

Research Article**Knowledge, attitude and performance of women in age of fertility toward sexual health in Dehdasht city, 2014-15****Seyed Saadat Gholami¹, Tahereh Doohandeh^{2*}****Tahereh Moshkelgosha Ardekani³ and Mojdeh Davoodi⁴**^{1,4}Medical Student, Student Research Committee, Clinical Research Development Unit, Yasuj University of Medical sciences, Yasuj, Iran²Assistant professor of Obstetric And gynecology, Clinical Research Development Unit, Yasuj University of Medical Sciences, Yasuj, Iran³BSc Student, Students Research Committee, Yasuj University of Medical Science, Yasuj, Iran

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ABSTRACT

Introduction and Objective: Sexual health and awareness about it is one of main aspects of personal health issue. Regarding the important issue of sexual health for women in age of fertility, this paper aimed at study the knowledge, attitude and performance of women in age of fertility toward sexual health in Dehdasht city.

Material and Methods: In this study a cross-sectional sampling was done among the subjects who referred to the health centers. Knowledge, attitude and performance of the subjects were assessed by a three divisional questionnaire. After collecting the questionnaires and extracting data, they were analyzed by SPSS version 20 and some descriptive statistics such as mean, relative, absolute frequency and inferential chi – square statistics ($\alpha = 0/05$).

Results: 42/5% of the samples were well aware about the sexual health, 27/5% had a desired attitude toward it, and 40% had desired performance and 25% had undesired performance about the sexual health.

Discussion and Conclusion: In sum, it seems that the subjects had an acceptable performance and knowledge about the sexual health. But 25% of the subjects were not so. Thus, it can be concluded that there is needed to more education about sexual health to the women.

Keywords: sexual health, performance, women, fertility

INTRODUCTION

Sexual health is one of the main aspects of personal health and can affect on everyone at all stages of life (2). One of the time women's health was more related to reproductive functions such as menstruation, pregnancy and childbirth, and Menopause. However, since the 1990s, there has been basically changes in this attitude, and has been attended to other health problems, including sexual health and the ways of prevention and treatment of that (1). In 2004, the World Health Organization has suggested that sexual health is an issue independent of reproductive health and should be examined separately and also stated that many diseases

and disorders in the world are due to neglect of sexual health (3). Defines sexual health as follows: the harmony and adaptation of the physical, emotional, rational and social aspects of human sexual affairs in a way that improves personality, relationships, and love (4). Sexual health improves people's awareness of sexual intercourse (5). Regarding to the personal cleanliness and regular changing of underwear, adherence to the moderate degree of marital relations, adequate diet and health principles among menstrual period are the most important issues in the field of sexual health (6). Knowledge, interest and health behaviors are extremely

effective in maintaining and improving health, but providing sexual health is not just about biological factors and health interventions, but also economic, cultural and social factors such as poverty, malnutrition, misdeed and income have an important role in ensuring the health of the fertility process (7). More than half of the sexual problems caused by inadequate awareness and false beliefs of people that lead to unhealthy marital relationships and the destruction of life (8).

Several factors are involved in the health of the sex. Related issues include poverty, education and occupation (1). It was found in the research that women's awareness of reproductive health issues was desirable. Unfortunately, their performance in this area is not very satisfactory (6). Other study findings show that there is a significant relationship between public health score, intercourse health, age of marriage, and genital infection (8).

In spite of the highly effective and efficient primary health care system in Iran and the highly successful family planning system of Iran, the issue of sexual health education seems to be completely neglected and there are gaps in this regard in the family health care system of Health system and family planning (4). Failure to observe sexual hygiene leads to many complications. The complications of these diseases in women include infertility, the birth of infants with various types of mental and physical retardation, chronic pelvic pain, cervical cancer and death (9).

Considering the importance of the issues of sexual health in women of childbearing age and the role they can play in overall health of the community (1), the present study with the aimed of assessing women's knowledge, attitude and practice in the age of fertility was designed and implemented in December 2014 in relation to sexual health in the city of Dehdasht.

MATERIALS AND METHODS

Sampling was done on a cross-sectional basis and among available samples referring to health centers. The research instrument was a questionnaire and consisted of 3 sections. The first part contains a question that measures the knowledge of women referring to sexual health.

