



Proceedings of the national Congress of Sexual & Reproductive Health and Counseling in Midwifery

Golestan, Gorgan, 13-14 November 2019

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Midwives' Professional Competencies in Preventing Neonatal Mortality in Natural Disasters.

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Abstract

Background: Infants are regarded as the most vulnerable group with special needs in natural disasters. Since midwives are responsible for providing reproductive health services for infants in natural disasters, this study was performed to assess their professional competencies.

Methods: This cross-sectional study was conducted in Tehran, Iran. A total of 361 midwives were selected by cluster sampling method. After giving them informed consents, they participated in the study and completed the researcher-made questionnaire on providing health services for infants in natural disasters. Their professional competence was investigated through self-assessment in terms of their perceived importance, knowledge, and skill.

Midwives inclusion criteria were as follows: having a degree in midwifery, having at least 6 months of experience in one of the public hospitals in the city, and a desire to participate

in the study. Those who did not complete about 15% of the questionnaire items were decided to be excluded from the study. The Questionnaire included 10 items about infant care designed based on literature review of the resources and associated with the goals of MISP (Minimum package of the reproductive health services in natural disasters).

To evaluate the instruments` validity, the questionnaire was given to 15 faculty members of the Nursing and Midwifery School of Tehran University of Medical Sciences. Five midwives were members of Tehran Red Crescent. After receiving comments from midwives and faculty members, the questionnaire items were reviewed. For analyzing the questionnaire reliability, the Cronbach coefficient α was calculated with 0.8. The data were analyzed by using SPSS, version 17. The analyses included descriptive and analytical statistics such as ANOVA, t-test at a significance level $P < 0.05$.

Results: Mean (SD) total score of professional competency of midwives in providing services for infants in natural disasters was 91.95(20.2) obtained from 3 subcategories: perceived importance, 39.83(9.55); knowledge, 22.5(5.06); and skill 30.16(6.86). There were significant relationships between the scores of professional competency of midwives with age ($P=0.053$), degree of education ($P=0.028$), workplace ($P=0.053$), and experience in natural disaster ($P=0.047$). About 49.86% of midwives demonstrated middle level of professional competency. The lowest knowledge and skill score were reported in managing common neonatal problems e.g. asphyxia, sepsis, physical trauma, which require referral and stability.

Conclusions: The average scores of professional competencies of midwives to deliver Reproductive health service to infants in natural disasters show the necessity of related and integrated education. It is recommended that by holding emergency maneuvers and natural disaster simulations, midwives be educated with regard to natural disasters in order to know how to respond in these challenging situations.

Keywords: Reproductive health services, Natural Disasters, Neonatal mortality, Midwife, Professional competency

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The effect of Chamomile essential oil on reducing anxiety in nulliparous women during the first stage of childbirth

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Abstract

Background: Anxiety is the most common emotional reaction of women during childbirth. Anti-anxiety effects of Chamomile are documented thanks to flavonoids compounds, Apigenin, and phyto-estrogen which influence central nervous system by bounding to benzodiazepine receptors and lead to reducing anxiety. According to the importance of reducing anxiety, this study aims to evaluate the effect of chamomile essential oil on reducing anxiety in nulliparous women during the first stage of childbirth.

Methods: This randomized clinical trial was performed on 130 nulliparous women (65 in intervention group and 65 in control group) who were qualified and referred to Abhar Emdadi Hospital (Zanjan, Iran) in 2013. The researcher referred to labor ward of Abhar Emdadi Hospital after determining the validity and reliability of the study, receiving ethics committee approval at No.400/4013, and registering it in Iranian Registry Clinical Trial Center at No.IRCT201308066807N7. Sampling was conducted in Abhar Emdadi Hospital from September to March 2013. The samples were assigned to case or control group according to the days divided by pockets A and B; qualified nulliparous women were placed in one of the groups in random days. In aromatherapy group, 2 drops of chamomile essential oil, and in control group, 2 drops of distilled water were spilled on sterile gauze. They were inhaled by the patients at a distance of 7-10 cm from their noses and prescription of aroma and distilled water was repeated every half an hour. At first, the anxiety level was measured with researcher by using Spielberger questionnaire at dilatations of 3-4 and 8-10 cm and effacement of 40-50 and 70-100. In all processes the samples were positioned on the bed in the left lateral position. The tools for data collection included midwifery and demographic information checklist, and Spielberg's questionnaire. Independent t-test, for normal quantitative data and Mann-Whitney and Chi-square tests for not normal quantitative data, were used to analyze the collected data. They were analyzed using SPSS 22. The significance level was considered 0.05.

Results: At baseline, both intervention and control groups showed moderate anxiety. But after intervention, the anxiety level in intervention group at dilatations of 3-4 and 8-10 cm was (46.12 ± 3.70) and (39 ± 3.70) respectively which in turn portrayed a significant decrease ($P < 0.005$) in comparison with control group at dilatations of 3-4 and 8-10 cm which was (60.00 ± 4.3) and (61.24 ± 4.61) respectively.

Conclusions: The findings of this study showed that aromatherapy by chamomile essential oil reduces the anxiety level during childbirth; therefore, it is recommended in order to reduce anxiety.

Keywords: Chamomile, Anxiety, Complementary Medicine, Aromatherapy

Code of Ethics: IRCT201308066807N7

The Role of Multimedia Education in Sexual Satisfaction of Afghan Adolescent refugees Women

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Abstract

Background: Lack of information in marital relationships can be an important factor in sexual dysfunction and dissatisfaction. Many marital problems are caused by dissatisfaction with sex. The lack of awareness in this area is due to marriage in adolescence age and regarding sex as a taboo in religious, cultural and social matters. In such cases, it may be appropriate to take advantage of modern teaching methods. Due to the increase in technology, the present study was designed and conducted to determine the role of multimedia education on sexual satisfaction in Afghan refugees' adolescent women.

Methods: The present study is a quasi-experimental educational intervention in which Afghan adolescent women referred to selected charity centers in Mashhad were selected as the intervention (n = 34) and control (n = 34) using sortation method. Sampling was convenience and women with inclusion criteria brought in the study. Inclusion criteria were Afghan adolescents aged 10-24 years, having ability to communicate in Persian (reading and writing), formal marriage, first marriage and single marriage, residing in Mashhad, Marriage duration of at least one year, no formal and comprehensive sex education, no underlying medical conditions (diabetes, thyroid dysfunction, liver and kidney disease), non-addicted and non-psychiatric couples, lack of stress experiences in the last 3 months, no pregnancy, abortion, or delivery in the last 3 months, living with spouse in a shared home at the time of research, having sex with spouse, accessing a computer or CD player, and knowing how to use these devices or having access to the person helping the participant to use them. First, the participants completed the demographic characteristics Questionnaire and Sexual Satisfaction Questionnaire. The second questionnaire had 25 questions (13 negative and 12 positive answers) which were answered by likert scale of 1 to 7. The overall scores` range was from 25 to 175 and it categorized sexual satisfaction in three level: low level (score between 25 and 67), moderate level (score between 67 and 100) and high level (score above 100). To assess the validity of the questionnaire, face validity was approved by a survey of 6 midwifery experts and then the content validity was evaluated by 14 experts to assess the simplicity, clarity, necessity, relevance and importance. The results of the data analysis indicated that all the questions were simple and clear. The index for the whole instrument was 0.91, indicating that the instrument was content valid. By calculating

the CVR index for each item, the lowest value was 0.57, and according to the Lauvche table, the allowable value for this index was 0.51, and all the questions were sufficiently valid. Test-retest method was used to evaluate the reliability of the tool. The questionnaires were given to 20 members of the study population who were not present in the study sample and after two weeks the questionnaires were again completed by the subjects; correlation coefficients were 0.79. The intervention program consisted of 4 sessions (every session was 60-minute) and 4 CDs provided to the intervention group every week to be observed during the week. Delivering subsequent educational content to participants was based on the researcher's assurance of viewing previous educational content and it was proved by asking a few questions about those contents. All educational contents were first collected by the researcher from various books about sexual subject and finally approved by a qualified professor in this field from the viewpoint of psychology. Control group participants received routine charity programs. The sexual satisfaction questionnaire was completed again at the end of training (4 weeks) and 8 weeks after the beginning of the study. After checking the data normality for data analysis and descriptive statistics such as adjusting frequency distribution tables, calculating numerical indices and inferential statistics of chi-square, independent t-test, paired t-test, One-way analysis of variance was used.

Results: The mean \pm SD of the intervention group age was 22.88 ± 1.200 and for the control group was 22.44 ± 1.637 . 15 and 12 participants in the intervention and control group, respectively, had undergraduate education. 20 and 22 participants had high school diploma or higher. Before the intervention, sexual satisfaction was not significantly different between two groups ($P = 0.729$), while it increased significantly at week 4 ($P = 0.013$) namely 8 weeks after the intervention ($P < 0.001$). In the intervention group, the mean of sexual satisfaction was 130.11 ± 24.54 which subsequently increased to 140.50 ± 20.51 after intervention and 148.35 ± 18.88 8 weeks after intervention which in turn indicates the persistence of information. There was also an increase in scores of participants. In the control group, the mean sexual satisfaction was 128.82 ± 19.88 in the first week, 128.26 ± 19.57 in the fourth week and 128.41 ± 19.65 in the 8th week which showed no significant difference.

Conclusions: Due to the nature of sex education which is associated with shame, using multimedia method was more effective and cost-effective. This method also does not need face-to-face visits and improved the sexual satisfaction of adolescent Afghan refugee women therefore it can be used in sex education for Afghan couples.

Keywords: Sex Education, Multimedia, Sexual Satisfaction, Immigrant, Adolescent

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Effective Factors Causing Cleft lip and palate: A Narrative review

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Abstract

Background: Lip and palate clefts are the most common birth defects that cause many medical, psychological, social and financial problems for person and his or her family. Since many factors are involved in causing these defects, this study aimed is review the effective factors causing cleft lip and palate.

Methods: The present study was conducted using a narrative review. For this purpose, the following keywords were searched in the PubMed, SID, Science Direct, Google Scholar, WHO, databases: Cleft Lip, Cleft Palate, neonates, Risk Factor, Effect Factors from 1990 until 2019.

