

## ORIGINAL RESEARCH ARTICLE

# The perceptions of psychiatric nurses towards the sexuality of individuals with mental disorders

DOI: 10.29063/ajrh2025/v29i11.9

Duçem Ekti<sup>1</sup> and Funda Gümüş<sup>2,3\*</sup>

Institute of Health Sciences, Mental Health and Psychiatry Nursing Master's Student, Dicle University, Diyarbakir, Turkey<sup>1</sup>; Department of Nursing Faculty of Atatürk Health Sciences, Dicle University, Diyarbakir, Turkey<sup>2</sup>; Department of Mental Health Nursing School of Nursing and Midwifery, University of Ghana, Accra, Ghana<sup>3</sup>

\*For Correspondence: Email: [fcamuz@hotmail.com](mailto:fcamuz@hotmail.com) Phone: +905336876861

## Abstract

This study was conducted to determine the perceptions of psychiatric nurses toward the sexuality of individuals with mental disorders. The research was conducted between January 1 and March 30, 2024, employing a qualitative design and individual in-depth interviews with 31 psychiatric nurses. The procedure was terminated once data saturation was achieved, and the data were then analyzed using thematic analysis. Five main themes and seven sub-themes were determined. The main themes included sexual life, the factors influencing sexual life, civil rights related to sexual life (marriage and having children), inability/unwillingness to talk about sexual life (taboos and myths about sexuality, patient- and nurse-related reasons), and improving sexual health (education and counseling, paying attention). The study revealed that psychiatric nurses often disregard the sexuality of individuals with mental disorders and have inadequate skills in providing sexual care. (*Afr J Reprod Health* 2025; 29 [11]: 99-115).

---

**Keywords:** Sexuality, sexual health, sexual myths and taboos, psychiatry, patient, nursing

---

## Résumé

Cette étude visait à déterminer les perceptions des infirmiers psychiatriques à l'égard de la sexualité des personnes atteintes de troubles mentaux. L'étude a été menée entre le 1er janvier et le 30 mars 2024, selon un protocole qualitatif et des entretiens individuels approfondis auprès de 31 infirmiers psychiatriques. La procédure a été interrompue une fois la saturation des données atteinte, puis ces dernières ont été analysées par analyse thématique. Cinq thèmes principaux et sept sous-thèmes ont été identifiés. Les thèmes principaux comprenaient la vie sexuelle, les facteurs influençant la vie sexuelle, les droits civiques liés à la vie sexuelle (mariage et procréation), l'incapacité ou la réticence à parler de vie sexuelle (tabous et mythes sur la sexualité, raisons liées aux patients et aux infirmiers) et l'amélioration de la santé sexuelle (éducation et conseil, attention). L'étude a révélé que les infirmiers psychiatriques négligent souvent la sexualité des personnes atteintes de troubles mentaux et manquent de compétences en matière de soins sexuels. (*Afr J Reprod Health* 2025; 29 [11]: 99-115).

---

**Mots-clés:** : Sexualité, santé sexuelle, mythes et tabous sexuels, psychiatrie, patient, soins infirmiers.

---

## Introduction

Sexuality is a multidimensional concept that includes not only pleasure and genital function but also the entire body and mind. It interacts with various factors, including psychological, social, economic, political, cultural, and material influences. Thus, physical, emotional, mental, and social well-being are essential for a healthy sexual life.<sup>1,2</sup> While sexuality remains a taboo subject even for individuals who experience typical development in society, it presents an even more significant

challenge for marginalized groups, particularly those with mental disorders. Sexual health is incredibly complex for individuals with chronic mental illnesses such as schizophrenia, bipolar disorder, intellectual disabilities, substance use disorders, and personality disorders.<sup>3,4</sup> For instance, during manic episodes in bipolar disorder, individuals may exhibit increased sexual drive, inappropriate sexual behaviors, and hypersexuality. At the same time, depression may manifest as a lack of interest or desire for sexual activity.<sup>5</sup> Similarly, heightened sexual desire and activity may be

observed in the early stages of schizophrenia. However, these behaviors may diminish as the condition progresses.<sup>6</sup> Additionally, individuals with mental disorders often face challenges related to sexuality during the remission phase.<sup>7</sup>

