

The effectiveness of the counseling protocol of sexual desire management in reducing high-risk sexual behaviors of adolescents unmarried

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Abstract

Introduction: One of the common problems in single teenagers and young adults is the lack of high-risk sexual behaviors, which causes many negative consequences for these people and requires educational interventions. Therefore, the present study with the aim of determining the effectiveness of the counseling protocol for the management of sexual desire in reducing high-risk sexual behaviors of adolescents unmarried was conducted.

Research methods: The type of research was a semi-experimental with a pre-test and post-test with a control group. The statistical population included all adolescents men aged 18-24 years with risky sexual behavior in Bandar Abbas city in 2022. Among them, 20 people were selected by available sampling method and were replaced randomly and by lottery in two experimental and control groups (10 people in the experimental group and 10 people in the control group). The people in the experimental group received the sexual desire management counseling protocol (12 sessions) and two sessions every week for 60-90 minutes. The sexual cycle behavior questionnaire of Mohammadi et al. was used. For data analysis, univariate covariance analysis was used with SPSS version 25 software.

Results: The results showed that the sexual desire management counseling protocol was effective in reducing high-risk sexual behaviors in the post-test stage ($p < 0.001$).

Conclusions: According to the findings, it can be stated that the evaluation of the effectiveness of the sexual desire management counseling protocol is effective in reducing risky sexual behaviors of teenagers and unmarried youth.

Keywords: high-risk behaviors, sexual desire, teenagers

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Introduction:

Adolescence is recognized as a critical period in human development, characterized by diverse biological, psychological, and social changes. This stage of growth is marked by experimentation, exploration, and risk-taking (1). Due to the rapid and pronounced changes occurring during this period, it is considered a pivotal phase in life; it is during this period that individuals lay the groundwork for optimal adult health (2). Many adolescents initiate sexual exploration during this stage of development and engage in risky sexual behaviors (3). Such changes, particularly in sexual development among adolescents, are influenced by factors such as growth, maturation, body image acceptance, discovery of sexual needs, and learning about sexual relationships (4). Consequently, individuals in this stage are at risk of contracting infections, HIV/AIDS, or unintended pregnancies. Hence, assisting adolescents in reducing risky sexual behaviors is deemed a crucial activity for promoting health (5).

High-risk sexual behaviors are actions individuals undertake to satisfy one of their fundamental needs, namely sexual desire (6). They are also defined as activities that expose individuals to sexually transmitted diseases and threaten their health. The risky sexual behavior of young people is a serious public concern that jeopardizes the health and well-being of society (7).

Comprehensive sexual education programs play a significant role in preventing risky sexual behaviors. Comprehensive sexual education is seen as a vital tool for informing young people about their sexual rights and health, and it is believed that such education serves public health and contributes to sustainable development (8).

One such educational program in this regard is Sexual Desire Management education. Sexual desire management entails individuals' abilities to regulate themselves, control impulses, and manage the complex processes of motivations, behaviors, and sexual inclinations in accordance with the cultural expectations of the region in which they reside. Adolescents become aware of these inclinations after puberty and initiate sexual behavior based on them (9). Undoubtedly, one of the strongest instincts is sexual desire and libido. This force, which is inherent in human beings from birth, remains dormant during childhood, but as soon as adolescence begins, the period of calmness ends, and the puberty time arrives, gradually encompassing the entire being of the young person and influencing all human behavior. For this reason, sexual instinct and libido confront individuals with challenges (10). The most challenging stage in confronting sexual deviation is the process of cultivating healthy thoughts and abstaining from lustful desires (11). In this protocol, individuals are taught to control their minds and thoughts. They are encouraged to refrain from focusing on the opposite sex and instinctual and carnal matters, and whenever their minds are involuntarily drawn towards them, they are advised to change their focus (12).

Interventions aimed at preventing or reducing risky sexual behaviors should take into account gender differences in adolescent behavior (12). Describing adolescent sexual behavior allows for the design of prevention strategies and sexual education that consider gender differences and can lead to the reduction of risky sexual behaviors at an early age. Behaviors that lead to sexually transmitted diseases among young people. Therefore, identifying the mechanisms leading to these behaviors and providing preventive strategies to prevent negative consequences, especially in at-risk populations, is of paramount importance (13).

Weidman et al. (14), Ramiro-Sanchez et al. (15), and Dubois et al. (16) found in their studies that counseling in sexual desire management has an impact on reducing risky sexual behaviors.

