

The Effect of Instructional Guidelines on Attitude of Female Students Regarding Risks of Masturbation

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Abstract: Background: Attitudes toward masturbation, or genital sexual self-stimulation, differ greatly across cultures. Some cultures accept or even promote masturbation at any age, condemn this activity. Aim of the study: The aim of this study was to evaluate the effect of instructional guidelines on attitude of female students regarding risks of masturbation. Research design: A quasi-experimental design of the study was used. Setting: The study was conducted at El-Fayoum University in student housing, at El-Fayoum in Egypt. Subjects: A total of 10% of female (90) student was selected according to inclusion criteria. Tools: Two Tools were used to collect the necessary data for the research. Tool I: Structured Interviewing: It was developed by the researchers after reviewing literature to assess Socio-demographic data of the female students, including (age, residence, level of education, name of faculty, exercise type) Tool II: Masturbation Likert Scale. Results: Reported that, the minority of the female students have positive attitudes toward masturbation at pre implementation of instructional guidelines. While changed to the majority at post implementation of instructional guidelines Conclusion: The study concluded that there was an effective role for applying instructional guidelines on attitude of female students regarding risks of masturbation. the finding supports the research hypothesis. Recommendation Efforts must be taken to set up health centers and counseling unit to provide accessible services to control masturbation problems.

Keywords: Masturbation, Attitudes, Instructional Guidelines.

I. INTRODUCTION

Masturbation is the process of stimulating or manipulating one's genitals such as clitoris, vulva, and breast, to obtain an orgasm. Also refer to sexual self-gratification or sexual pleasuring. Initially, Sigmund Freud, founder of psychoanalysis believed that to be a psychological problem. (*Mushy et al.,2021*) Attitudes toward masturbation, or genital sexual self-stimulation, differ greatly across cultures. Some cultures accept or even promote masturbation throughout at any age, condemn activity. almost all human cultures show some criticism of adult masturbation, from minor mockery to harsh penalties. However, seems that at least some adults in all cultures do. Masturbation is not a topic frequently and overtly discussed either in families or at school and lead to physical and psychological problems (*Mintah, etal.,2020*)

Many traditional cultures and religions hold that the appropriate aim of sexual Masturbation is a highly stigmatized behavior for which people are harshly judged. Stigmatized sexual behaviors often result in discrepancies in social judgment such as the Sexual Double Standard. The topic of masturbation remains a culturally relevant phenomenon and today is regarded as a highly controversial topic. Such topic is being experienced as taboo usually by religious communities who refer to masturbation as highly sinful act. On the other side, others believe that masturbation is normal is a part of healthy sexuality (*Haus & Thompson.,2020*)

Some reports **factors** including abuse, neglect, deprivation, genitourinary system diseases, sleep disturbances, and early wean may be responsible for the etiology at the onset of the behavior. In the clinical presentation of the disorder, the shear posture of the legs, and the behavior of rubbing the thighs together or rubbing the genital area to the bed or any object are observed. Masturbation behavior is typically observed as grunting, irregular breathing, and flushing of the face followed by sweating and fatigue. (*Dağ& Aksu., 2020*).

The most reported **reasons** Studies have shown that the most commonly reported **reasons** for engaging in masturbation are feelings of sexual desire, sexual pleasure, and sexual satisfaction. Based on the pleasure-oriented motives, seems paradoxical that some studies find a negative relationship between masturbation and sexual satisfaction or satisfaction with sexual activity (*Bancroft et al., 2020*)

Common signs and symptoms the person accustomed to masturbating have some signs which include paleness, dark circles under the eyes, excessive tiredness and faintness, drowsiness, memory loss, anxiety, depression, anger, trembling of the parts of body and despair. (*Geuens et al., 2023*). **The negative effects** of masturbation began with concern about masturbatory rupture of the hymen and possibility mentioned in passing by some seventeenth-century writers, but usually appeared as an example of how a ruptured hymen did not necessarily imply **loss of virginity**. In contrast, treat masturbation as a genuine threat to a woman's virginity, expounding on the dreadful consequences (*Schlappa., 2023*).

Risks Masturbation, when practiced excessively, can lead to various physical and psychological complications that may impact an individual's daily life and relationships. The complications include feelings of guilt, often stemming from cultural, spiritual, or religious beliefs, and physical symptoms such as lower back pain, fatigue, hair loss, vision problems, and pelvic or groin pain (*WHO, 2024*).

Addiction to masturbation; masturbation excessive can lead to, rawness and extreme genital irritation from too much friction, living too much in head and in fantasies, rather than face reality, disconnecting emotionally or sensually when comes to partner and conditioning to only become aroused or reach an orgasm in one specific way, if masturbating the same way every time, some people can and do develop an addiction to masturbation. Spending too much time masturbating if masturbation causes to skip daily activities, miss work or school, cancel plans with friends or family and miss important social events. (*Munawar et al.,2023*).

