

Effectiveness of Self-awareness based Individual counseling on self-awareness of women in reproductive age

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Abstract

Introduction: Self-awareness skills enable people to better identify their personality traits, needs, wants, goals, weak points, and emotions. Considering the importance of this skill, the present research investigates the effectiveness of self-awareness based individual counseling on self-awareness of women in reproductive age.

Materials and methods: This randomized field trial was conducted on 76 women in reproductive age referring to the health center of Gorgan City in 2016. The samples were selected based on convenience sampling and based on permuted block randomization, were assigned to two groups, intervention and control. The needed information was supplied by asking the participants to complete the Persian version of the self-awareness questionnaire of Realo and Allik before and one month after the intervention. The intervention group was subjected to six sessions of individual counseling through an eclecticism approach. The collected data, based on their normality or non-normality, were analyzed through the independent t-test, and Mann-Whitney and Wilcoxon tests in SPSS16 software.

Findings: No statistically significant difference was observed between the self-awareness score before and after the counseling in the control group (52.21 ± 7.62 and 53.81 ± 7.63 , respectively) while the difference was significant in the intervention group (56.10 ± 10.02 and 60.13 ± 10.43 , respectively, p -value < 0.009). Moreover, there was a statistically significant difference between

the average scores of private self-awareness, public self-awareness, and social anxiety in the intervention group before and after the counseling, while this difference was not significant in the control group.

Conclusion: The self-awareness based individual counseling session shows a positive effect on enhancing private and public self-awareness and reducing social anxiety. Considering the role of self-awareness in enabling the women to deal with their problems and express their needs effectively, this counseling approach is recommended for improving the self-awareness skills of women, particularly those in the reproductive age.

Key words: individual counseling; self-awareness skill; reproductive ages

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Problem statement

Self-awareness skills enable individuals to know themselves better and have a better understanding of their personal traits, needs, wants, goals, weak points, emotions, values, and identities (1). Self-awareness consists of three main dimensions: private self-awareness, public self-awareness, and social anxiety. Private self-awareness means the tendency to think and focus on thoughts, emotions, and inner motivations. Public self-awareness indicates a general awareness of the self as a social person in the view of other people. Finally, social anxiety represents the concerns and worry of people in the presence of others and hence the tendency to solitude (2). Self-awareness is among the most important life skills as such the World Health Organization (WHO) considers it among the five dimensions of life skills (3). According to Morin et al., self-awareness has positive consequences for people. These consequences include self-expression, self-evaluation, self-esteem, self-regulation, self-efficiency, and self-recognition. Researchers have evidenced the positive effects of self-awareness. For example, Richards et al. (2010) reported that self-awareness has a positive significant relationship with self-care. According to these researchers, self-awareness enables the individual to recognize better what is important for them (5). Oh et al. (2015) studied self-awareness and communication ability of nursing students and reported a positive significant relationship between these two variables (6). Ahmed and Elmasri (2011) reported the efficacy of self-awareness training on self-efficiency and autonomy of the participants (7). Finally, Moradpour et al. (2013) stated that training in self-awareness and assertiveness skills have a positive significant effect on overall compatibility and its components (i.e., social compatibility, emotional compatibility, and indoor compatibility) and the self-esteem of mothers with mentally retarded children (8).

An important issue is that when people have a vague image of themselves, indeed, they do not know themselves properly and face many inner challenges. As a result, the external forces form their personality and character (9). Studies conducted in this area show that poor self-awareness is accompanied by many mental-social problems such as depression, anxiety, inferiority complex, low self-esteem, communication problems, and feelings of solitude. Therefore, self-awareness skills would play a key role in coping with these problems (1).

According to the mentioned points, the role of self-awareness in different aspects of life, and lack of a systematic study on self-awareness in the literature, the present study aims to investigate the effect of individual counseling on self-awareness of married women in the reproductive age referring to the health centers of Gorgan City in 2016.

Materials and methods

This study is a parallel-randomized field trial. The statistical population of this work includes all married women in reproductive age in Gorgan City referring to the health centers of the city. The samples were chosen based on the inclusion criteria of this study. The results of Vizeh et al., who reported an increase in sexual satisfaction from 11.6% to 27.9% after 3 months of intervention, were used to calculate the sample size (10). Based on the results of this work and considering a confidence level of 95%, the sample volume in each group with 5% dropout probability was considered to be 40 subjects. Sampling was performed in two steps. In the first step, among six urban centers, three centers were randomly selected. Next, the samples in each center were selected through the convenience sampling divided into the population and assigned into two groups, intervention and control. Samples were randomly allocated to two blocks for each center using a prepared Excel file. The inclusion criteria were having an education level above high school, lack of any unfortunate event within the past six months, lack of any chronic physical-mental disease, lack of drug addiction of the participant or her spouse. Exclusion criteria included unwillingness to continue to collaborate with research, occurrence of an unfortunate event, being recognized with psychological disorders during the study, and lack of completing more than 5% of the questionnaire. The instruments for data collection were demographic specification form and the Persian version of the Realo and Allik's self-awareness questionnaire.

