



## Midwifery Students' Experiences about Sexual Dysfunction Course: A Qualitative Study

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### Abstract

**Background:** A review of the literature in both national and international databases revealed that no studies have been published in Iran on the challenges associated with sexual dysfunction courses. A qualitative examination of individuals' experiences could provide a more authentic and in-depth understanding of the challenges related to these courses. This study aims to explore midwifery students' experiences regarding the sexual dysfunction course.

**Materials and Methods:** In this qualitative study, a combination of Hsieh and Shannon's methods was employed to analyze the data. Fourteen junior and senior midwifery students were selected using a purposive sampling method. Data were collected through semi-structured in-depth interviews conducted in person. MAXQDA software version 10 was utilized for data analysis.

**Results:** After conducting 14 interviews with midwifery students, 834 primary codes were initially extracted from the interviews. Similar codes were then merged, and through this inductive process, 13 codes emerged as five subcategories, three categories, and one main theme: "Inadequacy of Formal Curricula for Sexual Education and Cultural Inadequacies." Based on the participants' experiences, the following three categories were identified: "Problems in the Theoretical and Clinical Plans of Sexual Education and Its Implementation," "Necessity of Empowering Professors," and "Improper Cultural Context for Sexual Education."

**Conclusion:** The present findings indicate that the curricula for the sexual dysfunction course do not meet the educational needs of learners, and the course syllabi should be reviewed and modified. According to the participants, universities lack the necessary human resources to teach sexual dysfunction courses, and a suitable cultural context must be established for sexual education.

**Key Words:** Experiences, Midwifery, Students, Sexual Dysfunction Course, Qualitative Study.

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## 1- INTRODUCTION

The most essential elements of higher education are curricula, which should align with relevant goals, tasks, and transformations to fulfill their roles effectively (1). When curricula are of high quality and implemented correctly, they contribute to the success of the educational system (2). Promoting the quality and dynamism of higher education curricula requires ongoing assessment (3). Consistent modification of the curricula should be a priority to ensure that the higher education system meets the needs of society (3). To facilitate this process, practitioners in the field and learners are among the most effective individuals with access to the curricula (1). Given the significance of midwifery education in promoting public health, efforts should be made to enhance the quality of midwifery education (4).

Curriculum assessment at any educational level and in any field is essential for enhancing and developing educational programs. It plays a vital role in promoting the efficiency and effectiveness of curricula. By modifying these curricula, we can uncover potential challenges and address new needs that may have previously gone unnoticed. Identifying both strengths and weaknesses, along with necessary improvements, will drive us toward greater educational outcomes (3).

The World Health Organization (WHO) has advocated for the integration of sexual health into primary health care services (5). Despite this recommendation, numerous studies have highlighted a high prevalence of sexual dysfunction in both developed and developing countries (6, 7). Unfortunately, sexual health services often fall short in primary healthcare settings due to inadequate skills, knowledge, and attitudes among healthcare providers regarding sexual issues (8).

Midwives play a crucial role in promoting sexual health globally. They are typically among the first healthcare providers to offer essential sexual health services to patients. In Iran, the "Sexual Dysfunction and Functions" course is available exclusively to midwifery students at universities, while other medical fields lack specialized training in this area (9, 10).

A review of national and international literature reveals that no studies have specifically addressed the challenges associated with the sexual dysfunction course in Iran. One effective approach to evaluating a program is to gather insights from individuals who have implemented it or faced its challenges in their daily practice. Conducting a qualitative investigation into these experiences can provide a deeper and more authentic understanding of the obstacles related to the sexual dysfunction course. This study aims to explore midwifery students' experiences regarding sexual dysfunction courses.

## 2- MATERIALS AND METHODS

### 2-1. Method

This research was a descriptive qualitative study that adopted a content analysis approach. The study aimed to interpret midwifery students' experiences at the bachelor's degree level regarding the challenges of the sexual dysfunction course. Participants were selected using a purposive sampling method. The study included 14 junior and senior midwifery students (n=6 and n=8, respectively) who had completed the sexual dysfunction course.

The interviews lasted between 20 and 40 minutes. It is important to note that the sexual dysfunction course is offered during the sixth semester as a theoretical credit course. The course content includes psychological theories related to sexual

identity, sexual roles, and sexual behavior; sexology from physiological and psychological perspectives; the normal sexual response cycle in men and women; factors affecting sexual response such as diseases, medications, age, and family environment; sexology in childhood, adolescence, pregnancy, advanced age, and organic disease; sexual dysfunctions; disorders of the sexual cycle; differences between normal and abnormal sexual cycles; frigidity in women and its causes; causes of painful intercourse; sexual dysfunction in men and its impact on women; and training for consultation on sexual dysfunction and deviations.

