




The Knowledge and Determinants of Sexual Health and Sexual Transmitted Infections Among Women in Saudi Arabia: A Nationwide Survey [Response to Letter]

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Dear editor

Thank you for your insightful comments on the article “Knowledge and determinants of sexual health and sexually transmitted diseases among women in Saudi Arabia: a nationwide survey.” We are grateful to have acknowledged your research support, including our observation of low levels of knowledge about sexual health and STIs among Saudi Arabian women, the impact of demographic factors on health promotion programming on the issue, and the need for more effective sexual health education that we have highlighted. Thank you for the critique. We appreciate your comments and would like to address some factors that may have been overlooked in the context and limitations of our study.

First, with regard to telephone interviews, this method was deliberately chosen, taking into account the sensitivity of the issue in Saudi Arabia. A face-to-face interview on sexual health could have elicited more relevant responses due to cultural factors. In our study, the telephone channel strikes a balance between confidentiality and integrity.

It is this sensitivity to the cultural sensitivity of the topic in Saudi Arabia that highlights the importance and importance of our research. The reluctance to openly discuss sexual health is an obstacle that any research in this area of the subject must overcome. Our study provides valuable preliminary insights despite these inherent challenges.

Furthermore, proposals to include factors such as access to health services, social stigma, and psychological factors, while valuable, ignore where we will go and what resources we have will be on our study. Practical constraints often limit research, and our focus was to shed light on a largely unexplored area within the constraints we faced.

In response to your suggestions, we agree that future research should adopt a multifactorial approach, incorporating a broader range of influences on sexual health, such as access to healthcare, social stigmas, and psychological factors. Additionally, employing qualitative methods like focus group discussions or case studies would indeed provide deeper insights into women's perceptions of sexual health and STIs. Lastly, we recognize the importance of developing new interventions to enhance knowledge and awareness about sexual health and STIs among women in Saudi Arabia.

In conclusion, while we acknowledge the limitations of our study and are open to constructive suggestions, we also stand by the methodologies and scope we chose as being the most appropriate under the given circumstances.

Disclosure

The authors report no conflicts of interest in this communication.

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