Since adolescents are social assets of society and due to the sensitivities raised by governmental institutions and the public regarding sexual issues in Iranian society, scientific confrontation with this issue becomes prominent. On the other hand, due to the proliferation of social networks, we are faced with a phenomenon where the boundaries between scientific and pseudo-scientific issues are blurred, and accurate and inaccurate information about sexual matters is intertwined. At the same time, many young people seek guidance and information about sexual activities and, due to the lack of a clear scientific authority in the field of sexual issues, turn to online environments. The dispersion and misinformation present in online environments often confuse them. Therefore, conducting research in this area is prominent in order to scientifically confront this phenomenon and protect young people from risky sexual behaviors at a time when access to relationships and sexual activities has become easier. Therefore, given the aforementioned and the lack of research within the country that considers all present variables in one study, the present research was conducted with the aim of determining the effectiveness of a sexual desire management counseling protocol in reducing risky sexual behaviors among single adolescents.

Research Methods:

The research method employed in this study was semi-experimental with a pre-test, post-test design with a control group. The statistical population included all male adolescents aged 18 to 24 exhibiting risky sexual behaviors in Bandar Abbas city during the years 1400-1401, with a sample size of 20 individuals (10 individuals in the control group and 10 individuals in the experimental group) selected through convenience sampling. The research procedure involved the researcher first gaining access, in coordination with judicial authorities, to individuals under judicial supervision who had experience engaging in risky sexual behaviors.

The inclusion criteria for the study were: being male, exhibiting risky sexual behavior, aged between 18 and 24, having no psychological disorders, and not exhibiting high levels of sexual arousal or sexual addiction according to the Iranian Adolescence Risk Scale. The exclusion criteria included: 1) non-cooperation of the individual until the end of the education, and 2) repeated absence (3 sessions) during the education period. The following instruments were used in this study:

Iranian Adolescence Risk Scale: This scale, developed by Zadmohammadi et al. in 2008, measures vulnerability to risky behaviors such as drug abuse, alcohol consumption, smoking, violence, sexual behavior, interaction with the opposite sex, and risky driving. The scale consists of 8 questions about drug use, 6 questions about alcohol consumption, 5 questions about smoking, 5 questions about violence, 4 questions about sexual behavior, 4 questions about interaction with the opposite sex, and 4 questions about risky driving. The reliability of this tool for the whole scale was reported as 0.93, and its content and face validity were confirmed. (17)

Summary of Sexual Desire Management Counseling Protocol Sessions: In this study, the Sexual Desire Management Counseling Protocol was implemented by the researcher, a doctoral student in counseling, in 12 sessions, with one session per week and lasting 60 to 90 minutes, at the Tabeesh Counseling Center in Bandar Abbas city for the experimental group. The control group did not receive any educational intervention. The summary of the sessions of the Sexual Desire Management Counseling Protocol is presented in Table 1. (18)

Table 1. Summary of Sexual Desire Management Counseling Sessions

Session	Session Content
1	Facilitation of acquaintance process with study participants, pre-test, and introduction to the training structure.
2	Teaching healthy and dysfunctional emotions, distinguishing between types of emotions, discussing factors influencing emotional regulation, and discussing obstacles to emotional control.
3	Awareness of the relationship between emotions, thoughts, and behaviors, teaching cognitive, behavioral, and physiological consequences, and the relationship between these three, introducing moral emotions and their role in inhibiting problematic emotions of sexual desire management.
4	Definition of values and types of values, introduction to the role and impact of values on behavior, explaining the relationship between personal values and sexual self-esteem.
5	Teaching life skills such as: refusal skills, avoiding peer pressure, effective communication, problem-solving, and decision-making.
6	Discussion on the benefits of delaying sexual impulses, the value this action holds for future family, discussion about the rights of future life partners.
7	Definition of sexual health and factors affecting it, discussion of factors protective of sexual health.
8	Identification of individuals' sexual attitudes and challenging the discourse of success in engaging in sexual behaviors.
9	Education on various sexually transmitted diseases and their transmission and prevalence methods.
10	Presenting the definition of sexual self-esteem, stating the physical, psychological, familial, and cultural benefits of sexual self-esteem, discussing sexual stimuli and their role in engaging in risky sexual behaviors.
11	Discussion on self-awareness, its dimensions, as well as discussion on the body, sexual inclinations, reducing misconceptions and misunderstandings, shame, anxiety, and improving the ability to make safe and informed choices regarding sexual health, affection, intimacy, body image, and gender roles.
12	Strengthening and integrating interventions and post-assessment.

Data analysis was performed using SPSS version 25 software. Descriptive statistics (mean and standard deviation) and analysis of covariance were used for data analysis.

