

DETERMINING THE LEVEL OF NURSING STUDENTS' QUESTION ABOUT THE SEXUAL/REPRODUCTIVE HEALTH OF THE PATIENTS

HEMŞİRELİK ÖĞRENCİLERİNİN HASTALARIN CİNSEL/ÜREME SAĞLIĞINI SORGULAYABİLME DÜZEYLERİNİN BELİRLENMESİ

Fatma KARASU

Assist. Prof. Dr., Kilis 7 Aralık University, Yusuf Şerefoğlu Faculty of Health Sciences, Department of Nursing, fatmakarasu@kilis.edu.tr, Kilis/Turkey, 0000-0002-7347-0981

Filiz POLAT

Assist. Prof. Dr., Osmaniye Korkut Ata University, Faculty of Health Sciences, Department of Midwifery, filizmermer@yahoo.com, Osmaniye/Turkey, 0000-0001-8326-9504

Canan BİRİMOĞLU OKUYAN

Assist. Prof. Dr., Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, cananbirimoglu@gmail.com Sakarya/Turkey, 0000-0002-7339-6072

Abstract

This study was performed with the aim of determining the obstacles of nursing students about questioning sick individuals about sexual/reproductive health. The population for the cross-sectional research comprised a total of 637 students attending the nursing departments in two universities. Research data were collected with a web-based survey form in the digital environment prepared in line with literature information. Analysis of data used descriptive statistics of frequency, percentage, mean and standard deviation, in addition to the chi-square test for comparison of independent groups. Of students, 71.7% had not received sexual/reproductive health lessons, 87% stated they required education as they did not have sufficient sexual/reproductive health counseling information and 47.1% stated they could not easily ask questions due to embarrassment. According to gender, feeling the need for education to be able to talk about sexuality, not having sufficient information and counselling about sexual/reproductive health, adequacy of information about nursing interventions for sexual/reproductive health and experiencing problems in assessing sexual/reproductive health-related problems of individuals attending health facilities were determined to have statistically significant differences ($p<0.05$). Most nursing students were identified not to have received sexual health lessons, did not have adequate information about sexual counselling and could not easily ask questions to individuals attending health facilities. It is recommended to deal with obstacles to questioning the sexual/reproductive health of patients and to ensure students have information, skills, and apparatus with sexual health lessons.

Keywords: Sexuality, sexual health, nursing students.

Öz

Bu çalışma, hemşirelik öğrencilerinin hasta bireye yönelik cinsel/üreme sağlığını sorgulamadaki engellerinin belirlenmesi amacıyla yapılmıştır. Kesitsel tipteki araştırmanın evrenini, iki üniversitenin hemşirelik bölümünde okuyan toplam 637 öğrenci oluşturmuştur. Araştırma verileri dijital ortamda literatür bilgileri doğrultusunda hazırlanan web tabanlı anket formu ile toplanmıştır. Verilerin değerlendirilmesinde frekans, yüzde, ortalama, standart sapma tanıtıcı istatistiklerin yanı sıra bağımsız grupların karşılaştırılmasında ki kare testi kullanılmıştır. Araştırmaya katılan öğrencilerin %40,7'sinin 21-25 yaş aralığında, %27,9'unun 2. sınıfta, %69,4'ünün kadın olduğu belirlenmiştir. Öğrencilerin %71,1'i cinsel/üreme sağlığı dersi almadığını, %87'si cinsel/üreme sağlığı danışmanlık bilgisinin yeterli olmadığı için eğitime ihtiyacı olduğunu ve %47,1'i utandığı için rahatlıkla soru sormadığını belirtmiştir. Cinsiyete göre cinselliği konuşabilmek için eğitime ihtiyaç hissetme, cinsel/üreme sağlığı konusunda yeterli bilgiye ve danışmanlığa sahip olup olmama, cinsel/üreme sağlığı konusunda hemşirelik girişimleri konusundaki bilgilerinin yeterliliği, sağlık kurumlarına başvuran bireylerin cinsel/üreme sağlığı ile ilgili sorunlarını değerlendirmede sorun yaşama durumları arasında istatistiksel olarak anlamlı bir fark olduğu belirlenmiştir ($p<0,05$). Öğrenci hemşirelerin çoğunun cinsel sağlık dersi almadığı, cinsel danışmanlık konusunda yeterli bilgisinin olmadığı ve sağlık kurumuna başvuran bireylere rahatlıkla soru sormadıkları saptanmıştır. Hasta bireye yönelik cinsel/üreme sağlığını

sorgulamadaki engelleri ele almak ve cinsel sağlık dersi ile öğrencilerin cinsel sağlık konusunda bilgi, beceri ve donanımlarının sağlanması önerilmektedir.

Anahtar Kelimeler: Cinsellik, cinsel sağlık, hemşirelik öğrencileri.