Results: This study showed valuable results regarding the risk factors for neonatal cleft lip and palate, that including family and genetic history of cleft lip and palate, family marriage, using drug and antibiotics in the first 3 months of pregnancy, Maternal stressors especially in the first 3 months of pregnancy, high BMI before maternal pregnancy, maternal age over 35, maternal smoking during pregnancy, folic acid deficiency and environmental factors.

Conclusions: Lip and clefts palate can be associated with many complications such as speech and hearing problems, breast feeding problems, ear infections and psychosocial problems for the newborn. Therefore, identifying the factors that contribute to their creation can help to have healthy people in the community and prevent economic and social damage.

Keywords: Cleft Lip, Cleft Palate, neonates, Risk Factor, Effect Factors

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The effects of Cognitive Counseling on Maternal Fetal Attachment in women with unplanned pregnancy: A Randomized Controlled Trial

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Abstract

Background: Unplanned pregnancy challenges maternal adaptation process, which can disrupt Maternal Fetal Attachment and increase maternal and infant physical and mental symptoms determining the effectiveness of Cognitive Counseling on Maternal Fetal Attachment of women with unplanned pregnancy.

Methods: The study was a randomized controlled trial in health care centers in Zanjan, Iran in 2018. Among the mothers with inclusion criteria, 54 mothers were selected with convenience sampling and were divided into intervention (27 person) and control (27 person) groups with blocked randomization (combine two and four person block). The inclusion criteria comprised having unplanned pregnancy, satisfaction to participate in the study, lack of obstetric complications, psychological disease and medication use, gestational age less than 14 weeks, lack of known psychological disease, being married and living with their husbands, having an alive mother, lack of narcotic substance abuse in women or their husbands, and at least attaining secondary education. Exclusion criteria included the unwillingness to continue the cooperation in the study, non-participation in two or more than two sessions, occurrence of any pregnancy complications or disease, occurrence of any stressor event or accident during the study and incompleteness of the questionnaires. The intervention group received eight sessions 90-60 minute (one session per week) under cognitive group counseling based on pregnancy adaptation stages. The control group received usual care. Furthermore, this group received intervention, pamphlets, and training packages at the end of the study. Data collection tool included demographic checklists, Cranley's Maternal Fetal Attachment questionnaire, completed at baseline, immediately after intervention, and one month after the last session by self-report method. The data of this study were analyzed by appropriate statistical tests by SPSS v.16 software.

Results: At baseline, Maternal Fetal Attachment scores did not show significant differences between the two groups (intervention group 56 ± 6.28 and control group 57.70 ± 3.39). Regarding post-test (intervention group 84(2) and control group 55(4.50)) and regarding the one-month follow-up period (intervention group 84(3.50) and control group 57(4.75)), median (inter quartile range) of Maternal Fetal Attachment scores were significantly higher in the intervention group than the control group ($P < 0.001$).

Conclusions: Cognitive counseling in mothers with unplanned pregnancy improves maternal fetal attachment. Therefore, it is recommended that the maternal fetal attachment should enhance in unplanned pregnancies, followed by the child's psychological health, and educational and counseling measures. This intervention can be recommended as a striking solution that can be applied by trained midwives in developing countries.

Keywords: counseling, cognitive approach, unplanned pregnancy, Maternal Fetal Attachment

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The health concerns of adolescent high school girls from their personal perspectives

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Abstract

Background: Health concerns are common issues during adolescence due to the wide range of changes and challenges in this period. As a major population of many countries, including Iran, adolescents need some opportunities to express their thoughts and concerns. Identifying the worrisome subjects among this population group can help us in providing appropriate health education and consultations. Considering that in the majority of studies, adolescent girls express higher concerns compared to boys and since they are more mentally vulnerable than boys, the study aimed to determine health concerns of adolescent's high school girls from their personal perspectives in Gorgan."

Methods: This study was a quantitative content analysis based on responses of high school female students in private and public schools in Gorgan. The sample size of this study) at least 500 people (was based on the population ratio of high school girls in the public and private schools. As a result, three public and two private schools were randomly chosen. From each grade in the schools, one class was randomly selected. Assenting to take part in the study, adolescents high school girls were asked to fill an anonymous sheet containing demographic information with an open question at the bottom of the sheet in the form of: "Dear adolescent please write down all the concerns you have in your daily lives in the assigned space below"; Finally, 548 sheets were collected and analyzed.

Results: The findings showed that 3 categories including "Self" (%93.8) with 11 subcategories including "education", "Occupation", "Future life", "Health", "Marriage", "Nutrition", "Religions", "Exercise and Recreational activities", "Appearance", "Puberty", and "Risky behavior", "Significant Others"(%44.8) with 3 subcategories including "Family", "Peers", and "School staff", and finally "Peripheral system"(%21.2) with 4 subcategories including "Society", "School", "Environment", and "Cyberspace" as the main adolescents were found as health concern sources.

Conclusions: Based on the findings of the present study, it can be stated that Iranian adolescents

experience an atmosphere full of educational, career, family, social, and the future concerns. Thus, modifying the educational system and job creation should be seriously considered by the policy makers to reduce adolescents' health concerns. In this regard, periodical evaluation of health concerns in high schools are recommended. In fact, our findings can give adolescents a stronger voice to increase policy maker's awareness regarding the adolescents' concerns.

Keywords: female adolescents, health concern, high school, Gorgan

Code of Ethics: ir.goums.rec.1394.343

P-22

The impact of rheumatic diseases on sexual function in women: A literature review

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Abstract

Background: Sexuality is a complex aspect of the human being's life and is more than of only the sexual act. Normal sexual functioning consists of sexual activity with transition through the phases from arousal to relaxation with no problems, and with a feeling of pleasure, fulfillment and satisfaction. Rheumatic diseases may affect all aspects of life including sexual functioning. The reasons for disturbing sexual functioning are multifactorial and comprise disease-related factors as well as therapy.

Methods: Searching performed in some databases like PubMed, google scholar, Scopus, Springer and Science Direct. 22 full text articles in English from 2000 until 2019 were found Which their topic was similar to our topic The presence of sexual dysfunction was assessed with the questionnaire 'Female Sexual Function Index (FSFI)'. The FSFI was self-administered and consisted of 19 questions covering six domains; desire, subjective arousal, lubrication, satisfaction, orgasm and pain. The patients' answers were based on the 4 weeks prior to completing the questionnaire. A total score of ≤ 26 indicated sexual dysfunction.

Results: In rheumatoid arthritis and ankylosing spondylitis patients, pain and depression could be the principal factors contributing to sexual dysfunction. On the other hand, in women with Sjögren's syndrome, systemic lupus erythematosus and systemic sclerosis sexual dysfunction is apparently most associated to vaginal discomfort or pain during intercourse. Finally, sexual

dysfunction in patients with fibromyalgia could be principally associated with depression, but the characteristic symptoms of fibromyalgia (generalized pain, stiffness, fatigue and poor sleep) may contribute to the occurrence of sexual dysfunction.

Rheumatic diseases affects sexual health as a result of pain, reduced joint mobility, fatigue, depression and body image alterations. Sexual function is closely related to satisfactory quality of life. The treatment of sexual dysfunction will depend on the specific patient's symptoms, however, there are some general recommendations including: exploring different positions, using analgesics drug, heat and muscle relaxants before sexual activity and exploring alternative methods of sexual expression.

Conclusions: Sexual dysfunction in females with rheumatic diseases is multifactorial due to chronic disease aspects, disease activity and drugs. A multidisciplinary approach is essential in order to offer preventive measures for these patients.

The investigated material provides few solutions to sexual health problems of female patients. The most commonly mentioned solution is increased information and communication between health professionals and patients. Further research is needed to understand which types of intervention can help women with rheumatic disease to improve their sexual health

The results of this studies indicated that more attention should be paid to the sexual health of women suffering from rheumatic diseases as a neglected aspect of their treatment, which requires an interdisciplinary approach to shift the care of these patients from a biomedical model to a biopsychosocial model.

Keywords: systemic lupus erythematosus, sexual dysfunction, women, rheumatic diseases, FSFI

O-23

The Understandings and Experiences of Mothers with High Risk Pregnancies regarding Marital Relationships: A Qualitative Study

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Abstract

Background: Mothers with high risk pregnancies, in addition to medical problems, experience behavioral, and emotional problems. One of the problems mothers with high risk pregnancies encounter is the effect of high risk pregnancy conditions on their marital relationships. Therefore, caregivers' attention to mothers with high-risk pregnancies and counseling in this regard is necessary in order to lessen the care of mothers. It is recommended to focus on preventing sexual intercourse in high risk pregnancies. Therefore, the researchers conducted a qualitative study to understand and experience mothers with high risk pregnancies of marital relationships during pregnancy.

Methods: In this study, through a qualitative content analysis, data was collected via interviews. The research population including all mothers with high risk pregnancies were collected by sampling method. The research area was the public and private hospitals in Mashhad. Completing the legal and ethical steps and approving the plan, the researcher introduced himself to the ethics committee of Mashhad University of Medical Sciences and also to the participants. In addition, they presented the purpose of the research to the participants and obtained the written informed consent form. Subsequently, with a semi-structured, isolated face-to-face interview with contributors, they discovered the feelings, perceptions, and thoughts of contributors. The interviews were completely recorded by an MP3 Player device after getting permission of the participants. Data analysis was carried out simultaneously with data collection, in a conventional way of content analysis, based on the approach of Graneheim, Lundman (2004), and MAXQDA1 software used to manage the data.

Results: 12 pregnant women with high risk pregnancy were saturated. Interviews lasted between 45 and 75 minutes. 1000 codes were obtained. The resultant subcategories included: distance in marital relationships, damaged sexual relations, sexual dysfunction in high-risk pregnancies, and values priority in high risk pregnancies. The final theme extracted is "marital and sexual relations are considered as the missing ring in high risk pregnancies."

Conclusions: Sexual and marital relationships and marital status are neglected in high risk pregnancies, which in turn causes mothers to experience negative emotions, therefore consultation with mother's .should be considered.

