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Comprehension of dyspareunia and related anxiety among northern upper Egyptian women: impact of nursing consultation context using PLISSIT model

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Introduction:

Sex is an instinctive part of human's life, and sexual function is a major determinant of overall health and general well-being. Sex has its human and personal dimensions that are beyond the mere ability of a person to respond or to have an exciting effect. In Arab societies, as Egypt, talking about sex and its related problems is very sensitive which may prevent sexual disorders from being assessed. Disruption of women's sexual functions may affect them psychologically & physically, resulting in anxiety & distress, and may lead to incompetent relationships.

Although dyspareunia is one of the common health issues, up-till-now it remains neglected in Eastern communities such as in Egypt, especially in Upper Egypt, where investigation or even taking of such problems is considered a taboo. The couples deny it on the grounds of shame; regardless of whether they feel a need for further consultation about it.

Aim of the study:

The overall aims of the maternal health researcher in this study are:

(1) detect the prevalence, patterns and associated factors of dyspareunia among married women who were sexually-active; (2) investigate the socio-demographic, obstetrical, gynecological and health factors associated with reporting painful sex lasting 6 months or more in the last year, among sexually active women; (3) assess sexual behavior, sexual relationship and attitudinal factors associated with reporting painful sex lasting 6 months or more in the last year, among sexually active women; (4) compare relation between exposure to dyspareunia & socio-demographic characteristics, obstetrical, and gynecological characteristics, and sexual behavior characteristics of the studied among sexually active women before and after counseling using PLISSIT on the management of women with painful coitus. Additionally, the aim of the current study was to assess anxiety level associated with dyspareunia among sexually active women before and after counseling using PLISSIT model.

Subjects and Methods:

Research design: A quasi experimental study design was used.

Settings: Three public hospitals in Beni-Suef, Egypt; Beni-Suef University Hospital, Health insurance Hospital and General Hospital, where women attending to gynecologic outpatient clinics.

Sample: -

All women visiting gynecologic clinics and suffering from dyspareunia was 540 while 219 accepted to participate. Throughout the study, 19 were excluded, so the final study sample was enrolled 200 women with painful sex.

Tools: -

Structured interview questionnaire sheet composed of 5 sections as follows: -

- [1]. *Section I:* Sexual function according to Marinoff scale
- [2]. *Section II:* Counseling sheet following PLISSIT model
- [3]. *Section III:* Numerical rating scale (NRS)
- [4]. *Section IV:* Calibrated scale
- [5]. *Section V:* Beck anxiety inventory (BAI)

Results:

The study results revealed the following:

- Of all the participants, 25.0% exposed to reproductive tract infection (RTI), 23.5% had a history of gynecologic/pelvic surgery, 11.0% were menopauses, 86.5% were multipara. Of the 173 women, 52 % normal vaginal birth with episiotomy, 10.1% gave birth assisted by ventouse. Of 160 (76.9%) who were delivered vaginally, 65.3% had perineal tears.
- The most common dyspareunic symptom (23.5%) was pain at introitus with an entry of penis followed by mid-vaginal pain (17.5%), sensitive external genitalia (16.0%), pain with arousal (15.0%), pain with deep penetration & pain with orgasm presented 11.0% and pain after intercourse was 6.0%.
- A statistically significant correlation was found between dyspareunia and sociodemographic characteristics as occupation/educational level/dwelling/crowding index, and body mass index (BMI). A mild statistically significant correlation between dyspareunia and women's previous marriages, circumcision, exposure to reproductive tract infection, self-reported health, menopausal status & previous gynecological surgery. A moderate statistically significant correlation between dyspareunia and women's state of the perineum was found. Moreover, a highly statistically significant correlation was found between dyspareunia and women's mode of last delivery, breastfeeding, and chronic conditions (hypertension, D.M., vascular, others).
- A statistically significant correlation was found between dyspareunia and women's Sexual behavior characteristics among sexually active women.

