

The Correlation between Spiritual Health and Sexual Self-Efficacy in Pregnant Women

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Abstract

Background and Objective: Spiritual health is one of the four dimensions of human health and is an effective factor in promoting health. Sexual self-efficacy is associated with one's belief in the ability to function effectively and adapt to their partner, a form of self-assessment and self-efficacy. The purpose of this study was to investigate the correlation between spiritual health and sexual self-efficacy in pregnant women referring to Sanandaj health centers in 2019.

Methods: The current study is descriptive cross-sectional. The statistical population of the study included pregnant women referring to health/treatment centers in Sanandaj (28 centers and 35 bases) in 2018. The sample size, as calculated based on Cochran's formula, was 384 people, who were randomly selected by random cluster sampling method out of the mentioned women. Data collection instruments were a demographic information checklist, Narenji's Spiritual Health Questionnaire, Waziri and Lotfi Kashani's Sexual Self-efficacy and Enrich's Marital Satisfaction questionnaire. The collected data were analyzed using descriptive (mean and standard deviation) and inferential (t-tests, regression and Pearson correlation) statistics. In this study, all ethical considerations were observed and the authors did not report any conflict of interests.

Results: The results showed that the mean score related to spiritual health of pregnant women was $310/0 \pm 4/33$. The mean score for sexual self-efficacy in pregnant women was $458/0 \pm 4/26$. Analysis of variance results showed a significant relationship between spiritual health and its dimensions with sexual self-efficacy ($r=0.72$) ($P<0.05$). Spiritual health could also predict sexual self-efficacy in pregnant women. The results of regression showed that spiritual health in pregnancy could explain 51% of the variance in sexual self-efficacy in pregnant women.

Conclusion: The results of this study showed that sexual self-efficacy and spiritual health of the sample population were in good conditions. Spiritual health also had a positive effect on sexual self-efficacy.

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Summary

Background and Objective

The issue of health has been important and relevant since the beginning of human life (1). Health has a wide concept and dynamic process and its definition is influenced by the level of communities' awareness and perception and

different geographical and cultural conditions and this concept changes during the time (2). According to the World Health Organization, health is not just the absence of disability, but the enjoyment of complete physical, mental, social and spiritual well-being, and the goal of all organizations and all governments is to promote it in all individuals to the highest possible level (3).

No event in life seems to be as spiritual as pregnancy and no event is associated with spiritual changes as far-reaching (4, 5). Studies and many other researchers on the spiritual experiences of mothers during pregnancy show that mothers during this period, think more about the meaning of life and pregnancy, and for many mothers in the world, pregnancy brings new cultural and religious concerns and causes mothers to play special roles in this period in accordance with their cultural and religious beliefs (6).

Spiritual health in pregnancy is a dynamic concept that provides the ground for the spiritual growth and excellence of the mother, child, family and society and leading ultimately the mothers to seek meaning in life. Spiritual health provides a harmonious and integrated relationship within the individual and affects various aspects of efficiency. Considering the importance of spiritual health in pregnancy, the present study was designed to investigate the correlation between spiritual health and sexual self-efficacy in the pregnant women referring to health centers in Sanandaj in 2018-2019.

Methods

Compliance with ethical guidelines: In this study, the observed ethical principles included the following: Obtaining permission from the research directorate and vice president and obtaining permission from the Ethics Committee of Kurdistan University of Medical Sciences, explaining the nature and purpose of the study to the department official, ensuring the patients about the confidentiality of the questionnaire information, leaving the patients free to participate in or quit the study.

The current study is descriptive cross-sectional. The statistical population of the study included all pregnant women who referred to health centers in Sanandaj (28 centers and 35 bases) in 2018. The sample size was calculated based on Cochran's formula to be 384, who were randomly selected using cluster random sampling method from among the mentioned women. The sampling method was such that the centers were

geographically divided into five regions, north, south, east, west and center. Each region was considered as a cluster and three centers were randomly selected from each region. For data collection, questionnaires including demographic information checklist (education, occupation, pregnancy, and gestational age), Narenji et al.'s Spiritual Health Scale and sexual self-efficacy questionnaire of Vaziri and Lotfi Kashani were used. The face and content validity of these instruments were confirmed by ten experts and their reliability, as measured by Cronbach's alpha was 0.94 for the spiritual health questionnaire, 0.86 for sexual self-efficacy and 0.92 for marital satisfaction, which indicates good reliability.

In order to complete the questionnaires, after coordination and obtaining permission from the officials of the health centers and bases, first, explanations about the plan and purpose of the research were provided to the midwifery experts of the bases and health centers. after a full justification on how selection of pregnant woman. The inclusion criteria included Iranian nationality, minimum literacy, no psychological problems, no treatment of couples due to sexual problems, etc. and the exclusion criteria were refusal to continue participation in the research and incomplete completion of questionnaires.