Keywords: Pregnancy, high risk, marital relationship, Sexual Activity

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P-27

Comparing the quality of life of infertile couples

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Introduction: Infertility is a growing problem in all cultures and societies, and almost all over the world. Therefore, the present study examines the quality of life of infertile couples and their relationship with the practical flexibility of infertile couples referring to Yazd's centers of infertility.

Methods: This research is a descriptive-correlational study. The research population consisted of all infertile couples who referred to Infertility Centers in Yazd in the winter of 2016. Sampling was conducted in a non-random and accessible manner. The instrument used in the research included: a) demographic information questionnaire, and "quality of life infertile couples" questionnaire. Data were analyzed by SPSS software version 17 at a significant level of $p > 0.05$. To describe the data, descriptive statistics methods were used and the inferential statistics (Pearson correlation coefficient, paired t-test and variance analysis) were used to test the research hypotheses.

Result: People (202 couples) participated in this research. The mean of total quality of life (184.26 ± 36.4), physical dimension (26.43 ± 6.6), psychological dimension (70.8 ± 13.1), religious dimension (18.85 ± 3.7), economic dimension (31 Sexual satisfaction ($15/15 \pm 4/1$), emotional dimension ($15/68 \pm 4/9$), social dimension ($23/3 \pm 6/6$). There was a significant difference in the relationship between demographic variables with quality of life, mean of gender variables ($p < 0.01$) and education ($p < 0.001$). The average quality of life in men and people with university education was higher. In this study, 65.64% of the subjects had a neutral quality of life, 63.3% had a positive quality of life and 3% had a completely positive quality of life.

Conclusion: Considering the lower quality of life in women, it is essential to pay attention to the necessity of designing and implementing appropriate educational programs to improve the quality of life of this stratum from society.

Key words: Infertility, quality of life, woman.

Code of Ethics: 13.94.23

O-28

Mothers` views about Sexual Education for adolescent Girls

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Abstract

Background: Because of the importance of adolescence, the priority of reproductive health in the world is adolescent reproductive health. What distinguishes this age from other phases of life is the emergence of fertility. Sexual ability, especially among this age group, is a matter of great significance. In fact, today's adolescents, like their peers at all times, are sexually active, with the difference that they are exposed to more sexual stimuli comparing to the past. Moreover, through promoting views about pro-individuality, freedom, opposite-sex friendship, and even establishing advanced relationships are encouraged more than ever. Hence, adolescents face unique reproductive health challenges. The purpose of this study was to discover the views of mothers of adolescent girls about sexual education for adolescent girls.

Methods: In this qualitative study, data were collected through 4 focus group discussions with 26 mothers who had at least one adolescent girl between the ages of 14 -19, not married, living with parents, and attending public schools of Mashhad in 2016. The sampling method, given that the interviews were conducted at the adolescent girls' school, was designed to purposely select schools in a way that encompassed all three high, low, and medium economic and social situations of city dwellers. The number of participants in the focus group sessions ranged from 6 to 8 and the duration of each session was between 60 to 90 minutes. All focus groups were recorded using two digital recorders and field notes with the consent of the interviewees. Having been transcribed, the data were coded and categorized using the conventional content analysis method with the Grunheim and Lundman approach and using MAXQDA10 software.

Results: Data were collected in four main categories: Self-study over time- Sexual education is a moral deviation factor- The need to increase mothers' sexual literacy- and School and family participation

Conclusions: Most participants' mothers emphasized the need for adolescent girls' sexual education and believed that this should be done with the participation of schools and families. However, they disagreed with the exact time of initiation into teaching. Some of the mothers believed that the best time for initiation to teaching is the time of marriage, and others, considering the prevailing conditions in the community, especially easy access to Internet, surmise that the sexual education should begin during adolescence and before marriage, however, they thought that pre-marriage sexual education should initiate according to certain

criteria, in this regard, they emphasized the school's involvement which, in turn, needs the government appropriate policies.

Keywords: Sexual education, adolescent girls, Mothers, Qualitative study

Code of Ethics: 02/910

P-31

Effective barriers on using reproductive health services and their outcomes: a review study

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Abstract

Background: reproductive health is having physical, mental and social health not being sick or disable, in all related systems of reproduction, function and its process. This study aims to investigate the effective factors on using reproductive health services and their outcomes.

Methods: this was a narrative review and the keywords, including reproductive health, family health, services, health promotion, barriers and effective factors outcome, were determined basing on Mesh and searching the papers in Google, PubMed, Science Direct, SID and Scholar, published since 1990 to 2019. The criteria to participate in this study included the papers examined the effective barriers on using reproductive health services and their outcomes; the criteria of putting unrelated papers aside were basing on the subject. Finally 39 papers were chosen from 85 ones (26 English and 13 Persian papers) to write the review.

Results: our findings in this paper were related to the effective barriers on using reproductive health services and their outcomes and divided into four groups. the effective barriers on using reproductive health services included poverty, violence, migration, injustice, inequality and their outcomes as the outcomes of poverty (access to modern family planning services, difference between fertility in urban and rural population due to in equality in access to contraception methods, differences in level of women's knowledge about reproduction issues in poor and rich communities, increasing infertility, unsafe abortion and increasing sexually transmitted diseases), violence including some scopes like mental health (depression, sleep disorder, Posttraumatic Stress Disorder and suicide), reproductive health (unintended pregnancy, unsafe abortion,

Complications of pregnancy, sexual disorders and sexually transmitted diseases like HIV), risky behaviors (unprotected sex, multiple sex partners and sexual violence), tragic outcomes (death caused by pregnancy complications, rape, unsafe apportion, killing newborn infant and suicide) and social outcomes (unintended pregnancy, leaving school, losing relationships and rejection by family and friends), migration (increasing undesirable outcomes of pregnancy like low birth weight, sexually transmitted diseases, induced abortion and decreasing access to health services) , injustice and inequality (reduced access to family planning services by poor communities comparing to rich ones and increasing fertility, increasing unintended pregnancy, short intervals between pregnancies and increasing family members).

Conclusions: according to the important role of reproductive health in human and communities, training people is necessary, not only for medical reasons but also as a basis in strength of marital life. Lack of information or incorrect data can increase family and marital problems so the effective factors and barriers should be determined and met.

Keywords: reproductive health, family health, services, health promotion, outcome, effective factors

O-35

The Effect of mood regulation education on General and Sexual Self-Concept of Infertile Women

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Abstract

Background: General self-concept refers to the set of emotions and perceptions of one's self, while sexual self-concept refers to the perception of each individual as a sexual being. General and sexual self-concepts are affected by various life problems including infertility. Infertility can affect people's self-concept by affecting their personal and sexual life. Lack of negative mood management can also affect people's self-concept by creating psychological problems such as anxiety and depression. Mood regulation skill as a protective factor for people experiencing psychological problems in their relationships, will modify emotional responses which in turn

leads to improve their physical and psychological health through positive and adapted behaviors. The purpose of this study is to determine the effect of mood regulation education on general and sexual self-concept in infertile women.

Methods: This clinical trial study conducted in 1397, 34 infertile women referred to the only infertility center in Gorgan who were included in the study and were selected by available sampling method, (n=17) in the intervention group and (n=17) in the control group. Education program of mood regulation was performed in four, 90- minute-long sessions of a one-time workshop for individuals in the intervention group. Inclusion criteria were: Iranian nationality, high school education, not having any stepchild, primary infertility, absence of known physical and psychological illnesses (according to their own declaration), not taking psychiatric medication, non-drug addiction of both the woman and the spouse and not having any life skills training. Exclusion criteria were: not attending in educational sessions more than once and unwillingness to continue this study. Both groups completed Rogers' Persian self-concept questionnaire and Snell's self-concept questionnaire before, immediately and one month after the intervention. Data analysis was performed using SPSS software (version 16), repeated measures analysis of variance, and adjusted Bonferroni test ($P < 0.05$).

Results: In this study, the mean age of the samples in the intervention group was 33.18 ± 6.07 and 30.41 ± 4.54 in the control group. Results showed that before intervention, general self-concept in intervention group was 9.41, positive sexual self-concept 123.76, negative 12.17, and situational was 43.17. One month after intervention, general self-concept was 6.21, positive sexual self-concept 139.29, negative 5.70 and situational was 54.23. The results of repeated analysis of variance showed that mood regulation education had a positive effect on promotion of general self-concept and sexual self-concept of infertile women one month after intervention, therefore this effect was statistically significant.

Conclusions: Mood regulation education improves the general and sexual self-concept of infertile women and can be used in health care, infertility and midwifery centers.

Keywords: General Self-Concept, Sexual Self-Concept, Mood regulation, infertile women

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O-36

Comparison of sexual self-concept in married diabetic and non-diabetic women referred to Gorgan healthcare centers: An analytical cross-sectional study

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Abstract

Background: Sexual self-concept is a cognitive evaluation which refers to a person's perception of tendencies and self-sexuality and may be affected by factors such as chronic illnesses. Therefore, this study was conducted to compare sexual self-concept in married diabetic women with married non-diabetic women.

Methods: This Analytical cross-sectional study was performed on 200 married diabetic women and 200 non-diabetic women referred to healthcare centers of Gorgan. Inclusion criteria were: high school education or more, Iranian nationality, living with their spouses for the past 4 weeks, and getting married once. Exclusion criteria were: history of adverse events in the past three months, identified physical, psychological and sexual problems, having psychiatric disorders diagnosis by a psychiatrist, current couple's drug and alcohol addiction, pregnancy, menopause, infertility, and lactation. Samples were selected by systematic random sampling. Data were collected using Farsi Multidimensional Sexual Self-Concept Questionnaire and were analyzed by SPSS16 software using Mann-Whitney nonparametric test.

Results: The results showed that the mean of positive sexual self-concept ($103/2 \pm 25/59$) and the mean score of situational sexual self-concept ($33/6 \pm 11/3$) in diabetic women were significantly lower than the mean scores of similar areas in non-diabetic women who showed positive sexual self-concept as $111.41 \pm 24/59$ and situational sexual self-concept as $38/2 \pm 11/04$. Furthermore, the mean score of negative sexual self-concept ($27/9 \pm 8/5$) in diabetic women was significantly higher than the mean scores of similar areas in non-diabetic women ($24/9 \pm 7/09$).

