

RESEARCH ARTICLE

Assessing Knowledge, Attitudes and Readiness of Nurses Regarding Patients' Sexual Health Problems

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Abstract

Background: Sexual health is fundamental to the physical, psychological and spiritual well-being of a human, couple, and family; it is the social and economic development of modern societies and civilized nations (WHO, 2020). The ability of human sexual health and well-being depends upon their sufficient knowledge, risky sexual behaviors, vulnerability to the adverse consequences, and good quality of sexual health care and beneficial environment; it can promote and sustains human sexual health (WHO, 2020). Sexual health is an international human right; it is the responsibility of the national government to ensure sexual health rights and policies for all individuals, communities and families (Gruskin et al., 2019). The stigmatizing and discriminating attitudes of health care workers need to change to reduce patients refusal to seeking sexual health services (UNAIDS, 2020).

Purpose: The purpose of this review was assessing the Knowledge, attitudes and readiness of nurses regarding patients' sexual health problems.

Methodology: The PRISMA guidelines were used for conducting this literature review. The full text articles were searched from Cochrane, Pub-Med, and Cumulative Index to Nursing Allied Health Literature and Google Scholar. The relevant keywords were used including sexuality, sexual health, nursing students, nurses, doctors, physicians, consultants, sexual health policies, sexual health training and education, and sexual health barriers.

Results: Knowledge and training, attitudes of healthcare professionals, the corresponding factors included ineffective communication, social stigma, taboo, gender, culture, inadequate institutional policies, and faculty role-modelling.

Recommendations: The healthcare professionals should respect patients' sexual health problems. There should be proper training for the nursing teachers and students to deal with sexual health problems. The faculty clinical role modeling should encourage on clinical for students learning regarding patients sexual health problems. The component of patients' sexual health should be included in the nursing curricula in Pakistan. There should be a longitudinal on patients' sexual health problems.

1. Introduction

Sexual health is fundamental to the physical, psychological and spiritual well-being of a human,

couple, and family; it is the social and economic development of modern societies and civilized nations (WHO, 2020). According to the WHO (2020) sexual

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health incorporates the rights of all individuals to have the knowledge and excellent opportunities to normally attain safe sexual life. The ability of human sexual health and well-being depends upon their sufficient knowledge, risky sexual behaviors, vulnerability to the adverse consequences, and good quality of sexual health care and beneficial environment; it can promote and sustains human sexual health (WHO, 2020).

Sexuality concept is beyond fertility and reproduction to encompass problems such as sexual dysfunction, disability, and violence related to sexual health (WHO, 2020). The WHO sexual health framework pointed out the importance of five sexual health domains including: law, policy, human rights, knowledge, society and culture, economics and delivery of sexual healthcare services (WHO, 2020). Sexual health is an international human right; it is the responsibility of the national government to ensure sexual health rights and policies for all individuals, communities and families (Gruskin et al., 2019). Sexual health services rights should be accessible to all individuals living with STDs or HIV (WHO, 2020). The government should develop health care policies for vulnerable population affecting with STDs and HIV; they should ensure patient confidentiality and privacy for the susceptible populations (WHO, 2020). Affirmative legitimate policy sexual health interventions are required for supporting current sexual health care (Gruskin et al., 2019). The accessible, acceptable, and affordable and safe sexual health services are fundamental to achieving a sexually healthy community (WHO, 2020). The provision of sexual health services to any person gender or age individual should be easily accessible, confidential and free from discrimination (WHO, 2019).

According to the United Nations Acquired Immunodeficiency Syndrome Report (UNAIDS) (2020) human sexual health rights are: sexual well-being, autonomy privacy, respects and free from social discrimination and violence (UNAIDS, 2019). The developed countries should properly use law, policy and legalization to guarantee the promotion protection, and provision of sexual health information and health care services to the individuals (UNAIDS, 2020). The sexual health services rights should be accessible to all individual living with STDs or HIV (WHO, 2019). The health care providers merely ensured patient confidentiality and personal privacy in delivering sexual health care to the patient in the clinical setting.

According to the published report of UNAIDS (2020) STDs, vulnerable populations were left behind in the

civilized society. Mostly, STDs infected person face social stigma and discrimination in achieving sexual health services (UNAIDS, 2020). The vulnerable population faced fear of judgment, violence, or arresting in accessing to sexual health care services (UNAIDS, 2020). Stigma against vulnerable people living with HIV AIDS is still common among many developing countries in the modern world (UNAIDS, 2020). The eighty-two global countries criminalized some specific form of HIV transmission, extensive exposure or sex work in many developing countries in 2020 (UNAIDS 2020).