Pharmacotherapy has been used to modify any number of behaviors including inappropriate sexual behavior as masturbation. For example, methylphenidate may decrease inappropriate masturbation in individuals with intellectual disability. Similarly, the atypical antidepressant mirtazapine has been suggested as a potentially effective treatment for excessive masturbation. Lithium carbonate has also been shown to decrease excessive masturbation. (*Mann& Travers., 2020*).

Sexuality education often tend to perpetuate and reinforce damaging sexual narratives and social injustice, including silencing and shaming diverse desires, sexualities and especially female's pleasure-seeking use stereotyped frames of men being predators and female being victims. Gendered expressions of sexual motivations mean that men are more able to express pleasure as a reason to have sex, or not use a condom, whereas women express emotional reasons for having sex, such as commitment and love (*Singh .,et al 2021*)

Significant of the study: Significance of the study:

Masturbation in Egypt is still a serious but little-discussed health problem, where is prohibited for people to engage in. The most prominently displayed misunderstanding in Egypt is those pertaining to menstruation, virginity and masturbation. (*Fischer&Træen., 2022*).

Masturbation is a common behavior that is 50-60% of females involve it during the lives. An increase in sex hormones during puberty predisposes adolescents to masturbation and regarded as a normal part of human sexual health development. (*Askari et al., 2021*).

In Islam, sexuality is closely integrated with religious rules. Masturbation is considered by most Muslim scholars forbidden. In Quran, there are multiple verses that address sexuality, and although not directly mentioning the act of masturbation, is understood contextually that is forbidden. Masturbation is understood as a way leading to adultery so that masturbation forbidden. (*Albobali & Madi.,2021*). So, the current study aims to evaluating the effect of instructional guidelines on knowledge and attitude of female students regarding risks of masturbation.

II. MATERIAL AND METHODS

The study was aimed to evaluate the effect of instructional guidelines on attitude of female students regarding risks of masturbation.

I. Technical design:

The technical design used for the study was included research design, setting of the study, subjects, as well as tools for data collection.

Research design:

Quasi-experimental research (pre/post-test) design was utilized to conduct this study.

Setting:

The study was conducted at El-Fayoum University in student housing at El- Fayoum in Egypt.

Subjects (sampling):

Sample type: A purposive sample was used in this study.

Sample criteria: Inclusion criteria;

- 1- Single female.
- 2- Age range of 18-25 years.

Exclusion criteria:

- 1- Medical faculties.

Sample Size: Sample size: Sample size was calculate based on the previous years of senses report of student housing at El fayoum university, the total number of non-medical student female (900) female at end of last years (2021-2022). 10% of female student (90) was selected according to inclusion criteria.

Tools for data collection: In order to fulfill the aim of the present study, two tools were used for data collection:

Tool I: Structured Interviewing: It was Modified by the researchers after reviewing literature:

Socio-demographic data of the female students, including (age, residence, level of education, name of faculty, exercise type) **Tool II: Masturbation Likert Scale:** to assess attitudes toward masturbation and its risks. Likert scale was adapted by the researcher. It was statement tested for validity and reliability, that can emerge from a lack of information or from inadequate information about sexuality. It based on recent literature review and female students` needs to assess students' attitude and reasons about masturbation.

Scoring system:

Scoring system was followed to obtain the outcomes of student' attitude:

- The 28 -items about masturbation attitude. Likert scale scores were classed as follows: (5) score for strongly agreement which was considered positive attitude and (1) score for strongly disagreement which was considered negative attitude.
- The total score of attitudes' questionnaires rang from (28) to (140) =100%

Total attitude score was divided into:

- Positive **attitude**: $\geq 60\%$ =84 and more
- Negative **attitude** $< 60\%$ =less than 84
- **Supportive materials:**

The researchers design handouts (**booklet**) with simple Arabic language to suit female student ' level of understanding. about masturbation and its risk and instruction guidelines for how to prevent and inhibit and treat complication as addiction it were given to the female students as a teaching media. It was taken in 4 sessions (each session for 30minutes) and cover the following items.

- **First session** contents were (aim of the instructional guidelines, definition of masturbation, masturbation's cause and masturbation's manifestations).
- **Second session** contents were (masturbation's complication and systematic inflammation, healthy action for masturbation and healthy personal hygiene).
- **Third session** contents were (common behaviors associated with masturbation, common feelings associated with masturbation, elements frequently associated with masturbation).
- **Fourth session** contents were (associated problems of masturbation, methods of reducing and preventing masturbation and inflammation and treat and control complication as addiction)

Validity:

Validity of the study tools was estimated by 3 experts in Maternity & Gynecological Nursing field to test content validity and its result was 95%. Modifications of the tools were done according to the judgment panel on clarity of sentences, appropriateness of content and sequence of items

Reliability:

Cronbach's Alpha was used to determine the internal reliability of the tool.

