

Attitudes and Beliefs of Nursing Students Towards Sexual Health Care

Nur Aida Ab Rashid¹, Norfadzilah Ahmad^{2*}, Aniawanis Makhtar³

¹Klinik & Rumah Bersalin Lily, Kelantan, Malaysia.

²Department of Professional Nursing Studies, Kulliyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.

³Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.

ABSTRACT

Introduction: Sexual health care refers to assessing sexual health, identifying the risks, and providing appropriate counselling related to sexuality. It is essential to have competency related to this care to prevent under-treated patient and further complications. This study aims to explore attitudes and beliefs among undergraduate nursing students at International Islamic University Malaysia (IIUM) Kuantan, Pahang toward sexual health care and its association with socio-demographic characteristics.

Methods: A descriptive quantitative cross-sectional study with a convenience sampling was conducted among 239 students from March to May 2021. Data were gathered by using Google Forms questionnaires and distributed to all undergraduate nursing students through WhatsApp. The questionnaires were available in three parts: socio-demographic, students' characteristics, and Sexual Attitude and Belief Survey (SABS). Data analysis was done by using SPSS version 20.0.

Results: The majority of nursing students have moderate attitudes and beliefs in delivering sexual health care and Age group was significantly associated with SABS score ($p < 0.05$).

Conclusion: Although most nursing students have sufficient knowledge related to sexual health, they still feel uncomfortable and unable to diagnose patients with sexual problems.

Keywords: Attitude, Beliefs, Nursing students, Sexual health care, Sexuality

*Corresponding author

Dr. Norfadzilah Ahmad
Department of Professional Nursing Studies,
Kulliyah of Nursing,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota
25200 Kuantan, Pahang, Malaysia.
E-mail: fadzilah_hmd@iium.edu.my

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INTRODUCTION

Sexual health is important to human beings as they can get ill when this aspect of health is not being considered. According to World Health Organization (1), sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. However, this aspect of health is considered taboo for certain countries, religions, and cultures, especially Malaysia, a Muslim country. There are a lot of factors that may affect the sexual health of a person such as due to the treatment, present illness and behaviour. A sexual healthy life can be achieved through education and communication by getting a qualified health care provider if someone has a problem with it. As for the public, many sources of sexual health education can be obtained, such as through formal lessons at school, parents, peers, and written resources. And for nursing students in baccalaureate nursing programs, sexuality content can be learnt in nursing courses which not presented in a separate course (2).

In sexual health care, nurses play a role in assessing sexual health, diagnosing the risks and providing suitable counselling, and diagnosing possible chronic health problems related to sexuality (3). Without necessary knowledge, confidence or competency, excellent care cannot be given (4). Therefore, the nurses need to have adequate knowledge, the skill of communication and competency in giving sexual health education and care to the patient that must be started and polished since they are students to ensure their competency in the future workplace. Blakey & Aveyard (5) reported that the knowledge of the student assessment regarding sexuality is narrow, and there was a lack of positive role models on clinical practice at clinical placement and university. A study from the Netherlands reported that their nursing students feel uncomfortable discussing this topic, and only a few of them deliver the care related to sexual health (7). Tsai et al. (8) said that most of the nurses and nursing students acknowledge that they have a role in sexual health care. However, their preparation and willingness to address it in practice is limited (9).

It is important to study the attitude and beliefs of nursing students in providing sexual health

care so that improvement can be made by the students and their lecturers based on the study results. Besides, their lecturers can also assess and plan on the lack in education and practice to ensure they can cover the lack before their students graduate. Furthermore, this study is important because there is lacking of the study that related to nursing students and sexual health care, especially among nursing students in Malaysia. Perhaps, this issue is very sensitive.

Thus, this study aims to explore undergraduate nursing students' sexual health and sexual health care characteristics and their association with socio-demographic background and Sexual and Attitude Belief Survey (SABS) score. Therefore, nursing students must master providing sexual health care to ensure their patient is free from sexual health problems.

METHODS

This cross-sectional study was conducted among undergraduate nursing students at the International Islamic University Malaysia (IIUM) Kuantan. Raosoft sample size calculator was used to calculate the required samples, a total of 239 out of 413 students were participated in this study. The convenience sampling method was used to reach the respondents from the student's name list, provided by the administration of kulliyah (faculty). The inclusion criteria for the participants were i) active undergraduate students from Kulliyah of Nursing in International Islamic University Malaysia, Kuantan Pahang ii) able to understand Malay and English language and iii). willingly to participate in this study. The respondents were contacted through WhatsApp, and they were asked to answer the online questionnaire. The questionnaire was developed using Google Form. The data was collected between March and May 2021 after obtaining the approval from Kulliyah of Nursing Postgraduate and Research Committee (KNPGRC) and IIUM Research Committee (IREC). The study was conducted using a questionnaire that was adapted from Attitude and Behaviors of Senior Nursing Students in Assessment of Sexual Health (10). The Cronbach's alpha reliability coefficient of the survey and re-test text correlation value was found as 0.73 and 0.90, respectively ($P < 0.05$) (11). The questionnaire consisted of three parts: demographic