The UNAIDS (2020) goal is to provide maximum sexual health care services to STDs susceptible people. The Joint United Nations Program on HIV AIDS lead and inspire the modern world to achieve the vision of zero new HIV cases and social discriminations and human death with HIV in 2030 (UNAIDS, 2020). Similarly, according to the World Health Organization recommended that standardized, easily, suitable, and inexpensive and nonviolent sexual health services are essential to achieving a sexually healthy community (WHO, 2019). In the light of WHO guidelines, the government should develop proper regulation and hospital policies for provision of sexual health services to the entire population that is affected with STDs.

However, it is the key responsibility of health care providers to respect human autonomy, and patient privacy in the provision of sexual healthcare services (UNAIDS, 2020; Gruskin et al., 2019; WHO, 2017). The stigmatizing and discriminating attitudes of health care workers need to change to reduce patients refusal to seeking sexual health services (UNAIDS, 2020). If nurses and other health care workers want zero HIV case or deaths with STDs in 2030 then there is a need to adopt positive attitudes to defeat HIV and STDs in the globally (UNAIDS, 2020).

Similarly, a national AIDS control program of Pakistan was initially established in 1987 (WHO, 2020). Currently, 2.1 million people are living with HIV in Pakistan (WHO, 2019). According to the national AIDS program report of Pakistan, vulnerable person with HIV should be treated humanely, moral dignity and respect (WHO, 2020). However, government of Pakistan are making strong efforts to control HIV cases in the society, but majority of cases go unreported because of sex taboo, social stigma, victim and discrimination (WHO, 2020). There is need to develop strong national policy and law to efficiently manage patient privacy, confidentiality and autonomy regarding sexuality issues (WHO, 2020).

However, several researches suggest health care providers: nurses, doctors and students comprehensive

training had positive influence on sexual health care of the patient (Hughes, 2017; Saunamki&Engstrom, 2014; Sung,Huang& Lin, 2015). On the other hand, patients like reliable and nonjudgmental approach and sexual healthcare from the health care providers (Sung,Huang& Lin, 2015). However, many nurses feel uneasiness because of insufficient knowledge and inadequate confidence (Saunamki&Engstrom, 2014). Therefore, there is need to assess knowledge, attitudes, skills and practices of health care professionals regarding patients sexual health problems. Therefore, this review was conducted to explore current and relevant evidences regarding factors that influence nursing students in the provision of sexual health nursing care to the patients.

2. Methodology

The PRISMA guidelines were used for conducting this literature review.

2.1 Search Strategies

The review of the literature was searched through database: Cochrane, Pub-Med, and Cumulative

Index to Nursing Allied Health Literature. The title of the current research was searched through above mentioned database. The Google Scholar data based was also used because of limited open access to research articles. The key words were used in search of literature: “nursing students and patient sexuality, “nursing education/ nursing undergraduate nurses,” “doctors/ physicians/consultants/health care providers and patient sexuality”, “nursing students and sexual health knowledge.” “Patient sexual health/ clinical sexual health and nursing students”. “Sexual health attitudes/students sexual health attitudes”. “BSN nursing student’s sexual health training”. “Post RN Nursing students/patient sexuality”. “Sexual health policies/sexual health barriers/challenges and factors”. The Boolean operators were used for searching literature: (nursing students AND patient sexuality) AND (nursing undergraduate and patient sexuality) (sexual health addressing factors OR barriers) (BSN Or Post RN nursing students AND sexual health training) AND (nursing sexual health knowledge and attitudes) OR (doctor sexual health