- Regarding to the prevalence of exposure to dyspareunia pre and post counseling among sexually-active women, it revealed that, before counseling, all women in the study sufferers from dyspareunia; more than two thirds (69.0%) of studied sample suffered from morbid dyspareunia (painful sex lasting 6 months or more) compared to 31.0% of them suffered from non-morbid dyspareunia (painful sex lasting less than 6 months). While after implementation of counseling process, it was observed that, the prevalence of dyspareunia decreased as 34.5% of studied women reported free-pain intercourse within one month, the progression reaches to 53.0% after 2 months. Moreover, 63.5% of studied women reported free-pain intercourse 3 months after implementation of counseling.
- Person correlation coefficient test (r) illustrated, the greater the pain, the greater the anxiety, however, no statistically significant difference was found between the 2 mentioned variables.
- In pre-counseling the majority of studied women (79.0%) had marked to severe anxiety, 16.0% had a moderate anxiety whilst only 5.0% had a low level of anxiety. On the contrary, after counseling in the 2nd follow-up visit (2 months after counseling), around half of them (49.0%) had a low level of anxiety while no one (0.0%) had marked to severe anxiety scores; whereas in the 3rd follow-up visit (3 months after counseling), the majority (75.0%) had a low level of anxiety, 25.0% of them had moderate level of anxiety while no one (0.0%) had marked to severe anxiety scores. Marginal Homogeneity test revealed highly statistically significant difference between pre/post counseling of assessments at p-values < 0.0001.
- Progressive declining in dyspareunia, after counseling using PLISSIT model, throughout 3-months follow up regardless sociodemographic characteristics, obstetrical, gynecological health and sexual behavior characteristics. A statistically significant difference between before/after counseling of assessments at p-values < 0.05 was found.
- Declining in pain intensity with all mentioned item of women's sociodemographic characteristics after implementation the counseling process using PLISSIT model. Statically analysis revealed highly statistically significant difference between pre/post counseling of assessments at p-values < 0.05 regarding age (P = 0.013), educational level (P < 0.0001), occupational status (P < 0.001), crowding index (P = 0.042) and BMI (P = 0.019).
- Progressive declining in dyspareunia throughout 3-months follow up regardless frequency of coitus per week, husband's sex drive, feel emotionally close to partner during sex and denominators of dyspareunia.

A statistically significant difference between pre/post counseling of assessments at P-values < 0.05 was found.

Conclusion:

In conclusion, this study provides up-to-date prevalence estimates of dyspareunia in a representative sample of Northern Upper Egyptian women (Beni-Suef), across a wide-age-range. Dyspareunia is a distressing symptom. Most cases can be treated; usually, a combination of counseling and specific treatment is necessary. Our study confirms the strong link between dyspareunic pain and anxiety. By implementation of counseling process using PLISSIT model in a sole study examining a volunteers' group of gynecological outpatients, using validated measurements, progressive alleviation participants' intensity of dyspareunic pain, and its associated anxiety were found.

Recommendations:

In the light of the findings of this study, the following is recommended:

- Active approaches are needed to overcome shame and embarrassment, and the stigma that may be associated with asking about common sexual health issues by activating the role of the maternity, and community health nurse in gynecologic clinics to enhance women's knowledge regarding sexual health issues.
- Implementation a strategy to reduce episiotomy rate, reducing assisted vaginal deliveries using the vacuum extractor, and improving perineal repair techniques will, probably, help in decreasing the extent of post-partum dyspareunic pain experienced by women.
- National policies aimed at the woman's health involved the issue of sexuality that is why they continue to re-signify it. Therefore, it is the responsibility of preparing future qualified nurses to work at all levels of complexity of care for the human being in its entirety, in the context of the Unified Health System, in a critical- reflexive-creative perspective, committed to not only promotion and prevention of pathologies, but also adapting biopsychosocial issues related to sexuality.
- As we have confirmed the link between dyspareunic pain and self-assessed poor general health & experience of chronic health conditions. Therefore, further researches should explore and explain the extent to which dyspareunia might usefully serve as a diagnostic indicator of other health problems.

Keywords: Dyspareunia, PLISSIT model, Counseling.

توقيع مقدم البحث

مقدم البحث
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