

Surveying the level of sexual health literacy of pre-marriage couples referred to the selected health centers south Khorasan

ABSTRACT

Background and Objectives: One of the basic components for maintaining sexual health is the amount of information and awareness of individuals, which leads to informed, responsible and healthy decisions about sexual issues and is referred to as sexual health literacy. Therefore, this study was conducted to determine the level of sexual health literacy of pre-marriage couples referred to the selected health centers South Khorasan from 2019 to 2020.

Materials and methods: In this descriptive-analytical study, 258 of pre-marriage couples referred to the selected health centers South Khorasan were randomly selected from 2019 to 2020. To collect data, a checklist of personal characteristics and an adult sexual health literacy questionnaire were used. Data were analyzed with SPSS version 19 using descriptive and inferential statistics.

Results: The mean score of sexual health literacy of couples was 161.25 ± 19.5 Which showed a high level of sexual health literacy in most people. There was a statistically significant relationship between sexual health literacy with the source of sexual information, religion, age, and type of residence ($p < 0.05$).

Conclusion: The results of the study showed that people who used the book to obtain sexual health information had a higher score of sexual health literacy. It seems that the use of official sources is reliable, credible and well-directed. Considering the importance of sexual health in couples, conducting a needs assessment in this field at different age periods and providing the necessary training is necessary.

Paper Type: Research Article

Keywords: sexual health literacy, pre-marriage couples, health centers

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Introduction

According to the World Health Organization (WHO), sexual health is a state of physical, mental, and social well-being in relation to sexuality. Sexually healthy individuals have an absence of sexual or reproductive disease and a positive approach to managing respectful sexual relationships free of coercion, and violence, thereby exhibiting safe sexual behaviors(1). Sexual health is like a system whose existence depends on the function of its individual components. One of these basic components for maintaining the whole system is the amount of information and awareness of the individual, which leads to informed, responsible and healthy decisions about sexual issues(2).

Health Literacy is defined by consensus as the individual ability to obtain, process, manage and properly understand health information in order to make appropriate health choices(3-5). Previous studies have shown the important role of health literacy in promoting sexual health(1, 6). Sexual health literacy includes understanding preventive information about sexual health for informed choices, increasing sexual safety practices (such as promoting family planning practices, limiting the number of sexual partners, avoiding illicit sex, and strengthening communication skills), skill of negotiating sexual rejection, and awareness of the sexual partner's history regarding sexually transmitted diseases(6). In other words, sexual health literacy is a range of sexual health literacy that includes various areas such as sexual development, puberty, pregnancy, methods of contraception, sexually transmitted diseases, development of management skills Sexual relations including gaining sexual identity, reducing and selecting low-risk sexual partners, engaging in safe sexual experience, negotiating the quality of sexual relations, sexual preferences and coercion, and the positive and romantic

dimensions of sexual relations, improving couples' sexual interactions, promoting individual sexual health and ultimately improve family and social health(7, 8).

Svensson et al stated that sexual health literacy in women opened the door to new understandings of sexual-reproductive health and rights (9). Sexual health literacy does not necessarily predict the promotion of sexual health-related behaviors, but certainly knowledge and awareness of risk reduction strategies increase people's ability to reduce the risk of sexually transmitted diseases and unplanned pregnancies in young people (10). Having a desirable level of sexual health literacy increases a person's skills in analyzing, judging, discourse, decision-making and changing sexual behavior and empowers him in providing, maintaining, and promoting his sexual health(11).

The available evidence shows that the level of sexual health literacy of individuals is not uniformly distributed and is influenced by age, gender, sex education, sexual relations, place of birth, and religious beliefs (12). On the other hand, although information related to sexual health is accessible from a wide range of resources, some groups suffer from information poverty in this regard(13). Healthy and appropriate sexual relations in couples can strengthen family ties and act as a background to strengthen the feelings and emotions between them, and in the future lead to better education of children(14). Many sexual problems are caused by lack of awareness and mistakes related to sex(12). Sexual health literacy affects couples' attitudes toward marital relationships and its inappropriate level can lead to couples' dissatisfaction with sex and create problems in their married life(15).

Studies in the field of sexual health in Iran have shown that the rate of sexual dysfunction in Iranian men and women is relatively high (16,

17). Divorce rates have also risen in recent years, and one of the effective factors in these divorces is related to sexual dissatisfaction(18). While one of the goals of reproductive education is sex education, various Iranian studies have shown that individuals' data on reproductive health are weak and inaccurate. Despite the World Health Organization's emphasis on developing sexual health education as a human right. There is still no comprehensive program for sexual health education in Iran, and several questions in this field remain unanswered (19, 20). In Iranian society as a traditional-religious society, sex has always been an aura of ambiguity, and the revelation in the culture causes embarrassment and shame in raising issues related to sex. likewise, in high schools and universities, no information is provided on sexual health(21).

