



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 no study published in Iran on the challenges of sexual dysfunction courses. The qualitative examination of individuals' experiences would contribute to a more authentic and deeper understanding of the challenges of the sexual dysfunction course. This study aimed to delve into midwifery students' experiences about the sexual dysfunction course.

Materials and Methods: In this qualitative study, a combination of Hsieh and Shannon's methods was used to analyze the data. In this study, 14 junior and senior midwifery students were selected using a purposive sampling method. The data was collected using semi-structured in-depth interviews in person. In this study, MAXQDA software version 10 was used for the data analysis.

Results: After conducting 14 interviews with the midwifery students, 834 primary codes were preliminarily extracted from the interviews. Then similar codes were merged, and eventually, during this inductive process, 13 codes were extracted as five subcategories, three categories, and one main theme (namely "inadequacy of formal curricula for sexual education and cultural inadequacies." According to the participants' experiences, the following three categories were detected: "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 indicated that the curricula of the sexual dysfunction course do not fulfill the learners' educational needs, and the syllabi of the course should be reviewed and modified. According to the participants, the universities lack human resources to teach sexual dysfunction courses, and a proper cultural context should 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 be in line with the relevant goals, tasks, and transformations to play their roles effectively (1). If the curricula are of high quality and implemented correctly, they will result in the educational system's success (2). Promoting the quality and dynamicity of higher education curricula necessitate assessment (3). The consistent modification of the curricula should be of concern so that the higher education system would fulfill the society's needs (3). To implement this process, the practitioners of the field and learners are among the most effective individuals having access to the curricula (1). Considering the significance of midwifery education in promoting public health, attempts should be made to improve the quality of midwifery education (4).

Since curriculum assessment at any educational level and field is one of the solutions to enhance and develop curricula, it can contribute to promoting the efficiency and effectiveness of educational plans. In this regard, the modification of the curricula can unveil the possible challenges and interpret the new needs having remained undetected or disregarded. Detecting the negatives and strengths as well as the necessary plans would propel us toward the subsequent levels (3). The World Health Organization (WHO) has recommended incorporating sexual health into primary health care services (5). Nevertheless, various studies have reported the high prevalence of sexual dysfunction in developed and developing countries (6, 7). Despite the high prevalence of sexual disorders, sexual health has had a poor performance in primary healthcare services due to insufficient skills, attitudes, knowledge, and healthcare providers regarding sexual issues (8). The role of the midwifery profession in promoting sexual health

worldwide has been documented. Midwives are among the first healthcare providers who play an essential role in providing sexual services to patients or clients. In Iran, the "sexual dysfunction and functions" course exists only for midwifery students at universities, while no special education has been considered in this regard in other fields of medical sciences (9, 10). According to a literature review of both national and international databases, no study has addressed the challenges of the sexual dysfunction course in Iran. One of the methods to examine a program and gain awareness about its advantages and disadvantages is exploiting the experience of individuals who have implemented that program or have experienced its problems and challenges in their daily routines. The qualitative investigation of such experiences in these individuals would provide a more profound and more authentic understanding of the challenges of the sexual dysfunction course. This study aimed to interpret the midwifery students' experiences about sexual dysfunction courses.

2- MATERIALS AND METHODS

2-1. Method

This research was a descriptive qualitative study adopting a content analysis approach. The study aimed to interpret midwifery students' experiences at bachelor's degree regarding the challenges of sexual dysfunction course. The students were selected using a purposive sampling method. The participants in this study were 14 junior, and senior midwifery students (n=6, and n=8, respectively), who had passed the sexual dysfunction course. The interviews lasted between 20-40 minutes. Note that the sexual dysfunction course is presented during the sixth semester as a theoretical credit course. The content of the course includes the psychological theories on

sexual identity, sexual role and sexual behavior, sexology according to physiology and psychology, normal sexual response cycle in men and women, factors affecting the sexual response such as diseases, drugs, age, and family atmosphere, sexology in childhood, adolescence, pregnancy, advanced ages, and organic disease, sexual dysfunctions, sexual cycle disorders, differences in the normal and abnormal sexual cycle, frigidity in women and its causes, causes of painful intercourse, sexual dysfunction in men and its impact on women, training consultation for sexual dysfunction and sexual deviations. Regarding the methodology, the researcher first introduced herself to the research units and explained the research objectives to the participants. She asked them for the permission to perform the interviews and record their voices. The participants were also ensured of information confidentiality. In this regard, each patient received a code, which would be labeled on his/her whole information.