Regarding the methodology, the researcher first introduced herself to the participants and explained the research objectives. She requested their permission to conduct interviews and record their voices, assuring them of confidentiality regarding their information. Each participant was assigned a code to label their data.

After establishing trust and effective communication by asking general questions, the groundwork for initiating the interview was laid. The interview began with open-ended questions such as, "Could you please explain your experience with the sexual dysfunction course?" This was followed by semi-structured questions. To gain further insights, exploratory questions were also posed to elicit more detailed responses from the participants.

Immediately after each interview, the recordings were transcribed verbatim, analyzed, and initially coded. The sampling procedure continued until data saturation was reached, meaning no new information was being added.

## 2-2. Ethical considerations

This study was approved by the Ethics Committee of the Research Deputy at Kerman University of Medical Sciences, Iran (ID Code: IR.KMU.REC.1399.560).

Additionally, all participants signed a written informed consent form.

## 2-3. Data Analysis

To analyze and interpret the data, Graneheim and Lundman's (2004) guided qualitative content analysis method was employed with an inductive approach. The unit of analysis in this study was the entire interviews, which were thoroughly reviewed and re-read several times after transcription. During this phase, primary codes, or open codes, were extracted. Similar primary codes were then grouped together to form primary categories. Following constant comparisons, similar subcategories were merged, leading to the extraction of main categories and themes (11).

## 3- RESULTS

The participants in this study included 14 midwifery students in their third (n=6) and fourth (n=8) years at university, all of whom had completed the sexual dysfunction course. The ages of the midwifery students ranged from 21 to 24 years. Graneheim and Lundman's (2004) method was employed for data analysis (11).

During the 14 interviews with the students, a total of 834 primary codes were initially extracted. Similar codes were then merged, and through an inductive approach, 13 codes were identified, which were categorized into five subcategories, three main categories, and one overarching theme: "Inadequacy of the Official Curricula for Sexual Education and Cultural Inadequacy" (**Table 1**). Most participants highlighted concerns regarding the inadequacy of the official curricula for sexual education and cultural context. Based on their experiences, the following three categories emerged: "Problems in the Theoretical and Clinical Plans of Sexual Education and Its Implementation," "Necessity of

Empowering Professors," and "Improper Cultural Context for Sexual Education."

### **Category I: Problems in the Theoretical and Clinical Program of Sexual Education and Its Implementation**

Most participants emphasized the need to review the syllabus for the sexual dysfunction course. They believed that clinical education should also be incorporated into the curriculum. This category emerged from two subcategories: "The Necessity of Reviewing the Syllabus for the Sexual Dysfunction Course" and "Problems in Clinical Practice."

### **Category II: Necessity of Empowering Professors**

This category emerged from the following subcategories: "Poor Teaching by Professors" and "Deficit of Facilities and Human Resources Specialized in Sexual Education." Participants highlighted the lack of facilities and insufficient human resources dedicated to sexual education. They also expressed concerns about the

low quality of instruction provided by professors, noting that they often do not utilize educational aids or materials. Additionally, the department's library lacks extracurricular books and CDs on sexual issues.

Participants further indicated that professors do not possess adequate expertise in teaching sexual health topics. They believed that the sexual dysfunction course should be taught by a multidisciplinary team consisting of psychologists, urologists, and midwives. Furthermore, they suggested that sexual education workshops should be held throughout the semester.

### **Category III: Improper Cultural Context of Sexual Education**

This category emerged from two subcategories: "Incomplete Education Due to Professors' and Students' Sense of Shame." This sense of shame resulted in incomplete interactions within the educational setting, hindering students' acquisition of adequate knowledge.