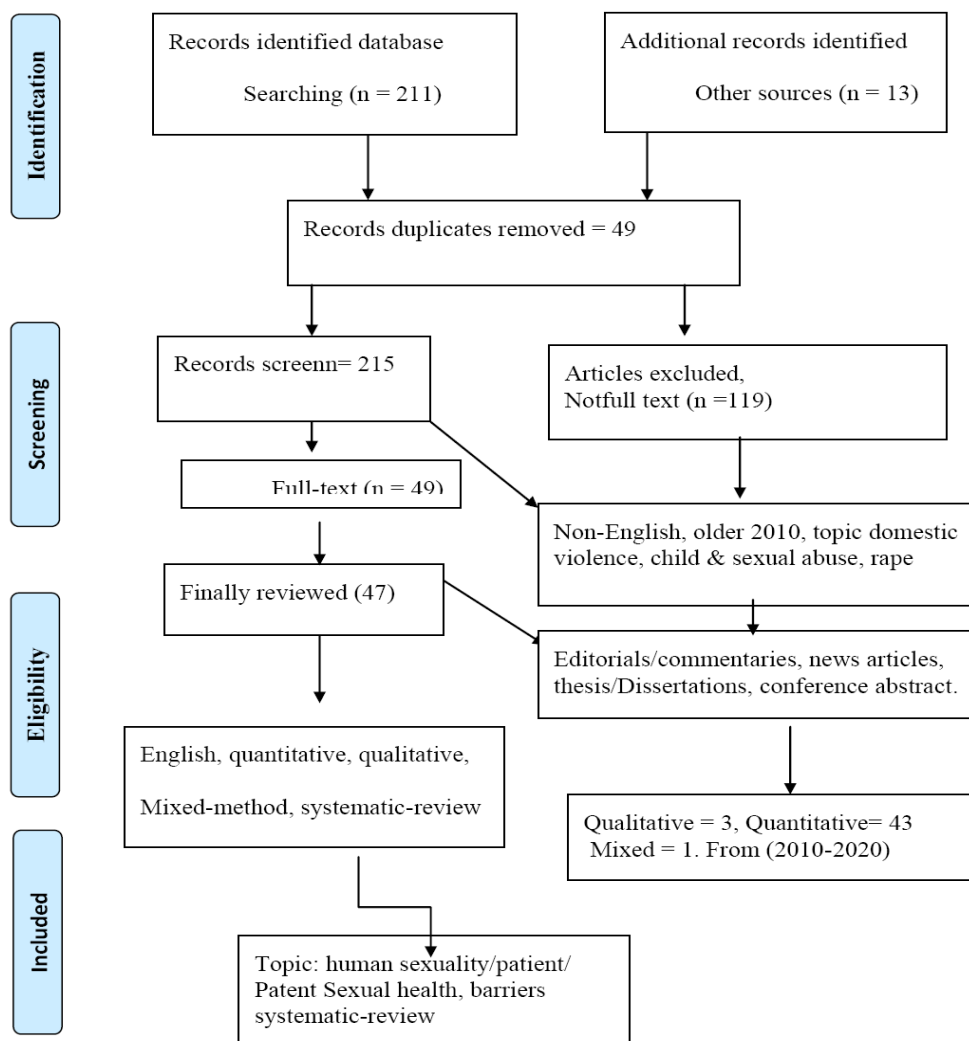


Figure 1. PRISMA Flow Diagram

knowledge). The research topic and abstracts of the searched articles were reviewed during data-base search (table 1, represents data-base search, article inclusion and exclusion criteria).

3. Identification of Key Findings

During the literature search, only 47 published research articles were finally selected for the current review because it was most relevant to the existing research topic and purpose. The research articles which were published in the English language from the year (2010 to 2020) were ultimately selected for the current literature review. The few golden articles older more than ten years were also selected for the current review.

From searched literature, the required information was traced such as research topic, purpose, abstract, study research design, study tool, context, key factors, and key findings. The final analysis included forty-seven research articles. In the review, there were three qualitative studies, forty-three were quantitative and one was a comparative study. All of the studies were conducted outside of Pakistan except one. The few studies were conducted in the UK, Netherland, Turkey, Taiwan, India, Iran, China and Pakistan. These published articles included diverse specialization included professional nurses, nursing students, doctors, medical students, cardiologists, general physicians and allied health students. Several studies evaluated health care professionals' knowledge, attitudes, training and preparedness related to patient sexual health problems.

Similarly, the few published studies focused on nursing students and health care providers comfort regarding patient sexuality problems. The few studies focus on sexual health care provision barriers (Huang, 2013; Saunamki & Engstrom, 2014; Sung, Huang & Lin, 2015). The majority of the research studies were conducted to assess the health care provider's knowledge, attitudes, practices, potential barriers regarding addressing patient's sexual health concerns (Huang, 2013; Saunamki&Engstrom, 2014; Sung, Huang& Lin, 2015). Similarly, the key research findings were organized into different themes that were identified in the current reviewed. These studies reviewed the knowledge, attitudes, and preparation (training and workshops) of health care providers related to patients sexual health problems. The key themes were identified from the current literature were knowledge, attitudes, preparation in term of (training, workshops or education) and perceived barriers (Saunamki&Engstrom, 2014; Sung, Huang& Lin, 2015).

