

## Nurses' knowledge and Attitudes towards Sexual Health in Al-Gharbyia Governorate, Egypt

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### Abstract

Sexuality is an important quality of life issue that nurses should not ignore. It encompasses sex, gender identities and roles, sexual orientation, eroticism, reproduction pleasure, and intimacy. It is recognized as a basic human need, expressed through practices and attitudes and influenced by culture.

**Aim of the study:** To assess nurses' knowledge and attitudes towards sexual health in Al-Gharbyia Governorate, Egypt.

**Subjects and Method:** -**Study design:**An exploratory descriptive study design was used in this study. **Study settings:** This study was conducted at inpatient and outpatient units of Maternity & Gynecological departments at Tanta University and El-Menshawey Hospitals, in addition to all (7) Maternal and Child Health (MCH) Centers at Tanta City.

**Study subjects:** The study subjects comprised of all nurses (200) who were working at the previously mentioned settings.

**Tool of data collection:** - A structured interview questionnaire was developed by the researchers based on related recent literature. It was consisted of three parts: Part (1): Socio- demographic characteristics of the studied nurses. Part (2):Nurses' knowledge regarding sexual health. Part (3):Sexuality Attitude and Beliefs Survey.

**Results:** the results of the present study revealed that, 52% of the studied nurses had poor knowledge regarding sexual health, and 83% of them had negative attitude.**Conclusion:** Obstetrics and Gynecology, and Community health nurses lacked knowledge about sexual health, the majority of them had negative attitude toward sexual health. A highly positive significant correlation was found between their knowledge and attitude scores.

**Recommendations:** sexual health education should be discussed in depth in nursingcurriculum. Enhancing sexual health care practices through in-service training /field-specific courses and programs.

**Keywords:** Knowledge, Attitude, Nurses, Sexual health.

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### I. Introduction

Sexuality is a dynamic process that begins with birth and continually changes and progresses until death. Sexuality is a concept that encompasses sex, gender identities and roles, sexual orientation, eroticism, reproduction pleasure, and intimacy. It is recognized as a basic human need expressed through practices and attitudes and influenced by culture. Sexuality is a deep, pervasive aspect of human experience and contributes to life in positive and healthy way. Attending to sexuality has been identified as an integral aspect of nursing care. Sexuality is an essential component of quality of life issues that nurses should not ignore because patients expect and deserve high quality care, therefore, nursing care that ignores this important aspect of life is substandard. Sexuality is an essential part of human being<sup>(1,2)</sup>.

However, due to the tendency of the society to ignore discussing, existences of sexuality for women, in particular, have been discouraged from dealing with their sexual problems actively or discussing them with health care professionals. Therefore, a better understanding of sexuality was needed. Nurses are responsible to inform and give health instructions about nursing care and treatment including sexuality<sup>(2)</sup>.

The world health organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity<sup>(3)</sup>. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from pressure, discrimination and violence. The sexual

rights of all persons must be respected, protected and fulfilled in order to attain and maintain sexual health. The expression and experience of sexuality is different for everyone. Some people may not express or experience sexuality at all. Many factors can influence sexuality such as biologic, psychological, spiritual, social, and cultural factors<sup>(3,4)</sup>.

Sexuality is an important issue in nursing care because of the intimate nature of care that nurses provide to patients and the effect of illness on patients including their sexuality. The close relationship and constant contact between nurses and patients provide an opportunity to discuss sexuality and sexual health<sup>(5)</sup>. To create an environment and atmosphere that tells patients that sexuality is a subject that they can openly talk about is a challenge for nurses. Therefore, nurses need to accept and belief for them-selves that sexuality is an important aspect of care, and recognize that patients are in need to initiate conversations about sexuality and sexual health<sup>(6,7)</sup>.

Nurses need to possess deep knowledge as well as exert sound judgment and high level of sensitivity in dealing with patients' sexual health needs. Sexuality is an important aspect of nursing care in a variety of settings, for clients of all ages, and in almost all medical diagnosis<sup>(8,9)</sup>.