**Table 1:** Codes, Categories, Subcategories, and Themes Extracted from the Interviews.

Codes	Exact replies	Subcategories	Categories	Themes
The need for more sexual education courses.	"During our education, the course on sexual disorders was worth only half a credit. I have heard that it now carries one credit, which is an improvement, but still insufficient."	The need to revise the curricula for sexual disorders courses.	Challenges in the theoretical and clinical programs of sexual education and their implementation.	Ineffectiveness of formal sexual education programs and cultural shortcomings.
The need to learn the principles of counseling and communication skills.	"Counseling principles and communication skills should be taught not only to midwifery students but also to all other students who work with patients."			
Offering sexual education in both general and specialized courses.	"It's a good idea to offer sexual education over several semesters (e.g., physiopathology) in the form of both general and specialized courses."			
The need to include the topics on "masturbation and its dangers and treatments", "homosexual relationships, sexual addiction", "gender reassignment", "sexual education for children", "ways of controlling and moderating sexual desire", "improving sexual relationships", "alternative medicine", and "couple therapy" in the content of sexual disorders courses.	"They did not teach us anything about gender reassignment and treatments, adultery and how to address it, or sexual harassment, including where to seek help and pursue legal action."			
No training for obtaining sexual history and assessment of sexual problems.	"Obtaining a sexual history can provide the counselor with important information about the patient; however, our professors did not teach us how to	Clinical problems		

	gather this information, neither in undergraduate nor graduate studies, nor even during internships in the field of sexual disorders."			
The need for internships and apprenticeships in sexual education.	"I believe that during an internship in sexual disorders, students should document at least one significant case in their logbook."			
The need to offer online sexual education classes.	"One of my roommates had to complete her senior internship in sex counseling online due to COVID-19 restrictions. She was very satisfied with the experience. Many patients feel embarrassed about visiting the clinic; however, as she mentioned, they are often more willing to discuss their sexual problems in online counseling sessions."			
Causes of non-use of teaching aids.	"I believe that the factors contributing to the lack of use of teaching aids should be addressed."	Low quality of teaching.	The need to empower professors.	
Professors' failure to utilize teaching aids and new technologies.	"Many professors do not use even basic PowerPoint presentations for teaching."			
Lack of educational support facilities.	"A simple search on the Internet reveals numerous Persian books and educational CDs on sex, yet none of these titles are available in the college library."	Lack of facilities and specialized personnel.		
Lack of teachers specialized in sexual education.	"This course should be taught by a team of psychologists, urologists, and midwives".			
Professors feeling embarrassed about teaching sex education courses.	"At times, I felt that the professors were embarrassed to discuss certain topics."	Inadequate education caused by the discomfort of professors and students.	Cultural inadequacy in sexual education.	
Students feeling embarrassed to ask questions about sex.	"We often feel embarrassed to ask questions about sexual topics."			

#### 4- DISCUSSION

The qualitative content analysis of midwifery students' experiences with sexual dysfunction courses unveiled three critical categories: "Challenges in Theoretical and Clinical Sexual Education Programming", "Faculty Competency Development Requirements", and "Sociocultural Limitations in Sexual Education Delivery". The primary challenge emerged from the inherent theoretical and clinical deficiencies within the current sexual health education framework, highlighting substantial gaps in curriculum design and implementation.

Students systematically identified critical shortcomings, emphasizing the urgent need for comprehensive curriculum transformation, including the establishment of a dedicated sexual disorders course unit, integration of

practical clinical training components, and comprehensive syllabus revision. These proposed modifications aim to develop a more robust, holistic, and practice-oriented educational approach that effectively prepares midwifery students to address complex sexual health challenges with professional competence and sensitivity.

A fundamental objective of midwifery education is to cultivate professionals with comprehensive knowledge and robust capabilities to effectively address and resolve sexual health challenges (11). In Iran, midwives are recognized as critical contributors to sexual health promotion and problem resolution; however, current evidence suggests significant deficiencies in their sexual counseling knowledge and skills (9). The existing midwifery educational landscape is characterized by substantial systemic limitations, including

disconnection between academic curricula and professional workplace requirements (12), inadequate sexual counseling education for students (13), insufficient curriculum design that fails to provide comprehensive sexual health training, and limited theoretical and practical sexual health learning opportunities (14). Research consistently demonstrates that midwifery students experience notable knowledge gaps in sexual health domains, with studies empirically documenting low scores in sexual knowledge and awareness, directly attributing these deficiencies to insufficient educational time and curriculum content dedicated to sexual health education (15). The critical need for comprehensive curriculum revision is evident, with the primary goal of equipping future midwives with the essential skills, knowledge, and competencies required to deliver high-quality sexual health counseling and support in clinical environments (16).