Testing the reliability of the tool of Masturbation Likert Scale to assess female students' attitudes toward masturbation through Alpha Cronbach reliability test.

Tools	Alpha Cronbach	F	p-value
Masturbation Likert Scale	0.994	52.66	0.000**

Internal consistency of this tool two (Masturbation Likert Scale) result was $R = 0.994$, respectively). Which indicates the high internal consistency of the used tools.

Statistical design:

The statistical analysis of data was done by using the computer software of Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 25. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data, the arithmetic mean (\bar{X}) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (χ^2). Quantitative variables were compared using paired t test. In addition, R- test were used to identify the correlation between the study variables.

Degrees of significance of results were considered as follows:

- P-value ≥ 0.05 Not significant (NS)
- P-value < 0.05 Significant (S)
- P-value < 0.01 Highly Significant (HS).

Ethical considerations:

An official permission to conduct the proposed study was being obtained from the Scientific Research Ethics Committee in Faculty of Nursing Helwan University. Participation in the study is voluntary and subjects was given complete full information about the study and their role before signing the informed consent. The ethical considerations were included explaining the purpose and nature of the study, stating the possibility to withdraw at any time, confidentiality of the information where it was not being accessed by any other party without taking permission of the participants. Ethics, values, culture and beliefs will be respected.

III- Administrative Item:

After explanation of the study aim and objectives, an official permission was obtained from the Dean of faculty of nursing and the general manager of Helwan university asking for cooperation and permission to conduct the study.

III. Operational design:

The study was completed through different phases as follows: the preparatory phase, then the pilot study and field of work phase, lastly the limitation of the study.

Preparatory phase:

Review was done of the current, national and international related literature and theoretical knowledge about various aspect of the problem using books, articles, periodicals journal, magazines and internet. This review helped the researcher to be more acquainted with magnitude and incidence of the problem, with the process of tools designed by researcher. Then tools were tested for being through a pilot study, then reviewed by three jury doctors: two professor specialized and one assistant professors in maternal and newborn nursing.

Pilot study:

Informal consent was obtained to administer the work was conducted on 10% (9) female students to test clarity, the efficiency, the applicability simplicity, transparency and feasibility of the two tools. (9) female student Participants in the pilot research were involved in the total sample size because no modifications.

Field work:

This study was showed in four separate steps: preparation phase, developing interview questionnaire sheet, pilot study, assessment of baseline students' attitude (pre-test), implementation of the instructional guidelines and evaluation of students' attitude after the instructional guideline's intervention.

preparation phase: An official letter requesting permission included the title and the aim of the study to conduct the study was submitted from dean of Helwan faculty of nursing directed to deans of faculties of tourism and hotel, education, social service and dar aluloom. at the selected settings, after explaining the aim of the study. An ethical approval was taken from the ethics committee of faculty of Nursing Helwan university. It was verified for content validity by 3 professors' experts in the fields of maternity & gynecological nursing (University of Ain Shames, Al-fayoum and 6 October). Omission, correction and clarification of some items were done.

Assessment and planning phase:

The process of data collection was carried out from the beginning of December (2022) to the end in July 2023, the study started at El-Fayoum University in female students housing. The researcher met the female student four days in week (Sunday, Monday, Tuesday and Wednesday) from 2 am to 5 pm.

- After obtaining official permissions to conduct the study, the researcher introduced herself to the female students and greeted them, then explained the research aim to gain confidence, trust to participate in the study and obtained the female student written consent. Then, the female students were interviewed to assess socio-demographic characteristics and attitude regarding masturbation risk. Tool 1 was used to collect base line data. And modified by the researchers after extensive review of recent and related literature.
- In each time, the following steps were done: Greeting the female student. Explaining the purpose and the aim and the method of filling the tools of the study to each participant. Obtain consent. Before collecting data, researcher took the participant to isolated on waiting area. The researcher interviewed each female student alone using the questions in structured –interviewing questionnaire which include: Socio –demographic data and (modified Likert scale) to assess attitude of female regarding masturbation and its risks was tested for validity and reliability after modifying and found satisfactory. Its consume 30 minutes. Researcher took around 5 female students in day. These steps were carried out with each visit until the sample size is completed Data analysis.
- Each student was interviewed individually by the researcher. The mean time needed for each sheet was about 20-30 minutes to complete a questionnaire as **(a pre-test)**.

Implementation phase: Based on the assessment phase, and in view of the related literature.