Mental health and sexual health are mutually interdependent, with mental disorders potentially leading to sexual problems, while sexual issues can also contribute to the development or exacerbation of mental disorders.<sup>3</sup> A study conducted in Türkiye reported that many female patients admitted to outpatient clinics with complaints of sexual dysfunction are diagnosed with psychiatric conditions.<sup>8</sup> Therefore, the nursing care process is crucial for individuals with mental disorders. However, the literature reveals that many issues related to the sexuality of individuals with mental disorders are often disregarded by nurses, who fail to incorporate sexual health into their care practices.<sup>9</sup> In a study evaluating nurses' ability to identify nursing diagnoses in a psychiatric clinic, it was noted that nurses attach minimal importance to the concept of sexuality in their care processes.<sup>10</sup> Nurses often face challenges in assessing patients' sexuality and encounter a range of obstacles in this process. These obstacles include a lack of knowledge among nurses, insufficient privacy for conducting interviews, inadequate staffing that reduces the time allocated for patient care, a general disregard for sexuality, the perception of sexuality as a taboo subject by both nurses and patients, a lack of trust between patients and nurses, and the influence of personal value judgments.<sup>11</sup> However, collecting data on sexuality is essential for guiding nurses in identifying and addressing sexual problems and concerns,<sup>12</sup> as unresolved sexual issues may negatively impact treatment adherence, interpersonal relationships, communication, body image, and overall quality of life of individuals with mental disorders.<sup>3,12</sup> Therefore, psychiatric nurses are required to have the necessary knowledge and skills to assess their patients' sexuality and fulfill their roles as counselors.<sup>13</sup> In this context, this study aimed to explore the perceptions of psychiatric nurses regarding the sexuality of individuals with mental disorders.

## Methods

### *Design, sample, and setting*

This research employed a qualitative and phenomenological design to determine the perceptions of psychiatric nurses regarding the sexuality of individuals with mental disorders. In phenomenological research, data sources typically include individuals or groups who have direct experience with the subject matter and can articulate their experiences and reflect on their feelings.<sup>14,15</sup>

This research was conducted between January 1 and March 30, 2024, with nurses working at a training and research hospital psychiatry clinic (n=6) and the community mental health center (CMHC) (n=4) located in the provincial center. However, it was concluded that most nurses (n = 8) were unwilling to participate in the study, and data saturation could not be achieved due to the continuous emergence of new data points. An application for permission was submitted to institutions in nearby provinces; however, these requests received negative responses. The study was then announced on a social platform frequented by psychiatric nurses, and volunteers were contacted via WhatsApp video call to conduct interviews. Thus, the study employed both online and face-to-face interview formats. Qualitative research design has a flexible structure, with no set rule for sample size, and the sample size can be determined according to the research question and objective.<sup>16,17</sup>

For this reason, the data collection process was terminated once data saturation was reached, meaning the emergence of no new findings.<sup>18</sup> The sample included those who had been working as psychiatric nurses for at least one year, had received a mental health diagnosis, and agreed to participate in the study.

This qualitative study employed the criterion sampling method, a frequently used variant of purposeful sampling. In criterion sampling, the sample consists of people, events, objects, or situations with characteristics that meet the requirements of the research problem.<sup>19</sup>

Accordingly, 31 psychiatric nurses who met the inclusion criteria constituted the research sample.

### **Data collection**

A personal introductory form and a semi-structured interview form were used to collect data.

**Personal Introductory Form:** The form consisted of 13 questions, including socio-demographic factors such as age, gender, marital status, parental status, educational and income levels, family structure, and family attitudes toward sexual issues. It also addressed sexual life experiences, including sexual intercourse, knowledge of sexuality, and the willingness to work in psychiatric settings or community mental health centers. Additional questions explored the reasons for choosing psychiatry as a specialty, training or certification in the field, and professional experience, including the duration of employment.<sup>12,20,21</sup>