The collected data were analyzed using descriptive (mean and standard deviation) and inferential (t-test, Pearson correlation, analysis of variance and univariate regression) statistics.

Results

The spiritual health variable was favorable in pregnant women in Sanandaj with values of 4.33 and above the average of the society. The self-efficacy variable was at a desirable level with a value of 4.26 and above the population average. Among the dimensions of spiritual health, relationship with God (0.743), responsibility (0.437), relationship with self (0.503), relationship with child (0.440), relationship with spouse (0.406) and relationship with pregnancy (0.347) had a direct and positive correlation with sexual self-efficacy. There was a positive and direct relationship between spiritual health and its dimensions with sexual self-efficacy of 0.72. Spiritual health can also predict sexual self-efficacy in pregnant women. 51% of changes in sexual self-efficacy are explained by spiritual health.

Conclusion

Spiritual health is one of the dimensions of health in humans, with physical, mental and social

dimensions. It promotes general health and coordinates other dimensions of health, which increases adaptability and mental function of the individual (5). Spiritual health is one of the predictors of human health outcomes and with a holistic approach, provides important information about the health care needs and the people's ability to adapt to spiritual stress and the necessary interventions to adapt to and cope with health care crises. Pregnancy in women is one of the most important periods of a woman's life. Pregnancy and motherhood are considered as pleasurable and evolutionary events for women, and during this period, a woman develops another being within herself and due to the physiological changes caused by it, there is a need for more health care. In this study, a high correlation was found between spiritual health in pregnancy and sexual self-efficacy. Therefore, by strengthening and institutionalizing spiritual health, sexual self-efficacy can be increased and the foundation of families in this period can be strengthened. Spiritual counseling programs, spiritual empowerment and the need for couples to be aware of pregnancy and pregnancy training courses can be a way for pregnant mothers' transition through this period. The results of this study were consistent with the findings of Dilgony *et al.* (1). Many behavioral characteristics such as establishing a relationship through prayer have been seen in pregnant women. People who know God as a safe refuge show more ability to deal with problems.

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Ethical considerations

This article is obtained from the master's thesis of the first author, which was approved by the Ethics Committee in Biomedical Research of Shahid Beheshti University of Medical Sciences under the ethics code IR.SBMU.PHNM.1396.900.

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Conflict of interest

The authors did not report any conflicts of interest regarding this research.

Authors' contribution

Reviewing, compiling and collecting data and data analysis: first author; conceptualization, supervision, methodology and review and compilation: second author; and review, compilation and data analysis: third and fourth authors.

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دراسة علاقة الصحة الروحية بالفاعلية الجنسية لدى النساء الحوامل

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الملخص

خلفية البحث وأهدافه: تعتبر الصحة الروحية إحدى الأبعاد الأربعة لصحة الإنسان، إلى جانب الأبعاد الجسدية والنفسية والاجتماعية، ومن العوامل المؤثرة في رفع مستوى الصحة. وقد ترتبط الفعالية الذاتية الجنسية بإيمان الفرد بالقدرة على العمل بفاعلية والتكيف مع شريكه، وهو شكل من أشكال التقييم الذاتي والفعالية الذاتية. تهدف هذه الدراسة إلى التحقق من العلاقة بين الصحة الروحية والكفاءة الجنسية عند النساء الحوامل ممن زرن مراكز مدينة سنجند الصحية في عام ٢٠١٩ للميلاد.

منهجية البحث: اعتمدت هذه الدراسة المنهجية المقطعية/ الوصفية. أما الجمعية الإحصائية فهي اشتملت على النساء الحوامل اللاتي زرن المراكز الطبية في مدينة سنجند (٢٨ مركزاً و٣٥ قاعدة طبية) في عام ٢٠١٩ للميلاد. وقد اخذت الدراسة ٣٨٤ عينة من النساء الحوامل المشاركات في الإحصاء بصورة عشوائية وحسب منهجية العينات العنقودية وعلى أساس منهج كوكران لأخذ العينات. كما اعتمدت الدراسة في عملية جمع البيانات، قائمة مرجعية للمعلومات الديموغرافية واستبيان نارنجي لتقييم السلامة الروحية، والفاعلية الجنسية عند وزيري ولطفي كاشاني ومنهج اينريتش لتقييم للسعادة الزوجية. واعتمدت الدراسة في تحليل البيانات بعد تقسيمها إلى جزئين وصفي (المتوسط والانحراف المعياري) واستنباطي، على منهجية تي. رجسبون للإحصاء والمنهجية الارتباطية لدى بيرسون. وقد تمت مراعاة جميع الموارد الأخلاقية في هذا البحث وأضافة إلى ذلك فإن مؤلفي البحث لم يشيروا إلى أي تضارب في المصالح.