1. INTRODUCTION

Sexuality, expressed through attitudes and behavior affected by culture and tradition and an integral part of health, involves feeling comfortable and sexual autonomy, and is a significant physical requirement of human life (1). For this reason, it is very important to provide the required sexual education and counseling to improve sexual health and care. A study by Bulechek et al., (2013) revealed that nurses are responsible for care and treatment of sexual health (2). Nurses, with a central role in health and providing one-to-one care with counseling of patients about sexual life, have important contributions to increase quality of life among patients. However, it was determined that the sexual health and lives of patients were not routinely questioned and that counseling was not given about this topic by other health service providers, including nurses, during clinical care and practice (3,4). It was determined that nurses focusing intensely on integrated care for each patient neglect sexual health in care plans and have a tendency to neglect to ask question about sexual topics (5). Research by Fennell & Grant (2019) showed nurses have low desire to participate in activities like sexual health and counseling (6).

Providing integrated and quality care is the primary duty of nursing care and nurses should have the education and apparatus to provide sexual counseling in addition to being able to evaluate sexual life appropriate to the age and needs of the individual (7). A study performed with nursing students to determine the concerns of patients related to sexual health determined students had low desire to question information related to the sexual health of patients due to deficiencies in their education (8).

However, patients want to access reliable and non-judgmental education and counseling about sexual health; but many nurses feel they do not have adequate education and experience for this (9). A study emphasized that the obstacle to offering patients sexual health information was the inadequate education and teaching about sexual health care of health personnel. For this reason, a solution must be found immediately to factors preventing questioning of sexual/reproductive health (6,10,11). In addition to education, the most important other factors are religious beliefs (taboos); sociocultural-traditional factors including thoughts like sexual problems being a private situation between partners; inadequate sexual information, education and communication skills to respond effectively to sexual concerns of patients; lack of trust; and mistaken feelings and/or perceptions about what patients think about sexual topics (5,10,12,13). A study emphasized that sexual health information was required in terms of preparing nursing students to talk about topics related to sexual health and to have positive attitudes (4).

For this reason, it is greatly important for students, who will health professionals in the future, to have information and apparatus to deal with sexuality. The most important and permanent foundation of these knowledge and skills is acquired during nursing education. Education given during the nursing education process provides the opportunity to determine obstacles to questioning sexual health of patients among students, create awareness about this topic among students with health education programs, complete missing information and correct mistaken information. Additionally, sexual health education should be an integral part of the general nursing education/curriculum. For health employees and patients, our research determining the obstacles to communication about sexual health and developing solutions about this topic was performed with the aim of identifying obstacles to questioning sexual/reproductive health of patients by nursing students. Within this general framework, answers to the following questions were sought.

1. How do nursing student's express information about sexual/reproductive health?

2. What is the situation of nursing students in questioning sexual/reproductive health of patients?
3. Are there differences in information about sexual/reproductive health and questioning sexual/reproductive health of patients according to gender of nursing students?

2. MATERIAL and METHODS

Research Population and Sample

The population for the cross-sectional research comprised a total of 722 students studying in the nursing departments of two universities located in southeast regions in Turkey. As the plan was to access the population, sample selection was not performed and the research was completed with a total of 637 students who volunteered to participate. In the research, 88.2% of the population has been reached.

Inclusion criteria for the research

- Studying in the nursing department of the universities the research was completed in,
- Ability to use social networks,
- Speaking and understanding Turkish.

Data Collection Method and Form

Due to the pandemic, the data for the research was collected in the digital environment between 1-30 November 2020. The web-based survey form prepared in line with literature information comprised two sections (14-16). The survey form was created by researchers. The first section included a total of 10 questions about the sociodemographic features (age, class, gender, marital status, family type, number of siblings, maternal education, paternal education, maternal occupation, paternal occupation) of students. The second section comprised a total of 13 questions determining the knowledge levels of students about sexual/reproductive health, and skills in assessing and counseling in relation to problems with sexual/reproductive health. Completing the survey form lasted mean 5-10 minutes.

Analysis of Data

The SPSS 24.0 (Statistical packet for Social Sciences for Windows) program was used for the analysis of findings obtained in the study. The fit of data to normal distribution was determined with skewness and kurtosis (± 1). In addition to descriptive statistical methods (percentage, frequency), the chi-square test was used to compare independent groups during analysis of research data.

Table I. Distribution of Sociodemographic Characteristics of Students (n=637)

		n	%
Age	≤ 20 years	362	56.8
	21-25 years	259	40.7
	≥ 26 years	16	2.5
Class	1st year	150	23.5
	2nd year	178	27.9
	3rd year	161	25.3
	4th year	148	23.3
Sex	Female	442	69.4
	Male	195	30.6
Marital Status	Married	20	3.1
	Single	617	96.9
Family type	Nuclear family	516	81.0
	Extended family	114	17.9
	Divided family	7	1.1
Number of siblings	No siblings	6	0.9