4. Knowledge and Training

Several studies generally focused on the theoretical knowledge and practical training of health care providers such as nurses and doctors (Huang, 2013; Saunamki&Engstrom, 2014; Sung, Huang & Lin, 2015). These studies suggested that deficit knowledge was a critical factor in the provision of sexual healthcare to the patient (Huang, 2013; Saunamki&Engstrom, 2014; Sung, Huang & Lin, 2015). Two descriptive cross-sectional studies of nursing students and one qualitative study of hospital nurses proposed that nurses with a higher level of knowledge linked to more positive attitudes and increased comfort in addressing patient sexual health concerns (Huang, 2013; Saunamki&Engstrom, 2014; Sung, Huang & Lin, 2015). Two qualitative researches had provided insight after an in-depth interview with ten hospital nurses (Klaeason et al., 2017; Saunamki&Engstrom, 2014). Six of the studies used convenient sampling method for data collection and the research participants were the undergraduate nursing students, oncology nurses and community health nurses and ENT Specialist (Arikan et al., 2015; Jaarsma, 2017; Hunag et al, 2015, Moore et al., 2013).

Furthermore, the qualitative research study was conducted by Saunamki and Engstrom, (2014) in Sweden. This study suggested that nurses recognized that knowledge gave them a possible justification to discuss sexuality with the patient (Saunamki&Engstrom, 2014). Three other studies which used different research designs (interventional, cross-sectional and mixed-method); these studies concluded that nurses who provide patients sexual healthcare had a higher level of knowledge regarding patient sexuality due to years of nursing experience and continue training regarding sexual healthcare (Krouwel et al., 2017; Jonsdottir et al., 2016; Moore et al., 2013). However, in two studies nurses reported that lack of training and inadequate education program leads to knowledge and skill deficit in providing sexual healthcare information to patients (Sung et al., 2016; Jonsdottir et al., 2016). Two other studies suggested that nursing students were willing and purposefully want more knowledge and training of sexual health to engage in more meaningful discussions with their patients (Sung et al., 2016; Jonsdottir et al., 2016; Saunamaki&Engstrom, 2014).

The sexual health training programs can assist nurses, nursing students and doctors to become more assertive in addressing patient sexual health problems (Sung et al., 2016; Jonsdottir et al., 2016). The

consistent enhancement of knowledge and attitudes may decrease future barriers in providing sexual healthcare (Sung et al., 2016; Jonsdottir et al., 2016). On the contrary, Jonsdottir et al. (2016) suggested that the training program had an insignificant role in increasing sexual health discussion with the patients.

Funnel and Grant (2019) conducting a literature review regarding sexual health knowledge, believes, preparation and attitudes of the healthcare professionals regarding patient sexuality. This comprehensive review suggested that nurse's adequate knowledge and nonjudgmental approach could prevent negative health events in the clinical areas (Fennel & Grant, 2019). Logical and comprehensive sexual health knowledge of nurses promotes meaningful discussion between a nurse and patient (Fennel & Grant, 2019). Furthermore, sexual health discussion remained low despite training effort and the majority of the nursing students unable to reach at their stated goal (Jonsdottir et al., 2016). Yoo et al. (2019) revealed that if nursing students have adequate knowledge then they can provide evidence-based sexual health nursing care to the patient in their clinical and in the community areas.

Four published studies focused on nursing students role-modeling in the clinical area (Yoo et al., 2019; Dattilo & Brewer, 2016; Patel, Reed, Smith & Arora, 2015). These studies suggested that sufficient knowledge helps nursing students in the problem solving, evidence-based practice nursing care, clinical decision making, questing, critical thinking, applying role-modeling skills in patient care (Yoo et al., 2019; Dattilo & Brewer, 2016; Patel et al., 2015; Smith & Arora, 2015). As research suggested that faculty role modeling had a significant role in nursing student's behavior modification (Yoo et al., 2019; Patel et al., 2015).