Numerous studies on the level of public health literacy in Iran seem to have been conducted, but the level of sexual health literacy, which plays a significant role in strengthening the foundation of the family and community health, has been neglected. Also, teaching and advising sexual issues to couples without knowing the needs of couples and the level of sexual health literacy will not be very effective. Therefore, the present study was conducted to determine the level of sexual health literacy of couples on the verge of marriage referring to selected health centers in South Khorasan province in 2021.

Materials and Methods

This is a descriptive – correlation study. The study population included pre-marriage couples referred to health centers provided selected premarital counseling in South Khorasan province (Birjand, Ferdows, Ghaen, Tabas, Boshra vieh, Sarayan) in 2021. After confirming the research by the ethics committee of Birjand University of Medical Sciences, stating the objectives of the

study, and patient satisfaction, sampling was performed by the available method. Due to the lack of a similar study, after conducting a pilot study with 30 couples referring to the centers, the final sample size using the formula (1).

$$n = \frac{z_{1-\frac{\alpha}{2}}^2 \frac{\alpha S^2}{d^2}}$$

In this study, 258 people were counted based on difference between the estimated value of the sexual health score and the actual value of 2.5.

It should be noted that the sample size allocated to each of the selected centers was proportional to the population of the region. Inclusion criteria included having a minimum literacy and native to South Khorasan province. Incomplete questionnaire (20% of the questions remained unanswered) was considered an exclusion criterion. A personal characteristics checklist and a sexual health literacy questionnaire were used to collect data. Questionnaires were completed by self-reported method. The demographic information checklist included personal characteristics (age, gender, residence status, education, occupation, economic status, and source of access to sexual health information). The standard questionnaires for adult sexual health literacy consist of 40 items in the form of a 5-point Likert scale from strongly agree to strongly disagree. This questionnaire was designed based four areas as follow: 1. Accessibility 2. Reading and comprehension skills 3. Analysis and evaluation skills and 4. Information application skills. This questionnaire was first designed and psychometric assessed by Masoumi et al. Content validity ratio and tool content validity index (CVI, CVR) were 0.81 and 0.84, respectively. The internal consistency of the instrument with Cronbach's alpha index for the identified factors ranged from 0.84 to 0.94. Likewise, the intra-class similarity of the

instrument based on the ICC index calculated ranged from 0.90 to 0.97(11). Data was analyzing based on descriptive statistics (central indices and dispersion) and inferential statistics (due to the normality of Pearson correlation test and analysis of variance and independent t-test) was used at a significant level 0.05.

Results

The results of this study indicate that from 258 participants in the study, 129 (50%) were female and 129 (50%) were male. Likewise, 42.6% of people with diplomas and the majority of them (99.2%) were Shiites. Also, the variables in the study have a normal distribution ($p > 0.05$) according to Kolmogorov-Smirnov test. According to the independent t-test, there was a

statistically significant difference between sexual health literacy in both Shiite and Sunni religions ($p < 0.05$). Therefore, the average score of sexual health literacy in Sunni religion was higher than Shiite. There was also a statistically significant relationship between sexual health literacy and type of residence ($p < 0.05$) and the mean score of health literacy in urban participants was higher than rural. Based on one-way analysis of variance test, there was a statistically significant difference between sexual health literacy and the source of sexual information ($p < 0.05$). The average score of health literacy in the people who had read the book in this field was the highest and the people who inquired from the parents were the lowest (Table 1).

Table 1: Frequency distribution of participants' demographic variables and their relationship with sexual health literacy

Variable		Number (percent)	Sexual health literacy	
			M±SD	P-value
Gender	Female	129(50)	160.74±19.66	*0.67
	male	129(50)	161.76±19.40	
Education	High school	42(16.3)	154.9±18.82	**0.11
	Diploma	110(42.6)	163.5±20.27	
	Post- diploma and bachelor's degree	96(37.2)	161.59±18.69	
	Master's degree and higher	10(3.9)	159.80±18.09	
Religion	Shia	256(99.2)	161.04±19.43	*0.05
	Sunni	2(0.8)	187.5±2.12	
Job	Housewife	64(24.8)	18.83±160.94	**0.736
	Employed	140(54.3)	20.14 ±162.02	
	Student	(20.9) 54	18.80 ±159.61	
Income	Good And Very Good	61(23.6)	21.87 ±159.92	**0.232
	Medium	(46.6) 115	19.33±163.18	
	Bad And Very Bad	20(7.8)	20.98 ±153.85	
	Does Not Have	62(24)	16.39± 161.35	