characteristics, sexual health and sexual health care characteristics of nursing students, and Sexual Attitude and Belief Survey (SABS). Part A had three items on socio-demographic characteristics: age, gender, year of study meanwhile Part B consisted of 7 questions to identify sexual health and sexual health care characteristics. The last section was Part C which consisted of twelve items about the Sexual Attitude and Belief Survey (SABS). There were six questions regarding the attitude of nursing students, which were on items 1, 5, 9, 10, 11 and 12, while the other six questions were related to the beliefs of the nursing students toward sexual health care. The question was categorized in a 6-point Likert scale from (1=absolutely disagree) to (6=absolutely agree). 7 of the 12 items (items 1, 2, 4, 6, 8, 10, and 12) were phrased in reverse (i.e., 1=absolutely agree, 6=absolutely disagree). In this study, for the analysis the Mean from 4 and higher represent disagree with the item and mean below 3, refers to students agree with the item. The total scoring for SABS score ranges from 12 to 72. A lower total mean SABS score indicates the nursing students have a positive attitude and belief towards sexual health care and fewer challenges in evaluating and providing consultancy for sexual problems. While the higher the total mean SABS score indicates the nursing students have a negative attitude and belief towards sexual health care and more challenges in evaluating and providing consultancy for sexual problems. This research study's data has been coded and entered into Statistical Package Social Science (SPSS) Version 20.0 for data analysis.

Data Analysis

Descriptive analysis was used to explore socio-demographic data, sexual health and sexual health care characteristics of nursing students and Sexual Attitude and Belief Survey (SABS). The normality test showed that the data is normally distributed. Hence parametric tests were used to run the statistical analysis One-way ANOVA to study the relation of socio-demographic background with Sexual and Attitude Belief Survey (SABS) score. A p-value of less than 0.05 was considered statistically significant.

RESULTS

The quantitative data collection was conducted over three months, from March until May 2021. The number of respondents who participated in this study was 239 of undergraduate nursing students with a response rate of 55.5% from the total population. The ranged age of the participants was from 19 to 25 years old. Majority of the participants were from year 1, which was 37.7%, year 4 (25.1%), year 2(19.7%) and the least was from year 3 which was 17.6% of them. Of the participants, 81.2% was female. **Table 1** shows regarding socio-demographic data of the respondents.

Table 1: Socio-demographic data of the respondents (N=239)

Variables	Frequency (n)	Percentage (%)
Gender		
Female	194	81.2
Male	45	18.8
Age		
20 and below	63	26.3
21-22	108	45.2
23 and above	68	29.5
Year of study		
Year 1	90	37.7
Year 2	47	19.7
Year 3	42	17.6
Year 4	60	25.1

Sexual health-related characteristics of students

Table 2 describe the studied participant's sexual health-related characteristics. Most of the studied participants were informed about sexual health (96.2%), and the source of information regarding sexual health is mostly from lessons at school (38.9%), medical institutions (30.1%), written sources (14.6%) and visual sources (12.1%). Only 7.9% of the student believed that their knowledge about sexual health is insufficient. About 88.3% of the students were able to talk about sexual health issues with the individuals to whom they give care.

From the result, the sexual healthcare related characteristics show that 97.9% of them believed that sexual health is one of the most important issues that concern society. Besides, 95% of students think that it is more

appropriate to receive a request from patients to talk about sexual health issues and 98.3% of them think that individual, religious, social and institutional factors may affect sexual health care.

Table 2: Sexual health related characteristics of students (N=239)

Opinion	Frequency (n)	Percentage (%)
Informed about sexual health		
Yes	230	96.2
No	9	3.8
Opinion on the sufficiency of available information related to sexual health		
Insufficient	19	7.9
Partially sufficient	103	43.1
Sufficient	101	42.3
Very sufficient	16	6.7
Source of information regarding sexual health		
Lessons at school	93	38.9
Visual sources	29	12.1
Written sources	35	14.6
Medical institutions	72	30.1
Home	4	1.7
Others	6	2.5
I can discuss sexual health with the individuals to which I provide nursing care.		
Yes	211	88.3
No	28	11.7
Sexual health is one of the most important issues that concern society.		
Agree	234	97.9
Disagree	5	2.1
It is more appropriate to receive request from patients to talk about sexual health issues.		
Yes	227	95.0
No	12	5.0
Individual, religious, social and institutional factors may affect sexual health care.		
Yes	235	98.3
No	4	1.7

Sexual Attitude and Belief Survey (SABS)

As shown on **Table 3**, the total mean score for SABS for 12 items was 40.39 (5.562) which the lowest total score was 23, and the highest total score was 58. Overall, undergraduate nursing students in IIUM Kuantan had a moderate attitude and belief towards sexual health care since the total mean score for SABS was near to the average score which was 36.