	1-4	478	75.1
	≥ 5	153	24.0
Maternal educational status	Illiterate	123	19.4
	Primary education	501	78.6
	High school	13	2.0
Paternal educational status	Illiterate	22	3.5
	Primary education	539	84.7
	High school	76	11.8
Maternal occupation	Civil servant	5	0.8
	Laborer	15	2.4
	Housewife	610	95.8
	Retired	7	1.1
Paternal occupation	Civil servant	86	13.5
	Laborer	344	54.0
	Retired	150	23.5
	Tradesman	57	8.9
	Total	637	100.0

Of students participating in the research, 40.7% were in the 21-25-year age interval, 27.9% were in 2nd year, 69.4% were women, and 96.9% were single. Of participants 81% lived with nuclear family, 75% had 1-4 siblings, 78.6% had mothers who were primary school graduates and 84.7% had fathers who were primary school graduates. In terms of occupation, 95.8% of students' mothers were housewives and 54% of fathers were laborers (Table I).

Ethical Aspects of the Research

In order to perform the research, ethics (2020/22/4) and institutional permissions were obtained. The study was completed in accordance with the principles of the Helsinki Declaration. The web-based survey included information stating the aims of the study and that participation was based on volunteering. Identification data for students were not recorded on the survey form.

3. RESULTS

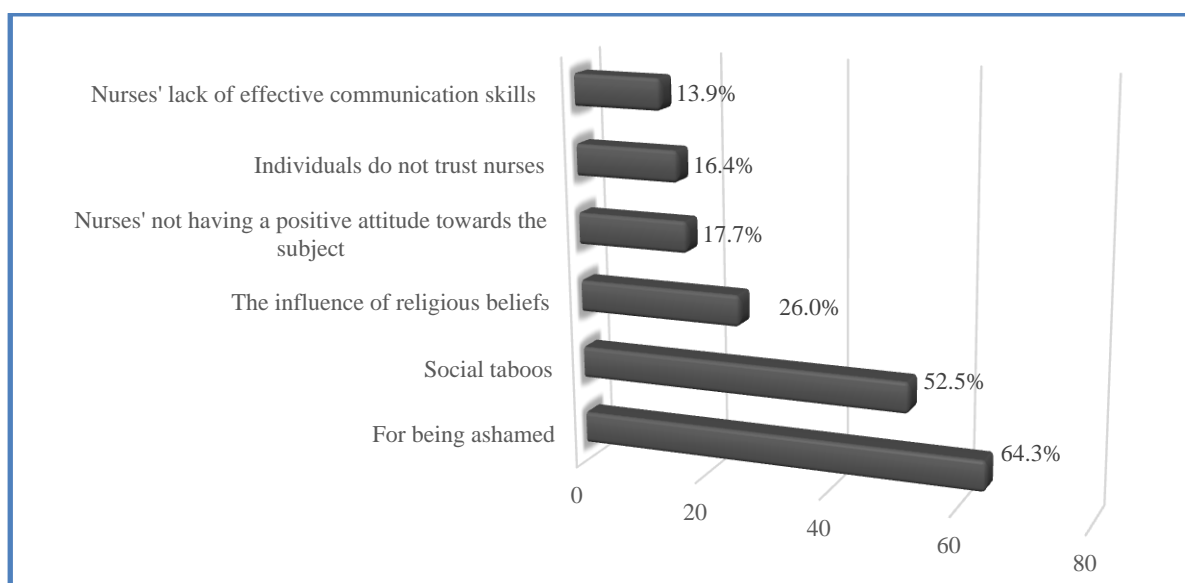
Table II. Student information about sexual/reproductive health and status in questioning patients about sexual/reproductive health (n=637)

		n	%
Received lessons or education about sexual/reproductive health	Yes	184	28.9
	No	453	71.1
Feels the need for education in order to be able to talk about sexuality	Yes	328	51.5
	No	309	48.5
Sees sexual/reproductive health as priority in patient care	Yes	435	68.3
	No	202	31.7
Thinks they have adequate information about sexual/reproductive health	Yes	167	26.3
	No	470	73.7
Thinks they have adequate counseling information about sexual/reproductive health	Adequate	83	13.0
	Inadequate	554	87.0
Thinks they have adequate information about appropriate nursing interventions for sexual/reproductive health of individuals	Adequate	72	11.3
	Inadequate	565	88.7
Comfort with asking questions related to sexual/reproductive health of individuals attending health facilities	Yes	225	35.3
	No	412	64.7
Reason for inability to comfortably ask questions about sexual/reproductive health of individuals attending health facilities *	I couldn't ask because I would be embarrassed	211	33.1
	I couldn't ask because the person would be embarrassed	274	43.0
	I want to avoid the person getting angry	116	18.2
	I don't have much information about these topics	202	31.7
	Inadequate guidance in health facilities about reproductive and sexual health	91	14.3

	Social taboos	3	0.5
	I don't know how to ask questions related to sexual and reproductive health	3	0.5
Experience of problems in assessing questions related to sexual/reproductive health of individuals attending health facilities	Yes	404	63.4
	No	233	36.6
Reason for experiencing problems assessing questions related to sexual/reproductive health of individuals attending health facilities	Lack of sufficient information about determining problems	159	25.0
	Inadequate information about nursing interventions appropriate to solve problems	363	57.0
	I don't have adequate counseling skills	263	41.3
	Social taboos	218	34.2
	Personality traits of individuals	131	20.6
	I don't have a problem	7	1.1
Status of individuals in our country receiving help from nurses about sexual/reproductive health	Yes	225	35.3
	No	412	64.7

*More than one selection marked.