Conclusions: Diabetes is known as an effective factor on women's sexual issues such as sexual self-concept. According to the results of this study, it seems that some interventions must be designed to improve the positive and situational sexual self-concept and to reduce negative sexual self-concept.

Keywords: Sexual self-concept, Diabetic women

Code of Ethics: ir.goums.rec.1397.046

P-38

Study of psychological and social outcome of infertility among Iranian infertile women: A review study

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Abstract

Background: Infertility, having the conditions of a crisis incident, creates a comprehensive crisis in the lives of infertile couples. Infertility is not only influenced by physiological factors and in the field of medical sciences, but also involves many psychological and social aspects. The purpose of this study is to review the psychological and social outcome of infertility in Iranian women, and review the findings of relevant articles.

Methods: In this review study, related English and Persian articles were collected by using of keywords infertility, psychological outcome, social outcome of infertility from reliable scientific databases such as IranMedex, Irandoc, Google scholar, SID, Magiran, Pubmed, Science Direct, MedLib from 2000 to 2018. Of the 47 related articles, 32 articles (quantitative and qualitative study) were in the main objectives of the study, which were examined.

Results: The psychological and social outcome of infertility in women with infertility in Iran can be described as the consequences of cognitive, emotional (internal and family conflicts) and socio-cultural aspects of infertility (social isolation and social stigma). Fear, anxiety, depression, loneliness, sin, lack of self-esteem, regret and aggression are as internal conflicts and friendship disturbances, Sexual dysfunction and loss of life satisfaction, including family conflicts among infertile women. Infertility is also considered as a social stigma, which can lead to social isolation and loss of social status of infertile women.

Conclusions: Considering the psychological and social outcome of infertility should be taken at individual, interpersonal and social proceedings in order to empower couples with infertility to promote mental health and their active participation in society.

Keywords: Infertile women, Psychological outcome, Social outcome

P-39

A review of children's attachments and the impact of counseling approaches

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zIntroduction & Objective: Attachment is a lasting psychological relationship between two people which is formed in the first two years of one's life. It has two types of secure and insecure attachment. The insecure type is separated into anxiety-ambivalent and avoidant, each causing problems for children and their families. Counseling families with attachment problems will lead to higher levels of secure attachment in their children, so these families need to be more aware of effective counseling approaches to correct their children's insecure attachment. Therefore, the aim of this study is to review children's attachments and the impact of counseling approaches on them.

Methods: This review study utilized Persian keywords attachment, child and counseling at SID and Magiran databases, and English equivalent verbs extracted from Mesh-PubMed, including Parent-Child Relation, Counseling Child, and Attachment, in the database. Searches from Web of Science, Science direct, Medline-PubMed, Scopous, and Google scholar search engine from 2010 to 2019 between February and March 2018. By eliminating duplicates using End Note software and then screening at title level, abstract and full text finally 7 English and 6 Persian articles were entered and evaluated using Jadad Scale.

Results: Between 13 articles, 9 were quasi-experimental and 4 were clinical trials. Four common treatment approaches for families with attachment problems have been found . The first approach is psychoeducation, which focuses on enhancing parent/caretaker knowledge and includes positive behavior management techniques, assisting the parent-child relationship, and improving child conflict. The second approach, parent and child psychotherapy, aims to overcome negative interpersonal patterns in children. The third approach is group education to parents /caretaker to encourage consistent behaviors at home, school, and community; and the fourth is group play therapy for early school-age children to change their insecure attachment to secure attachment.

Conclusion: Identifying children with attachment problems and then using counseling approaches can improve insecure attachment and increase secure attachment.

Keywords: attachment, child, counseling

P-40

A review of complementary medicine and psychological interventions affecting Premenstrual Syndrome

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Abstract

Background: Menstrual cycles in women are sometimes accompanied by symptoms that lead to a series of physical, cognitive, behavioral and mood changes called PMS. PMS generally leads to a decline in women's quality of life. Therefore, effective, safe and inexpensive treatment to relieve or improve these symptoms seems necessary. So the aim of this study is to review the complementary medicine and psychological interventions affecting premenstrual syndrome.

Methods: The present review study using the keywords Therapy, Pharmacy, Complementary medicine, Psychological, Premenstrual syndrome that extracted from Mesh-PubMed, was used in Web of Science, Scopous, Medline-PubMed, Cochrane Library, Clinical Key, Magiran, Scientific Information Database (SID) Data base, and the Google Scholar Search Engine for the period 2010-2019 within Apr and May 2018. Out of 338 articles found, 101 repetitive articles in EndNote, 180 articles with screening in the main title, 24 articles in abstract, 15 articles in full text, 1 article were evaluated by the quality of the journal in the source system, and 3 articles were evaluated by the quality of the article according to the scale of isolation. And ultimately, 8 English and 6 Persian articles were entered.

Results: Between 14 articles, 5 were quasi-experimental and 9 were clinical trials. The pharmaceutical interventions including estrogen-progesterone hormone combinations, zinc supplements, calcium and vitamin B6, respectively, hormone therapy and vitamin B6, had the most effect in reducing the symptoms of mild to moderate PMS. Herbal remedies including royal jelly, black bean, chamomile have the most positive effects for reducing PMS intensity. In category of non-pharmacological psychological interventions; PMS education, Cognitive-behavioral therapy, Stress management, and cognitive-based therapy. The most successful interventions for anxiety and depression in women with PMS have been given.

Conclusions: Different types of pharmaceutical and non-pharmaceutical interventions will be applied depending on the density of PMS in each individual and with regard to the change in PMS (physical, cognitive, behavioral, and mood).

Keywords: Pharmacy, Complementary medicine, Psychological, Premenstrual syndrome

Knowledge of Men about their Participation in Women's Sexual and Reproductive Health and related factors

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Abstract

Background: Today, one of the key ways to promote Sexual and Reproductive Health of women is to attract men's participation in this field. Since there are challenges in our information about men's knowledge of their role in this field, the present study was designed to determine men's knowledge of their participation in women's sexual and reproductive health and its predictive factors in Iranian men.

Methods: The present study was designed and psychometrically analyzed the men's knowledge about their participation in sexual and reproductive health and then their knowledge was evaluated and described. In order to design the tool, the basics were prepared by interviewing and reviewing the texts.

Then, face (qualitative and quantitative), content (qualitative and quantitative), structure (convergent and discriminant) validity, and reliability of the scale were assessed. Then, in a descriptive-analytic study, 449 men were selected by convenience method from health centers, Nowshahr and Chalus cities in Mazandaran province.

Inclusion criteria included married men over 15 years of age with at least a fifth grade literacy in Farsi who came to health centers and who volunteered to participate in the study. Data were collected using a questionnaire (designed by the research team). The minimum knowledge score was 39 and the maximum was 195.

Results: Face (qualitative and quantitative (impact score>1.5)), content (qualitative and quantitative (CVR>0.62 and CVI>0.70)), structure (convergent and discriminant) validity, and reliability of the scale (Cronbach's alpha > 0.7) were acceptable for all factors as well as internal consistency and structural reliability based on standard indices.

Confirmatory and exploratory factor analysis extracted six items of 28 items: "emotional and

gender attention", "support for girls", "attention and supply of sexual and reproductive health needs", "violence avoidance", "responsibility" and "reproductive rights" with 28 items. The six-factor fitting of men's knowledge tool was confirmed by standard indices.

14.5% of the participants had a under school diploma. Most of them (76.4%) reported average household income. The maximum age of 72 was at least 23 and their mean age was 42.6. The results showed that the mean score of men's knowledge was 127.45 ± 8.33 and the maximum was 140, at least 86. Significant predictors in the regression analysis were forced marriage ($B = -10.676$), economic violence ($B = -1.381$), and having a history of abortion ($B = -2.022$).

Conclusions: The findings of the study showed that men's knowledge is inversely correlated with men's economic violence against women and forcing young people to choose a partner against their own inner desires and also with unwanted pregnancy and abortion. Therefore, policymakers and managers are recommended to pay close attention to increasing men's knowledge and it's predictive to prevent these three inappropriate social phenomena.

Keywords: Men's participation, Reproductive health, Women, knowledge

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A review of non-pharmacological interventions in pain management associated with endometriosis

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Abstract

Background: Endometriosis refers to the presence of endometrial tissue (endocrine glands and stroma) outside of the uterine cavity. The prevalence of this disease is approximately 10% of women in the general population. Since there is no definitive treatment for endometriosis, medical and surgical treatment often reduces more symptoms and it prevents the progression of the disease while each of them encompasses a special side effect. CAM treatments (Complementary and Alternative Medicine) are non-pharmacologic interventions that reduce pain and mood disorder and also help to improve women's quality of life through mind and body interventions. The aim of this study was to address non-pharmacological interventions in

endometriosis pain management.

Methods: This study was a review that for compile this article, at first search was done in Google Scholar database and more specifically in Persian databases such as Scientific Information Database (SID), Magiran, Iranmedex and English databases like PubMed, Springer, Scopus, Web of Science, Science Direct with key words such as endometriosis, chronic pelvic pain, hypnosis, cognitive behavioral therapy and massage and articles related with the topic of this article were searched from 2000 to 2017. A total of 400 articles were searched that in abstract screening stage 122 articles were deleted due to being duplicate and 256 articles were deleted due to the lack of relevance with the objectives of the study and finally after reviewing the full text of articles, 22 articles were used for writing this study.

Results: The results of reviewing studies regarding the non-pharmacological treatments methods for endometriosis were organized in 6 main categories. 1. Moxibustion, a traditional Chinese medicine that involves of moxa at specific points of the body, 2. Medicinal herbs such as Astragalus, Ginkgo and Ginseng, 3. Massage therapy, 4. Psychological interventions such as cognitive-behavioral therapy, 5. Acupuncture, such as ear and body acupuncture, 6. Chinese Enema.