- The researchers design handouts (**booklet**) about masturbation and its risk and instruction guidelines for how to prevent and inhibit and treat it and control complication as addiction it were given to the female students as a teaching media.
- It was taken in 4 sessions (each session for 25-35 minutes). with simple Arabic language to suit female student ' level of understanding. used to assess attitude of female regarding masturbation and its risks.

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- It was taken in 4 sessions and cover the following items (definition, causes, manifestations, factors, feeling, behaviors and frequent cues often associated with masturbation, complications and reducing or preventing method)
- Each female student was individually interviewed in waiting area. The subject has been used in sequence through four sessions, each session's duration ranged from 25 to 35 minutes, including times for discussion according to improvement of attitude of female student regarding masturbation risk.
- Conduction of theoretical part was preformed through different methods of teaching such as discussions, and brain storming. In subsequent four sessions, the researcher demonstrated.
- At the beginning session, an orientation about (Instructional Guidelines on Attitude of Female Students Regarding Risks of Masturbation) and its purpose were made and then.
- **Each session was started by** a summary about what has been conversed in the previous one and presenting the objectives of the new session using simple Arabic language, also the session was finished by a summary of its content and feedback was gained to ensure that got the maximal benefit. After each session, feedback about the previous session was done, and the objectives of the new topics were mentioned

Evaluation phase: After implementing the instructional guidelines, the post-test was done often within two weeks to assess female students' attitude to word masturbation and its risk by the same format of the pre-test tool and comparing it to evaluate the effectiveness of the implemented the instructional guidelines. Masturbation Likert scale: It was used twice for evaluation first as a base line assessment & second after given instruction guidelines implementation for evaluation instruction guidelines effectiveness.

III. RESULT

Table (1): Frequency distribution of the studied female students according to their socio-demographic data (n=90).

Socio-demographic data	No.	%
Age (years)		
18-<21	47	52.2
21-<23	34	37.8
23-25	9	10.0
Mean \pm SD	20.27 \pm 1.49	
Faculty name		
Faculty of Tourism and Hotels	15	16.7
Faculty of Education	17	18.7
Faculty of Arts	14	15.6
Faculty of Social Service	15	16.7
House of Science	14	15.6
Faculty of Physical Education	15	16.7
Exercise type		
Cycling	10	11.1
Running Sport	13	14.4
Volleyball	11	12.3
Basketball	9	10.0
None	47	52.2
Religion		
Muslim	74	82.2
Christian	16	17.8
Residence		
Urban	42	46.7
Rural	48	53.3

Table (1) Table (1) showed that, more than half (52.2%) of the studied female students were in the age group 18-<21 years with Mean \pm SD was 20.27 \pm 1.49 years. Regarding to faculty name, less than one quarter (18.9%) of them were from faculty of education. Also, more than half (52.2%) of them don't practice exercise. Also, the majority (82.2%) of them were Muslim. Concerned to residence, more than half (53.3%) of them residing in rural areas.

Part (III): Female students' attitudes toward masturbation.

Table (2): Distribution of the study sample regarding female students' attitudes toward masturbation at pre and post implementation of instructional guidelines (n=90).

Items	Pre intervention										Post intervention										X ²	P- value
	Strongly agree		Agree		Sometime		Disagree		Strongly disagree		Strongly agree		Agree		Sometime		Disagree		Strongly disagree			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
*Masturbation is a physical need for female	0	0.0	15	16.7	39	43.3	27	30.0	9	10.0	0	0.0	0	0.0	0	0.0	20	22.2	70	77.8	102.14	0.000**
*Masturbation is one of the most prevalent topics in the past	8	8.9	24	26.7	34	37.8	16	17.8	8	8.9	0	0.0	0	0.0	10	11.1	30	33.3	50	55.6	79.76	0.000**
The spread of masturbation at present is partly due to the media and the presence of more details such as pictures and video	3	3.3	24	26.7	47	52.2	10	11.1	6	6.7	63	70.0	16	17.8	11	12.2	0	0.0	0	0.0	94.49	0.000**
The Internet contributes significantly to obtaining this type of information about masturbation easily	9	10.0	18	20.0	45	50.0	14	15.6	4	4.4	80	88.9	10	11.1	0	0.0	0	0.0	0	0.0	121.92	0.000**
Females are more practice to masturbation of the present	8	8.9	16	17.8	37	41.1	22	24.4	7	7.8	56	62.2	24	26.7	10	11.1	0	0.0	0	0.0	82.11	0.000**
There are many females watching pornography such as video clips	3	3.3	16	17.8	47	52.2	21	23.3	3	3.3	73	81.1	17	18.9	0	0.0	0	0.0	0	0.0	135.50	0.000**
Pillow between the legs sleeping providing the female feeling of desire in the practice of masturbation	8	8.9	14	15.6	54	60.0	8	8.9	6	6.7	53	58.9	19	21.1	8	8.9	10	11.1	0	0.0	74.30	0.000**
Isolation provides a sense of masturbation	8	8.9	10	11.1	47	52.2	18	20.0	7	7.8	62	68.9	18	20.0	10	11.1	0	0.0	0	0.0	92.96	0.000**
Masturbation practice provides a feeling of depression	8	8.9	7	7.8	56	62.2	16	17.8	3	3.3	63	70.0	17	18.9	10	11.1	0	0.0	0	0.0	97.83	0.000**