**Semi-Structured Interview Form:** In the final version of the form, participants were asked eight open-ended questions, including inquiries about how they define sexual health, their views on people with mental disorders regarding their sexuality, their opinions on the ability of individuals with mental disorders to marry and have children, their experience discussing sexuality with patients, their perceptions of psychiatric nurses' knowledge of sexuality, the support needed in addressing sexuality, and the factors influencing sexuality in patients with mental disorders. The findings from the pilot studies were excluded from the final analysis.<sup>20,21</sup>

In-depth interviewing is the most widely used data collection method in qualitative research since it allows individuals to express aspects of their lives and meanings they may not have previously recognized or considered.<sup>23</sup> In this study, two interview sessions were conducted with the nurses. The first session provided the necessary information to determine their willingness to participate in the study. The second session involved conducting face-to-face or online individual in-depth interviews. The time and location for each interview were arranged in collaboration with the participants, who met the inclusion criteria and agreed to participate in the study. The interviews were conducted by a graduate

student specializing in mental health and psychiatric nursing (DE). A personal introductory form and a semi-structured form were used in the interviews. The primary question guiding the story was: 'What are your views on the sexuality of individuals with mental disorders?'. Consent was obtained from the nurses to audio-record the individual interviews, while nine participants did not approve of the recording. Those who did not consent to voice recording were asked for permission to take notes during the interview. Each interview lasted an average of 30-60 minutes. The procedure was terminated when data saturation was reached, and no new information emerged. The interviews were transcribed, and detailed notes were taken immediately after each session.

### **Data analysis**

In this study, the descriptive data of the participants were analyzed using the SPSS 25.0 software, with frequencies and percentages used to analyze the descriptive statistics. Qualitative data were evaluated using the thematic analysis method, a widely employed approach in qualitative research.<sup>24,25</sup> This method consists of six stages: (1) familiarization with the data, (2) coding, (3) generating themes, (4) reviewing themes, (5) defining and naming themes, and (6) selecting exemplars.<sup>23,24</sup> The study adhered to the Consolidated Criteria for Reporting Qualitative Studies (COREQ), a well-established set of guidelines for reporting qualitative research.<sup>26</sup>

The authors conducted the data analysis independently; each had experience in qualitative research and had received formal training in qualitative methods. In the first stage, the researcher (XX), who had conducted the data collection, transcribed the audio-recorded interviews on the same day, and the original recordings were preserved for reference. The transcriptions were then read several times to facilitate analysis. Significant sentences or expressions were highlighted during the reading process, and efforts were made to interpret their conceptual meaning. The data were subsequently conceptualized, coded, and organized for further analysis. The codes and themes of similar studies were examined. Following the coding of each data element, related

codes were combined to construct potential themes. The codes and the coherence of the identified themes were reviewed to ensure that the themes accurately represented the relevant contexts, and similar themes were merged to enhance clarity. The final codes and themes were examined by two researchers, who discussed the clarity and coherence of the themes, and related codes were grouped to construct the study themes.

The accuracy of the data was ensured based on the principles of transferability, consistency, verifiability, and plausibility. To ensure the transferability of the study, the participants' direct statements were included with direct quotations. A single researcher conducted the interviews, using semi-structured questions to ensure consistency. During the data analysis, an inter-rater reliability check was performed using the same code list to determine consistency between the two researchers. The interview notes were archived to ensure verifiability, allowing for future references. The interviews were conducted in-depth until data saturation was reached, ensuring the plausibility of the findings.<sup>27</sup>

### **Ethical issues**

The principles of the Helsinki Declaration guided the study. Approval was obtained from the Social Sciences and Humanities Ethics Committee of Dicle University (Date: 15.09.2023, Number: E-14679147-663.05-564608). Both verbal and written consent were obtained from participants who met the inclusion criteria and agreed to participate in the research. Written consent was provided through an Informed Consent Form, which included details about the study's purpose, duration, and methodology, data collection procedures, voluntary participation, the right to withdraw, and confidentiality. Participants were anonymized and labeled as P1, P2, and P31.

## **Results**

### ***Introductory characteristics of the participants***

Table 1 presents the characteristics of the psychiatric nurses participating in the study. Most

participants were between the ages of 25 and 40, and the majority held an undergraduate degree. Participants reported an average of five to six years of experience working in psychiatry (Table 1).

