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COUNSELING BASED ON PLISSIT MODEL AND SEXUAL FUNCTION AMONG PREGNANT WOMEN

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ABSTRACT

Couples insufficient information about sexual relationship during pregnancy can lead to problems that sexual counseling can be used to solve their sexual problems. The aim of this research is to determine the effect of counseling based on PLISSIT model on sexual function of pregnant women. This study is a clinical trial on 88 pregnant women. The questionnaire included demographic questions and questions of sexual function. For experimental group, 4 sessions were held for 40 to 70 minutes. Sexual function questionnaire at initiation of study and 4 weeks after the last counseling of experimental group, were completed by both groups.
The difference means score of sexual function for experimental group before and four weeks later was significant ($p<0.05$). There was no significant difference between experimental and control group before intervention ($p=0.96$) but there was a significant difference between these two groups after four weeks ($p<0.0001$).

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Introduction

Sexual issue is one of the important aspects of human's life and plays a vital role in the health of individuals(1).Sexual issue is very important in modern life and over time and in different situations, like other aspects of human life is changed(2). Sexual function in women is also not been excluded from this rule and are influenced by many factors. One of them can be pregnancy (3). Sexual disorders are more common in women during pregnancy (4). So that about 50% of pregnant women suffers from decrease in sexual desire(5). This decrease in sexual function can negatively affect their self-esteem and interpersonal relationships and even lead to increased anxiety, decreased self-esteem and even the separation of couples (6).

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So that some reports suggest that, the extramarital sexual relation by men for the first time is during their wives' pregnancy(7).

And also of discussion about sex life during pregnancy and problems related to this factor is rarely considered by doctors and midwives to provide health care services to pregnant women. While sexual knowledge can decrease stress and anxiety in couples and also prevent the occurrence of sexual problems in this period (8). Health care personnel, particularly midwives, as members of health teams that are most closely connected with pregnant women and play a key role in the treatment of sexual problems and pregnant women and their families must be helped to cope with pregnancy period (9). Health care providers can use a variety of tools and models to receive sexual history, sexual function assessment and provide interventions to help people take control of sexual problems (10).

According to the nature of sexual issues and cultural differences, religious and regional differences in the country in this field and the lack of complete and accurate sexual education and counseling for pregnant women in health centers, the present study examines the effect of counseling based on PLISSIT model on sexual function of pregnant women.

Material and methods

This study is a clinical trial on 88 pregnant women with gestational age of 8-10 weeks (44 subjects in the experimental group and 44 in control group) in 1394. The sample size was calculated as statistical power of 90% and confident coefficient of 95%.

In this study, sampling was conducted by availability method in four health centers in Razan. This study was approved by ethics committees of Kermanshah University of Medical Sciences and it was registered in the Ministry of Health clinical trial database to No. IRCT (2015100324325N1). After obtaining permission from the authorities of the University and health centers, sampling was done ethically and randomly. The samples were divided into two groups after obtaining written consent inclusion and in the case of having the condition for entering to study. The first person was randomly selected to be put in the experimental group and then other subjects were divided into two groups. Inclusion criteria for the study included:

Women with a first pregnancy and gestational age of 10.8 weeks, with no diseases (hypertension, diabetes, etc.), without using psychiatric drugs, lack of symptoms of abortion, the absence of placenta Previa. Also we didn't select addict couple for this study because active addiction and rehabilitation phase were effective on sexuality function (11) .

Exclusion criteria included absence of two or more than two counseling sessions, as well as the unwillingness of subjects to continue to cooperate and participate in the study. In this study data collection tool contained a demographic form for collecting data of subjects and the Female Sexual Function Index questionnaire. The questionnaire consists of 19 questions with 5 option that has been introduced as a valid tool to assess women's sexual function and its reliability was more than 70% through calculating Cronbach's alpha coefficient (12). Each individual score in this index in six domains (desire, arousal, lubrication, orgasm, satisfaction and pain) was calculated by adding the scores of questions related to each area and by multiplying the sum of the scores on coefficient of each area.

Total score of sexual function was the sum of 6 areas that the maximum score was 36 and a score lower than 28 is considered as a disorder (12).

At the beginning, before the intervention, sexual functions of participants in both groups were evaluated using the Female Sexual Function Index. Then the researcher after receiving the written consent from the research units, started 4 consulting session based on PLISSIT model during 2 weeks and each week 2 session.

for intervention group in an individual meeting for 40-70 minutes.

In the first session after having and appropriate relationship and creating an atmosphere of peace (using separate room) and using techniques and counseling skills such as active listening, to build trust of subjects, the research units were prepared to talk about sexual issues. At the start, researchers started speaking about sexual issues using open-questions, and then research units began to speak. At this time, the researchers realized beliefs and concerns and thoughts about sexuality in pregnancy. In the second session researcher started to demonstrate the anatomy and physiology of the reproductive organs, sexual cycle and changes in sexual function as a result of pregnancy (the images were used as auxiliary tool). In the third session researcher provided some guidance according to patient problems and concerns identified in previous sessions.