X²: Chi Square Test. (**) highly statistically significant at p<0.01.

Table (2) indicated that, there was a marked improvement in female students' attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at (P= < 0.01) between pre and post implementation of instructional guidelines. As noticed, the minority (10.0% and 3.3%) of the studied female students strongly agreed that the Internet contributes significantly to obtaining this type of information about masturbation easily and there are many females watching pornography such as video clips at pre intervention phase, respectively. While changed to be the majority (88.9% and 81.1%) at post implementation of instructional guidelines, respectively.

Table (3): Distribution of the study sample regarding female students' attitudes toward masturbation at pre and post implementation of instructional guidelines (n=90).

Items	Pre intervention										Post intervention										X ²	P- value
	Strongly agree		Agree		Sometime		Disagree		Strongly disagree		Strongly agree		Agree		Sometime		Disagree		Strongly disagree			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
*The practice of female to masturbation is effective in solving problems and pressures	2	2.2	16	17.8	46	51.1	17	18.9	9	10.0	0	0.0	0	0.0	0	0.0	17	18.9	73	81.1	113.95	0.000**
Tight clothes, especially - pants, increase the desire to practice masturbation for the female	9	10.0	10	11.1	54	60.0	8	8.9	9	10.0	58	64.4	12	13.3	10	11.1	10	11.1	0	0.0	75.49	0.000**
Water tap direct toward clitoral is one of the ways to practice e masturbation	10	11.1	17	18.9	38	42.2	17	18.9	8	8.9	62	68.9	18	20.0	10	11.1	0	0.0	0	0.0	78.91	0.000**
Masturbation for females leads to infertility	8	8.9	18	20.0	40	44.4	16	17.8	8	8.9	53	58.9	19	21.1	8	8.9	10	11.1	0	0.0	63.94	0.000**
Female practice of secret practice leads to transmission of infection to the genital	9	10.0	18	20.0	46	51.1	15	16.7	2	2.2	64	71.1	16	17.8	10	11.1	0	0.0	0	0.0	81.69	0.000**
Female practice of masturbation lead to un virgin	9	10.0	9	10.0	20	22.2	43	47.8	9	10.0	57	63.3	20	22.2	13	14.4	0	0.0	0	0.0	92.56	0.000**
Female practice of masturbation leads to bleeding	2	2.2	7	7.8	17	18.9	55	61.1	9	10.0	60	66.7	11	12.2	9	10.0	10	11.1	0	0.0	97.76	0.000**
Masturbation leads to cancer	2	2.2	7	7.8	49	54.4	24	26.7	8	8.9	54	60.0	16	17.8	10	11.1	10	11.1	0	0.0	91.35	0.000**
Masturbation leads to change the shape o female genital organ external	9	10.0	18	20.0	47	52.2	13	14.4	3	3.3	63	70.0	10	11.1	10	11.1	7	7.8	0	0.0	71.60	0.000**
*Women's practice of masturbation protects them against sexually transmitted diseases	8	8.9	19	21.1	36	40.0	18	20.0	9	10.0	0	0.0	0	0.0	3	3.3	16	17.8	71	78.9	103.09	0.000**

X²: Chi Square Test. (**) highly statistically significant at p<0.01.

Table (3) displayed that, there was a marked improvement in female students' attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at ($P = < 0.01$) between pre and post implementation of instructional guidelines. As noticed, the minority (10.0%) of the studied female students strongly disagreed that the practice of female to masturbation is effective in solving problems and pressures and women's practice of masturbation protects them against sexually transmitted diseases at pre intervention phase, respectively. While changed to be the majority (81.1% and 78.9%) at post implementation of instructional guidelines, respectively.

Table (4): Distribution of the study sample regarding female students' attitudes toward masturbation at pre and post implementation of instructional guidelines (n=90).