The students acquire skills from faculties in the clinical areas (Yoo et al., 2019; Patel et al., 2015). Role modeling is a powerful motivational teaching tool for passing knowledge, skills and values in the students. In role modeling, teachers demonstrate and implement a role for student's motivations (Yoo et al., 2019; Dattilo & Brewer, 2016; Patel et al., 2015; Smith & Arora, 2015). This role modeling strategy improves student's lifelong learning performance, behaviors, inspiration and attitudes toward learning in clinical settings (Yoo et al., 2019; Patel et al., 2015; Smith & Arora, 2015). Faculty today's role modeling will enhance the future capability and competency of nursing students toward patient sexuality (Dattilo & Brewer, 2016).

Three quantitative researches had highlighted the STDs burden, two researches were conducted in America and Thailand on nursing students and another study was conducted in Pakistan on medical students (Evcili & Demirel, 2018; Dattilo & Brewer, 2016; Khanam et al., 2011). According to Dattilo and Brewer (2016) there is widespread of sexually transmitted illness, and it is increasing the sufficient number of STDs in America. Similarly, Khanam et al. (2011) examined that the level of sexual and reproductive health knowledge was less than expected in medical students in Pakistan. Presently, it becomes more important than ever for educators to properly supervise students in their clinical area to deal with the future burden of STDs (Dattilo & Brewer, 2016; Khanam et al., 2011). It is important to educate medical students about patient sexual health to control the STDs burden in Pakistan; there is need to review present medical syllabus to deal with sexual health issues of the patients (Khanum et al., 2011). This research suggested that participants had a lack of training and experience in dealing with patient sexual health concerns (Khanam et al., 2011).

According to Dattilo and Brewer (2016) nursing teachers instantly recognized the importance of educating undergraduate students about comprehensive sexual health components (Dattilo & Brewer, 2016). Teachers should focus on the nursing student's sexual health assessment in the clinical setting (Dattilo & Brewer, 2016). These researches suggested that nursing and medical students need adequate ongoing training to increase sexual health knowledge, comfort and skills to provide adequate sexual healthcare to the patients (Jonsdottir et al., 2016; Khanam et al., 2016; Dattilo & Brewer, 2016).

According to Evcili and Demirel (2018) nursing undergraduate students were unaware of assessment of sexuality as part of holistic nursing care in Thailand (Evcili & Demirel, 2018). This research revealed that the level of knowledge was 36% among participants. This research disclosed that 69.3% of nursing students were inadequately prepared during sexual health discussions with the patients (Evcili & Demirel, 2018).

Four studies had highlighted the role of nursing and medical educational institutes and hospitals in the provision of sexual health care to the patient (Av, Lawrence & Pv, 2020; Santa et al., 2017; Panduragan et al., 2011; Washington & Pereira, 2012). These studies suggested educational institutes had a significant role in the student's development. When students formally learn knowledge and skills at the

graduate level, it retained longer in student's recall (Panduragan et al., 2011; Washington & Pereira, 2012). This recall improves future confidence and clinical performance skills of the students (Panduragan et al., 2011; Washington & Pereira, 2012).

According to Santa et al. (2017) nursing students face several challenges for exploring patient sexuality, but their parenting institute can minimize various challenges through the provision of adequate sexual health training, workshops and seminars (Santa et al., 2017). According to Washington and Pereira (2012) it would be good if students are given an overview of topics on sexual health, reproductive health, and gender (Washington & Pereira, 2012). According to Washington and Pereira (2012) nursing students were willing to talk about patient sexual health issues, but this component is never addressed in the nursing education curriculum in India. Nursing teachers should broadly focus on the nursing curriculum to address the sexual health problems of the patients (Arikan et al., 2015).

Similarly, according to Av, Lawrence and Pv (2020) 18% of doctors had some training in sexual health in India and most of the doctors were reluctant to discuss sexual health issues with the patients. Majority of participants suggested that inadequate resources, lack of patient privacy, and inadequate sexual health training inhibit doctors from addressing patient sexuality (Av et al., 2020). Doctors need adequate knowledge and desirable behavior for the promotion of patient sexual health concerns (Av et al., 2020).

5. Attitudes of Health Care Professionals

The attitudes of health providers such as nurses, doctors, nursing students were discussed in five of the studies. In two of the studies, researchers focused on the attitudes of nursing students. According to Huang et al. (2013) nursing students enrolled in two medical schools in Taiwan. This research found that nursing students had a lack of training, inadequate comfort and negative attitudes toward patient sexual health problems (Huang et al., 2013). Likewise, according to Sung et al (2015) final year, nursing students had positive attitudes, higher knowledge, and self-efficacy toward patient sexual health concerns.