City of residence	Birjand	152(58.9)	18.79± 161.49	**0.916
	Ferdows	22(8.5)	17.27±157.05	
	Qaen	32(12.4)	23.83± 163.09	
	Tabas	30(11.6)	19.97± 162.00	
	Sarayan	10(3.9)	.23.2± 161.00	
	Boshroye	12(4.7)	17.81± 159.33	
Type of residence	Urban	170(65.9)	19.95± 162.97	*0.048
	Rural	88(34.1)	18.25± 157.92	
Previous marriage history	No	240(93)	19.73±161.02	*0.48
	Yes	18(7)	16.25 ±164.33	
Source of sexual information	Book	56(21.7)	21.6±168.66	**0.005
	Internet	133(51.6)	18.6±161.05	
	Friends	28(10.9)	18.28±157.32	
	Parents	32(12.4)	15.66±153.69	
	Sister And Brother	9(3.5)	22.45±157.22	

* Based on independent t test

** Based on one-way analysis of variance (Anova)

The age range of study participants was between 13 and 49 years and their mean age was 23.88± 5.62. According to Pearson correlation

analysis test, there was a statistically significant relationship between sexual health literacy and participants' age ($p < 0.05$). (Table 2).

Table 2: Descriptive indicators of age and sexual health literacy and their relationship with each other

Variable	M±SD	sexual health literacy	
		R	* P-value
Age	23.88±5.62	0.526	0.04

* Based on Pearson correlation analysis test

The mean score of sexual health literacy of couples was 161.25 ± 19.5 that 98.8% of the subjects had a score higher than the mean score. Also, the study of variable domains of sexual

health literacy showed that the domain of reading and comprehension skills had the highest mean score and the domain of analysis and evaluation had the lowest mean score (Table 3).

Table 3: Central indicators and distribution of sexual health literacy variables and its domains

	Variable	Minimum	Maximum	M±SD
sexual health literacy	Access skills	14	35	4.30± 28.05
	Reading and comprehension skills	45	101	10.38± 72.38
	Analysis and evaluation skills	11	38	3.78± 18.88
	Application skills	31	50	4.67± 41.94
Total score of sexual health literacy		120	200	19.50±161.25

In response to the items of the Sexual Health Literacy Questionnaire, the highest score was given to the item "When having sex with my spouse, I will pay attention to human values such as maintaining respect, mutual respect, and observing moral standards, etc." with an average score of 4.47 and the lowest score. It was said that "it is easy for me to read educational materials related to couples' sexual relations in old age" with an average score of 3.71.

Discussion

The aim of this study was to determine the level of sexual health literacy of pre-marriage couples referred to Health centers in South Khorasan province. Changes in sexual culture, practices, and norms, including the development of new, diverse, and often digital methods of sexual intercourse, have posed a major challenge to health care systems in areas such as sexual health literacy (22). The results of this study indicate that the majority of people had a higher than average sexual health literacy score. Since access to multiple sources of information and the increasing development of information technology is one of the most important phenomena of the present age, increasing the level of sexual health literacy seems natural. In this regard, Barati et al. Reported a moderate level of sexual health awareness of couples (14). Also, in a study conducted by Simpson et al. To measure sexual health literacy among students at the University of Tasmania, it was found that the student's sexual health literacy score was at a good level(10). It seems that university background and education affect the attitudes and student's sexual knowledge.

In contrast to the Vongxay et al study that was examined the level of adolescent sexual health literacy in Lao schools in Southeast Asia, most participants had poor levels of sexual health

and fertility literacy (23). Due to the fact that people in adolescence have not yet reached sufficient maturity to search and study carefully texts related to sexual health. On the other hand, with the onset of adolescence, sexual feelings and desires appear immature and unrestrained in people. Also due to the differences in the tools used this discrepancy is not unexpected. Therefore, this issue emphasizes the importance of good quality sex education programs based on the curriculum.

In various studies conducted in Iran, it was found that people's information in the field of sexual health and fertility is often weak and inaccurate (24, 25). Given that many young people do not have enough information about sexual health and fertility or have limited access to health and social services, Also, their experience of preventive health care, including sexually transmitted diseases, symptoms, screening, and sexually transmitted disease prevention methods is limited, Therefore, improving access to sexual health services is also a key strategy for it and removing barriers to access to reproductive and sexual health services is of particular importance (26).

In our country, despite the progress made in the field of health education, formal training courses in the field of sexual health are still held in a very limited way, and efforts in the field of youth awareness in most training courses are insufficient. This has led many young people to rely only on information obtained from cyberspace. As a result, there is information in the field of sexual relations, but it is often incorrect and with the wrong orientation As a result, there is information about sex, but it is often incorrect and misdirected.

Based on the studies conducted by the researcher, the questionnaire used in this study has not been used in similar studies, so it is

not possible to accurately compare the results and it is suggested that more studies be done in this field.