The second part of the question examines the attitude of women referring to sexual health. Finally, the third part measures the performance of women referring to sexual health. The validity of the questionnaires was verified by the faculty members and its reliability was confirmed by open test method with Cronbach's alpha coefficient of 0.7 for the knowledge questionnaire, 0.85 for the attitude questionnaire, and 0.83 for the performance questionnaire. The questionnaires were provided by researcher colleagues with explanations and satisfaction of samples to participate in the project. At the end of the completion, collecting the questionnaires. After collecting the excerpts and extracting their data, the data were analyzed using SPSS version 20 through descriptive statistics such as mean, relative and absolute frequency, and inferential statistics of Chi-square using $\alpha = 0.05$.

FINDINGS

The data of the present study were collected through a questionnaire over a period of 8 months to reach the required number of subjects (200 people) and the results were analyzed with using tables and by using ANOVA, t-test, chi-square tests and analysis.

60% of the samples are over 27 years of age. 17% of the samples were 22 years old and younger. And 23% were between 23 and 26 years old. Most of the samples (85.5%) were housewives. And only 14.5% of them are employees. 50% of the samples had university education. 35% had high school and diploma education, and only 7.5% were illiterate. 58% of the spouses had sampled university education. 31 percent had high school and diploma education. And 3% of them were illiterate. 55.5% of the samples had only one pregnancy. 20% 2 times, 12% 3 times and 12.5% 4 or more than 4 times had pregnancy experience. 60% of the samples had only one child. 22.5% had 2 children, 8.5% had 3 children and 9% had 4 or more children. 45% of the samples had only one birth experience. And 18.5% of the samples have had 4 or more deliveries of 4 times. Also, 25.5% of the cases had a history of abortion. Among the contraceptive methods that used by women, the most common contraceptive method

are contraceptive pills (42.5%). And the lowest rate was used for ampoule (3.5%). Also, the use of the natural method was 30.5% and the ventricle was 12.5%.

%85of the samples were satisfied with their preventive method. 22.5% of the women were suffering from chronic disease. 7% had asthma, 7% had digestive diseases, 2% had hypertension, and 3% had diabetes. 28% of them

also had anemia. 42.5% of the samples had good knowledge of sexual health. And 29.5% of them were weak in this regard. 27.5% of women had a good and desirable attitude towards sexual health. And the attitude of 36% was poor and unfavorable to sexual health. 40% of the samples had good and healthy sexual health. And 25% of them were undesirable.

percent	score	Knowledge score
29/5	57	poor
29	58	average
42/5	85	good
100	200	total
percent	score	Attitude Score
36	72	poor
36/5	73	average
27/5	55	good
100	200	total

percent	score	Performance score
25	50	poor
35	70	average
40	80	good
100	200	total

Data analysis showed that the knowledge of women with age ($p = 0.045$), occupation ($p = 0.035$), education ($p = 0.003$), husband's education ($p = 0.008$), having a disease Chronic ($p = 0.033$) and chronic disease ($p = 0.024$) have a significant relationship. The attitude of women was significantly correlated with age ($p = 0.038$) and education ($p = 0.035$). There was a significant correlation between the sex ($p = 0.04$), occupation ($p = 0.037$), education ($p = 0.035$) and husband's education ($p = 0.047$) regarding to sexual health. Also, the performance of women in relation to sexual health has a direct and significant relationship with their knowledge ($p = 0.000$). But with their attitude, there is no meaningful relationship in this regard ($p = 0.068$). The results indicated that the knowledge, attitudes and practices of housewives were generally better and more favorable than women in general regarding to sexual health. As the level of education increased, knowledge of women increased, but their attitude and practice decreased. And the best practice was for women with high school and high school education. Women who had

high school and high school education also had better performance. Women with a history of abortion had a stronger knowledge and performance than women who did not experience abortion. Regarding to the type of contraceptive method, women using natural methods and condoms also had better knowledge than the rest. And the least knowledge was about women who used the ampoule method. The performance of women using iud and natural methods was better than the rest and the poorest performance was for women who used ampoules. Also, women who were satisfied with their contraceptive method had a much better knowledge and performance than women who were not happy with their contraceptive method. Women aged 27 and 28 had the most knowledge and the lowest performance at the same time.