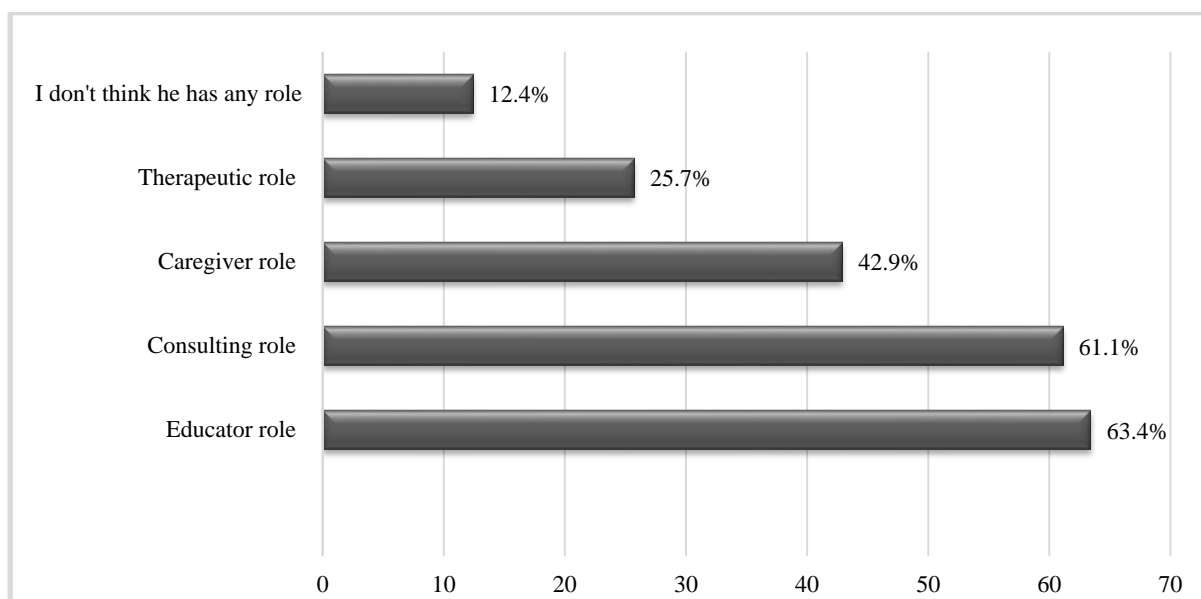
For students participating in the research, 71.1% had not had any sexual/reproductive health lessons, 51.5% required education in order to talk about sexuality, 68.3% saw sexual/reproductive health as a priority in patient care, 73.7% had adequate information about sexual/reproductive health, 87% did not have adequate sexual/reproductive health counseling knowledge and 88.7% stated they did not have adequate information about nursing interventions for sexual/reproductive health. Among the students, 64.7% could not easily ask questions related to sexual/reproductive health to people attending health facilities, 33.1% could not ask because of embarrassment, 63.4% had a problem with assessing problems related to sexual/reproductive health of individuals, 41.3% could not evaluate problems due to inadequate counseling skills and 64.7% stated that individuals in our country did not receive assistance from nurses about sexual/reproductive health (Table II).



Graph I. Distribution of reasons patients do not receive assistance from nurses about sexual/reproductive health topics according to nursing students (more than one choice selected)

According to students participating in the research, 47.1% mentioned embarrassment, 40.5% social taboos, 18.2% the effect of religious beliefs, 15.5% lack of attitudes related to the topic of nurses, 15.2% lack of trust in nurses and 3.0% lack of effective communication skills of

nurses as reasons why assistance was not received from nurses about sexual/reproductive health (Graphic I).



Graph II. Distribution of thoughts about the role of nurses in relation to sexual evaluation according to students (more than one choice selected).

According to students participating in the research, for the role of nurses in relation to sexual/reproductive health 63.3% stated nurses had an educating role, 58.2% stated a counseling role, 39.7% stated a caring role and 24.6% stated a treating role (Graphic II).

