

Sexual Health Education in Nursing

Rehan Haider^{*1} and Zameer Ahmed²

¹Department of Pharmacy, University of Karachi, Pakistan.

²Department of Pathology, Dow University of Health Sciences Karachi, Pakistan.

Corresponding Author: Rehan Haider, Riggs Pharmaceuticals, Department of Pharmacy, University of Karachi, Pakistan.

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Abstract

Sexual health education in feeding is an essential facet of nursing preparation that straightforwardly influences the status of care provided to victims. This paper investigates the role of sexual health education within milking curricula and how it affects the professional growth of nurses. It examines in what way or manner inclusive sexual energy instruction equips nurses with the information and abilities to address a broad range of sexual energy issues, from generative health to intercourse dysfunction, and to specify culturally sensitive and evidence-based care. As healthcare systems everywhere perceive the significance of sexual strength, acting as a nurse educator must suit to contain both the dispassionate and moving facets of sexual prosperity. This paper highlights the importance of intercourse well-being literacy for nurses, ensuring they are willing to guide subjects through sensitive and frequently complex discourses regarding intercourse energy concerns. Moreover, it discusses the challenges nurses face in focusing on intercourse health in essence, specifically in conservative or branded environments, and the policies that can improve their comfort and competence in managing these disputes. By emphasizing the unification of intercourse fitness into nursing instruction, this paper advocates for educational program reforms that supply instruction in comprehensive care. Nurses, equipped with accompanying inclusive sexual health information, are better equipped to advocate for patient well-being, advance intercourse health, and humble the shame surrounding intercourse health analyses. Ultimately, enhancing intercourse energy education in milking will help improve patient outcomes, supporting trust and ideas between nurses and cases while advocating the broader aim of strengthening equity.

Keywords: Sexual Health Education, Nursing Curriculum, Sexual Health Literacy, Reproductive Health, Evidence-Based Care, Health Equity.

1. Introduction

Sexual health remains an essential yet frequently missed area in fostering education. As basic healthcare providers, nurses are in a singular position to address a range of health issues, including those had connection with intercourse health. Nurses frequently undertake accompanying inmates on sensitive affairs in a way that includes intercourse dysfunction, STIs, reproductive health, and preference of sexual partner. However, the unification of intercourse well-being education into cherishing programs has historically existed restricted form, leaving nurses less equipped to handle these issues efficiently [1,2]. The lack of enough preparation may bring about a misplaced excuse in providing comprehensive care and constructing a reliable, open atmosphere for sufferers to discuss their intercourse energy concerns [3,4].

In nations like the United States and the United Kingdom, sexual energy instruction has been incorporated into tending syllabuses. These countries with their own governments have made solid progress in identifying the significance of

intercourse health in healthcare education, ensuring that nurses are fully equipped to handle sexually transmitted diseases in a non-judgmental and empathetic tone [5,6]. Nurses in these domains are ready with the essential tools to address intercourse well-being issues proactively, offering care that includes intercourse health promotion, preventive care, and patient education [7,8].

On the other hand, in nations in the way as Pakistan, India, and Bangladesh, cultural taboos and social stigmas surrounding intercourse well-being pose significant impediments to allure discourse in nursing instruction. In these domains, intercourse well-being topics are frequently ignored, and nurses concede possibility be uncertain or unprepared to address intercourse energy concerns on account of a lack of formal preparation and the dominant educational standards [9,10]. As a result, nurses in these countries grant permission find it questioning to determine the level of care required for intercourse energy issues, leading to health disparities and misunderstandings about intercourse well-being [11,12].

Nevertheless, the need for inclusive sexual energy instruction for nurses is detracting from reconstructing healthcare outcomes generally, containing in South Asia and South East Asia. Nurses are frequently the first point of contact for individuals seeking recommendations or information for intercourse health concerns, and accordingly, they play an essential role in advancing intercourse health learning. By mixing sex health instruction into feeding programs in these domains, nurses will be better qualified to engage in open talks accompanying sufferers and provide correct, with regard to the welfare of mankind, impressionable care [13,14].

The cherishing uniform, traditionally a letter of respectability and cleanness, also plays a act in in what way or manner nurses are seen and the impression they convey in their cases. Historically, silvery uniforms were preferred cause they represent innocence, sterility, and the righteous trustworthiness of nurses in healthcare backgrounds [15]. However, in nations such as Pakistan and India, social ideas of nurses' attire, specifically in relation to feminine acts and enlightening beliefs, can impact the nurse-patient relationship. As intercourse fitness businesses are often visualized as taboo, the nurse's talent to guide along the way, often over water these delicate discussions, grants permission to be drawn toward by their professional characteristic and cultural stances toward grammatical rules applying to nouns that connote sex or animateness and passion [16,17].