The survey indicates that 89.2% of students agreed that discussing sexuality is necessary for the patient's health and 85.8% of them agreed that they understand how patients' diseases and treatments can affect their sexuality.

However, 54.0% of them agreed that they feel uncomfortable talking about subjects concerning sexuality and only 49.4% of them agreed that they make time to discuss sexual problems with their patient.

Besides, only 38.1% of students agreed that they trust their ability to diagnose the patients with sexual problems, and 63.2% of them agreed that they would recommend the patient to discuss with their doctor when the patients ask them about sexuality. However, 78.7% of them agreed that it is a nurse's responsibility to allow the patient to talk about their sexual problems and 64% of them agreed to discuss

regarding the sexuality only if the patient initiates the discussion.

51.9% of students said that they were agreed that sexuality is a subject too private to discuss with patients, and 49.3% agreed that patients expect nurses to ask questions about their

sexual problems. More than half of the students agreed that most of the hospitalized patients are too ill to think about sexuality and 55.6% of nursing students agreed that they felt more comfortable than most of their nurse colleagues when talking to their patients about sexual health.

Table 3: Sexual health related characteristics of students (N=239)

Survey items	Mean(sd)	Disagree N (%)	Agree N (%)
*1. Discussing sexuality is necessary for the patient's health.	2.16(1.057)	26(10.8)	213(89.2)
*2. I understand how my patients' diseases and treatments can affect their sexuality.	2.38(1.086)	34(14.2)	205(85.8)
3. I am uncomfortable talking about subjects concerning sexuality.	3.53(1.159)	110(46.0)	129(54.0)
*4. I am more comfortable than most of my nurse colleagues when talking to my patients about sexual health.	3.36(1.136)	106(44.4)	133(55.6)
5. I believe that most of the hospitalized patients are too ill to think about sexuality.	3.87(1.275)	88(36.7)	152(63.3)
*6. I make time to discuss my patient's sexual problems.	3.49(1.166)	121(50.6)	118(49.4)
7. When my patients ask me about sexuality, I recommend them to discuss it with their doctor.	3.94(1.112)	88(36.8)	151(63.2)
*8. I trust my ability to diagnose the patient's sexual problems.	3.95(1.193)	148(61.9)	91(38.1)
9. Sexuality is a subject too private to discuss with patients.	3.57(1.333)	115(48.1)	124(51.9)
*10. It is a nurse's responsibility to allow the patient to talk about their sexual problems.	2.66(1.073)	51(21.3)	188(78.7)
11. Sexuality should be discussed only if the discussion is initiated by the patient.	3.92(1.168)	86(36)	153(64)
*12. Patients expect nurses to ask questions about their sexual problems.	3.55(1.249)	121(50.7)	118(49.3)
Total Score	40.39(5.562) (Minimum:23, Maximum:58)		

The association between socio-demographic background and sexual health characteristics of students with total mean SABS score

Next, a One-way ANOVA test was used to analyse any significant mean difference between age and the year of study with the SABS. The test was significant between the age and SABS where the p-value is 0.023. The subsequent post hoc test suggests that the mean score of SBAR is higher among group of the students aged 23 and above compared to the other two groups. The result was presented in **Table 4**.

Table 4: Association between Age and the year of study and with mean SABS score

Variables	Mean SABS score	F-statistics(df)	p-value
Age		3.815(2,238)	0.023
20 and below	38.83 (5.333)		
21-22	40.69 (5.270)		
23 and above	41.38 (5.983)		

p<0.05 as significant at 95% CI

DISCUSSION

This study was conducted among 239 undergraduate nursing students IIUM Kuantan. Most of the respondents (96.2%) answered that they were informed about sexual health and 97.9% of them stated that sexual health is important issue that concern society. Apart from that, a previous study in Turkey showed the majority of participants where 95.0% of them being informed, and 96.8% stated that sexual health is important (10). Most of them were informed and agreed that sexual health was important because they had learned about the sexuality since they were young, where parents were the primary source of socialization (12).