It is essential that the nurse treats every patient individually with respect, a non-judging attitude, and honest concern. Nurse should consider the patient's needs, feelings and thoughts in understanding his/her situation. There are 10 inherent inequalities in the nurse-patient relationship<sup>(10)</sup>. Usually the patient is vulnerable, dependent, and unable to choose the professional caring for him/her. Boundaries are an important part of the relationship because they protect both nurses and patients by imposing legal, ethical and professional standards. These standards ensure that the focus of the relationship is the patient's needs and keeps the relationship professional<sup>(9,11)</sup>.

There is an increasing interest in providing holistic care that includes sexual health assessment. Amongst other healthcare professionals, nurses can play a significant role in conducting sexual health assessment. Nurses have good relationships with patients due to their daily contact with patients that facilitate assessment of sexual health. Moreover, nurses documented that sexual health assessment for patients is a part of their professional role<sup>(4,11)</sup>. Nurses have shown little competence in sexual health assessment and therefore require more practice by nurse clinicians. In short, patients' sexual health assessment is a nursing task but nurses still hesitate to conduct sexual health assessment in clinical practice<sup>(12)</sup>.

Because sexual function is one important aspect of quality of life, it is important for health care providers to find out if a patient is experiencing sexual problems. While sexuality is an important aspect of human health and quality of life, a research indicated that nurses ignore it for a variety of reasons<sup>(13)</sup>.

Nurses do not routinely inquire about sexual practices and do not provide teaching or counseling in this area. The career pathway for nurses in sexual health is fragmented, not well structures, and with no obvious succession planning<sup>(14)</sup>. Therefore, sexual health must be addressed as a significant and an integral element of comprehensive health care. Patients continue to look toward health care professionals who are capable of guidance and advice, thus they could speak about their needs to health personnel who are competent in providing sex education and counseling. As nurses are the cornerstone of daily patient management, they have an excellent opportunity to provide such counseling<sup>(15)</sup>. So, the present study was conducted to assess nurses' knowledge and attitudes towards sexual health in Al-Gharbyia Governorate, Egypt.

#### **Aim of the study:**

To assess nurses' knowledge and attitudes towards sexual health in Al-Gharbyia Governorate, Egypt.

## **II. Subjects & Method**

#### **Study Design:**

A descriptive study design was used in this study.

#### **Setting:**

#### **This study was conducted at the following settings:**

1. Inpatient and outpatient units of Maternity & Gynecological departments at Tanta University and El-Menshawya Hospitals.
2. All (7) Maternal and Child Health (MCH) Centers at Tanta City affiliated to the Ministry of Health and population offering maternal health care.

#### **Subjects:**

The study subjects consisted of all nurses (200) working in the previously mentioned settings during time of data collection.

#### **Tool of the study:**

A structured questionnaire sheet was used by the researchers in order to obtain the necessary data. It consisted of three parts as follows;

**Part(1) Socio-demographic characteristics of nurses:** it included age, marital status, residence, educational level, years of experience and the source of information about sexuality.

**Part(2):- Nurses' Knowledge about sexual health:** this part is used to assess nurses' knowledge related to general sexual health, venereal diseases, reproductive health, and safe sexual intercourse. The correct responses of nurses take (1), and the incorrect or don't know take (0). The total score of nurses knowledge was calculated by summing all correct responses, and classified as follows:

- Poor level of knowledge -- <60% of the total score of knowledge
- Fair level of knowledge -- (60-75 %) of the total score of knowledge
- Good level of knowledge -- >75% of the total score of knowledge

**Tool (II):-Sexuality Attitude and Beliefs Survey (SABS).** The SABS was developed by Reynolds and Magnan (2005) <sup>(16)</sup> to assess the attitudes and beliefs nurses hold about patient sexuality in relation to nursing practice. It consisted of 54 statements with six- point Likert response format to measure Nurses' attitude toward sexual health, venereal diseases, reproductive health and healthy sexual relations. The researchers was adapted SABS to three- point likert response (3-agree, 2-undecided, and 1-disagree).

