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### Sexual risk behaviors and condom use barriers in Iranian female with substance use disorders

**Background:** We aimed to investigate Risky Sexual Behaviors (RSBs) and condom use barriers in Iranian women with substance use disorders (SUDs).

**Methods:** This study conducted with 300 women referred to the Outpatient Drug Free (ODF) and Methadone Maintenance Treatment Program (MMTP) centers active in Tehran, Capital of Iran. Inclusion criteria for the participants were as: a) women over 15 years, b) sexually active (oral, anal or vaginal) with any sexual partner (man / woman) in the last six months, c) a history of SUDs and currently in treatment (with or without pharmacotherapy) and d) able to complete the consent form and questionnaires. Data were collected using three questionnaires including a demographic questionnaire, the Risky Sexual Behavior Questionnaire (RSBQ) and the Condom Barriers Scale (CBS). The statistical software R, analysis of variance post hoc and Multivariate Analysis of Variance (MANOVA) logistic regression tests were used in data analysis.

**Findings:** The majority, 84.3 (N=253) had a history of at least one episode of risky sexual behavior in the past 12 months. Generally, the lowest and highest CBS subscale scores were the sexual experience ( $2.47 \pm 0.86$ ) and access/availability subscales

( $3.52 \pm 0.7$ ), respectively. In addition, the mean score for partner barriers and motivational barriers subscales was ( $2.85 \pm 0.79$ ) and ( $3.19 \pm 0.71$ ), respectively.

**Results:** The results of MANOVA analysis showed that there was a statistically significant difference between the condom use barriers based on education ( $P < 0.001$ ) and marital status ( $P < 0.001$ ). Partner barrier subscale scores had a significant negative ( $P = 0.003$ ) relationship with risky sexual behavior such that at one point increase in condom use, reduced the chance for risky sexual behavior by 60%.

**Conclusion:** Sexual dynamic and gendered experiences of Iranian women with SUDs vary. Our findings show that barriers to condom use is gender specific. Culturally acceptable and gender sensitive strategies need to be utilized in Iranian clinical settings reaching beyond simply condom accessibility for this at risk population.

#### Speaker Biography

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