Table III. Comparison of information about sexual/reproductive health and status of questioning sexual/reproductive health of patients according to student gender

		Female		Male		*Significance
		n	%	n	%	
Received lessons or education about sexual/reproductive health	Yes	133	30.1	51	26.2	$\chi^2=1.021$ $p=0.180$
	No	309	69.9	144	73.8	
Feels the need for education in order to be able to talk about sexuality	Yes	259	58.6	69	35.4	$\chi^2=29.189$ $p=0.001$
	No	183	41.4	126	64.6	
Sees sexual/reproductive health as priority in patient care	Yes	303	68.6	132	67.7	$\chi^2=0.046$ $p=0.450$
	No	139	31.4	63	32.3	
Thinks they have adequate information about sexual/reproductive health	Yes	70	15.8	97	49.7	$\chi^2=80.417$ $p=0.001$
	No	372	84.2	98	50.3	
Thinks they have adequate counseling information about sexual/reproductive health	Adequate	42	9.5	41	21.0	$\chi^2=25.485$ $p=0.001$
	Inadequate	400	90.5	154	79.0	
Adequacy of information about nursing interventions related to sexual/reproductive health of individuals	Adequate	42	9.5	30	15.4	$\chi^2=20.339$ $p=0.001$
	Inadequate	245	55.4	130	66.7	
Thinks they have adequate information about appropriate nursing interventions for sexual/reproductive health of individuals	Yes	158	35.7	67	34.4	$\chi^2=0.114$ $p=0.403$
	No	284	64.3	128	65.6	
Experience of problems in assessing questions related to sexual/reproductive health of individuals attending health facilities	Yes	291	65.8	113	57.9	$\chi^2=3.629$ $p=0.035$
	No	151	34.2	82	42.1	
Status of individuals in our country receiving help from nurses about sexual/reproductive health	Yes	151	34.2	74	37.9	$\chi^2=0.849$ $p=0.203$
	No	291	65.8	121	62.1	

*Chi-square test.

According to gender, there were statistically significant differences determined for feeling the need for education in order to talk about sexuality, not having adequate information and counseling about sexual/reproductive health, adequate information about nursing interventions about sexual/reproductive health, and experiencing problems with assessing sexual/reproductive health of individuals attending health facilities ($p < 0.05$) (Table III).

4. DISCUSSION

Among the primary aims of nursing care are to provide quality and integrated care. The basis of quality and integrated care requires dealing with all the needs of the individual. Within the health system, the sexual/reproductive health of individuals currently continues to be the area which is most neglected, pushed to the background and not given importance (17,15). Additionally, there are differences related to this topic between regions in our country. In the southeast of Turkey, compared to the west, it appears sexual/reproductive health topics are seen as embarrassing, not talked about in families and taboo. From this perspective, this study aimed to investigate the obstacles to questioning the sexual/reproductive health of patients by nursing students, preparing to practice the nursing profession in the future.

According to nursing students, among the reasons for patients not receiving assistance from nurses about sexual/reproductive health topics were embarrassment, high rates of social taboo, lack of effective communication skills of nurses, lack of trust in nurses and nurses not displaying a positive attitude to the topic, at substantial levels (Graph I). Sexual/reproductive health was accepted in recent years as having an important place in holistic care among the professional responsibilities of nurses (18,19). However, in countries where even mentioning sexual/reproductive health topics is taboo (with the taboo being accompanied by embarrassment) like Turkey, it is known that it is not properly considered by health services (20,21). From a cultural perspective, this situation is difficult for nurses in terms of dealing with and talking about sexual/reproductive health topics with patients. From a personal perspective, because sexual/reproductive health topics are a cultural taboo, this is the most important factor limiting communication for both patients and nurses (22,23). Of students included in the research, 64.7% stated that individuals in our country did not receive assistance about sexual/reproductive health from nurses (Table II). Due to the traditional family structure, patriarchal society and majority Muslim population in Turkey, talking about these topics is seen as intimate, sinful, shameful and improper. For this reason, patients are embarrassed and nurses cannot initiate communication causing individuals not to receive adequate support about sexual/reproductive health topics. Considering sexual/reproductive health is affected by values, judgments, attitudes, behaviors and beliefs, nurses need to display a positive attitude to this topic (24). Based on the assumptions of nursing students about the reasons for patients not being able to receive assistance from nurses about sexual/reproductive health, we think it is important to shape the educational programs for nursing students accordingly.

According to nursing students, nurses have educational, counseling, caring and treating roles in relation to sexual assessment. However, the rate of nurses who stated that nurses had no role in sexual evaluations was at levels that cannot be ignored (12.4%) (Graph II). Nurses have educational, counseling and caring roles that require development to develop and maintain the sexual/reproductive health of patients. However, as they are inadequate or unwilling to fulfil these roles, they stated there were difficulties in beginning communication about topics related to sexual/reproductive health (21). Though nurses are aware that assessment of sexual/reproductive health is a part of holistic care, they generally do not assess individuals' sexual/reproductive health in practice (25). Students' statement that nurses had no role in evaluating sexuality is thought to be due to reasons such as the cultural structure, personal structure, lack of assessment of patient

sexuality or no communication with the patient about this topic by nurses in practice and lack of information. In this study, more than half of students wanted to receive education about being able to talk to patients about sexuality and there was a significant difference in need for education about being able to talk about sexuality according to gender (Table II, III). A study by Dissiz et al. (2020) determined that 76.3% of nursing students wanted to receive information related to sexual/reproductive health (15). Nurses need to have some skills which ease sexual assessment. These skills may be listed as looking at sexuality from a broad viewpoint and comfort with topics related to sexuality, effective communication skills, adequate knowledge about sexuality and avoidance of assumptions about the topic (7,19,25,26). Students wishing to receive education in order to talk about sexuality with patients revealed that they were inadequate about this topic, but willing to resolve this situation. This result is noteworthy.