Culp (2020) conducted quantitative research on the current attitudes and beliefs of nurses toward assessing the patient sexual health problems in Chattanooga Tenn. According to this study findings, sexual health is a very important element of patient health as compare to other health components, but

nurses mostly ignored this component in holistic care (Culp, 2020). Nurses broadly focus on patient holistic care, but they neglect patient sexual health care in their daily nursing care plan (Culp, 2020). When nurses ignored patient sexual health then the number of patients may go undiagnosed and untreated from the hospital (Culp, 2020). The complications of undiagnosed cases included tubal pregnancy, infertility, stillbirth, and high risk of HIV infection (Culp, 2020). However, this negligence attitude may increase the future burden of STDs (Culp, 2020).

In this review, eight studies (seven quantitative and one qualitative) assessed various sexual health barriers, factors and effectiveness of sexual care of the patients (Marrazo & Park, 2020; Pascual, Wighman, Littooi & Janssen, 2019; Salehian, Naserbakht, Mazaheri, & Karvandi, 2017; Mohammed et al., 2016; Hayes, Blondeau & Bing-You, 2015; Darabi & Fararouei, 2015; Hayes, Blondeau & Bing-You, 2015; Saunamaki & Engstrom, 2014). Mohammed et al. (2016) suggested that sexually transmitted infection risk is increasing among the younger population between the ages of 25 years in the United Kingdom. Two studies suggested that comprehensive sexual health care services help the nurses in the creations of an effective clinical environment in which patients' concerns can be safely and confidentially addressed in a nonjudgmental manner (Mohammed et al., 2016; Marrazo & Park, 2020). This movement continues to influence access to timely screening and treatment related to STDs (Mohammed et al., 2016; Marrazo & Park, 2020). According to Salehian et al. (2017) patient's sexuality is challenging for nurses, but it is the responsibility of nurses; the positive nurses' attitudes could prevent patients from social isolation and provide a right to sexual health treatment. Barriers to discussing patient's sexual problems were inadequate knowledge, insufficient time, inadequate skills, cultural-religious norms and patient discomfort for discussing sexuality (Darabi & Fararouei, 2015). Research findings suggested that female cardiologists faced challenges in discussing sexual health problems with the opposite gender patients (Salehian et al., 2017).

According to Hayes, Blondeau and Bing-You (2015) suggested that there were multiple reasons for increasing HIV transmission among patients. As physicians are mostly reluctant to address sexual health issues for the following reasons such as embarrassment, inadequate training toward sexual health discussion, personal beliefs, assuming sexual

health is irrelevant with patient chief complaint and time constrains (Hayes et al., 2015). Mostly, general practitioners (GP) underestimate the prevalence of STDs concerns in clinical settings which compromised the sexual health care of the patient (Hayes et al., 2015). Patients reported that physicians' discomfort and anticipated unsympathetic response was a crucial barrier in discussing their sexual health concerns (Hayes et al., 2015).

Pascual et al. (2019) conducted a qualitative research in the Netherlands, this research explored that addressing patient sexuality was difficult because of nursing attitudes and unsuitable environment. Sexual health is an important component but they were reserved to discuss this problem because of taboo, inadequate knowledge, and common preconceptions (Pascual et al., 2019). According to Pascual et al. (2019) undesirable environment is a barrier in addressing the patient sexual concerns. According to Saunamaki and Engstrom (2014) nurses were motivated to address the patient sexual health problems, but they perceived that patients were sick so, they avoid talking about patients' sexual health issues. Therefore, inadequate time, patient diseases, social-cultural norms and nurses' busy work routine were barriers in addressing patients sexual health concerns (Saunamaki&Engstrom, 2014).

Two researches assessed stigmatized attitudes of health care professionals (Stringer, 2016; Zarei, Joulaei, Darabi&Fararouei, 2015). According to Stringer (2016) patients faced the most stigmatized attitudes from doctors as compared to nurses. The stigmatized attitudes of health care professions were blaming HIV/AIDS patients, judging, screening patient without their consent, and sharing patient's confidential information with professional's colleagues without patient permission. Stigma attitudes, taboo, and unequal social behavior of health care providers lead to patient social isolation and deprivation from treatment (Zarei et al., 2015).