DISCUSSION

The issue of sexual health and its related dimensions is one of the issues that has sometimes been neglected and is not much addressed due to work-related issues, ignorance

or cultural and belief restrictions. A survey of studies conducted in different parts of the country and other countries showed different statistics regarding to the knowledge or performance of health care in relation to sexual health. Studies have shown that there is a direct relationship between knowledge and attitudes and the level of sexual hygiene. Among the two studies, which showed that previous knowledge of the samples was often false and inadequate, and health behaviors and hygiene practices in these individuals represent their beliefs and beliefs, they should use the specific methods of health education to identify the beliefs of individuals. Correct and appropriate health behaviors (10, 11). The results of the studies also showed the impact of economic and social factors on the knowledge and level of sexual health among women. Among them, the knowledge, attitude and practice of housewives towards sexual health were better and more favorable than employed women. And with the increase in the level of education, the knowledge of women was increased, but their attitude and performance were reduced. And the best practice was for women with high school and high school education. Women who had high school and high school education also had better performance. Studies have shown that pregnancy-related experiences can also affect the level of knowledge, attitude and practice of women towards sexual health. For example, the study showed that women with a history of abortion had a stronger knowledge and performance than women who did not experience abortion. Regarding the type of contraception, women using natural methods and condoms also had better knowledge than others. And the least knowledge was about women who used the ampoule method. The performance of women using iud and natural methods was better than the rest and the poorest performance was for women who used ampoules. Also, women who were satisfied with their contraceptive method had a much better knowledge and performance than women who were not happy with their contraception. And women 27 and 28 years of age had the most knowledge and, at the same time, had the lowest performance. The reason for this can be found in

the level of employment and the problems of women of this age.

The results of this study showed that 42.5% of the samples had good knowledge about sexual health. And 29.5% of them were weak in this regard. The results of similar studies were close to the result of this study, including in the study of KhodaKarami and his colleagues, which showed that about 45% of the samples had sufficient knowledge about sexual health (5). In addition, Dabirie and his colleagues found that 41.75% of their samples had a good knowledge of good health (12). In the study of Malekshahi and his colleagues, 50% of the samples had poor knowledge and 48.4% had moderate knowledge regarding to the health of the menstrual period (13). Research by Dolatyán et al (2007) showed that 48% of the students studied had a good knowledge of sexual health (14). Also, the results of Ahmadi's research (1376), Sohrabi (1376), Foruzan (2001), Dengre et al (2007) and Adhikari et al. (2007) showed that the information and knowledge of adolescent girls about puberty and menstrual health is weak and incomplete or incorrect (15, 16, 17, 18, 19 and 20). The results also showed that 27.5% of women had good and desirable attitude towards sexual health. And the attitude of 36% was poor and unfavorable to sexual health. Which reflects the poor attitude of women surveyed about sexual health. Which is closely related with Dabiri and colleagues' research, which indicates that the average of the total attitudes of the examined samples is negative and unfavorable (12). However, Mazlumi and his colleagues found that 71% of the samples had a positive and desirable attitude toward reproductive health (20). Also, 45.8% of women in the study of God and his colleagues had a positive and desirable attitude toward sexual health (5). In the study of Dolatyán (2007) and his colleagues, 84% of the students that studied had a positive and desirable attitude toward sexual health (14). 40% of the samples in this study had good and desirable sexual health. And 25% of them were undesirable. And the rest was modest. Overall, it seems that the performance of women is acceptable and moderately upward. However, 25% of the samples did not have acceptable performance in this regard. In the study of Pak

Gohar et al. (2005), it was found that 59.6% of women were moderately in terms of sexual health (21). Malekshahi and his colleagues also showed that 56.3% of the samples had poor performance, 35.3% had a moderate performance and 20.4% had good performance in health of menstrual period (13). Data analysis indicated that the knowledge of women with age ($p = 0.045$), occupation ($p = 0.035$), education ($p = 0.003$), husband's education ($p = 0.008$), having chronic disease ($p = 0.033$) and kind of the chronic disease ($p = 0.024$) There is a significant relationship. The study of Farrokhzadian showed a significant relationship between knowledge with age, occupation, educational level and the level of education of a spouse (22). The attitude of women was significantly correlated with age ($p = 0.038$) and education ($p = 0.035$). In the study of Farrokh-Zadian and his colleagues, there was a significant relationship between attitude with education and the education of his wife (22). There was a significant correlation between the sex ($p = 0.04$), occupation ($p = 0.037$), education ($p = 0.035$) and husband's education ($p = 0.047$) regarding sexual health. Farrokh-Zadian's study also showed a significant relationship between performance with age, education, spouse education and occupation (22). Also, the performance of women in relation to sexual health has a direct and significant relationship with their knowledge ($p = 0.000$). But with their attitude, there is no meaningful relationship in this regard ($p = 0.068$). In total, from the results it can be seen that women who refer to health centers do not have knowledge and performance in terms of sexual health. And they have a lot of knowledge and performance in this area. Therefore, it is necessary to pay more attention to the issue of sexual health education in these women.

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