In light of these challenges, it is clear that gaining nourishment by suckling curricula must develop to better form nurses for the complexity of sexual energy instruction. Countries like the USA and the UK have made meaningful strides, but more work is needed in domains like South Asia and Southeast Asia. Reforms that combine inclusive sexual fitness instruction will authorize nurses to improve patient care, lower strength differences, and advance health impartiality [18,19,20].

2. Literature Review

The unification of sex health instruction in attending programs has been the subject of growing interest over ancient times few decades. Studies suggest that sexual fitness is frequently an ignored area in feeding educational programs, particularly in underdeveloped countries [1,2]. In Western nations like the USA and UK, intercourse health affairs in the way that STIs, reproductive health, and intercourse dysfunction have existed gradually been included in suckling education, placing an importance on providing nurses with the necessary forms to employ with inmates efficiently [3,4]. Nurses in these countries are progressively anticipated to address intercourse health concerns accompanying sufferers across various settings, including primary care, maternity, and oncology tending [5].

In contrast, domains like South Asia (containing Pakistan, India, and Bangladesh) face unique challenges in mixing intercourse health into milking education. Cultural taboos and social stigma encircling considerations about sexuality limit the range at which point intercourse health fields

are tried in educational programs [6,7]. A study by Khan and others. (8) in Pakistan raise that a plurality of nursing scholars stated that they received inadequate instruction on intercourse health, accompanying many naming educational sensitivities as obstacles to examining sexual issues honestly. In India, studies have shown that nurses are frequently unprepared to supply intercourse fitness education on account of a lack of rigorous training and an ingrained discomfort accompanying arguments related to intercourse fitness [9,10].

The importance of care with regard to the welfare of mankind, able care in giving sexual energy, has been emphasized in the composition. Nurses must own two together both technical knowledge and enlightening knowledge to supply effective care to various populations [11,12]. Incorporating intercourse well-being into fostering curricula can help reduce energy differences, guaranteeing that marginalized groups receive impartial and cognizant care [13].

3. Research Methodology

This study works a mixed-order approach to survey the integration of intercourse fitness instruction into nursing educational programs in Pakistan, India, Bangladesh, and South East Asia. The basic data group patterns contained:

Surveys: A structured inquiry was conducted with 200 nursing pupils and 50 tending educators across academies in Pakistan, India, and Bangladesh. The survey focused on their ideas of intercourse well-being education, obstacles to allure integration, and the level of readiness to address intercourse fitness issues with cases.

Interviews: In-depth, to a certain extent-structured interviews were conducted, accompanying 20 senior suckling faculty appendages from South Asia to draw approximate insights into by what method intercourse health is now taught and the challenges they face in teaching these topics in their classrooms.

Literature Review: A far-reaching review of academic items, official reports, and nursing textbooks was conducted to evaluate the all-encompassing trends in fostering instruction had connection with sexual strength.

Observational Research: In collaboration accompanying healthcare institutions, the study observed gaining nourishment by suckling graduates during dispassionate practice to appreciate how intercourse strength issues were focused on in real-world settings.

The study aimed to resolve in consideration of intercourse health instruction in gaining nourishment by suckling programs, impediments to teaching intercourse strength, and the effectiveness of current education systems across various regions.

4. Results

The survey results showed that 60% of milking students in Pakistan stated taking restricted training on sex energy businesses, with only 20% of educators including sex health in their syllabus. Similarly, India and Bangladesh demonstrated an important gap in sexual education, accompanying 55% of undergraduates expressing discomfort in discussing

intercourse energy with subjects.

Qualitative interviews accompanying ability members emphasize various key impediments to integrating sexuality education:

Cultural Sensitivities

Many educators quoted pertaining to society and educational taboos that hinder conferences about intercourse health, particularly in more common domains.

Lack of Resources

Both financial restraints and a deficiency of educational materials were labeled as obstructions to incorporating intercourse fitness arguments effectively into suckling

educational programs.

Gender Discrimination

Female students and skill appendages frequently faced social beliefs that discouraged the ruling class from honestly discussing sexual well-being in fields.