المعطيات: أظهرت النتائج أنّ مؤشر السلامة الروحية لدى النساء الحوامل في مدينة سنجند يشير إلى عدد ٤/٣٣ و هو أعلى من متوسط المجتمع وهي نتيجة مرضية. والنتيجة نفسها حصلت عليها الدراسة بالنسبة إلى مؤشر الفاعلية إذ أشار إلى عدد ٤/٢٦ وقد فاق متوسط المجتمع. كما أن متوسط الصحة الروحية كان $٣١٠/٣٣ \pm ٤$ ومتوسط درجة الكفاءة الجنسية لدى النساء الحوامل $٤٥٨/٢٦ \pm ٤$. وأظهرت نتائج تحليل واريانس أنّ ثمة علاقة إحصائية بين الصحة الروحية وأبعادها والكفاءة الجنسية ($P < ٠/٠٥$ و $F = ٧٢/٠$). كما تمكنت أن تتنبأ بالصحة الروحية والكفاءة الجنسية لدى النساء الحوامل. ومن نتائج رجسبون الأخرى التي حصلت عليها الدراسة هي أنّ الصحة الروحية في فترة الحمل بإمكانها أن تكتشف ٥١ بالمئة من تغييرات الكفاءة الجنسية لدى النساء الحوامل.

الاستنتاج: أظهرت النتائج أنّ الكفاءة الجنسية والصحة الروحية عند الجمعية الإحصائية في حالة جيدة ومستوى مرضي. وأنّ الصحة الروحية لها آثار إيجابية على مستوى الكفاءة الجنسية.

معلومات المادة

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بررسی همبستگی سلامت معنوی و خودکارآمدی جنسی در زنان باردار

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چکیده

سابقه و هدف: سلامت معنوی از ابعاد چهارگانه سلامت در انسان است که در کنار ابعاد جسمی، روانی و اجتماعی قرار گرفته و عامل اثرگذار بر ارتقای سلامت محسوب می‌شود. خودکارآمدی جنسی با باور فرد در توانایی عملکرد جنسی مؤثر و تطابق با شریک جنسی خود در ارتباط است و نوعی خودارزیابی و کارآمدی در عملکرد جنسی محسوب می‌شود. هدف پژوهش حاضر بررسی همبستگی سلامت معنوی و خودکارآمدی جنسی در زنان باردار مراجعه‌کننده به مراکز بهداشتی درمانی شهر سنندج در سال ۱۳۹۸ بود.

روش کار: مطالعه حاضر از نوع مقطعی-توصیفی است. جامعه آماری پژوهش زنان باردار مراجعه‌کننده به مراکز بهداشتی-درمانی شهر سنندج (۲۸ مرکز و ۳۵ پایگاه) در سال ۱۳۹۸ بود. حجم نمونه بر اساس فرمول کوکران ۳۸۴ نفر محاسبه شد که به صورت تصادفی خوشه‌ای از میان زنان یادشده انتخاب شد. ابزار جمع‌آوری اطلاعات چکلیست اطلاعات جمعیت‌شناختی، پرسش‌نامه‌های سنجش سلامت معنوی نارنجی، خودکارآمدی جنسی وزیری و لطفی کاشانی و رضایت زناشویی اینریچ بود. داده‌های جمع‌آوری شده در دو بخش توصیفی (میانگین و انحراف معیار) و استنباطی شامل آزمون‌های آماری تی، رگرسیون و همبستگی پیرسون تجزیه و تحلیل شد. در این پژوهش همه موارد اخلاقی رعایت شده است و مؤلفان مقاله تضاد منافی گزارش نکرده‌اند.

یافته‌ها: نتایج نشان می‌دهد که متغیر سلامت معنوی در زنان باردار شهر سنندج با مقادیر ۴/۳۳ و بالاتر از میانگین جامعه وضعیت مطلوبی داشت. متغیر خودکارآمدی نیز با مقدار ۴/۲۶ و بالاتر از میانگین جامعه در سطح مطلوبی قرار داشت. میانگین نمره سلامت معنوی $4/33 \pm 0/310$ و میانگین نمره خودکارآمدی جنسی زنان باردار $4/26 \pm 0/458$ بود. نتایج تحلیل واریانس نشان داد بین سلامت معنوی و ابعاد آن با خودکارآمدی جنسی ارتباط آماری معنی‌داری وجود داشت ($P < 0/05$ و $F = 0/72$). همچنین سلامت معنوی توانست خودکارآمدی جنسی را در زنان باردار پیش‌بینی کند. نتایج رگرسیون نشان داد که سلامت معنوی در بارداری قادر به تبیین ۵۱ درصد از تغییرات خودکارآمدی جنسی زنان باردار بود.

نتیجه‌گیری: یافته‌های مطالعه نشان می‌دهد که خودکارآمدی جنسی و سلامت معنوی جامعه پژوهش از وضعیت مطلوبی برخوردار بود. همچنین سلامت معنوی دارای تأثیر مثبت بر خودکارآمدی جنسی بود.

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