### ***Thematic analysis***

The thematic analysis identified five main themes and seven sub-themes, as shown in Table 2. The first theme, "Sexual Life," was explored through the participants' descriptions of patients' sexual experiences. The second central theme, "Factors Influencing Sexual Life," focused on the factors identified by the participants as affecting patients' sexual lives. The third theme, "Patients' Civil Rights Related to Sexual Life," addressed participants' views on patients' marital and parenthood status.

The fourth central theme, "Unable/Unwilling to Talk About Sexual Life," highlighted how patients often avoid discussing sexuality. This theme also explored the taboos and myths surrounding sexuality, as well as factors related to both the patients and nurses that prevent open communication. The final central theme, "Improving Sexual Health," outlined the actions that participants believed should be taken to address the sexual health needs of individuals with mental disorders. The findings emphasized the need for training for patients, relatives, and healthcare professionals, underlining the importance of not disregarding the concept of sexuality in psychiatric care.

### ***Theme One: Sexual life***

Under this central theme, the sexual lives of individuals with mental disorders were examined through the perspectives of psychiatric nurses. It was frequently noted that participants reported patients often do not have a healthy sexual life due to the mental disorders or symptoms they were diagnosed with, as illustrated by the following statements from participants:

*"...It makes sense that a patient with a condition severe enough to harm themselves or others may not have a healthy sex life. If they have a distorted thinking process, what we refer to as psychosis, they should not be having an active sex life." – P2*

**Table 1:** Characteristics of the participants

Participant No.	Age	Educational Level	Duration of Experience In the Field of Psychiatry	Marital Status	Income Level	Number of Children	History of Sexual Engagement	Family's Approach to Sexuality	Adequate Information about Sexuality
P1	25	Postgraduate	2 years	Single	High	0	None	It was forbidden to talk about sexuality	Insufficient
P2	26	Postgraduate	1 year	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P3	38	Postgraduate	10 years	Married	Middle	2	Yes	Sexuality was not discussed; they provided no information	Sufficient
P4	33	Associate degree	2 years	Married	High	3	Yes	It was forbidden to talk about sexuality	Insufficient
P5	31	Postgraduate	4 years	Married	Middle	2	Yes	Sexuality was not discussed; they provided no information	Sufficient
P6	28	Postgraduate	5 years	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P7	30	Postgraduate	7 years	Married	Middle	1	Yes	It was forbidden to talk about sexuality	Sufficient

P8	26	Postgraduate	2 years	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P9	30	High School	6 years	Single	Middle	0	Yes	It was forbidden to talk about sexuality	Insufficient
P10	47	High School	14 years	Married	Middle	3	Yes	It was forbidden to talk about sexuality	Insufficient
P11	52	Associate degree	18 years	Married	Middle	3	Yes	It was forbidden to talk about sexuality	Insufficient
P12	43	Postgraduate	15 years	Married	High	3	Yes	Sexuality was not discussed; they provided no information	Sufficient
P13	27	Bachelor's Degree	3 years	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P14	29	Postgraduate	3 years	Single	Middle	0	Yes	It was forbidden to talk about sexuality	Sufficient
P15	30	Postgraduate	4 years	Single	Middle	0	Yes	Sexuality was not discussed; they provided no information	Sufficient
P16	26	Postgraduate	3 years	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P17	29	Bachelor's Degree	1 year	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient

P18	37	Bachelor's Degree	7 years	Married	High	2	Yes	Sexuality was not discussed; they provided no information	Sufficient
P19	25	Bachelor's Degree	1 year	Single	Middle	0	None	It was forbidden to talk about sexuality	Insufficient
P20	32	Bachelor's Degree	5 years	Married	Middle	1	Yes	It was forbidden to talk about sexuality	Insufficient
P21	43	Bachelor's Degree	16 years	Married	High	3	Yes	Sexuality was not discussed; they provided no information	Sufficient
P22	29	Postgraduate	1 year	Single	Middle	0	Yes	It was forbidden to talk about sexuality	Insufficient
P23	32	Doctorate	9 years	Married	High	2	Yes	Sexuality was not discussed; they provided no information	Sufficient
P24	32	Bachelor's Degree	6 years	Married	Middle	1	Yes	It was forbidden to talk about sexuality	Sufficient
P25	47	High School	1 year	Married	Low	3	Yes	It was forbidden to talk about sexuality	Insufficient
P26	45	High School	5 years	Married	Low	3	Yes	It was forbidden to talk about sexuality	Insufficient
P27	36	Bachelor's Degree	4 years	Married	Middle	2	Yes	Sexuality was not discussed;	Insufficient