#### **Method:**

This study was carried out in the following steps:

- 1- A written approval was obtained from the administrators and heads of the departments of the previous selected settings to conduct the study after explanation of its purpose.
- 2- Ethical and legal considerations:
  - An informed consent for participation in the study was obtained from the entire subjects after explanation of the nature and purpose of the study to them.
  - Nature of the study was not causing any harm and /or pain for the entire subjects.Confidentiality and privacy were put into consideration regarding the data collected.
- 3- Tool of the study part I and Part II were developed by the researcher after review of the relevant literature.
- 4- Tool of the study part III was adopted and translated into Arabic language by the researchers.
- 5- The study tool was tested for face and content validity by jury of five professor's expertise in the field of Community Health Nursing and Obstetric & Gynecological Nursing before conducting the study.
- 6- A pilot study was carried out by the researchers on 20 nurses who were selected randomly for testing the tool for its clarity, applicability and to identify obstacles that may be encountered with the researcher during data collection. Accordingly, the necessary modification was done. This sample was excluded from the study.
- 7- The reliability test of the tool was done by using test of Cronbach's Alpha which was 0.809 for knowledge of nurses and 0.793 for attitude and belief regarding sexual health.
- 8- Data were collected through three months starting from December 2017 to March 2018. Each of these settings was alternately visited, by the researchers for data collection, for three successive days per week from 9 Am to 12 Pm.
- 9- An average of 3-4 interviews was performed per day till collect the data for 100 nurses from hospitals and 100 nurses from MCH centers.
- 10- The interview was initiated by the researcher's self-introduction followed by explanation the purpose of the study as well as getting subjects' oral consent.
- 11- Nurses were individually interviewed using the study tool to collect the socio-demographic data & knowledge and attitude regarding sexual health. Questions were slowly read for each subject by the researcher. The duration of the interview ranged from 20-25 minutes.

#### **Statistical analysis:**

The data were coded, entered and analyzed using SPSS (version 20). Descriptive statistics (frequency numbers and percentages) identified demographic characteristics and nurses responses to the questionnaire.  $\chi^2$  tests was used to analyze the relationships; statistical significant was set at P value <0.05%. Pearson's correlation was used to examine the correlations between Knowledge, and attitude total scores.

### III. Results

**Table (1): Distribution of the studied nurses according to their socio-demographic characteristics.**

Characteristics	The studied nurses (n=200)	
	N	%
<b>Age (in years)</b>		
▪ (<20 years)	38	19.0
▪ (20-<30) years	79	39.5
▪ (30-<40) year	46	23.0
▪ (40-<50) years	19	9.5
▪ (≥50) years	18	9.0
<b>Marital status</b>		
▪ Married	138	69.0
▪ Single	45	22.5
▪ Widow	14	7.0
▪ Divorced	3	1.5
<b>Residence</b>		
▪ Urban	117	58.5
▪ Rural	83	41.5
<b>Educational level</b>		
▪ Technical nursing	128	64.0
▪ Nursing bachelor	59	29.5
▪ Post studies nursing	13	6.5
<b>Years of experience</b>		
▪ (<5 years)	78	39.0
▪ (5-<10) years	41	20.5
▪ (10-<20) year	49	24.5
▪ (20-<30) years	12	6.0
▪ (≥30) years	20	10.0

Table (1) shows the distribution of the studied nurses according to their socio-demographic data. It was observed that more than one third (39.5%) of the studied nurses were 20-<30 years old. The table also shows that more than two thirds (69%) of the studied nurses were married while, (58.5%) from urban area, and 64% were graduated from technical nursing. Moreover, more than one third (39%) of the studied nurses had less than 5 years of experience. compared to 16% of them had 20 years of experience and more.

**Table (2): Distribution of the studied nurses regarding their mean scores of knowledge domains about sexual health.**

Knowledge domains	The studied nurses (n=200)
	Range Mean ± SD
- General Knowledge about sexual health	(0-15) 9.54±4.918
- Venereal diseases	(2-19) 10.08±4.392
- Reproductive health	(2-11) 6.48±2.760
- Sexual intercourse	(3-30) 16.67±7.175

Table (2) shows distribution of the studied nurses regarding their mean scores of knowledge domains about sexual health. The table illustrated that, the highest mean score of nurse's knowledge was observed in their knowledge regarding: sexual intercourse, venereal diseases and general knowledge about sexual health represent (16.67±7.175, 10.08±4.392 and 9.54±4.918) respectively.