The majority of students had inadequate knowledge about both sexual/reproductive health and stated they did not have adequate counseling information about the topic (Table II). Additionally, both having adequate knowledge about sexual/reproductive health and adequate counseling knowledge about this topic were significantly different in terms of gender (Table III). A study revealed that health employees, no matter the discipline, had educational requirements in the sexual area (19). In the literature, nursing students were determined to have high (15,28) or inadequate (27) levels of knowledge about sexual/reproductive health. However, these literature studies did not question the statements about knowledge related to sexual/reproductive health of students, but used knowledge measurement devices. In this study, they were questioned not about whether sexual/reproductive health knowledge was adequate or not, but whether they wanted to receive education or not. It appears that nursing students know they are inadequate in relation to this topic. There were high rates of nursing students who did not see patients' sexual/reproductive health as a priority (31.7%) (Table II). Students seeing sexual/reproductive health among their professional responsibilities means they will increase and develop their knowledge about the topic. Studies found that sexual evaluation education given to nursing students had positive effect on the knowledge, attitudes and behavior of nursing students (28) and that nurses receiving education related to sexuality were more successful in evaluating sexuality and had increased confidence in themselves (29).

Nursing students stated that they did not have adequate knowledge about nursing interventions for sexual/reproductive health of individuals (Table II) and there were differences in knowledge of nursing interventions for sexual/reproductive health according to gender (Table III). However, sexual function disorders were included on the nursing diagnostic list in 1980 (30). Students receiving education in the nursing department are expected to assess healthy/sick individuals with an integrated approach, offer care and deal with nursing diagnoses about sexual/reproductive health from this aspect and plan the required nursing interventions for the nursing diagnoses. Additionally, care related to sexual/reproductive health that should be considered during the nursing process is significantly affected by the beliefs and attitudes of students about this topic (31). Additionally, the benefit of the nursing care process in dealing with sexual/reproductive health problems of individuals admitted to hospital or with a variety of diseases was emphasized (18). It appears that nursing students have a deficiency of positive role models both in clinical practice and in university education.

Most nursing students (64.7%) stated they could not easily ask questions about sexual/reproductive health to individuals attending health facilities (Table II). Research by Bal (2014) revealed that there were clear differences in the value judgements and practices of nurses with the health care expectations of patients (22). A study by Verschuren et al. (2010) stated that patients were not adequately assessed for problems occurring with sexual/reproductive health in addition to diseases (32). Among the reasons for students not being able to easily ask about sexual/reproductive health topics were that the individual would be embarrassed and angry, they

would be embarrassed and did not have adequate knowledge and the lack of guidance about this topic from health organizations (Table II). The majority of students (63.4%) were determined to experience problems with assessing questions related to sexual/reproductive health of individuals attending health organizations (Table II). According to student gender, there was a difference in problems experienced in assessing questions related to sexual/reproductive health (Table III). Turkey is known to have a conservative and traditional structure. Unfortunately, this is thought to cause students to be judgmental, have mistaken expectations, mistaken beliefs and lack knowledge. These assumptions are included in the reasons for nursing students not being able to adequately question or assess sexual health of patients. Among the reasons for nursing students to experience problems assessing questions related to sexual/reproductive health of individuals were inadequate knowledge to determine and solve the problem, having inadequate counseling skills and social taboos (Table II). Again, these findings support our assumptions.

Patriarchal societies have the trait of considering men superior from creation while women are accepted as weak beings. In these types of society, the identification of women with honor and shame is reinforced. This causes women to grow up suppressed within the family, with inability to talk about sexual/reproductive health topics within the family, inability to acquire adequate information about sexual/reproductive health during education, prejudice, mistaken beliefs, mistaken expectations and stereotypes. In our society, women generally grow up with suggestions that sexuality is sinful and shameful; this situation causes women to experience concern and embarrassment about relations with the opposite sex (7,15,21). Nursing students are not stripped of these taboos in one moment during undergraduate education. A study determined that women had more negative attitudes to sexual/reproductive health compared to men (33).

Research Limitations

Data could not be collected face-to-face due to the COVID-19 pandemic. Additionally, limitations of the research are that it included students attending nursing departments in two universities who use social networks and agreed to participate in the research within a certain time interval.