After gaining participants' trust and establishing proper communication by asking general questions, the ground for initiating the interview was prepared. The interview began with general questions such as "could you please explain your experience of the sexual dysfunction course?" and then continued with semi-structured questions. To further clarify the issue, exploratory questions were also asked to extract further explanations from the participants. Immediately after completing the interviews, they were transcribed verbatim, analyzed, and primarily coded. Each interview lasted between 20-40 minutes. The sampling procedure continued as long as data saturation was reached as such no new information was added.

2-2. Ethical considerations

This study was approved by the Ethics Committee of the Research Deputy of the Kerman University of Medical Sciences, Iran (ID-Code: IR.KMU.REC.1399.560). Moreover, the participants signed a written informed consent form.

2-3. Data Analysis

To have the data analysis and interpretation, Graneheim and Lundman's (2004) guided qualitative content analysis method was used with an inductive approach. The analysis unit in this study was the entire interviews, which were investigated and re-read several times after being transcribed. At this phase, the primary codes or open codes were extracted. Then similar primary codes were juxtaposed in groups, whereby the primary categories were formed. Next, similar subcategories were merged following constant comparisons, and the main categories and themes were finally extracted (11).

3- RESULTS

The participants in this study encompassed 14 midwifery students in the third (n=6), and fourth (n=8) years of university, who had passed the sexual dysfunction course. The midwifery students' age ranged from 21 to 24 years. Graneheim and Lundman's (2004) method was employed for data analysis (11). During 14 interviews with the students, the first 834 primary codes were extracted from the interviews. Then the similar codes were merged, and eventually, by adopting an inductive approach, 13 codes were obtained for the five subcategories, three categories, and one theme (namely "inadequacy of the official curricula for sexual education and cultural inadequacy") (**Table.1**). Most of the participants in this study had referred to the inadequacy of the official curricula of sexual education and cultural inadequacy. According to the participants' experiences, the following

three categories were detected: "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 necessity of reviewing the sexual dysfunction course syllabus. They believed that clinical education should also be added to the curriculum. This category was emerged from two categories, namely "the necessity of reviewing the syllabi of sexual dysfunction course" and "problems of clinical practice".

Category II: Necessity of empowering professors

This category was emerged from the following subcategories: "poor teaching by professors", and "deficit of facilities and human resources specialized in education of sexual credits". The participants

mentioned the deficit of facilities and the lack of human resources specialized in sexual credit education. They also stated that the instruction presented by professors is of low quality, they do not use educational aids and materials, and the library of the department lacks extracurricular books and CDs on sexual issues. Further, the participants noted that the professors do not have sufficient expertise in training sexual issues. They believed that the sexual dysfunction course should be instructed by a team consisting of psychologists, urologists, and midwives. Furthermore, sexual education workshops should be hold throughout the semester.

Category III: Improper cultural context of sexual education

This category was emerged from two subcategories, namely incomplete education because of the professor' and students' sense of shame. This shame caused incomplete interactions in the educational setting and hinders the acquisition of adequate knowledge by students.

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 had only half credit. I have heard it has now one credit, which is better but still insufficient".	The need to revise the curricula on sexual disorders courses	Problems in the theoretical and clinical programs of sexual education and its implementation	Inefficiency 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 to not only midwifery students but 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 in several semester (e.g., physiopathology) in the form of 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 deal with it, and about sexual harassment and where to seek help and legal action".			
No training for obtaining sexual history and assessment of sexual problems.	"Obtaining the sexual history can provide the counselor with important information about the patient; but our professors did not teach us how to get a sexual history, not in undergraduate,	Clinical problems		

	neither graduate, nor even during internships in the field of sexual disorders".		
The need for sexual education internships and apprenticeships.	"I think during an internship on sexual disorders, students should report at least one important case in their logbook".		
The need to hold online classes of sexual education.	"One of my roommates had to pass their senior internship on sex counseling online due to COVID-19 restrictions. Well, she was very satisfied. Many patients are embarrassed to visit the clinic, but, as she mentioned, they would readily talk about their sexual problems in online counseling sessions".		
Causes of non-use of teaching aids.	"I think the factors resulting in the non-use of teaching aids should be addressed".	Poor quality of teaching	The necessity of empowering professors
Not using teaching aids and new technologies by professors.	"Many professors do not use a simple PowerPoint for teaching".		
Lack of educational assistance facilities.	"A simple search on the Internet brings up lots of Persian books and educational CDs on sex, but not even one of these books is in the college library".	Lack of facilities and specialized staff	
Lack of teachers specialized in sexual education.	"This course should be taught by a team of psychologists, urologists, and midwives".		
Professors being embarrassed of teaching sex courses.	"Sometimes I felt that the professors were ashamed to talk about some subjects".	Incompetent education due to the embarrassment of professors and students	Cultural inadequacy for sexual education
Students being embarrassed to ask questions on sex.	"We ourselves are embarrassed to ask sexual questions".		