Furthermore, Blakey and Aveyard (2017) conducted a literature review on student's competencies toward sexuality care in the United Kingdom. This review suggested that nursing students had positive attitudes toward the patient's sexual health nursing care but nurses were reluctant to address patient sexual health concerns. Many students had inadequate knowledge related to STDs (Blakey &Aveyard, 2017). The review suggested that students had a lack of role-modeling in the college and on the clinical (Blakey &Aveyard, 2017).

One more cross-sectional research was conducted by Tsai et al. (2014) in Taiwan on BSN and Post RN final year nursing students regarding patient sexuality. Nursing students had a negative attitudes toward patient sexuality and they considered that patient sexuality was very uncomfortable and a personal problem of the patient (Tsai et al., 2014). Study findings suggested that patients' sexual health components should be mandatory for the nursing curriculum for building positive attitudes among students. This research revealed that sexual health discussion enhanced patient personality, and communication between nurse and patient (Tsai et al., 2014). This study revealed that patient disease or treatment is a good alternative to initiate sexual health discussion with the patient (Tsai et al., 2014).

Interestingly, one comparative research had different findings from the entire literature review which was conducted by Rabathaly and Chattu (2019) in India. According to this study, primary health care professionals who were graduated from overseas universities had positive attitudes toward sexual health (Rabathaly&Chattu, 2019). Health care professionals were middle-aged, male and working in urban-centered, had improved the number of discussing sexual health concerns with middle-aged and old-age patients (Rabathaly&Chattu, 2019). The overseas primary healthcare workers with any training regarding sexual communication or sexual history taking were three times more likely to initiate a sexual health discussion with the patients as compare to locally graduated professionals. The research finding suggested that there was a strong association between health care provider's knowledge and preparation and institutes training toward patient sexual improvement (Rabathaly&Chattu, 2019).

From the current review, it is revealed that patient health problem was poorly addressed in many studies. To reduce stigma, the positive aspects of sexual healthcare must be promoted among nursing students and other health care professionals. In the current review, several studies focused on nursing student's knowledge, attitudes and preparedness toward addressing patient sexual health problems. However, none of the research assessed the undergraduate nursing students' readiness toward patient sexuality. In Pakistani context, none of the research or literature was available on nursing student's knowledge, attitudes, and readiness in addressing patient's sexual health concerns. Therefore, the purpose of this research was to assess the knowledge, attitudes

and readiness of the undergraduate nursing students toward addressing patient's sexual health problems and in public and private institutes in Peshawar and Islamabad. However, several corresponding factors were identified from the current review. The corresponding factors in the current review were ineffective communication, socio-cultural norms, and inadequate educational policy procedures, training and inadequate faculty role-modeling.

6. Corresponding Factors

There are several corresponding factors in addressing a patient's sexual health concerns.

6.1 Ineffective Communication

The first barrier in addressing patient sexual health is ineffective dialogue or bias discussion (Fisher, Fried, Macapagal&Mustanski, 2018). Most of the time, health care providers avoid sexual health discussions with their patients (Fisher et al., 2018). The health care providers mostly use judgmental attitudes toward addressing patient sexual health concerns (Fisher et al., 2018). WHO (2019) recommended that health care providers should approach to the patients with an open-mind. A core component in patient sexual health concerns is sufficient knowledge (WHO, 2019). The health professional ineffective bias discussion leads to adverse effects on patient sexual health (Fisher et al., 2018). Therefore, there is a need to open mind discussions in addressing patients' sexual health concerns (Fisher et al., 2018).

6.2 Social Norms

Many social and cultural norms are interrelated with patient sexuality such as cultural, social stigma, taboo and gender.

6.3 Social Stigma

Stigma related to sexual activities: such as STDs and HIV may hinder both seeking and provision of sexual health services (Fisher et al., 2018). The stigmatized people, who are at risk of HIV, or being screened for various health issues related to sexual health may handover negative messages to the public about sexual health (Fisher et al., 2018).

6.4 Taboo

In most of the societies, people considered STDs as taboo (Cislaghi&Shakya, 2018). In most of the culture, sexual health diseases such as AIDS and HIV are culturally unacceptable (Cislaghi&Shakya, 2018). There is an instance a people get HIV infection from any other source such as blood transfusion and

other (Cislaghi&Shakya, 2018). Therefore, most of the peoples unwilling to unacceptable the reality (Cislaghi&Shakya, 2018). They considered sexual health problems as taboo, sin and social stigma. There is a need to change social norms regarding sexuality (Cislaghi&Shakya, 2018).

