methods of contraception by relevant institutions and families can be an effective step in reducing high risk sexual behaviors.

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