Items	Pre intervention										Post intervention										X ²	P- value
	Strongly agree		Agree		Sometime		Disagree		Strongly disagree		Strongly agree		Agree		Sometime		Disagree		Strongly disagree			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
The fungal infections in the female genitalia are a cause of masturbation	2	2.2	8.	8.9	28	31.1	43	47.8	9	10.0	80	88.9	0	0.0	10	11.1	0	0.0	0	0.0	142.72	0.000**
After practice of masturbation the female feeling ashamed	10	11.1	17	18.9	48	53.3	8	8.9	7	7.8	61	67.8	11	12.2	10	11.1	8	8.9	0	0.0	69.81	0.000**
Masturbation affects social life	9	10.0	17	18.9	50	55.6	8	8.9	6	6.7	62	68.9	17	18.9	11	12.2	0	0.0	0	0.0	80.25	0.000**
The practice of the female to masturbation is harmful	3	3.3	15	16.7	48	53.3	16	17.8	8	8.9	60	66.7	20	22.2	10	11.1	0	0.0	0	0.0	101.18	0.000**
Discuss the subject of masturbation topic with the mother	8	8.9	10	11.1	18	20.0	47	52.2	7	7.8	64	71.1	16	17.8	10	11.1	0	0.0	0	0.0	101.22	0.000**
Every mother is responsible for educating her daughters about the risks of masturbation	9	10.0	17	18.9	46	51.1	16	17.8	2	2.2	62	68.9	17	18.9	11	12.2	0	0.0	0	0.0	80.73	0.000**
*Talk about masturbation with your friends	2	2.2	16	17.8	45	50.0	18	20.0	9	10.0	0	0.0	0	0.0	10	11.1	10	11.1	70	77.8	89.66	0.000**
It is important to develop educational curricula about masturbation and its risks	9	10.0	25	27.8	46	51.1	8	8.9	2	2.2	73	81.1	8	8.9	9	10.0	0	0.0	0	0.0	93.60	0.000**
Frequent practice of female to masturbation leads to addiction and leave it difficult	2	2.2	8	8.9	17	18.9	47	52.2	16	17.8	80	88.9	10	11.1	0	0.0	0	0.0	0	0.0	147.01	0.000**

X²: Chi Square Test. (***) highly statistically significant at $p < 0.01$.

Table (4) presented that, there was a marked improvement in female students' attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at ($P = < 0.01$) between pre and post implementation of instructional guidelines. As noticed, the minority (10.0% and 2.2%) of the studied female students strongly agreed that it is important to develop educational curricula about masturbation and its risks and frequent practice of female to masturbation leads to addiction and leave it difficult at pre intervention phase, respectively. While changed to be the majority (81.1% and 88.9%) at post implementation of instructional guidelines, respectively.

Figure (1): Percentage distribution of total female students' attitudes toward masturbation at pre and post implementation of instructional guidelines (n=90).

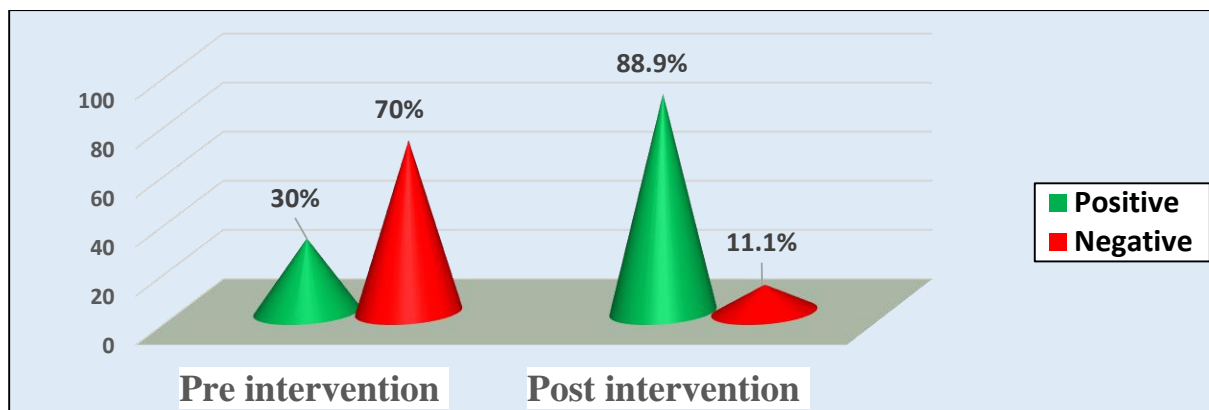


Figure (1) showed that, more than one quarter (30.0%) of the studied female students have positive attitudes toward masturbation at pre implementation of instructional guidelines. While changed to the majority (88.9%) at post implementation of instructional guidelines.

Table (5): Relation between socio-demographic data of the studied female students and their total attitude toward masturbation at pre and post implementation of instructional guidelines (n=90).