6.5 Gender

Gender is another factor in addressing patient sexuality (Haberland, 2015). Most of the health care providers feel uneasiness in addressing sexual health problem with their opposite gender patient (Haberland, 2015). Mostly health care providers face challenges in addressing sexual health problems with another gender (Haberland, 2015). The research suggested that nursing students face challenges in taking sexual health history from opposite-sex patients (Haberland, 2015). Qualitative research was conducted in Karachi on gender differences by Ali et al. (2011). This research suggested that in Pakistan, opposite gender discussion is considered immoral. However, culturally, people avoid discussion with other sexual categories (Ali et al., 2011).

6.6 Culture

The aspect of patient sexual health is influenced by cultural values such as the preference of heterosexual partners, appropriate sexual attitudes and appropriate age of consent (Heinemann, Atallah& Rosenbaum, 2016). This research suggested that the impact of culture should be addressed in the provision of sexual health care (Heinemann et al., 2016). According to WHO (2019) sexual health is considered culturally taboo in Pakistan. STDs are considered culturally unacceptable in Pakistani. Mostly, people considered sexual health problems as immoral. So, the people of Pakistan show intolerance toward STDs diseases (WHO, 2019).

6.7 Inadequate Institutional Policies and Training

Sexual health is a basic human right globally, but most of countries have inadequate policies and training regarding the delivery of sexual health care (WHO, 2019; UNAIDS, 2020). World Health Organization (2015) recommended that consistent law, institution policies with human rights and clinical standards can foster the promotion of sexual healthcare services. There should be proper laws and policies and training for nurses and other professionals in exploring the sexual health problems of the patients (WHO, 2015). Additionally, research suggested that there is a lack of policies about the role of the nurse in discussing sexual health with patients (Funnel, 2019). The policy

regarding sexual care is missing in the educational institutes and hospitals (Funnell, 2019). There is a need to develop sexual health policies and training programs for health care professionals (WHO, 2019). However, none of the sexual health policies or training programs was found in the Pakistani context for delivering sexual health care to the patient.

6.8 Faculty Role-Modeling

The faculty has a significant role in nursing students' development (Murphy, 2019). The role of faculty is crucial in long term student's success (Murphy, 2019). As nursing faculty taught the skills to the students in the class and encourage them to apply that learned skill in the clinical practice. Generally, the faculty members are responsible for preparing undergraduate students for class and clinical experience (Murphy, 2019). The teacher has the responsibility to mentor and guide appropriate skills to the students (Murphy, 2019). As faculty perform the skill to develop mastery of that skill among the students (Murphy, 2019). When students observe teachers' healthy behaviors then they try to implement that skill in clinical practices (Ford, Barnes, Rompalo & Hook, 2013; Murphy, 2019). Unfortunately, research suggested that there is inadequate role-modeling of nursing faculties for the nursing students in addressing patient sexual health in the USA (Ford, Barnes, Rompalo & Hook, 2013; Murphy, 2019). There is a need to develop faculty role-modeling for developing positive attitudes among students (Ford, Barnes, Rompalo & Hook, 2013; Murphy, 2019).

7. Conclusion

In conclusion, sexual health is vital to the physical, psychological and spiritual well-being of a human, couple, and family; it is the social and economic development of modern societies and civilized nations (WHO, 2020). Sexual health incorporates the rights of all individuals to have the knowledge and excellent opportunities to normally attain safe sexual life. The ability of human sexual health and well-being depends upon their sufficient knowledge, risky sexual behaviors, vulnerability to the adverse consequences, and good quality of sexual health care and beneficial environment; it can promote and sustains human sexual health (WHO, 2020). Sexual health is an international human right; it is the responsibility of the national government to ensure sexual health rights and policies for all individuals, communities and families (Gruskin et al., 2019). The stigmatizing and discriminating attitudes of health care workers

need to change to reduce patients refusal to seeking sexual health services (UNAIDS, 2020). The key themes were identified from the current literature were knowledge, attitudes, preparation in term of (training, workshops or education) and perceived barriers (Saunamki & Engstrom, 2014; Sung, Huang & Lin, 2015).

Recommendations

There are few suggestions and recommendations in the light of the current review. The healthcare professionals should respect patients' sexual health problems. There should be proper training for the nursing teachers and students to deal with sexual health problems. The faculty clinical role modeling should encourage on clinical for students learning regarding patients sexual health problems. The component of patients' sexual health should be included in the nursing curricula in Pakistan. There should be a longitudinal on patients' sexual health problems.

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