Findings:

In this study, in the experimental group, 6 individuals (60%) were aged 18-21 years and 4 individuals (40%) were aged 21-24 years, while in the control group, 7 individuals (70%) were aged 18-21 and 3 individuals (30%) were aged 21-24. In the experimental group, 8 individuals (80%) had 1-3 sexual partners, and 2 individuals (20%) had more than 4 sexual partners, while in the control group, 8 individuals (80%) had 1-3 sexual partners and 2 individuals (20%) had more than 4 sexual partners. In the experimental group, 5 individuals (50%) and in the control group, 4 individuals (40%) had a history of childhood abuse.

The results of descriptive statistics (mean and standard deviation) in the pre-test and post-test stages are presented in Table 2.

Table 2. Scores of the Experimental and Control Groups on the Variable of Risky Sexual Behaviors

Variable	Group	Experimental		Control	
		Mean	SD	Mean	SD
Risky Sexual Behaviors	Pre-test	140.50	8.85	142.30	8.27
	Post-test	125.20	7.78	141.80	8.41

Before conducting the analysis of covariance (ANCOVA), its assumptions were examined. Given the non-significance of the Mauchly's test of sphericity for the component of high-risk sexual behaviors, the assumption of Mauchly's sphericity is upheld. The assumption of sphericity was not violated, allowing consideration of sphericity in the variances for the ANCOVA model. The results of the Box's M test ($p = 0.786$) indicated that the significance level exceeds 0.05 ($p = 0.231$); thus, the assumption of homogeneity of variance-covariance matrices was met. The normality of the data was also assessed using the Shapiro-Wilk test, yielding a value of 0.437, with its significance level ($p = 0.947$) higher than 0.05, indicating that the data are normally distributed. The results of the Levene's test with a value of 0.821 also indicated that the obtained significance level ($p = 0.629$) is greater than 0.05, confirming the homogeneity of error variances. The results of the analysis of covariance are presented in Table 3.

Table 3. Results of the Analysis of Covariance for Examining Risky Sexual Behaviors in Two Groups

Variable	Sources	SS	Df	MS	F Value	P Value	Eta
Risky Sexual Behaviors	Pre-test	653.57	1	653.57			
	Groups	1382.83	28	49.38	13.23	0.001	0.531
	Total	2036.4	29	70.22			

Based on the results of Table 3, it can be stated that the sexual desire management counseling protocol was effective in reducing risky sexual behaviors among unmarried young individuals ($P < 0.001$).

Discussion and conclusion:

The aim of this study was to determine the effectiveness of a sexual desire management counseling protocol in reducing risky sexual behaviors among unmarried young adults. The findings indicated that the counseling protocol led to a reduction in risky sexual behaviors. These results are consistent with prior research by Vidman et al. (14), Ramiro-Sanchez et al. (15), and Dubois et al (16). No conflicting results were identified.

In interpreting these findings, it can be argued that comprehensive sexual education is viewed as a vital tool for informing young people about their sexual rights and health. Additionally, it is believed that these educations serve public health and contribute to sustainable development. (8) Responding to the needs of young people for information regarding sexual health and fertility, educational programs exist that emphasize responsible sexual behaviors, protection against early and unwanted pregnancies, sexually transmitted diseases, and sexual abuse. (19) Sexual desire management education, through sexual education, increases awareness and knowledge about sexual health and equips young people with information about methods to reduce risky sexual behaviors.

Sexual education programs often become political projects based on how and what is taught. Educators must reassure the community that discussing sexual relationships and methods of preventing teenage pregnancies does not promote sexual activity but rather reduces unintended pregnancies and sexually transmitted infections. Sexual education should emphasize age-appropriate and culturally relevant programs. These educations should be based on sound scientific evidence, valid information, and without bias (20).

In conclusion, the findings suggest that the sexual desire management counseling protocol is effective in reducing risky sexual behaviors among unmarried young adults.

Limitations and Recommendations: This study had limitations. The results were limited to unmarried young men aged 18 to 24 with risky sexual behaviors in Bandar Abbas city. Therefore, caution should be exercised in generalizing the results. Another limitation was the self-report nature of the questionnaires. However, as the research tool was a questionnaire, there was no possibility of controlling variables such as response accuracy and bias when responding to the questions. Furthermore, the lack of a follow-up period was another limitation.

Based on the results obtained, it is suggested that further research be conducted in other cities with a larger sample size to increase the generalizability of the results. Follow-up periods should also be included.

Ethical considerations: The ethical considerations of the research included: written information about the research to the participants, assuring the volunteers about the confidentiality of the obtained information and its use only in research matters, voluntary participation in the research and obtaining written consent from the participants.

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