4- DISCUSSION

The present study aimed to investigate the opinions of medical students about the quality of virtual education courses held during the COVID-19 epidemic at Bushehr University of Medical Sciences. In this study, the level of medical students' satisfaction with the quality of virtual education in the COVID-19 pandemic period was assessed using a 13-item questionnaire whose validity and reliability were confirmed (15). The results of the study showed that 57.7% of students expressed satisfaction with the quality of virtual education. On the other hand, about two-thirds of the students also expressed their dissatisfaction with the occurrence of technical and infrastructural problems during the online sections. The findings also showed that there was a statistically significant relationship between the quality of virtual education and gender so that women were more satisfied with the

quality of e-learning. The Cambridge Dictionary defines e-learning as learning through studying at home using a computer and training courses offered on the Internet (16). Therefore, it can be said that e-learning is a type of learning in which technology is used to facilitate the learning process and become independent of time and place for learning (17). In e-learning, the learner's performance can be tracked automatically, and commuting time and cost are reduced (13). The findings of the present study showed that 84.5% of students agreed to hold virtual education courses at the university, and 57.7% of students were satisfied with the quality of virtual education held during the COVID-19 pandemic. The results obtained are not impressive and indicate that conditions are far from ideal; however, considering that this was a critical, stressful, and difficult period for officials, professors, staff, and students, achieving these satisfactory results in such

circumstances is admirable. In a study conducted in Pakistan, Faize and Nawaz showed that after using online education methods during the COVID-19 pandemic, the students' satisfaction increased (18). In another study conducted in Saudi Arabia, the results showed that the use of web-based video conferencing during the COVID-19 pandemic led to increased satisfaction among medical student (19). The findings of this study showed no statistically significant relationship between students' overall satisfaction with virtual courses and the two variables of the students' year of entry and marital status. In the study of Noghan et al., no significant relationship was found between students' satisfaction with the course and the variables of the semester, age, average scores of the previous semester, and the number of selected courses by students (20). The present study showed that female students were more satisfied with e-learning at the university level, which is consistent with the findings of Farsi et al. (21). In the present study, despite the critical conditions during the COVID-19 pandemic, students were still relatively satisfied with the teachers' teaching method. However, there are still efforts needed to achieve the ideal conditions, and it is therefore suggested that teachers be more open to new teaching methods (including virtual education and more diverse teaching aids), students be more involved in the teaching/learning process, the content transfer skills and expressive power are enhanced, a better knowledge of teaching content is achieved, and critical evaluation is carried out.

The results of the present study showed that 84.5% of students expressed dissatisfaction with the occurrence of technical and infrastructural problems during online education, and 70% of students expressed dissatisfaction with not receiving timely responses to their homework activities. It is suggested that

access to high-speed internet systems should be provided, systems are upgraded in the academic contexts, virtual systems be localized, and their shortcomings be eliminated. The results of the study also showed that 50% of students believed that the number of courses did not support the volume of the course content. Other studies have reported that heavy workload leads to decreased students' satisfaction with education (22, 20). Therefore, it is necessary to avoid the accumulation of information and excessive workload in the curriculum. Overwhelming lesson- and workloads in medical sciences lead to student burnout, reduced quality of learning and service to clients, and an increased rate of clinical errors, which might endanger the health of the patients and the society (20). On the other hand, it is necessary to provide timely and correct feedback for the student to progress and remove defects. Experts believe that, despite the current critical situation worldwide and in Iran, education, especially medical education, must continue. Therefore, continuing education in medical universities and institutions to train a professional and capable workforce for hospitals in this critical period is a main concern of educational administrators. Researchers believe that not only during the COVID-9 pandemic period but also in the future, medical education programs can benefit from various methods of virtual education, including virtual educational platforms. On the other hand, researchers believe that despite the benefits of virtual education, this method cannot completely replace conventional teaching methods but can be used as a complementary method in educating students of different medical sciences (23).

5- CONCLUSION

The results showed that 84.5% of students agreed to participate in virtual courses and 57.7% of students expressed

satisfaction with the quality of virtual education. The results also showed that two-thirds of the students expressed dissatisfaction due to the occurrence of technical and infrastructural problems during the online training, and 50% of the students believed that the volume of the course did not have necessary fit with the number of courses. Female students were more satisfied with the quality of virtual education. It is recommended that in addition to education itself, special attention should be paid to its quality. Assessing students' opinions on the quality of education given in the virtual context not only is a criterion for assessing the quality of teaching but also focuses on the possibilities and necessities of educational reform and evaluation by detecting educational defects. By using this approach, it is possible to introduce, identify, and evaluate the experience of successful teaching/learning styles and start the cycle of modification and improvement of the teaching process, even during the COVID-19 pandemic.

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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