

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

Background: 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: Exploration prevalence of dyspareunia, its related factors, and its associated anxiety among Upper Egyptian women in Beni-Suef city, Egypt, Study the effect of counseling using PLISSIT on dyspareunia and related anxiety.

Subjects and methods: A cross-sectional study using Counseling sheet following PLISSIT model, Numerical Rating Scale, Calibrated scale and Beck Anxiety Inventory.

Results: 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. 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. Progressive declining in dyspareunia, after counseling using PLISSIT model, throughout 3-months follow up regardless sociodemographic characteristics, obstetrical, gynecological health and sexual behavior characteristics. Statistically significant difference between dyspareunia in pre/post counseling of at p-values <0.05 .

Conclusion: Our results confirm the strong link between dyspareunia and anxiety as well as the effectiveness of counseling using PLISSIT model in the alleviation of women's dyspareunic pain and its associated anxiety.

Recommendations: 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 maternity health nurses in gynecologic clinics to enhance women's knowledge regarding sexual health issues.

Keywords: dyspareunia, PLISSIT model, counseling