The Persian version of Realo and Allik's (1998) self-awareness questionnaire consisted of 24 items, which are scored based on the 5-scale Likert tool from "completely agree" (= 4) to "completely disagree" (= 0). The validity and reliability of the questionnaires were assessed by Latifian and Seyf (2007) in Iran. The validity of the items in this scale was evaluated through the expert comments and the internal consistency of the scores. On the other hand, the reliability of the scale was evaluated using Cronbach's alpha coefficient, which was in the range of 0.57-0.84 and suggests their acceptable internal consistency (11). Among the items of the questionnaire, 10 items (1, 5, 7, 10, 11, 17, 12, 19, 20, and 24) were for private self-awareness, 6 items (3, 8, 13, 16, 18, and 22) for public self-awareness, and 8 items (2, 4, 6, 9, 14, 15, 21, and 23) for social anxiety. Also, items 3, 7, 9, 11, 14, and 23 were scored inversely (12). The minimum and maximum scores of the questionnaire were 0 and 96, respectively, and its average score was 48 (13, 14). Cronbach's alpha score of the questionnaire was calculated to be 0.68.

Sampling was done in three of the selected health centers after permission of the authorities. The researchers first explained the research objectives and, if agreed to, gave the participants an inclusion criteria form, demographic specification sheet, and self-awareness questionnaire and emphasized on completing all items. Next, women in the intervention group were invited to the Individual counseling, which was held in a pilot design within 6 sessions each

Table 1: The content of individual counseling sessions based on self-awareness skill

Session No.	Content
1	Introduction, explanation of the counseling rules and (talking about the session length and number, putting the cell phones into silent mode, etc.), emphasizing the confidentiality of the sessions, stating the purpose of the counseling, defining self-awareness, factors effective on it, and the role of self-awareness in life, identification and classification of feelings, summation, and giving the assignments of the next session
2	Defining the concept of "self" and giving the sheets to participants to explain themselves in terms of communication with others in environments such as house and with relatives, friends, and colleagues
3	Explaining the positive traits and their effect on personal lives
4	Investigating the negative traits and weak points, finding some solutions by the authorities to deal with them, and investigating the effects of these solutions on the participants' lives
5	Explaining the honors, talents, abilities, and skills as well as offering a definition for self-esteem according to the authorities and completing it with the counselor, if needed, and completing the self-esteem measure table
6	Explaining the individual goals, beliefs, and values, mentioning favorite locations and important people by the participants, and explaining the attitude of the authorities toward counseling sessions

lasting for 45 minutes. The contents of the counseling session were prepared (Table 1) according to student handbook of the life skills training by Mohammad Khani et al. (1). At the beginning of each session, the supplied materials of the last session were reviewed and the given assignments were examined. At the end of the session, the topics discussed in the counseling session were summed and some assignments were given for the next session.

The counseling was carried out based on the eclecticism approach. The counselor decided on the number of sessions based on the interpersonal differences of the referrals and the end of sessions based on the understood changes of feelings and moods of the participants, once all practices and exercises were performed. During the study, two participants left the research and the remaining 38 were subjected to 4 to 6 counseling sessions. The therapeutic sessions were held once a week during the first two weeks while the next sessions were held closer to each other and almost twice in a week. Posttest was performed one month after the last counseling session among 38 subjects from each group. To analyze the obtained data, SPSS16 software was used. To assess normality of the data, the Shapiro-Wilk test was performed. Also, descriptive statistics were used to describe the research subjects. Finally, independent t-test and pair t-test were applied to analyze the data if they were normal while Mann-Whitney and Wilcoxon tests were conducted for data non-normality assumption. After classifying the scores for each subject, χ^2 test and Fisher test were applied at a pre-assigned confidence level of 95% ($F = 0.95\%$).

Findings

According to the results of Fisher, χ^2 , independent t, and Mann-Whitney tests, the qualitative and quantitative demographic variables do not show a significant difference. The average age of subjects in the intervention and control groups was 30.89 and 29.92 years, respectively. Other information of the participants is presented in Tables 2 and 3 - next page.

The results of T-test and Wilcoxon test showed a significant difference between the overall self-awareness and its dimensions in the intervention group before and after the counseling while no statistically significant difference was noted in the control group (Table 4).