**Fig (1): Distribution of the studied nurses according to their total score of knowledge regarding sexual health**

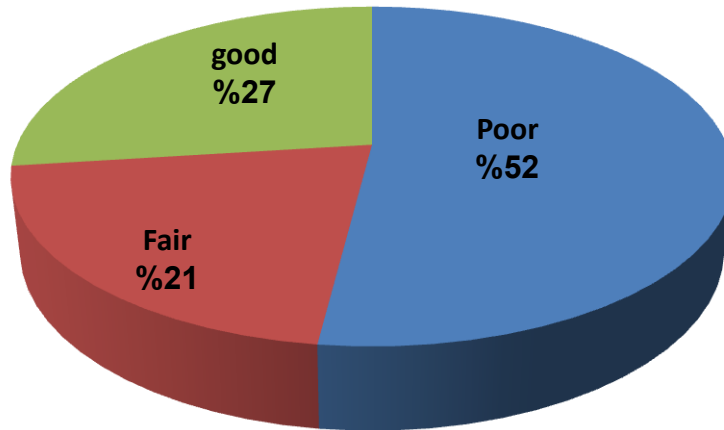


Figure (1) shows distribution of the studied nurses regarding their total score of knowledge regarding sexual health. The figure clarifies that, more than one half (52%) of the studied nurses had poor knowledge, while nearly one fifth (21%) of them had fair knowledge, and the rest of them (27%) had good knowledge.

**Table (3): Distribution of the studied nurses according to their source of knowledge about sexual health.**

Source of knowledge*	The studied nurses (n=200)	
	No	(%)
- Nursing education curriculum	119	59.5
- Doctors & colleagues	31	15.5
- Relatives & friends	50	25.0
- Mass media	43	21.5
- Books & magazines	25	12.5
- Internet	28	14.0
- Training courses	11	5.5

\*More than one answer

Table (3) shows distribution of the studied nurses according to their sources of knowledge about sexual health. The table illustrated that, nearly three fifth (59.5%) of the studied nurses gained their knowledge from nursing education curriculum followed by (25%) their knowledge was from relative and friends, compared to only (5.5%) of them gained their knowledge from training courses.

**Table (4): Distribution of the studied nurses according to their mean scores of attitude domains about sexual health**

Attitude domains	The studied nurses (n=200)
	Range Mean ± SD
- General sexual health	(8-24) 17.74±5.289
- Venereal diseases	(15-39) 32.78±4.404
- Reproductive health	(20-51) 39.09±5.061
- Healthy sexual relations	(18-48) 42.95±4.219

Table (4) shows distribution of the studied nurses according to their mean scores of attitude domains about sexual health. The table revealed that, the highest mean score of nurse's attitude was observed in healthy sexual relations, reproductive health followed by venereal diseases represent (42.95±4.219 , 39.09±5.061 and 32.78±4.404) respectively.