Conclusions: It seems that non-pharmacological treatments reduce the pain score in patients with endometriosis. These treatments can be proposed as common methods to treat patients with painful conditions of reproductive system including endometriosis. However, further studies on this issue should be conducted with larger samples with specified pain conditions.

Keywords: Endometriosis, chronic pelvic pain, counseling, non-pharmacological interventions

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Men's attitudes towards their participation in women's sexual and reproductive health and related factors

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Abstract

Background: Men's participation is an important strategy in achieving the goals of the Third Millennium Development such as empowering women and promoting maternal health. Men's participation includes responsibilities and their participation in the vital aspects that promote the promotion of sexual and reproductive rights and health for men and women in society. The purpose of this study was to determine men's attitude towards their participation in women's sexual and reproductive health and its predictive factors in Iranian men.

Methods: This is a descriptive-analytic study. The men were selected by convenience method from health centers, laboratories and dental clinics of Nowshahr and Chalus cities in Mazandaran province. A total of 449 men (≥ 15 years) were married at least once. Demographic information was collected using a demographic questionnaire and attitudes toward participation in sexual and reproductive health with an attitude questionnaire (designed and researched by the research team).

Results: Among the participants ($n = 449$), all men were married, their mean age was 42.6, and 14.5% of them had a under school diploma. Most of them also reported moderate (76.4%) household income. Minimum attitude score was 38 and maximum was 190. The results showed that the mean score of men's attitude was 98.97 ± 6.92 and the maximum was 105, its minimum was 65. Significant predictors were in the regression analysis of temporary marriage ($B = -0.210$) and physical violence ($B = -0.170$). Both variables (physical violence and temporary marriage) were inversely correlated with men's participation in sexual and reproductive health.

Conclusions: According to the results of this study, there is a need for serious training and efforts and prevention of violence, including physical violence of men against women, in order to promote men's attitude to participation in women's sexual and reproductive health. Promoting permanent marriage rather than temporary marriage is also offered to those in the cultural sphere.

Keywords: Men's participation, Reproductive health, Women, Attitude

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O-51

Preconception care pattern and some related factors in Gorgan's pregnant women

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Abstract

Background: Preconception care is an opportunity to change unhealthy behaviors, and reduces unplanned pregnancies and plays important role in reducing maternal and infant mortality. Considering the importance of these care services, this study was conducted to determine preconception care and its related factors in Gorgan's pregnant women.

Methods: This cross-sectional descriptive study was conducted on 394 pregnant women referring to Gorgan health centers. Samples were selected by multi-stage Stratified sampling. Bayrami's researcher-made questionnaire, that validity and reliability Steps has been accomplished in Mashhad urban community, was used to collect information. Data analysis was performed by using SPSS16 software and chi-square test and KruskalWallis. P value less than 0.05 was considered significant.

Results: 32.7% (129) of women was received complete preconception care and 17.8% (70) had no pre-pregnancy care, only, 44.2% (174) of women used folic acid daily from the previous three months of pregnancy. Also, 251 (63.7%) of pregnant women performed triple screening laboratory test (FBS, CBC, TSH). Preconception care was done better in mother's with high education ($P < 0.001$), health insurance ($P < 0.001$), illness history ($P < 0.005$), high family income ($P < 0.001$) and nulliparity ($P = 0.001$).

Conclusions: Preconception care coverage and acid folic consumption is not optimal. It seems to be necessary to plan more precisely how such services are provided. The identification of factors associated with this care, showed that less attention was paid for low-income, without assurance coverage and low-educated people. Although these people will not have enough money to take care of their during pregnancy, health policymakers should take care of these services for free.

Keywords: Preconception Care, Pregnant Woman, reproductive Health

Code of Ethics: IR.GOUMS.REC.1396

O-52

The effect of self-awareness-based counseling on menopausal women`s quality of life in Gorgan in 2018

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Abstract

Background: Menopause is a physiologic and natural period in women's lives. Available solutions to improve quality of life include counseling interventions. Thus, present study has been performed with the purpose of evaluating the effects of self-awareness-based counseling on quality of life of postmenopausal women in Gorgan during 2018.

Methods: The present study is a clinical trial including two groups of pretest and posttest. Stratified sampling was performed by appropriate allocation of the selection and straw poll and 52 postmenopausal women placed in two groups of control and intervention. In order to prevent probable exchange of information between the two groups, at first the control group filled in the demographic specification form and menopausal quality of life questionnaire at the beginning of the study, and after 6 and 10 weeks. The intervention group, also, filled in the demographic specification form and menopausal quality of life questionnaire at the beginning of the study, after 6 sessions of self-awareness counseling and one month after termination of the sessions. Finally, the data were analyzed by SPSS16 software and Anova analysis testing method with repeated measures.

Results: There was a significant statistical difference in mean score of quality of life in menopause and its various dimensions in the intervention group during three times studied. However, there was no statistical difference in the control group. In the intergroup comparisons of the two groups, a significant statistical difference was observed in mean score of quality of life and its various dimensions except for psychosocial dimension.

Conclusions: Self-awareness-based counseling will cause in improvement of life quality. Therefore, self-awareness-counseling should be used in healthcare centers to promote postmenopausal women's quality of life.

Keywords: quality of life, menopause, self-awareness, counseling, postmenopausal women

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O-53

The effect of solution-focused counseling group therapy on pregnant women worries: A randomized clinical trial.

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Abstract

Background: Pregnancy is one of the enjoyable and evolutionary aspects of women's lives. In addition to being enjoyable, pregnancy is usually stressful. Counseling is one of the most appropriate interventions for decreasing worries and anxiety. Solution-focused counseling is a short-term treatment which focuses on positive and healthy aspects of life rather than problems and illnesses. In this regard, instead of focusing on shortcomings and disabilities, the therapist focuses on resources and abilities of the clients. This study was conducted to determine the effect of solution-focused counseling group therapy on pregnant women's worries.

Methods: This clinical trial was performed on 108 pregnant women who met the inclusion criteria: mothers aged 15-45, first pregnancy, gestational age of 6 to 19 weeks, reading literacy and worry score ≥ 55 , from May to September 1397. The study was conducted at Sabzevar University of Medical Sciences and Reyhaneh Beheshti Obstetrics Consultation Center.

The subjects were randomly assigned to 4 blocks in two groups namely intervention group (5 sessions of solution-focused consultation) and control group regarding prenatal care (individual and psychological health education, sex, nutrition, breastfeeding, etc ...). Demographic and obstetric information were completed before the intervention. Concerns of pregnant women were evaluated before, after, and two months after the intervention with the Farsi Cambridge Worry Scale. This scale measures pregnant women's concerns about social medical status, socioeconomic status, maternal and neonatal health, childbirth, and relationship with spouse and others. There were graded scales on a 6-point Likert scale including: "not worried" (0) to "I am deeply concerned about" (6). The data were analyzed using t-test, chi-square, and repeated measure analysis of variance through SPSS software version 22. A P value less than 0.05 was considered as statistically significant.

Results: The mean score of women's worries before the beginning of the study in the intervention and control group were (58.9 ± 5.9) and (58.8 ± 4.37) respectively. After intervention, these values were 34.6 ± 3.13 and 57.7 ± 8.78 . Two months after the study, these values were 31.1 ± 10.1 and 54.6 ± 10.9 respectively. The analysis of variance with repeated measurements showed that pregnant women's concerns about childbirth, fetal health, maternal health, and family relationships significantly reduced after the intervention and two months later. Women's worries regarding socioeconomic issues did not significantly reduce after the intervention and two months later in comparison with the control group ($p = 0.563$).

Conclusions: A solution-focused consultation is an effective way to reduce pregnant women's concerns about maternal, maternal health, delivery, and family relationships and can be used in conjunction with pregnancy care.

Keywords: counseling, pregnant women, prenatal education, randomized controlled trial

Code of Ethics: IRCT20180123038485N1

The Effect of Yoga on Self-Efficacy of Primiparous Women with regard to Labor

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Abstract

Background: Introduction: Since birth, a stressful experience, self-efficacy and self-confidence play an important role in mother's perception of delivery. Today, yoga is used to control anxiety and increase the sense of self-efficacy in different areas. The purpose of this study is to determine the effect of yoga on the self-efficacy of primiparous women.

Methods: This randomized clinical trial was conducted in 2017 on 60 primiparous women aged 18-40 and referred to Zahedan health centers. The participants were randomly assigned to two groups of intervention and control. During the weeks 26-27 of pregnancy, 30 mothers of the intervention group, received 12-15 sessions of Yoga exercises and 30 mothers of control group received normal care. Data were collected using a demographic and self-efficacy questionnaires. The pre-test was completed at week 26 and post-test at weeks 34-36 with two weeks in between; the data was analyzed using paired t-test Mann-Whitney and chi-square tests, linear regression tests and SPSS 16.

Results: The mean of self-efficacy score before intervention in the experimental and control group was (78.43 ± 24.7) and (62.69 ± 21.74) and after the intervention (124.45 ± 13.26) and (16.33 ± 92.75) respectively, and $(P=0001)$.

Conclusions: After the intervention, the mean of self-efficacy increased. It seems that Yoga has been used to increase self-efficacy of primiparous women in the second and third trimesters.

Keywords: yoga, primiparous, self-efficacy

Code of Ethics: 153/1396IR. zaums. REC

The survey of predictive role of emotional intelligence in midwives' occupational stress

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Abstract

Background: Midwives experience high levels of perceived stress due to the nature of their work. Certain factors can play a significant role in occupational stress experience of this group. The aim of this study was to investigate the role of emotional intelligence in occupational stress among midwives.

Methods: In this descriptive - correlational study, 250 midwives working in health centers and public and private hospitals in Rasht from May to September 2012 were entered into the study by random sampling method. Demographic, emotional intelligence and occupational stress questionnaires were used to collect data. Data analysis was performed using descriptive and analytical statistics including independent t-test, one way ANOVA, Pearson correlation, multiple linear regression at the significant level of $P < 0.05$ in SPSS version 23.