Based on the findings of the present study, there was a statistically significant relationship between sexual health literacy and age of participants and with increasing age, sexual health literacy also increases, which is in line with the study of Vongxay et al And the study of Simpson et al, Who measured sexual health literacy in Tasmanian university students (10, 23). A review study by Sarposhi et al. Also showed that health literacy level was significantly associated with age (5).

This finding could be due to higher education and increased information and awareness of people about health issues. On the other hand, it contradicts the results of the study of Jamali et al., Which showed that younger people had higher sexual health literacy (27). The reason for this discrepancy can be explained by the fact that the present study was conducted on pre-marriage couples, most of whom are young and have sufficient literacy and knowledge to search in different sources, and during their studies, they have become somewhat familiar with these concepts and very few older people participate in this study. But in the Jamali study, most participants are older, And when they are educated, talking about sex is considered a taboo and they use less electronic resources and the Internet than younger people.

According to the results of the present study, there was a statistically significant relationship between sexual health literacy and residence of individuals and the average score of sexual health literacy in urban participants was higher than rural Which is consistent with the study of Sarposhi and et al which showed that people living in rural areas have low health literacy (5). In the study of Vangaxi et al., Sexual health

literacy was higher in adolescents who were in urban schools (23). In this regard, the availability of more accessible Internet facilities to search for resources can be effective.

The results of the present study showed that there is a statistically significant difference between sexual health literacy and religion, so that the average sexual health literacy in the Sunni religion was higher than the Shiite religion. In the study of Simpson et al., There was a statistically significant difference between sexual health literacy and religion, so that sexual health literacy was lower in Protestant, Muslim, Hindu and Buddhist religions (10). Rashidi et al.'s study, which defines sexual health from the perspective of Iranian experts, states that having healthy sexual intercourse that provides sexual health depends on various factors, including religious values, which are based on custom, sharia and values Socially accepted (28).

Also, based on the results of this study, a statistically significant relationship was reported between sexual health literacy and the source of sexual information And the average score of health literacy in people who had read the book in this field was higher than other people and the participants who asked their parents in this field were the lowest. The most common method of obtaining sexual information in this study was the Internet, which is in line with the results of the study of Dabiri et al and vamus et al (6, 24). The results of a study by Graff et al., Vivancas et al., Conducted on the basis of lifelong sexual health literacy, also showed that the most common sources of sexual information included friends, informal sources of information, and family And individuals were less likely to refer to official sources of information (7, 29).

According to the results of the study, the average score of sexual health literacy was higher in men than women. In the study of Dabiri et al, there

was no difference in the level of sexual health literacy of men and women (24). Also, the results of the study of Ghaffari et al., Which examined the health literacy of the suburban population of Sabzevar, emphasize the lack of difference in health literacy between the two sexes(30). The results of some studies such as Hosseinzadeh et al., Like the findings of this study, have reported the status of men in general health literacy better than women (31), Although contradictory results have been observed in some studies in this regard. In a Ghavi study et al., The level of general health literacy was higher in female students(32). These differences were probably due to differences in the study population.

Also, based on the results of this study, no statistically significant relationship was found between education level and sexual health literacy . This finding is not consistent with a study by Jamali et al. In which sexual health literacy was lower in participants with primary and secondary education than in participants with postgraduate education (27). In the study of Dabiri et al., the level of sexual health literacy was statistically significantly related to the level of education and inadequate health literacy was more common in those with less education (24). The results of these studies are not consistent with the present study. The results of the present study showed that there is no statistically significant relationship between income level and sexual health literacy, while the results of Jamali et al.'s study showed that sexual health literacy was lower in participants who were very dissatisfied with their economic situation (27) .

Limitations: Based on the studies conducted by the researcher, the questionnaire used in this study has not been used in similar studies, so it is not possible to accurately compare the results and it is suggested that more studies be done in this field.

Conclusion: Based on the results of the present study, the majority of participants stated that they have a high level of sexual health literacy. Given that the Internet is the most common source of sexual information for participants, this can be promising and worrying; Because it seems that the increasing growth of information technology and people's use of virtual networks acts like a double-edged sword; On the one hand, it has led to an increase in knowledge and literacy of people in the field of sexual health, and on the other hand, due to the disorder in virtual networks and the service of many of these resources by people unfamiliar with the culture of Iranian Islamic society And there are concerns about the adverse effects of acquired information on sexual health. The results of the study also showed that people who used the book to obtain sexual health information had a higher score of sexual health literacy. It seems more appropriate to use official, reliable and credible sources. Considering the importance of sexual health in the individual and social life of couples, it seems that it is better to conduct a needs assessment in this field at different age periods and provide the necessary training.

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