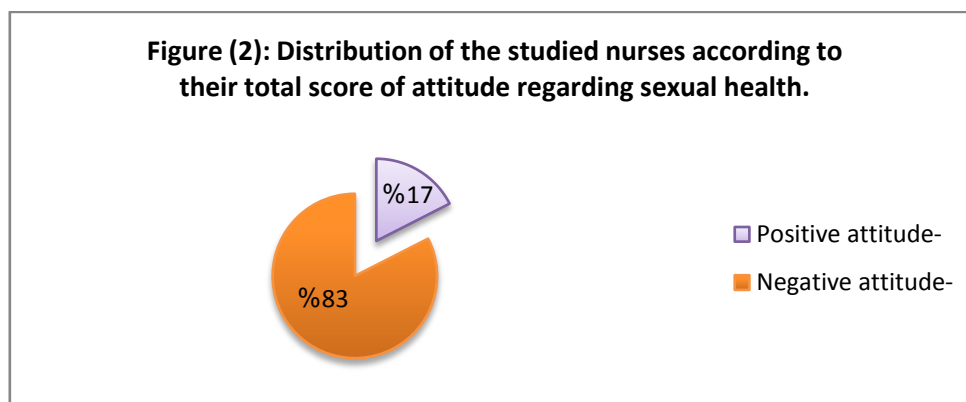


Figure (2) shows distribution of the studied nurses according to their total score of attitude regarding sexual health. The figure revealed that, the majority (83%) of the studied nurses had negative attitude, and only (17 %) of them had positive attitude toward sexual health.

**Table (5): Relation between socio-demographic characteristics of the studied nurses and their total knowledge score regarding sexual health .**

Characteristics	Total knowledge score (n= 200)						$\chi^2$ P
	Poor (n=104)		Fair (n=42)		Good (n=54)		
	N	%	N	%	N	%	
<b>Age (in years)</b>							9.637 0.291
▪ (<20 years)	25	24.0	7	16.7	6	11.1	
▪ (20-<30) years	42	40.4	17	40.5	20	37.0	
▪ (30-<40) year	22	21.2	12	28.6	12	22.3	
▪ (40-<50) years	7	6.7	4	9.5	8	14.8	
▪ (≥50) years	8	7.7	2	4.7	8	14.8	
<b>Marital status</b>							8.084 0.232
▪ Married	77	74.0	27	64.3	34	63.0	
▪ Single	22	21.2	9	21.4	14	25.0	
▪ Widowed	3	2.09	6	14.3	5	9.2	
▪ Divorced	2	1.9	0	0.0	1	1.8	
<b>Residence</b>							12.938 0.002*
▪ Urban	50	48.0	25	59.5	42	77.8	
▪ Rural	54	51.9	17	40.5	12	22.3	
<b>Educational level</b>							39.088 0.000*
▪ Technical Nursing	78	75.0	32	76.2	18	33.3	
▪ Bachelor Nursing	26	25.0	7	16.7	26	48.1	
▪ Post studies Nursing	0	0.0	3	7.1	10	18.5	
<b>Years of experience</b>							13.298 0.102
▪ (<5 years)	50	48.0	16	38.1	12	22.3	
▪ (5-<10) years	19	18.4	11	26.1	11	20.3	
▪ (10-<20) year	25	24.0	6	14.2	18	33.3	
▪ (20-<30) years	4	3.8	4	9.4	4	7.3	
▪ (≥30) years	6	5.8	6	14.2	8	14.8	

\* Significant at P < 0.05

Table (5) shows the relation between the socio demographic characteristics of the studied nurses and their total knowledge score regarding sexual health. It is obvious that, there was a highly significant relationship between the total knowledge score of the studied nurses and their residence and level of education (p = 0.002, p = 0.000 respectively).

**Table (6):Relation between socio-demographic characteristics of the studied nurses and their total attitude score toward sexual health.**

	Total attitude level				$\chi^2$ P
	Positive (n=35)		Negative (n=165)		
	N	%	N	%	
<b>Age (in years)</b>					
▪ (<20 years)	11	31.4	27	16.3	<b>18.548</b> <b>0.001*</b>
▪ (20-<30) years	9	11.2	70	42.4	
▪ (30-<40) year	3	8.2	43	26.1	
▪ (40-<50) years	4	11.4	15	9.1	
▪ (≥50) years	8	22.8	10	6.1	
<b>Marital status</b>					
▪ Married	14	40.0	124	75.1	<b>16.723</b> <b>0.001*</b>
▪ Single	15	42.9	30	18.2	
▪ Widow	5	14.3	9	5.5	
▪ Divorced	1	2.8	2	1.2	
<b>Residence</b>					
▪ Urban	23	65.7	94	57.0	5.033
▪ Rural	12	34.3	71	43.0	0.450
<b>Educational level</b>					
▪ Technical Nursing					<b>7.311</b> <b>0.026*</b>
▪ Bachelor Nursing	29	82.9	99	60.0	
▪ Post studies Nursing	6	17.1	53	32.1	
	0	0.0	13	7.9	
<b>Years of experience</b>					
▪ (<5 years)	17	48.6	60.0	36.4	7.426 0.115
▪ (5-<10) years	4	11.4	37	22.2	
▪ (10-<20) year	6	17.1	43	26.0	
▪ (20-<30) years	2	5.8	10	6.1	
▪ (≥30) years	6	17.1	14	8.3	