In the fourth session, if necessary, the patients were referred for treatment and advice to the appropriate levels. Also according to the requirements of four research units, six sessions of counseling was held. In the three cases, the subjects were required counseling with husband. After coordination with male doctor in the health center who were already familiar with the study approach, a meeting was held about sexual counseling for spouses of subjects. Finally, four weeks after the last counseling session, sexual function of individuals was evaluated with Female Sexual Function Index questionnaire.

The data were extracted and then were evaluated using descriptive statistics including mean, standard deviation and inferential statistics including independent t tests, chi-square and Mann-Whitney tests.

Results

This study, was conducted on 88 pregnant women (44 patients in the intervention group and 44 patients in the control group)

The mean age of subjects in the intervention group was 23/25 ± 6/03 years old and the mean age of spouses were 30/89 ± 5/55 years old and the mean age of subjects in the control group and their spouses were 25/50 ± 4/583 and 30/82 ± 5 / 427

years old. Duration of marriage of more than half of research units (52/3% in the intervention group and 54/5% in the control group) was 1-5 years. The mean gestational age in both groups (47/7% in the intervention group and 45/5% in controls) was 8 weeks.

The research samples before the intervention had no significant difference. However, after the intervention, the difference in mean scores of different aspects of sexual function (desire, orgasm, satisfaction, pain, Arousal and Lubrication) in the test group, 1 month after intervention had no significant changes in comparison with the control group. (Table 1)

Table.1: Mean scores of sexual function and its differences among case and control samples

Variables	control			case		
	Before Mean±SD	After Mean±SD	t.test	Before Mean±SD	After Mean±SD	t.test
desire	3.04±0.83	.79±0.053	.630P=	.97±0.293	.89.±0.354	.0010P<
orgasm	1.123.84±	.12±1.843	1P=	.57±1.933	.58±05.11	.0010P<
satisfaction	1.00±3.96	0.95±4.00	.270P=	1.41±.124	0.88±.105	.0010P<
pain	1.08±4.19	.07±14.21	.080P=	.59±1.144	.26±1.854	.0010P<
Arousal	.98±03.29	.97±0.283	.530P=	.33±1.173	.95±0.234	.0010P<
lubrication	.98±03.89	.93±04.00	Mann-Whitney .720P=	±1.283.71	0.63±4.86	Mann-Whitney .0010P<

Based on t test results, mean score of sexual function in the intervention group before the intervention was 22/83 and one month after intervention was 28/51. According to obtained probability value (p<0001) it can be concluded that there was no significant difference between the intervention group before and after the intervention. Based on t test results, the control group means score of sexual function before intervention was equal to 22/33 and 1 month after was 22/41. According to obtained probability value (p=0/22) it can be concluded that there was no significant difference between the control group before and after the intervention.

According to the results, there was no significant relationship between sexual function mean scores in the two groups based on age, level of education, Duration of marriage ,occupation, monthly income of household, planned or unplanned pregnancy.

Discussion

in this study the effect of counseling based on PLISSIT model on sexual function of pregnant women was evaluated based on sexual function of pregnant women based on PLISSIT model.

The results showed a positive effect of PLISSIT model on sexual function and significant increase in score of all aspects of sexuality among pregnant women (p<0.0001). The study by Nibila et al (13)

in Egypt was conducted on 66 women with breast cancer and showed that PLISSIT model has been effective on improving performance and sexual satisfaction and subjective conditions. Ayaz and Koubilai study (14)

in Turkey which was conducted on 60 patients with ostomy showed the increase in sexual function score from 36/7 to 63/8 after the intervention of PLISSIT.

In the present study fourth sexual counseling sessions were held with PLSSIT model for 40-70 minutes. And ultimately Sexual function was assesse by using the Sexual Function

Index questionnaire. But in the study conducted by Wannakosit.

training was done in a 20-minute session and pregnant women's sexual attitudes and behavior was evaluated using a questionnaire and 12 weeks after the intervention (15).

In this study, if necessary, images pamphlets with a common language was used that it would be another reason for the positive impact of this research compared to the study by Wannakosit et al (15).The results also indicate a change in the area of sexual pain after intervention that were consistent with the results of the study by Vural&Temel(16).

This study, like other researches has limitations, including:

1. The reluctance of some of the participants to provide the true information about sexual relationship. To solve this problem, in addition to build trust of participants, they were assured that all information is confidential and will not reveal their identity in any way.
2. Irregular presence of some mothers in counseling sessions
3. The lack of cooperation of some of the spouses of subjects to receive counseling. To resolve this problem, counseling was conducted ' by a male trained doctor who was familiar with the process and the subject of study.

Conclusion

Sexual counseling programs could improve sexual function in women, especially during pregnancy. Considering the high prevalence of sexual problems, integration of sexual health education and counseling program in the health care program is recommended.

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