Results: The mean and standard deviation of emotional intelligence (114.20 ± 12.55) and midwifery occupational stress (119.66 ± 15.48). Occupational variables including workplace (Private Hospital: $\beta = -0.19, P = 0.012$), overtime hours ($\beta = -0.33, P = 0.001$), sleeping hours ($\beta = 0.13, P = 0.011$), social activity ($\beta = 0.11, P = 0.029$), age of the midwife ($\beta = 0.25, P = 0.045$), and the overall score of emotional intelligence ($\beta = 0.55, P = 0.001$) were predictors of occupational stress ($P < 0.05$). These variables explained 49 % of variance of occupational stress.

Conclusions: The occupational stress of midwives is affected by certain individual and occupational factors. Therefore, by modifying or changing some of these variables such as emotional intelligence, the midwives' occupational stress may be reduced. In addition, by designing effective programs in this field, midwives can improve their performance by reducing their stress levels.

Keywords: Job stress, job stress predictors, Midwife

Code of Ethics: IR.QUMS.REC.1390.367

An investigation of the effect of communication skills training based on Calgary- Cambridge model on interviewing skills in midwifery students of Golestan University of medical sciences, Gorgan, 2018

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Abstract

Background: Patient interview is the most common professional activity of clinicians. Effective interview can strengthen clinician-patient relationship and improve treatment outcomes. In some studies, such as saboori et al. (87-86) and Managheb et al. (2010), the Calgary-Cambridge model-based learning skill is effective in interviewing skills, while in other studies including Rezvani (2014), communication skills based on the Calgary-Cambridge model did not mention effective interviewing skills. This study aimed to evaluate the effects of communication skills training through the Calgary-Cambridge model on interviewing skills among midwifery students.

Methods: This two-group pretest-posttest randomized controlled field trial was conducted in 2017–2018. The number of participants was thirty including the students in the sixth and eighth semester of bachelor of midwifery conveniently recruited from Golestan University of Medical Sciences, Gorgan, Iran. Initially, their interviewing skill was assessed using Evan and colleague's History-taking Rating Scale. Then, they were randomly allocated to a control (15) and to an intervention group (15) through stratified randomization based on their interviewing skill scores and their academic semester. Participants in the control group did not receive any communication skills training, while those in the intervention group received communication skills training based on Calgary-Cambridge model in four four-hour sessions held twice weekly (16 hours). Interviewing skills in the control and in the intervention groups was re-assessed respectively four weeks after pretest and four weeks after the intervention. Exclusion criteria were uni-

lateral withdrawal from the study, two or more absences from communication skills training sessions, and failure to attend the communication skills assessment session. Therefore, one student in the control group and one student in the experimental group were excluded. Data were analyzed using SPSS software (v. 18.0).

Results: The pretest mean score of interviewing skills in the intervention and the control groups was 33.71 ± 7.342 and 33.64 ± 6.021 respectively, with no significant between-group difference ($P = 0.978$). At posttest, the mean score of interviewing skills in the intervention and the control groups was 54.50 ± 8.169 and 33.93 ± 5.399 respectively and the between-group difference was statistically significant ($P < 0.001$).

Conclusions: Communication skills training through Calgary-Cambridge model is effective in significant improving midwifery students' interviewing skills. The Calgary-Cambridge model could be used as part of the midwifery educational curriculum to improve the skills of interviewing midwifery students.

Keywords: Communication skill, Effective communication, Interviewing skill, Midwifery Student, Patient interview, Calgary-Cambridge model

Code of Ethics: IRCT20180516039692N1

O-73

The Effectiveness of Information Counseling on Decision-Making about Delivery Method in Primiparous Women Referred to Healthcare Centers of Tabriz-Iran

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Abstract

Background: The rate of cesarean delivery in Iran is four times higher than the standard defined by the World Health Organization. Information counseling is a method for providing accurate information and helping primiparous women to make evidence-based decisions. This research

was conducted to determine the effect of information counseling on decision making process of delivery.

Methods: This was a before and after clinical trial in which 120 pregnant women in the 28th week of the pregnancy with no indication of cesarean sections (CS) and a health record were included. Sample size was calculated using cluster sampling and the formula $n = \left(\frac{Z_{\alpha/2} + Z_{\beta}}{\delta} \right)^2 \frac{d^2}{d^2}$. The sample size was approximately 63 individuals. To correct the effect of cluster sampling, the calculated sample volume was multiplied by a factor of 1.4. To further validate the data, the number reached 120. Data gathering tool was a questionnaire designed based on reviewing previous studies and considering the purpose of the study whose validity and reliability were measured. The questionnaires were given to the women in two stages at week 28 and week 36. The interventions were in the form of packages containing brochures and information booklet on the benefits and disadvantages of natural childbirth and cesarean section in addition to training sessions taught by a midwifery specialist. Pros and cons of vaginal and cesarean modes of delivery were presented by training sessions. Women's preferential delivery mode were measured by a pre- and post- questionnaires and follow-up. After data collection, the analysis was performed at two levels of descriptive and inferential statistics. Finally, data were analyzed by SPSS16 using t-test.

Results: The findings showed that the main indicators for determining the type of delivery, including awareness about delivery, making decision for delivery mode, understanding the risks of delivery mode, and self-efficacy were significantly associated with educational intervention and counseling ($P < 0.01$). In the pre-intervention phase, 66.7% of women had normal delivery and 33.3% had cesarean section. After intervention, with a significant increase in choosing normal delivery, 78.4% chose natural childbirth and 15.3% chose cesarean section as the best option for delivery. Follow-up results after educational intervention showed that 44.2% of participants in this study performed normal delivery and 50% cesarean section. 8.5% were excluded from the study for certain reasons. After reviewing the results, it was found that encouraging physicians' team to cesarean section was the main and primary cause of cesarean.

Conclusions: The implementation of information counseling has a great effect on encouraging women to change their decision patterns and self-making decision for VD maternity and reducing CD. However, in practice, certain factors, especially the constant recommendation of physicians' team to CD as a programmable and convenient delivery, undermine the role of these interventions.

Keywords: Decision-Making, Information counseling, Delivery method, Primiparous women

Code of Ethics: IR.TBZMED.REC. 1395.1247

O-75

The Effect of Group Educations based on Cognitive-Behavioral Techniques on Fear of Child Birth in Primiparous mothers, Gorgan 2017

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Abstract

Background: Pregnancy is considered as a critical stage in the life of a woman due to the creation of new tasks and anxieties, If we consider the fear of childbirth as one of the main causes of pregnancy anxiety, To reduce it, we need to look for other solutions, such as psychological solutions. This study was conducted with the aim of determining the effect of group-based cognitive-behavioral Educations on the fear of delivery of Primiparous mothers.

Methods: This quasi-experimental study with pre-test and post-test design, three groups were conducted in the second half of the year in 1396 cities of Gorgan. The data collection tool was a demographic data form and Wijma Delivery/Expectancy fear of childbirth Questionnaire (version A). Primiparous Pregnant mothers who were 20-28 weeks old were asked to participate in the study through the Lean system, and 211 patients were referred to relevant health centers and clinics. They completed the maternity fear questionnaire. Among these mothers, 104 nulliparous women with average score of fear of childbirth of 55 and above were divided into three groups: first and second intervention and control group. Based on ethical considerations, the allocation of mothers to intervention and control groups conducted based on their desire. The first intervention group performed eight sessions of group training based on cognitive-behavioral techniques, the second intervention group spent eight sessions of conventional pregnancy training, and the control group did not receive any training. The scores of fear of childbirth in all three groups before and immediately after intervention were analyzed by ANOVA, Kruskal-Wallis, Wilcoxon and paired t-test using SPSS software version 18, were compared and analyzed statistically. The significance level of the tests was considered to be 0.05.

Results: The results showed that before the intervention, the mean scores of fear of childbirth in the three groups were statistically significant and the first group of intervention (group training based on cognitive-behavioral techniques) had a higher mean scores 92.58 ± 12.70 , compared to the second group of intervention (conventional education during pregnancy) was 66.54 ± 10.48 and the control group was 73.33 ± 13.13 (P-value <0.0001). Therefore, comparison of the difference before and after the mean scores and the rate of change in the three groups were used. Also, the mean scores of fear of childbirth after intervention in group training based on cognitive-behavioral techniques were 42.81 ± 18.45 in the conventional education group 67.19 ± 11.91 in control group 83.83 ± 18.28 and (P-value < 0/0001). The comparison of the mean scores of fear of delivery before and after intervention showed that group training based on cognitive-behavioral techniques -49.76 ± 19.86 was more than that of the conventional education groups in the period of pregnancy of 0.65 ± 10.14 And control group 11.5 ± 11.36 had a significant reduction in fear scores, which was statistically significant (P-value <0.0001).

Conclusions: Group-based cognitive-behavioral techniques focusing on reducing childbirth fears

have the potential to reduce the fear of childbirth in all domains, for the promotion of normal delivery, the Changing the routine content of traditional pregnancy education is a matter of community based on cognitive-behavioral techniques, Focus on reducing fear of childbirth should be considered by healthcare providers.

Keywords: Eeducation based on cognitive-behavioral techniques, conventional education during pregnancy, Groups education, Fear of Childbirth, Primiparous Women.

Code of Ethics: IR.GOUMS.REC.1396.143

O-78

Evaluation of time management skills training's effect on educational achievement of female student in high school Tenth, Gorgan, 2018

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Abstract

Background: Time management skills are so important in education and it can be very effective in this process. Given that the knowledge and application of time management skills can reduce teenager's time wasting and can help them to improve their academic achievement, this study aimed to investigate the effect of time management skills on academic achievement of second grade girl students in Gorgan in the 2018 academic year. This study is experimental with pre-test and post-test with control group.

Methods: The statistical population of the present study consisted of all 2785 female students of second grade high school in 2018 academic year covered by health centers in Gorgan. Among them, 40 students were selected by random sampling method and then the samples were divided into two into treatment and control group. Samples of both treatment and control groups completed the localized Britton & Tesser Time Management Questionnaire. Then, only for the treatment group, advancement were implemented. One month after the intervention, the samples (treatment and control group) completed the time management questionnaire again. At the end of the academic year, the scores of the first semester and second semester of students in the 2018 academic year were obtained. Data were finally analyzed with spss18 software.