\* Significant at level P < 0.05

Table (6) shows the relation between the socio-demographic characteristics of the studied nurses and their total attitude score towards sexual health. It was noted that there was a significant relation between the total attitude level towards sexual health of the studied nurses and their age, marital status and level of education (P =0.001, 0.001 and 0.026)respectively

**Table (7): Correlation between total knowledge level and total attitude level of the studied nurses toward sexual health.**

Total Attitude Level	Total knowledge level (n= 200)						$\chi^2$ P
	Poor (n=104)		Fair (n=42)		Good (n=54)		
	N	%	N	%	N	%	
Positive	20	19.2	9	21.4	6	11.1	2.191
Negative	84	80.8	33	78.6	48	88.9	0.334
<b>r</b>	<b>0.261</b>						
<b>P</b>	<b>0.00**</b>						

\*\* Highly significant at P < 0.01

Table (7)shows the correlation between total knowledge level and total attitude level of the studied nurses toward sexual health. It was observed that 80.8% of the studied nurseswho had poor level of knowledge also had negative attitude. The table also show that, there was positive highly significant correlation sufficient among studied nurses (r = 0.261 %, p= 0.00)

#### IV. Discussion

Sexual health is considered as a neglected area in Obstetric Nursing and primary health care. Obstetrics and Gynecology, and Community health nurses has a unique opportunity to impact family health and function at the earliest point possible to provide proper information regarding the sexual health. Unfortunately, there is evidence that nurses have some knowledge about some aspects of sexual health. Because of complexity of the topic, many nurses are not equipped to discuss sexuality with their patients<sup>(17, 18)</sup>. Health care providers have long acknowledged the importance of sexual health care, but continue to under investigate their knowledge and attitude regarding sexual health to date<sup>(19, 20)</sup>. Therefore, this study was undertaken to assess the knowledge and attitude of nurses at Maternity Hospitals and Primary Health Care Centers regarding sexual health.

Concerning studied nurses' total score of knowledge regarding sexual health, there is evidence in this research article that, many nurses felt they lacked knowledge about sexual health as more than one half of the them had poor knowledge, while nearly one fifth of the studied nurses had fair knowledge followed by more than one quarter who had good knowledge regarding sexual health. This result may be attributed to their level of education, as about two-thirds of the studied nurses were graduated from technical nursing institute that may not permit sexuality to be discussed in depth. This finding correspond with the finding of **Mahmoud &Fawaz (2015)**<sup>(21)</sup>, in their study to determine the nurses perception of barriers toward discussing female sexual issues in nursing practice, they found lack of knowledge regarding sexual health among more than two thirds of their studied nurses and they also revealed that lack of knowledge about female sexuality was the main barrier to discuss sexuality issues in nursing practice. Also the result was supported by **Yip et al. (2015)**<sup>(22)</sup>, they determined that the majority of nurses had a high awareness of the importance of sexual health, but they have lack of knowledge. In the study of **Evcili&Demirel (2018)**<sup>(23)</sup>, about 2/3 of the nurses found their level of knowledge in the sexuality-related issues to be inadequate and 83.3% of the nurses listed the lack of knowledge as one of the most important obstacles to the evaluation of the patient's sexuality. Furthermore, **Mansour & Mohamed (2015)**<sup>(24)</sup>, in their study results showed that 100% of nurses were having poor knowledge about sexual health issues. While, **Martel et al. (2017)**<sup>(25)</sup>, mentioned that registered nurses in New Zealand primary health care lack knowledge and confidence engaging with youth about sexual health.