Apart from that, 88.3% of nursing students able to talk about sexual health with the patients who they give care. In contrast with the previous study where the students hesitate to talk about sexuality with the patients most of them did not or occasionally discussed that topic (3,7). One of the reasons for the lack of discussion was lack of knowledge (5). Only 7.9% of nursing students stated that they have insufficient knowledge related to sexual health. Meanwhile, the researcher found a significant association between nursing students' knowledge and their attitudes and beliefs toward sexual health care where the nursing student with sufficient knowledge had more positive attitudes and beliefs in delivering sexual health care compared to the students who had partially sufficient information related to sexual health. This result shows that sufficient knowledge was important in order to lessen the challenges in providing sexual health care. This finding was supported by a previous study where there was a significant difference of nursing students who have insufficient and very sufficient knowledge regarding sexual health care (10). Sexuality training showed an improvement in the average SABS score of the nursing students in a pretest and posttest study (13).

In this study, the total mean SABS score of nursing students in providing sexual health care was 40.39 (5.562), which was approximately 4.4 points higher than the total point average of the scale, 36. Several studies had been conducted on Turkish nursing students in 2018 to 2020 were the total mean SABS score was 42.29 (3.65) on 2018, 36.69 on

2019 and 32.54 (6.86) on 2020 (3, 10, 14,). It showed that there was an improvement in the average SABS score of Turkish nursing students by the year. To compare with the current study in Turkey, our nursing students' attitudes and beliefs toward sexual health care was more negative. The negative of the results shows that our country was still perceived sexuality was taboos that cause the nurse cannot adequately assess the sexuality of the patients.

Although most of them were able to talk about sexual health with the patients but 54.0% of them agreed that they feel uncomfortable in talking about a subject that concern sexuality. It has been supported by (5) where the nursing students felt uncomfortable discussing sexuality-related issues with the patients. 50.6% of nursing students disagree that they make time to discuss with their patients related to sexual health problems. Similarly, the other studies also found that 57.7% of their respondents disagree on making time to discuss sexuality matters (3). Meanwhile, a literature review study found that only 16% of nursing students had ever given advice to patients and only low number of students nurses reported making time to discuss sexuality. Some of the reasons the students did not make time to discuss because of lack of skill in delivering sexual health assessment, lack of time, feel inadequately prepared and lack of competency (5).

The findings of the current study showed that 64% of participants agreed to discuss sexuality only if it was initiated by the patient. Blakey & Aveyard (5) found in their study that students feel more confident to discuss sexual health if a doctor or patient themselves initiated the topic. In addition, this were because they have lack of confidence in assessment and lack of role models about how to deliver such care. However, in contrast, 90.5% of students did not agree with the statements, sexuality should be discussed only if initiated by the patient (14).

This study also found that age have a significant difference in attitude and beliefs of nursing students toward sexual health care. Students aged 23 and above had a more positive attitude in delivering sexual health care compared to other two groups. This could be because they developed their positive attitude and belief as they become senior

students. In contrast, in study conducted in Sweden reported that there were no meaningful differences in attitude and belief of the students among different age groups (14).

CONCLUSION

We conclude that most of the nursing students have moderate attitudes and beliefs toward sexual health care based on the total mean sexual attitude and beliefs score (SABS). From the data, students aged 23 years old and above more positive in delivering sexual health care to the patient compared to the students less than 22 years old. Knowledge was an important component in delivering sexual health care where students with very sufficient knowledge have a more positive attitude than students who have partial knowledge.

This study also showed most nursing students' belief that sexual health was an important issue that concerns society. However, more than half of the nursing students felt uncomfortable when delivering sexual health care, and most of them did not trust their ability to discuss sexual problems with their patients. Although the third quarter of the participants agreed that sexual health care is nurse responsibility, not all of them make time to discuss sexual health with their patient.

Limitation

First, these data analyses were based on a convenient sample of nursing students at IIUM Kuantan campus only therefore the findings may not be generalizable to all nursing students. Second, sexual health topic was considered a sensitive topic that could lead to reluctance to participate in this study. Besides, this study only assessed the attitude and beliefs of nursing students who did not clearly assess their knowledge of them regarding sexual health care. It is recommended that future studies can assess the knowledge of the nursing students as knowledge is the important thing that must be equipped in order to deliver sexual health care.

Recommendation

It was recommended that nursing students need practice delivering sexual health care face to face with the patients and their clinical instructors before graduation since most of

them feel uncomfortable in delivering the care. Besides, it was recommended that the sexual health subject would be taught in one subject and not in the separate subject. Therefore, nursing students can understand better and realize the importance of the subject.

CONFLICT OF INTEREST

The author declares that there was no conflict of interest this study.

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