Socio-demographic data		Levels of total attitude at pre intervention phase				X ²	P-Value	Levels of total attitude at post intervention phase				X ²	P-Value
		Positive (n=27)		Negative (n=63)				Positive (n=80)		Negative (n=10)			
		No.	%	No.	%			No.	%	No.	%		
Age (years)	18-<21	0	0.0	47	74.6	49.664	0.000**	38	47.5	9	90.0	6.497	0.009**
	21-<23	18	66.7	16	25.4			33	41.3	1	10.0		
	23-25	9	33.3	0	0.0			9	11.2	0	0.0		
Faculty Name	Tourism and Hotels	3	11.1	12	19.0	5.366	0.112	11	13.7	4	40.0	9.482	0.091
	Education	12	44.4	5	7.9			17	21.3	0	0.0		
	Arts	6	22.2	8	12.7			13	16.2	1	10.0		
	Social Service	2	7.4	13	20.6			15	18.8	0	0.0		
	Science	1	3.7	13	20.6			11	13.7	3	30.0		
	Physical Education	3	11.1	12	19.0			13	16.3	2	20.0		
Exercise Type	Cycling	2	7.4	8	12.7	3.699	0.053	7	8.7	3	30.0	5.345	0.254
	Running Sport	1	3.7	12	19.0			11	13.8	2	20.0		
	Volleyball	1	3.7	10	15.9			10	12.5	1	10.0		
	Basketball	1	3.7	8	12.7			9	11.2	0	0.0		
	None	22	81.5	25	39.7			43	53.8	4	40.0		
Religion	Muslim	19	70.4	55	87.3	3.707	0.054	64	80.0	10	100.0	2.432	0.119
	Christian	8	29.6	8	12.7			16	20.0	0	0.0		
Residence	Urban	10	37.0	32	50.8	1.437	0.231	33	41.2	9	90.0	8.488	0.001**
	Rural	17	63.0	31	49.2			47	58.8	1	10.0		

X² = Chi square test. No significant at p > 0.05. *Significant at p < 0.05. **highly significant at p < 0.01.

Table (5) presented that, there was highly statistically significant relation between total female students' attitude at pre-intervention and their age at (P= < 0.01). While, there was no statistically significant relation with their faculty name, exercise type, religion and residence at (P= > 0.05). In addition, the results reveal that, there was highly statistically significant relation between total female students' knowledge at post-intervention and their age and residence at (P= < 0.01). While, there was no statistically significant relation with their faculty name, exercise type, religion and residence at (P= > 0.05).

IV. DISCUSSION

Masturbation is defined as the act of touching oneself to feel sexual pleasure and/or orgasm. Pleasing oneself is a vital aspect of human sexuality, often debuting (Kayiran & Sonmez, 2020).

Masturbation, when practiced excessively, can lead to various physical and psychological complications that may impact an individual's daily life and relationships. These complications include feelings of guilt, often stemming from cultural, spiritual, or religious beliefs, and physical symptoms such as lower back pain, fatigue, hair loss, erectile dysfunction, premature ejaculation, vision problems, and pelvic or groin pain (WHO, 2024).

The current study showed that, more than half of the studied female students were in the age group 18-<21 years with Mean \pm SD was 20.27 \pm 1.49 years. Regarding to faculty name, less than one quarter of them were from faculty of education. Also, more than half of them don't practice exercise. Also, the majority of them were Muslim. Concerned to residence, more than half of them residing in rural area

The current study reported that that, there was a marked improvement in female students' attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at (P= < 0.01) between pre and post implementation of instructional guidelines. As noticed, the minority of the studied female students strongly.

Agreed that the Internet contributes significantly to obtaining this type of information about masturbation easily and there are many females watching pornography such as video clips at pre intervention phase, respectively. While changed to be the majority at post implementation of instructional guidelines, respectively.

This result that agree with **Shavega et al. (2020)** in a study entitled “Intervention strategies of excessive masturbation for a 19-years youth: Experience of counseling intervention. ” who showed Pornographic video has been pointed out as another source of masturbation, which contributed to excessive practice of masturbation. These videos can be found in CD’s, you tube and other internet sites. When youth spend long time watching visual sexual stimuli displaying masturbation, they’re at risk of developing a habitual behavior to masturbation.

In researcher opinion the videos have instant stimulation to masturbation since as one watches them, the more likely may be learn different styles of masturbation thus, practice excessively. pornography to be among the sources of sexual practices including masturbation.

Also, there was a marked improvement in female students’ attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at ($P = < 0.01$) between pre and post implementation of instructional guidelines.

As noticed, the minority of the studied female students strongly disagreed that the practice of female to masturbation is effective in solving problems and pressures at pre intervention phase, respectively. While changed to be the majority at post implementation of instructional guidelines, respectively.