Results: The results showed that the mean score of the control group students in the second stage decreased slightly compared to the first stage, although the paired T-test showed that this drop

was not statistically significant ($P > 0.05$). Pre-test and post-test Wilcoxon test was used to evaluate academic achievement in the treatment group. Results showed a slight increase compared to the first step, although this increase was not statistically significant ($P > 0.05$). The results also showed a statistically significant difference at the level of ($P > 0.05$) in the mean of time management scores in the two control and intervention groups. In the subscales of short-term planning time management the two groups were evaluated before and after the intervention. Results showed a significant difference there was a statistically significant difference between the two groups in the mean score of short-term planning at ($P > 0.05$) level. The obtained data also showed that there was a statistically significant difference between the two groups in the mean attitude time score. The findings also indicated that there was a statistically significant difference between the two groups at the level of ($P > 0.05$). There is no long-term planning.

Conclusions: According to the findings, it can be concluded that the intervention did not improve the students' academic achievement, but it did improve the time management skills in the samples.

Keywords: Time Management, Academic Achievement, Adolescent Girls, Britton & Tesser Time Management Questionnaire, Gorgan

Code of Ethics: IR.GOUMS.REC.1397.039

O-81

Evaluation of the effectiveness of counseling-centered intervention on stressful adoption of a childless lifestyle

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Abstract

Background: For many people, infertility is a major critical factor in psychological stress that can cause many negative psychological reactions, so the present study were doing to investigate the effect of collaborative counseling (model on reproductive health) on stress of adopting a childless lifestyle in Infertile women .

Methods: This study was licensed under Umsu.rec.1393.185 dated 20/8/1393 from the Ethics Committee of Urmia University of Medical Sciences and was registered under clinical trial database IRCT2014112220045N1.

In this study, 50 infertile women aged 20-45 years with at least one year infertility referring to Kosar infertility clinic of Urmia city were selected by convenience sampling method and randomly divided into two control groups and intervention Inclusion criteria were:

Be Iranian.

Reside in Urmia.

Be 20-45 years old.

Be literate.

Her husband has no other spouse.

Don't have adopted children.

Not currently suffering from neurodegenerative diseases and not using nerve medications.

Not be part of health or treatment personnel or graduates of medical sciences, psychology or counseling.

In the past six months, she has not had a stressful (deaths of first-degree relatives, accident, bankruptcy, severe illness or illness).

Not suffering from medical conditions (heart, lung, diabetes, hypothyroidism, epilepsy).

The tool of the study was the Newton Infertility Stress Questionnaire, which included a 46-item multidimensional questionnaire developed by Christopher Nutten in 1999 at the Canadian Health Sciences Center and used to measure specific infertility stress in infertile individuals. The questionnaire was administered in five subscales including 10 questions of social stress, 8 questions of sexual stress, 10 questions of communication stress, 10 questions of parenting, and 8 questions of acceptance of a childless life. The total stress score is obtained by summing the scores of the five subscales. The answers are arranged in a Likert manner, with 6 points ranging from strongly disagree to strongly agree, with scores ranging from 1 to 6. -30-31-32-33-34-35-36-37-43 Do the reverse. The minimum score for this test is 46 and maximum is 276. An increase in the score of this test indicates an increase in the perceived stress of infertility in infertile persons. The validity and reliability of the Newton Infertility Stress Questionnaire in Iran has been assessed by Alizadeh (2005). In this study only the sexual dimension results are mentioned. Due to the long duration of the intervention (approximately 3 months) and the probability of the research units being linked to the control and intervention groups to prevent dissemination of information between the research units, the executive task was divided into two parts, the first phase was assigned to the control group and the researcher contacted by telephone. Individuals were required to complete a pre-test with the Newton Infertility Stress Questionnaire at each clinic or physician's office, and the questionnaire was completed again two weeks later.

Experimental group consisted of 10 group counseling sessions with one week interval including: infertility counseling session on infertility, treatment and correction of false beliefs and presentation of necessary strategies group counseling session on stress control, problem solving skills and control of infertility irrational thoughts, sexual health . Two weeks after the intervention, the Newton Infertility Stress Questionnaire was again completed for the intervention group and the data were analyzed by SPSS software using version 22 software.

Results: Before the intervention, the mean scores of adoption without children in the intervention group (37.24 ± 6.63) and in the control group (34.35 ± 5.28) were not statistically significant. But after intervention, the mean scores of intervention group (30.05 ± 8.38) and control

group (36.39 ± 4.78), respectively. Independent t-test results showed that there was a significant difference between the two groups after intervention. ($p=0/0003$).

Conclusions: The results of the present study showed that there was a significant difference between the mean scores of stress-free lifestyle before and after the intervention and the intervention resulted in a decrease in stress-free lifestyle acceptance in the study unit.

Keywords: Infertility, Group counseling, Infertility, Specific stress of infertility, Participatory model

Code of Ethics: Umsu.rec.1393.185 - IRCT2014112220045N1

O-82

The Impact of Emotion Regulation Training on Fear of Childbirth in Primary Pregnant Women, Gorgan, 2018-2019

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Abstract

Background: The birth of the first child is accompanied by concerns such as fear of fetal malformations, adaptation to new identities and fear of childbirth due to adverse effects that concern maternal, child health, pregnancy, delivery and health; It has a significant. The purpose of this study was to determine the effect of emotion regulation training on fear of childbirth in pregnant women in Gorgan.

Methods: This field trial study included inclusion criteria: 18-9 years old, single, gaining more than 28 of the Birth Fear Questionnaire, and exclusion criteria: Non-Migration by the end of the study. Et al. (2008) standardized and localized. Exclusion criteria included: unwillingness to continue cooperation, occurrence of severe stressful event during the study (accident, death of a first degree relative), conversion of low risk pregnancy to high risk pregnancy (preterm birth, placental abnormalities, polygamy). , Recommended for absolute rest by a midwife or gynecologist). The scores on this questionnaire ranged from 14 to 56 and higher scores indicated greater fear. No Anxiety: You didn't have that fear at all. 2 Very Low Anxiety: Not enough to be called fear. Moderate anxiety: Annoying: but not enough to affect your health and comfort 4

High anxiety: Worry is a concern that affects your health and comfort.

Initially, after completing the informed consent form, and if they scored more than 1, they were told by the Fear Questionnaire, this was a research task with two intervention and control groups. The assignment to each of the groups is completely random, and if they are in the intervention group, they will be invited to participate in the emotion regulation classes and the classes are completely optional. They were then assigned to a random sequence of letters A and B using random block allocation (binary random blocks designed and executed by a computer system). Sorting the descending phobia scores downward for the volunteer mothers would result in homogeneity in successive scores (a suitable random stratification approach), so that the mean scores in groups A and B were very close to each other. The first group consisted of 10 subjects, with one person being excluded from the study during the sessions. The first group meetings ended with 9 people. The second group started with 10 people who ended up in sessions with 9 people due to the death of his father. The third group started with 11 people and the 11 people continued until the end. Statistical analysis was performed on 29 patients in the intervention group and 31 in the control group. The pretest-posttest and control group design was performed on 62 primigravida 28-32 weeks' pregnant women in Gorgan health centers. Sampling was done by stratified random sampling and restricted minimization method. Data collection tool was demographic data form and Persian Questionnaire 14 "Fear of delivery" questionnaire which was completed by both groups at the beginning of the study. Mothers of intervention group in 9 to 11 group in two 120 minute sessions. Weekly group training received emotion regulation according to Grasse model. Mothers in control group did not receive any intervention. At the end of the eighth session, the postnatal phase of the Fear Questionnaire was completed with a range of 14 items by both groups. Statistical analysis was performed using parametric tests of chi-square, t-test, and non-parametric tests of chi-square, Mann-Whitney at 95% confidence level and 80% test power using SPSS 18 software.

Results: The results of the present study showed that in the control group, the mean fear score of 3 units (from 37.6552 to 34.4839) and in the intervention group 11 units (from 37.6552 to 26.5517) significantly decreased after the emotion regulation training ($P < .05$).

Conclusions: Primary pregnant women who received emotion regulation training had lower fear of delivery than control group. Reduce. The result of the study confirms the importance of emotion regulation training in reducing the mean score of fear of childbirth.

Keywords: Emotion regulation training, Fear of childbirth- nulliparous women

Code of Ethics: Ir.goums.rec.1397.150

O-84

The Effect of Counseling-Based Interventions on Sexual Stress in Infertile Women

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Abstract

Background: For many people infertility is a major crisis and cause of psychological stress that can affect emotional stress and many negative psychological reactions including depression, anxiety, worry, anger, shame, jealousy, loneliness, despair and self-esteem. Emotional imbalance, feelings of sexual inadequacy, sexual dysfunction and decreased sexual satisfaction. The relationship between stress and infertility is usually "bilateral and exacerbates each other. Infertility couples who consider themselves to be infertile blame themselves and this situation increases mental stress and thus aggravates the problem, the aim of this study was to investigate the effect of collaborative counseling on sexual stress in infertile women.

Methods: This study was licensed under Umsu.rec.1393.185 dated 20/8/1393 from the Ethics Committee of Urmia University of Medical Sciences and was registered under clinical trial database IRCT2014112220045N1.

In this study, 50 infertile women aged 20-45 years with at least one year infertility referring to Kosar infertility clinic of Urmia city were selected by convenience sampling method and randomly divided into two control groups and intervention Inclusion criteria were:

Be Iranian.

Reside in Urmia.

Be 20-45 years old.

Be literate.

Her husband has no other spouse.

Don't have adopted children.

Not currently suffering from neurodegenerative diseases and not using nerve medications.

Not be part of health or treatment personnel or graduates of medical sciences, psychology or counseling.

In the past six months, she has not had a stressful (deaths of first-degree relatives, accident, bankruptcy, severe illness or illness).

Not suffering from medical conditions (heart, lung, diabetes, hypothyroidism, epilepsy).