5. CONCLUSION

According to the research results, the majority of students had inadequate knowledge about sexual/reproductive health and did not have adequate counseling information about this topic. The majority of students (64.7%) could not easily ask individuals attending health facilities about sexual/reproductive health topics and the reasons for this were embarrassment, social taboos, religious beliefs, lack of trust and lack of effective communication skills. Additionally, more than half of students stated they wished to receive education about how to talk to patients about sexuality. It is important that the sexual health lesson in the nursing education curriculum be included in mandatory lessons, and that this lesson include implementations like role play and case discussions to ensure students gain education and apparatus to deal with sexual health. Additionally, determining the obstacles to questioning sexual/reproductive health and training students about these obstacles to increase the students' confidence about sexual health will ensure integrated care of patients.

Acknowledgements

We thank all the participants who contributed to this study.

Financial Support of the Research

No support was received to conduct the research

Conflict of Interest Statement

There is no conflict of interest.

Ethics approval and Consent to participate

Ethical approval was obtained from the Kilis 7 Aralık University Ethics Committee (Ethics Committee No: 2020/22/4). Written consent was obtained from the participants to conduct the study. **Availability of data and material**

Not applicable

Code availability

Not applicable

Author Contributions

Study conception and design: FK, FP, CBO.

Data collection: FK, FP, CBO.

Data analysis and interpretation: FK, FP, CBO.

Drafting of the article: FK, FP, CBO.

Critical revision of the article: FK, FP, CBO.

RESOURCES

1. Karandashev, V.A. (2015). Cultural Perspective on Romantic Love. *Online Readings in Psychology and Culture*, 5(4),1-21. doi: 10.9707/2307-0919.1135
2. Bulechek, G., Butcher, H., Dochterman, J., & Wagner, C. (eds.) (2013). *Nursing interventions classification (NIC)*, 6th edn. Mosby Elsevier, St. Louis
3. Rabathaly, P.A., & Chattu, V.K. (2019). Sexual healthcare knowledge, attitudes, and practices among primary care physicians in Trinidad and Tobago. *Journal of Family Medicine and primary Care*, 8(2), 614–620. doi: 10.4103/jfmpe.jfmpe_322_18
4. Sung, S.C., Huang, H.C., & Lin, M.H. (2015). Relationship between the knowledge, attitude, and self-efficacy on sexual health care for nursing students. *J Prof Nurs*, 31(3), 254-61. doi: 10.1016/j.profnurs.2014.11.001
5. Minoia, J.I. (2017). Sexual health knowledge, attitudes, and beliefs among nurse practitioners and certified nurse midwives who work with adolescents in non-acute care settings. Retrieved from <https://idea.library.drexel.edu/islandora/object/idea%3A7561>
6. Fennell, R., & Grant, B. (2019). Discussing sexuality in health care: A systematic review. *J Clin Nurs*, 28(17-18), 3065-3076. doi: 10.1111/jocn.14900
7. Koçak, D.Y., & Duman, N.B. (2019). Investigation of the content of theme theses related to sexual and reproductive health in the field of nursing in Turkey. *ACU Sağlık Bil Derg*, 10(2), 265-270. doi: 10.31067/0.2019.149 (Original work published in Turkish)
8. Huang, C.Y., Tsai, L.Y., Tseng, T.H., Li, C.R., & Lee, S. (2013). Nursing students' attitudes towards provision of sexual health care in clinical practice. *J Clin Nursing*, 22, 3577–3586. doi: 10.1111/jocn.12204
9. Martel, R., Crawford, R., & Riden, H. (2017). 'By the way how's your sex life?' - A descriptive study reporting primary health care registered nurses engagement with youth about sexual health. *Journal of Primary Health Care*, 9(1), 22–28. doi: 10.1071/HC17013
10. Klaeson, K., Hovlin, L., Guva, H., & Kjellsdotter, A. (2017). Sexual health in primary health care – A qualitative study of nurses' experiences. *Journal of Clinical Nursing*, 26, 1545–1554. doi: 10.1111/jocn.13454
11. Krouwel, E.M., Nicolai, M.J., van Steijn-van Tol, A.J., Putter, H., Osanto, S., Pelger, R.M., & Elzevier, H.W. (2015). Addressing changed sexual functioning in cancer patients: A cross-sectional survey among Dutch oncology nurses. *European Journal of Oncology Nursing*, 9(6), 707–715. doi: 10.1016/j.ejon.2015.05.005
12. Sailaja, B., & Nana, C. (2017). Barriers of Discussion Concerning Sexual and Reproductive Health Issues Among Adolescents and Parents, Hawassa, SNNPR, Ethiopia. *Biomed J Sci & Tech Res*, 1(7), 2017. doi: 10.26717/BJSTR.2017.01.00059