The results of the present study is contradict with **Sonamäki et al. (2010)**<sup>(26)</sup>, who assessed nurses' attitudes and beliefs regarding discussing sexuality with patients. They reported that, the majority of nurses in their study understood how patients' diseases and treatment might affect their sexuality. **Al-Zahrani (2010)**<sup>(27)</sup>, describes how the type of sexual health knowledge incorporated in nursing curricula could include the impact of an illness on sexual function, self-esteem, and psychosexual and relationship issues. Knowledge should not only include contraception and STIs but also incorporate more complex issues around consent, body image, and risky sexual behavior. Nurses in health care professions need to have sufficient knowledge of how to work with sexual health and to feel confident that they are still upholding professional boundaries, despite the sensitive subject<sup>(28)</sup>. So, it is important that they are equipped with knowledge and practice skills and personal comfort to be able to address sexual health issues to improve to sexual healthcare services<sup>(29)</sup>.

As regard to the studied nurses' sources of knowledge about sexual health, the result of the present study showed that, more than half of the studied nurses gained their knowledge from nursing education and only 5.5% of them gained their knowledge from training courses. This result could be explained by the fact that in Egypt, sexuality is taught in the curriculum in the third year of nursing education, by covering the anatomy and physiology of male and female genital organs and after that they rarely receive any knowledge about such topic. According to **Kristufkova et al. (2018)**<sup>(30)</sup>, in their European survey across medical specialties, they concluded that trainees and early-career specialists found sexual health training important for their future medical practice in psychiatry, OB-GYN, urology, and endocrinology. Nevertheless, they report that this training is rarely available. While, in Turkey, the vast majority of the nursing students reported that the courses were their primary source of sexual information<sup>(31)</sup>. Meanwhile, the Sexual Education, Treatment and Research Association in Turkey, found that only 7.8% of young people reported formal education as a source of sexual information<sup>(32)</sup>.

Regarding the total score of nurses' attitude regarding sexual health, the majority of the studied nurses had negative attitude, and only 17.5% of them had positive attitude regarding sexual health. This negative attitude may be related to poor knowledge of nurses regarding sexual health as revealed in this study. This result is supported by many Egyptian and non-Egyptian studies. **Afiyanti (2017)**<sup>(33)</sup>, assessed the attitude, belief, and barriers of Indonesian Oncology nurses on providing assistance to overcome sexuality problems and revealed inappropriate attitude and belief of nurses on sexuality aspects. Also, the study finding was in agreement with **Kim et al. (2011)**<sup>(34)</sup>, who reported that nurses felt discomfort and embarrassment when discuss sexual issues with patients. According to the study of **Mansour and Mohamed (2015)**<sup>(24)</sup>, the majority of nurses in their study felled discomfort to providing sexual health care to cancer patients. **Areskoung-Josefsson et al. (2016)**<sup>(28)</sup>, indicated moderate attitudinal barriers for nurses to discuss sexual activities with patients in their study. Also our study results concordant with **Kotronoulas et al. (2009)**<sup>(35)</sup> who showed that, discomfort is an



essential factor for provision of sexual health care. Meanwhile, **Egholm (2015)**<sup>(6)</sup> showed that, nurses are neither comfortable nor confident in their abilities to discuss sexuality with their patients. While, **ÖZBAŞ et al.(2016)**<sup>(31)</sup> found that nursing students' attitudes about sexuality are highly conservative. Second-year students were the most conservative group, while third-year students were the most liberal. Overall, students were more conservative about their own sexuality than others.

Furthermore, **Wang et al. (2019)**<sup>(36)</sup> found that, most of Chinese nurses felt uncomfortable to discuss sexuality and this result was higher than that of American, Turkish, and Swedish nurses<sup>(26, 37, 38)</sup>. Furthermore, it indicates that nurses in the present study have a higher level of perception preventing them from discussing sexual concerns with patients than nurses in other cultural settings. Also, the present study finding was in disagreement with **Katz (2008)**<sup>(39)</sup>, who reported that professional nurses are much more likely to manage their feeling and effectively meet patients' needs and their role. **Oren et.al (2018)**<sup>(40)</sup>, in their study about attitude, belief and comfort levels of midwifery students regarding sexual counseling in Turkey, they found that although the students' attitude toward sexual counseling were good but they were not always comfortable to provide counseling about sexual health. Feeling more comfortable could lead to more discussions of sexual health topics but does not act as the mediator between knowledge and practice. There are significant barriers and stigma attached to discussing sexual health in Hong Kong<sup>(22)</sup>.