This result disagrees with **Jaiswal. (2024)** in a study entitled “Masturbation, End of the World & Self-Control, a New Beginning” who showed which said Masturbation provides a natural and accessible way to alleviate stress and tension. The release of endorphins and other feel-good hormones during orgasm can promote relaxation and a sense of well-being, helping individuals manage daily stressors more effectively.

And women's practice of masturbation protects them against sexually transmitted diseases this result agrees with **Mushy et al. (2021)** in a study entitled “The management of masturbation as a sexual health issue in Dar Es-Salaam, Tanzania: a qualitative study of health professionals’ and medical students’ perspectives” who showed when do masturbation of course protect from STIs, unwanted pregnancy and other related things that might affect sexual health. However, the disadvantages are so many like psychological issues as once masturbate lose memory and many other problems that have been said by my colleagues

In researcher opinion if masturbation protect from STIs, unwanted pregnancy that might affect sexual health and have serious disadvantages are so many like physical problem as sexual transmuted STI with using sex toys, lose virginity, psychological feel guilt and social affected

The current study reported that that, there was a marked improvement in female students’ attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at ($P = < 0.01$) between pre and post implementation of instructional guidelines. As noticed, the minority of the studied female students strongly agreed that

It is important to develop educational curricula about masturbation and its risks and frequent practice of female to masturbation leads to addiction and leave it difficult at pre intervention phase, respectively. While changed to be the majority at post implementation of instructional guidelines, respectively.

This result agrees with **Mushy et al. (2021)** in a study entitled “The management of masturbation as a sexual health issue in Dar es Salaam, Tanzania: a qualitative study of health professionals’ and medical students’ perspectives” who showed to change health care providers’ attitudes, the curriculum would need to address the prevailing negative cultural, religious, and societal attitudes toward masturbation and the widely held assumptions of it causing adverse effects.

In researcher opinion educating health providers in sexual health addresses multiple epidemics and examines the underlying behaviors and beliefs sustaining such statistics.so should be develop educational curricula about masturbation and its risks to avoid it to protect the adolescent and culture and relegation when adolescent get on information from any sources unreliable as social media or friends.

Also showed that, there was a marked improvement in female students' attitudes toward masturbation post implementation of instructional guidelines with highly statistically significant difference at ($P = < 0.01$) between pre and post implementation of instructional guidelines.

As evidence, more than one quarter (30.0%) of the studied female students have positive attitudes toward masturbation at pre implementation of instructional guidelines. While changed to the majority (89.4%) at post implementation of instructional guidelines. This result agrees with **El-afandy et al.(2024)** in a study entitled "Basic Research The Effect of An Education Program on Adolescent Masturbation Knowledge, Self-Esteem, Body Image and Attitude Using a Participatory Learning Approach" who demonstrated a significant improvement in students' attitudes toward masturbation post-program, that more than half from study sample had positive attitude regarding masturbation preprogram, which improved to most from them had negative attitude level post program with 13.46 paired T test and 0.000 p value.

The current study reported that that, there was high significant statistical positive correlate between total female students' knowledge and their total attitude toward masturbation at pre and post implementation of instructional guidelines at $p < 0.01$.

Revealed that, there was high significant statistical positive correlation between total female students' knowledge and their total attitude toward masturbation at pre and post implementation of instructional guidelines at $p < 0$.

This result similar by **Fahmy et al (2019)** in titled "Assessment of knowledge and attitude of married women regarding masturbation risks". showed that there was a highly positive association between the studied women total knowledge and attitude score. As it was found most of the studied women (67.1%) had poor knowledge and (79.9%) had negative attitude toward masturbation practice. This may be due to Egypt is an Islamic country, all aspects of sex, are organized by religious rules, in Egypt some women are follow religious rules and consider masturbation is sinful and there for forbidden.

From the perspective of the researcher, the little practices of sexual and masturbation activity may be connected to the fact that masturbation conflict with morals or values, or being against one's religion and we live in an Islamic society that is governed by Islamic allusions, customs, and traditions that limit and postpone masturbation and illicit sexual activity

V. CONCLUSION

The findings of the current study supported the researcher's hypothesis which stated that applying instructional guidelines that affected on knowledge and attitude of female students regarding risks of masturbation had improvement in knowledge and attitude towards masturbation risk

VI. RECOMMENDATIONS

Based on the findings of this study the following recommendations are presented:

The current study recommended:

1. Efforts must be taken to set up health centers and counseling unit to provide accessible services to control masturbation problems.
2. Incorporate ongoing education program for female students to raising awareness regarding masturbation risks

Further studies:

1. More studies on masturbation among female student are required, including a big sample drawn from all Egyptian university with different affiliations in different regions.

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