13. Rashidian, M., Minichiello, V., Knutsen, S.F., & Ghamsary, M. (2016). Barriers to sexual health care: a survey of Iranian-American physicians in California, USA. *BMC Health Serv Res*, 16, 263. doi: 10.1186/s12913-016-1481-8
14. Bakır, N., Vural, P.I., & Demir, C. (2019). Investigation of university students' attitudes towards sexual education and gender perception in some variables. *Life Skills Journal of Psychology*, 3(5), 119-128. doi: 10.31461/ybpd.548926 (Original work published in Turkish)
15. Dissiz, M., Yalçıntürk, A.A., Sümer, G., Tavşan, C., Dede, S., Durmuş, Ş., Ayaz, K., Fulin, G., & Ünsal, M. (2020). Knowledge levels and views of nursing students about sexual health. *Zeynep Kamil Tıp Bülteni*, 51(2), 78-83. doi: 10.16948/zktipb.691007 (Original work published in Turkish)
16. Hande Dağ, H., Dönmez, S., Şirin, A., & Kavlak, O. (2012). University youth reproductive and sexual health knowledge and peer education. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 15(1), 10-17. (Original work published in Turkish)
17. Aşçı, Ö., Gökdemir, F., & Çiçekoğlu, E. (2016). Efficiency of training on reproductive health provided by peer trainers to nursing students. *HSP*, 3(3), 173-183. doi: 10.17681/hsp.56193 (Original work published in Turkish)
18. Ayaz, S. (2013). Sexuality and Nursing Process: A Literature Review. *Sex Disabil*, 31, 3–12. doi: 0.1007/s11195-012-9280-6
19. Verrastro, V., Saladino, V., Petruccelli, F., & Eleuteri, S. (2020). Medical and Health Care Professionals' Sexuality Education: State of the Art and Recommendations. *Int J Environ Res Public Health*, 17(7), 2186. doi: 10.3390/ijerph17072186
20. Özbaş, A.A., Gürhan, N., & Duyan, V. (2016). An Evaluation of Sexual Attitudes of Nursing Students in Turkey. *Journal of Psychiatric Nursing*, 7(3), 114–120. doi: 10.5505/phd.2015.35002
21. Evcili, F., & Demire, G. (2018). Patient's Sexual Health and Nursing: A Neglected Area. *International Journal of Caring Sciences*, 11(2), 1282-1288.
22. Bal, M.D. (2014). The nurse's attitudes and beliefs towards sexuality. *Hemşirelikte Eğitim ve Araştırma Dergisi*, 11(3), 38-42. (Original work published in Turkish)
23. Kömürcü, N., Demirci, N., Yıldız, H., & Gün, Ç. (2014). View of sexuality in nursing journals in turkey: a literature review. *Hemşirelikte Eğitim ve Araştırma Dergisi*, 11(1), 9-17. (Original work published in Turkish)
24. Gölbaşı, Z., & Tuğut, N. (2014). Assessment of sexuality: suggestions for nurses and clinical strategies. *HEAD*, 11(2), 59-64. (Original work published in Turkish)
25. Maria, D.S., Vincent Guilamo-R., Jemmott, L.S., Derouin, A., & Villarruel, A. (2017). Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings. *AJN, American Journal of Nursing* January, 117(1), 42-51. doi: 10.1097/01.NAJ.0000511566.12446.45
26. Traumer, L., Jacobsen, M.H., & Laursen, B.S. (2019). Patients' experiences of sexuality as a taboo subject in the Danish healthcare system: a qualitative interview study. *Scand J Caring Sci*, 33(1), 57-66. doi: 10.1111/scs.12600.
27. Ergün, G., & Çakır, C. (2015). School of health science's senior students of knowledge, attitudes and behaviour properties about sexual health. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, 6(2), 99-104. (Original work published in Turkish)
28. Tuğut, N., & Gölbaşı, Z. (2015). Sexuality Assessment Knowledge, Attitude, and Skill of Nursing Students: An Experimental Study with Control Group. *International Journal of Nursing Knowledge*, 28(3), 1-8. doi: 10.1111/2047-3095.12127
29. Gölbaşı, Z., & Evcili, F. (2013). Assessment of Patient's Sexuality And Nursing: Barriers and Recommendations. *Journal of Anatolia Nursing and Health Sciences*, 16(3), 182-189. (Original work published in Turkish)
30. Volpe, E.M., & Wertheimer, J.C. (2010). Exploring sexuality attitudes and knowledge in nursing: an education program. Maimonides University: Faculty of the American Academy of Clinical Sexologists, Doctor of Philosophy. Florida.
31. Gürel, R., & Taşkın, L. (2020). Nursing students' beliefs and attitudes towards sexual care of patients. *THDD*. 1(1), 27-38. (Original work published in Turkish)
32. Verschuren, J.E.A., Enzlin, P., Dijkstra, P.U., Geertzen, J.H., & Dekke, R. (2010). Chronic disease and sexuality: A generic conceptual framework. *J. Sex Res*, 47(2), 153-170. doi: 10.1080/00224491003658227

33. Arikan, F., Meydanlioglu, A., Özcan, K., & Canlı Özer, Z. (2015). Attitudes and beliefs of nurses regarding discussion of sexual concerns of patients during hospitalization. *Sex Disabil*, 33(3), 327-37. doi: 10.1007/s11195-014-9361-9