As regard to the relation between total knowledge score level of the studied nurses regarding sexual health and their socio-demographic characteristics, the current study revealed that a statistical significant correlation was present between studied nurses' residence, level of education, and knowledge about sexual health. This finding corresponded with the finding of the result of **Javadnoori et al. (2016)**<sup>(41)</sup>, which investigated healthcare workers' competence in sexual health education for female adolescents at schools. Their findings showed a significant relationship between the knowledge of healthcare workers about sexual health education and academic degree, as educational level had significant impacts on knowledge in their study. Meanwhile, in the present study there was a significant relation between the total attitude level towards sexual health of the studied nurses and their age, marital status and level of education. This result is concurrent with the survey of **Won and Seungmi(2012)**<sup>(42)</sup>. In their study the sexuality attitudes and beliefs survey scores for Korean nurses were significantly different according to age, marriage, education, clinical experiences, and feeling about sexuality. While, **Yip et al.(2015)**<sup>(22)</sup>, in their study results support the hypothesis that nurses' attitudes and socio-demographic characteristics as training experience and marital status were significantly associated with their clinical practices.

Regarding the correlation between total knowledge level and total attitude level of the studied nurses toward sexual health, the current study showed that, there was highly positive significant correlation between them. These results are in agreement with **Yigit et al. (2005)**<sup>(43)</sup> and **Yip et al. (2015)**<sup>(22)</sup>. Also, **Tugut et al. (2017)**<sup>(44)</sup>, determined in their study regarding sexuality assessment knowledge, attitude and skill of nursing students, that sexuality good knowledge has a positive effect on the attitude of the students. Furthermore, **Javadnoori et al.(2016)**<sup>(41)</sup>, found a significant correlation between knowledge and attitude in their study. They reported that despite the adequate knowledge, positive attitude, and confidence of healthcare workers in their study, their performance on sexual health education, especially taboo topics, was unacceptable. The similarity between the previous studies and the result of the present study could be attributed to the fact that, despite the widespread acceptance and acknowledgement about the importance of sexual health, nurses are uncomfortable to deliver sexual health care and are therefore reluctant to initiate such conversations, and lack the confidence and knowledge to do so. Awareness has to be raised of the nurses' own values and prejudices and knowledge of their attitudes towards working with sexual health, in order to address sexual issues with increased knowledge and competence. Understanding of one's own personal sexual attitudes and previous communicative training are useful for health care professionals when addressing sexual issues with patients<sup>(28, 45)</sup>.

## V. Conclusion

More than half of the studied Obstetrics and Gynecology, and Community health nurses had poor knowledge about sexual health. The majority of the studied nurses had negative attitude toward sexual health. A highly positive significant positive correlation was found between the total knowledge level and total attitude level of the studied nurses. Furthermore, a statistical significant correlation was found between studied nurses' residence, level of education, and knowledge about sexual health. Meanwhile, there was a significant relation between the total attitude level towards sexual health of the studied nurses and their age, marital status and level of education.

## VI. Recommendations

The results of the present study reflect the need to discuss in depth sexual health in nursing education curriculum to increase the awareness of Obstetrics and Gynecology, and Community health nurses about their role in sexual health care. In addition, they should be prepared in order to assume an active role in sexual health

education through specific and differentiated in-service training /field-specific courses and programs on communication, counseling and general sexual health to enhance sexual health care practice. Further studies are needed in this field to assess nurses' barriers for dealing with sexuality-related issues with patients, and the effect of health education program on nurses' knowledge, attitudes and practices regarding sexual health.

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