The tool of the study was the Newton Infertility Stress Questionnaire, which included a 46-item multidimensional questionnaire developed by Christopher Nutten in 1999 at the Canadian Health Sciences Center and used to measure specific infertility stress in infertile individuals. The questionnaire was administered in five subscales including 10 questions of social stress, 8 questions of sexual stress, 10 questions of communication stress, 10 questions of parenting, and 8 questions of acceptance of a childless life. The total stress score is obtained by summing the scores of the five subscales. The answers are arranged in a Likert manner, with 6 points ranging from strongly disagree to strongly agree, with scores ranging from 1 to 6. -30-31-32-33-34-35-36-37-43 Do the reverse. The minimum score for this test is 46 and maximum is 276. An increase in the score of this test indicates an increase in the perceived stress of infertility in infertile persons. The validity and reliability of the Newton Infertility Stress Questionnaire in Iran has been as-

sessed by Alizadeh (2005). In this study only the sexual dimension results are mentioned. Due to the long duration of the intervention (approximately 3 months) and the probability of the research units being linked to the control and intervention groups to prevent dissemination of information between the research units, the executive task was divided into two parts, the first phase was assigned to the control group and the researcher contacted by telephone. Individuals were required to complete a pre-test with the Newton Infertility Stress Questionnaire at each clinic or physician's office, and the questionnaire was completed again two weeks later.

Experimental group consisted of 10 group counseling sessions with one week interval including: infertility counseling session on infertility, treatment and correction of false beliefs and presentation of necessary strategies group counseling session on stress control, problem solving skills and control of infertility irrational thoughts, sexual health . Two weeks after the intervention, the Newton Infertility Stress Questionnaire was again completed for the intervention group and the data were analyzed by SPSS software using version 22 software.

Results: Before the intervention, the mean scores of sexual stress dimension in the intervention group (26.52 ± 8.29) and in the control group (23.87 ± 8.08) were not statistically significant. But after intervention the mean scores of intervention group (20.67 ± 6.20) and control group were (78.7 ± 7.45). Independent t-test results showed that there was a significant difference between the two groups after intervention. ($P = 0.01$).

Conclusions: According to the results of the study, counseling-based intervention has been effective in improving sexual stress in infertile women.

Keywords: Infertility, Group Counseling, Sexual Infertility Stress

Code of Ethics: Umsu.rec.1393.185- RCT2014112220045N1

O-95

The effectiveness of Communication Skills Training on Marital Satisfaction in Wives of Men are in Drugs Withdrawal Period Referring to Drug Clinics, Gorgan, 2018

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Abstract

Background: Drug addiction is one of the most significant psychosocial disorders. According to studies, considering the increasing prevalence of this problem, Education, with Creating Supportive environment to reduce Sustained injuries the family members with an Addict Is felt More than ever. Thus a study was conducted to determine the effectiveness of communication skills training on marital satisfaction in Wives of Men are in Drugs Withdrawal Period in Gorgan.

Methods: This randomized controlled field trial was performed on 40 patients. The Code of Ethics is IR.GOUMS.REC.1397.068. Samples were included in the study with a set of criteria (leaving husbands addicted men, ages 45-18, can read and write, at least one year of living together, single-wives ...). The intervention group was trained in communication skills at the nearest holistic health center of their residence, for 8 sessions (5 to 10 people). The control group received no intervention. Immediately after the end of the eighth session and one month thereafter, both groups completed the Persian Enrich Marital Satisfaction Questionnaire. The data were analyzed using SPSS 16 software and parametric t-test for two independent groups and paired t-test for comparison before and after the intervention and Mann-Whitney test.

Results: The results of this study showed that the mean and standard deviation of quantitative data (age, income, and duration of marriage...) were not significantly different between intervention and control groups ($P > 0.05$). Also, the results of the comparison of all qualitative data (education, ethnicity, occupation, the type of drug used before Withdrawal Period...) were homogeneous in the intervention and control groups ($P > 0.05$). The mean and standard deviation of marital satisfaction were significantly different in the intervention group, before ($100/11 \pm 25/24$), immediately after ($125/75 \pm 12/35$) and one month thereafter ($114/18 \pm 5/63$) counseling ($P < 0/0007$). However, the difference of mean and standard deviation of marital satisfaction were not significant in the control group, before ($98/65 \pm 14/41$), immediately after ($95/35 \pm 15/51$) and one month thereafter ($93/15 \pm 16/35$) counseling ($P > 0.05$).

Conclusions: According to the results of the study, Communication Skills Training can improved the Marital Satisfaction in Wives of Men are in Drugs Withdrawal Period in most subscales. Therefore, and further studies are suggested to increase the skills of families of addicts who are leaving.

Keywords: Training, Communication Skills, Marital Satisfaction, Wives of Men are in Drugs Withdrawal Period

Code of Ethics: IR.GOUMS.REC.1397.068

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Tips on how to wean children from the perspective of traditional Iranian medicine

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Abstract

Background: Just as breastfeeding is important, weaning is one of the most important stages of mother and baby life. Disregard for this stage of a child's life can have profound effects on the physical and mental health of the child and even the mother. Anxiety, restlessness, weight loss, and disruption of the child's relationship to and trust in the mother are the most common.

Methods: This study was a descriptive review and the content of infant weaning in traditional Iranian medical literature was studied. For this purpose, 8 books were selected from the most prestigious sources of traditional Iranian written medicine and extracted and extracted from the lactation section on how to wean. Then the contents of each title from the extracted notes were put together. The texts were translated with difficult prose simplifications and Arabic texts were finally summarized by summarizing these titles.

Results: In ancient medical texts of Iran, the weaning of the baby from mother was reported. It was believed that the best time for a baby to breastfeed is about one year and nine months to two years of age. The best season is spring and then autumn and weaning are not recommended in the summer heat. Breastfeeding should be gradual and gradually replacing breast-feeding with age-appropriate foods. In the alternative food chain, they have recommended a range of suitable foods, including breadcrumbs, egg yolk with breast milk, chicken breast, and chicken salads. It should be noted when breastfeeding that the child does not become dehydrated, so it is advisable to consume sufficient fluids, including cucumber juice, buttermilk, and purslane juice, as well as preventive measures to be taken with henna on the palm of the hand and head. Breastfeeding with something bitter that does not harm the baby is another recommended procedure.

Conclusions: Studying Iranian traditional medicine texts and using the recommended wisdom (after updating them) along with the current methods used may help in better management of conditions such as in the phase of weaning breastfeeding. With the least amount of physical and psychological damage, helps, with specialized recommendations for each individual, tailored to each season, appropriate foods and other harmless recommendations.

Keywords: Breastfeeding, Weaning, Fatamas, Traditional Iranian Medicine

Instructions of child weaning in view point of Iranian Traditional Medicine compared with contemporary medicine:Review

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Abstract

Background: since breastfeeding is an important phase, also weaning of mothers milk has special emphasis. Negligence during this stage of a child's life can have profound effects on the physical and mental health of the child and even the mother. Anxiety, restlessness, weight loss, and disruption of the child's relationship to mother and distrust are the most common.

Methods: This is a descriptive review study. The content of infant weaning in view point of Iranian traditional medical manuscripts was studied. For this purpose, 7 books were selected from the most prestigious sources of Iranian medicine and data were extracted from the lactation section on how to wean. Then the contents of each title from the extracted notes were put together. The texts with difficult prose were simplified and Arabic texts were translated.

Results: In ancient medical texts of Iran, the weaning of the baby from mother was reported. It was believed that the best duration for a baby to breastfeed is about one year and nine months to two years of age. The best season for weaning is spring and then autumn. Weaning is not recommended during summer. Weaning should be donning gradually and breastfeeding should be replaced with age-appropriate foods. For auxiliary food Persian scholars have recommended a range of suitable foods, including breadcrumbs, egg yolk with breast milk and chicken breast. It should be noted during weaning the child does not become dehydrated, so it is advisable to consume sufficient fluids, including cucumber juice, buttermilk, and purslane extract, as well as locally preventive use of henna on the palm of the hand and head. Putting something bitter that was not harmful for baby is another recommendation.

Conclusions: Studying Iranian traditional medicine texts and using the recommended items (after updating them) along with the current methods, may help us for better management of weaning phase with the least physical and psychological damages, based on specialized and harmless recommendations for each individual and each season with appropriate food.

Keywords: Breastfeeding, Weaning, Fotaam, Iranian Traditional Medicine

Women's sexual health in midlife and menopause

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Abstract

Background: As a result of increase in life expectancy in the world, women spend at least one third of their age in the middle-age. Middle aged is associated with bio-psycho-social changes that effect on women's health. The aim of this study is a review on different dimensions of middle-aged women's sexual health in a holistic bio-psycho-social approach.

Methods: This is a narrative review in 2019. Published studies in English language Databases including Pubmed, Science direct, ProQuest and Cochrane library were searched using "sexual health", "sexuality", "midlife", "Middle-aged", "Menopause" as keywords. The Persian language database was SID using the same words in Farsi. Google and Google scholar websites were searched to introduce new pharmaceutical drug products.

Results: Most middle-aged people have some diseases and use some drugs to control them. Diseases and or drugs Psychological side effects such as depression are also prevalent. These factors have a multifaceted effect on the sexual health of middle-aged women. Concerns about physical changes due to raise age are also common, sometimes leading to cosmetic surgeries in different parts of body including the genitalia. In many cultures, sexual issues are taboo, especially sexual behaviors, in the elderly results in the neglect of many issues related to sexual health at this age. Also beliefs about sexual activity in middle- aged are factors that influence the quality and quantity of women's access to sexual health services. Genitourinary tract atrophy is a common complication of menopause that requires medical intervention, including the use of water-soluble lubricants, topical or systemic estrogen products, or non-estrogenic oral products.

Conclusions: Interventions based on the needs of middle-aged women with the aim of maintaining and promoting their sexual health can include the management of symptoms and complications of diseases and or medications effect on sexual life, the correction of misconceptions, and life skills, including self-awareness and effective interpersonal communication. On the other hand, empowering health care providers to screen, manage and refer middle-aged clients with sexual concerns or problems is a key step in promoting the sexual health of middle-aged women.

Keywords: Sexual health, Midlife, Menopause, Women's health