Table 2: A comparison of demographic quality variables between the intervention and control groups

Variable		Intervention group		Control group		P-value
		Frequency	Percentage	Frequency	Percentage	
Job	Employee	3	7.9	6	15.8	0.554*
	Housewife	30	78.9	25	65.8	
	Freelancer	2	5.3	3	7.9	
	Student	2	5.3	4	10.5	
	Unemployed	1	2.6	0.0	0.0	
Education level	Below diploma	2	5.3	6.0	15.8	0.055*
	diploma	22	57.9	12	31.6	
	Above diploma	14	36.8	20.0	52.6	
Ethnicity	Fars	34	89.5	30	78.9	0.346*
	Sistani	4	10.5	7.0	18.4	
	Turkman	0.0	0.0	1.0	2.6	

*: Exact Fisher test

Table 3: Comparison of demographic quantitative variables between intervention and control groups

Variable	Intervention group		Control group		P-value
	Mean	Standard deviation	Mean	Standard deviation	
Age	30.8	6.37	29.92	6.67	0.51*
Age difference with husband	3.92	3.62	3.28	3.53	0.443*
Marriage duration	9.97	7.22	7.89	6.96	0.131**
Number of pregnancies	1.84	1.02	1.60	0.94	0.267**
Number of abortions	0.34	0.62	0.18	0.56	0.15**
Number of Childbirths	1.47	0.60	1.42	0.82	0.46**
Number of stillbirths	0.02	0.16	0.026	0.15	1.00**

*: T-test **: Mann-Whitney test

Table 4: Comparison of mean scores of self-awareness of women of reproductive age before and after counseling in intervention and control groups

Group	Intervention			Control		
	Before	After	P-value	Before	After	P-value
self-awareness dimensions	Mean \pm standard deviation	Mean \pm standard deviation		Mean \pm standard deviation	Mean \pm standard deviation	
Private self-awareness	26.78 \pm 3.37	32.3 \pm 4.52	<0.001*	25.92 \pm 3.70	26.10 \pm 4.11	0.939*
Public self-awareness	15.73 \pm 3.19	17.78 \pm 3.05	0.001*	14.31 \pm 3.43	15.13 \pm 3.24	0.189*
Social anxiety	13.58 \pm 6.83	10.10	0.001*	11.97 \pm 4.72	12.57 \pm 4.93	0.308*
Total self-awareness	56.10 \pm 10.02	60.13 \pm 10.43	0.009**	52.21 \pm 7.62	53.81 \pm 7.63	0.164*

**= Wilcoxon test * = t- test

Discussion

The present intervention study (with a pre- and posttest design) was conducted on 76 referrals to the health center of Gorgan City to determine the effect of self-awareness based Individual counseling on self-awareness of women in reproductive age.

Based on the results of this study in the pretest step, the overall self-awareness scores and the corresponding scores for its three dimensions were not significantly different between the intervention and control groups.

Investigating the effect of counseling on self-awareness shows that the mean scores of self-awareness and its dimensions after and before the counseling were significantly different. In this regard, counseling led to an increase in the scores of self-awareness and its dimensions for the private and public dimensions but had a negative effect on social anxiety. However, the mean score of none of these variables in the control group was not significantly different before and after the counseling. Compared to the intervention group, the score of social anxiety not only was not declined but was increased. In this regard, the findings of Amiri et al. (2017) show that negative self-evaluation and perception of negative evaluation of others are positively correlated with social anxiety (16). Hence, it can be concluded that probably refilling the questionnaire, fear of posttest score, and worry of researcher's assessment and judgment have raised the anxiety in the women of the control group.

The mean total self-awareness score and the scores of the private and public fields were significantly higher in the intervention group compared to those of the control group whereas for the social anxiety dimension they were lower in the intervention group compared to the control group; however, this result was not significant. It is worth mentioning that to discuss the findings related to self-awareness, to the best of authors' knowledge, no paper was found about the effect of counselling or education session on self-awareness of the women; rather, the rare works conducted on self-awareness are descriptive and the intervention-based ones had not measured it quantitatively. The results of previous work show that self-awareness has an important effect on life. For example, self-awareness skills were found to be significantly effective for anxiety control (17), selecting a coping strategy (18), and decreased internet addiction and a feeling of loneliness (19). Thus, considering the advantages of self-awareness for people and its relation to personality type, economic and social status, occupation status, age (20), conscientious, and agreeableness (21), it is necessary to conduct several similar studies to improve self-awareness skills.

Conclusion

The results of the present study show that the individual self-awareness counseling raised the self-awareness level of women. In this regard, self-awareness skill has a high priority, compared to other life skills, as such it typically is considered as a prerequisite to social and interpersonal

relations. Thus, this intervention approach can be applied as an effective technique to enhance self-awareness of women.

According to the results of the present research, it is recommended conducting several similar works on women of different ages, men, adolescents, and children. Since all personality traits and characters are investigated and the ideal self, and real self, and the less noticed characters of the self are identified through the counseling sessions, performing individual counseling-based research is highly recommended. Among the limitations of the present study are the rare studies conducted about self-awareness compared to other life skills, which posed a difficulty to the research when preparing the method and discussion sections.

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