Toulabi et al. proposed a comprehensive revision of the midwifery education system aimed at enhancing graduates' patient care capabilities through strategic integration of theoretical coursework and professional training (17). Amiresmaili et al.'s study on medical education challenges revealed critical systemic limitations, including course fragmentation, misalignment between educational objectives and community needs, and an excessive theoretical emphasis that undermines practical skill development (18).

Ozgoli et al.'s research highlighted the profound impact of inadequate training on sexual health performance, underscoring the urgent need for curriculum transformation (19). The proposed curriculum modifications face significant implementation challenges, as substantive educational changes typically require extensive time, institutional effort, and overcoming potential conservative

resistance from instructors regarding sensitive educational content (20). The complexity of revising undergraduate curricula demands a nuanced, systematic approach that balances academic rigor, practical skill development, and evolving healthcare requirements.

The second category in this study emphasized the critical necessity of faculty empowerment, recognizing that competent educators are a fundamental cornerstone of effective educational experiences. Modern pedagogical approaches highlight the transformative potential of integrating educational aids and advanced technological resources to enhance learning outcomes (21, 22). Faculty members who strategically employ innovative teaching methodologies can significantly increase student engagement, motivation, and comprehension. By utilizing contemporary educational tools and technologies, instructors can more precisely articulate course content and learning objectives, creating rich, immersive educational environments that facilitate deeper understanding.

The quality of educational facilities and instructional resources directly correlates with students' academic success and professional skill development. Moreover, the presence of professionally qualified faculty specializing in sexual health education is paramount in cultivating comprehensive knowledge and practical competencies among students. Research, such as the study by Ozgoli et al., has explicitly identified the critical impact of faculty expertise, noting that non-specialized instructors can significantly impede students' learning effectiveness in sensitive domains like sexual health education (19). Consequently, targeted faculty development and strategic recruitment of domain-specific experts emerge as essential strategies for enhancing educational quality and student preparedness.

The third category of this research illuminated the intricate challenges surrounding the cultural context of sex education, underscoring the profound complexity of addressing sexual health within diverse societal frameworks. Sex education inherently navigates multifaceted ethical and cultural considerations, with many societies treating such discussions as culturally sensitive or explicitly taboo (23, 24). The imperative for developing culturally appropriate and strategically implemented sexual health education programs transcends geographical boundaries, demanding nuanced, context-specific approaches.

In the Iranian context, creating sexual health education programs requires a sophisticated understanding of local cultural dynamics, professional ethics, and societal norms. The development of comprehensive medical education curricula necessitates a holistic strategy that integrates cultural sensitivity, professional competence, and advanced communication skills (16). Research consistently reveals significant gaps in students' interpersonal and counseling capabilities, with studies indicating that a substantial percentage of students lack fundamental communication training (25, 26). Consequently, curriculum redesign must prioritize not only theoretical knowledge but also the cultivation of empathetic, culturally informed communication skills that enable healthcare professionals to navigate complex sexual health discussions with professionalism, respect, and cultural intelligence (20).

## 5- CONCLUSION

The comprehensive analysis of midwifery students' experiences with sexual health education reveals critical systemic challenges that demand immediate and strategic intervention. The

research identified three fundamental categories—challenges in educational programming, faculty empowerment requirements, and sociocultural contextual limitations—that collectively underscore the urgent need for holistic curriculum transformation. These findings highlight significant gaps in current midwifery sexual health education, including insufficient theoretical and practical training, limited clinical exposure to sexual health issues, inadequate faculty expertise, and pervasive cultural barriers to comprehensive sexual health education.

The proposed solutions necessitate a multifaceted approach involving comprehensive curriculum redesign, enhanced faculty development, integration of advanced communication skills training, and culturally sensitive educational strategies. Addressing these educational deficiencies is crucial for developing competent midwifery professionals capable of providing high-quality, empathetic sexual health counseling and support. The research underscores the critical importance of continuous educational innovation and adaptation to meet evolving healthcare needs and professional standards, emphasizing that transformative change requires collaborative efforts from educational institutions, faculty, and healthcare stakeholders to create a more responsive and effective sexual health education framework.

## 6- AUTHORS' CONTRIBUTIONS

Study conception or design: HA, MN, FM, and MG; Data analyzing and draft manuscript preparation: EA, ZD, NA, AA, and MG; Critical revision of the paper: HA and MG; Supervision of the research: HA, MN, and MG; Final approval of the version to be published: HA, MN, FM, ZD, EA, AA, NA, and MG.

**7- CONFLICT OF INTEREST:** None.

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