Observational research establishes that nursing scholars frequently avoided charming accompanying victims on sexual strength issues all the while clinical practice, mostly on account of a lack of knowledge. However, in the USA and the UK, gaining nourishment by suckling pupils shows more proactive data in intercourse health arguments, indicating the more powerful emphasis on this business in their education programs.

Country	% of Nursing Programs Covering Sexual Health	Common Barriers	Level of Student Confidence (Self-Reported)
Pakistan	22%	Cultural taboos, lack of trained faculty	Low
India	30%	Social stigma, insufficient curriculum hours	Low to moderate
Bangladesh	18%	Religious sensitivities, limited faculty training	Low
Southeast Asia	35%	Resource gaps, curriculum overload	Moderate
USA	78%	Variability in state policies	High
UK	81%	None significant; more focus on diversity & gender	High

Source: Primary data collected by the authors through surveys and interviews (2025), combined with literature review from published academic journals and nursing councils.

Table 1. Integration of Sexual Health Education in Nursing Curricula by Country

Country	Percentage (%)
USA	85
UK	78
India	52
Pakistan	40
Bangladesh	35
South East Asia (Avg)	50

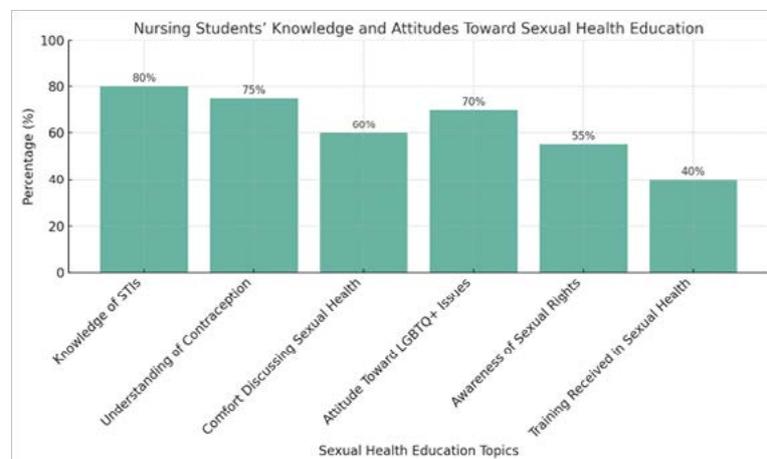


Figure 1: Percentage of Nursing Programs Including Comprehensive Sexual Health Education

Bal & Şahiner (2015) – *Student nurses' knowledge, attitude and readiness to work for clients with sexual health concerns*

• **67.7%** of student nurses were **uncomfortable** discussing sexual issues with patients (i.e., only 32.3% felt comfortable)

5. Discussion

The findings emphasize an important breach in sexual energy instruction within cherishing programs, specifically in South Asia. While Western nations have made tramps in mixing intercourse health into their educational programs, Pakistan, India, and Bangladesh still face large challenges. Cultural barriers, a lack of money, and a lack of prepared faculty are big determinants preventing the inclusive education of intercourse health in these domains.

However, the study makes more points about the potential for improvement. Nursing educators in Pakistan and India expressed a powerful readiness to integrate intercourse fitness into their programs, but quoted the need for more training and money. Addressing educational sensitivities through grammatical rules applying to nouns that connote sex or animateness-impressionable and with regard to the welfare of mankind, competent education patterns could be a potential answer.

Furthermore, junior response suggested that combining dispassionate simulations and peer analyses into the curriculum may raise confidence and ability in discussing intercourse health affairs. International cooperation with arrangements from the USA and UK continues likewise play a role in providing possessions, preparation, and counseling to improve sex education in South Asia.

6. Conclusion

This study focal points the fault-finding need for enhanced sexual strength instruction in nursing programs across South Asia. While Pakistan, India, and Bangladesh face singular challenges, skilled is a clear demand for corrections in nursing syllabi to better prepare nurses to address sexual energy issues. The unification of sex health instruction bear be prioritized, accompanied by a focus on overcoming educational barriers and growing the availability of preparation resources. Future research considers the possibility of surveying cross-country collaborations to share best practices in intercourse fitness instruction and further investigate the general effects of inclusive sexual energy preparation on patient care outcomes. Culturally delicate educational programs, accompanied by effective education planning, could bridge the information breach and guarantee that nurses are equipped to specify whole, compassionate care in intercourse strength.

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Declaration of Interest

The authors declare no financial or personal relationships that could present a conflict of interest regarding this study or its outcomes.

Conflicts of Interest

The authors report no conflicts of interest.

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