---

P28	31	Postgraduate	3 years	Single	Middle	0	Yes	no information was provided	Sufficient
P29	33	Doctorate	7 years	Single	High	0	Yes	It was forbidden to talk about sexuality	Sufficient
P30	34	Doctorate	6 years	Married	Middle	1	Yes	Sexuality was not discussed; they provided information	Sufficient
P31	28	Bachelor's Degree	2 years	Single	Low	0	None	Sexuality was not discussed; they provided no information	Insufficient
								It was forbidden to talk about sexuality	

---

**Table 2:** Main Theme and Sub-Themes

Main Themes	Sub-Themes
<b>Sexual Life</b>	
<b>Factors Influencing Sexual Life</b>	
<b>Civil Rights Related to Sexual Life</b>	Marriage Having Children
<b>Unable/Unwilling to Talk about Sexual Life</b>	Taboos and Myths About Sexuality Patient-Related Reasons Nurse-Related Reasons
<b>Improving Sexual Health</b>	Education and Counseling Paying Attention

"Patients may experience an increased sex drive... It can even lead to aggression during the acute phase. That is why they cannot have a healthy sex life." – P13.

"...We have patients who end up with unwanted pregnancies or sexually transmitted diseases. I have noticed that they do not pay much attention to their sexual health..." – P5.

"...If they have no insight, I do not think it is appropriate for them to be sexually active; they should even be sterilized." – P19.

### **Theme Two: Factors influencing sexual life**

Under this central theme, the nurses participating in the study identified several factors influencing the sexual lives of patients, including mental disorders, associated symptoms, medications, attitudes toward patients, and stigma. They frequently noted fluctuations in sexual drive during the acute phases. Additionally, it was observed that medications used in the treatment of mental disorders often lead to sexual dysfunction, particularly in young male patients.

"...The nature of the disorder, the medications they take—especially in male patients—can lower their sex drive..." – P7.

"...Patients' condition, traumatic events, medications, and family dynamics all negatively affect their sex life..." – P8.

"Patients are subjected to stigma. Their partners often do not want to be sexually involved with those with mental disorders..." – P2

"...social pressures, religious beliefs, and a lack of education about sexuality negatively impact the sexual lives of patients." – P13.

### **Theme Three: Civil rights related to sexual life**

Under this central theme, the perspectives of psychiatric nurses participating in the study were explored regarding the civil rights of patients with mental disorders, including issues such as marriage and having children. Two sub-themes were identified marriage: marriage and having children.

#### **Sub-theme one: Marriage**

It was found that some participants in the study believed patients should not marry, as they thought it would place a burden on their spouses, lead to stress, and potentially worsen the patient's condition.

"I believe they should not get married... Marriage is not healthy for them or their spouses. Because they might inflict physical and emotional violence on their partner....." – P11

".....Such patients hurt themselves, their spouses, families, and the community. They should not get married; they are not capable of taking such a responsibility.....they are not even rehabilitated in need of care; it is difficult to control them; they should not give birth, let alone get married; their fertility should be terminated, that is, they should be sterilized" –P19.

"...But when it comes to families, they often think, 'If we get them married, things will get better.' So, they go ahead and arrange marriages for the patients. Sometimes, they marry people who are just as sick as they are... and other times, they marry someone healthier. In that case, it poses a different problem. This mindset must change because most marriages do not work out..." – P3.

"... I have seen that when patients take their medications regularly and receive therapy, they can return to normal lives, just like healthy people. So, if they stay on track with their treatment, they should be able to get married....." – P14

"....I believe people with the same condition should marry each other." I think they would understand each other better that way..." – P5

"...If the patient is in remission and wants to, they can get married. Because they are just like healthy individuals in the remission period...." – P3

"Patients who are in a healthy, non-abusive relationship can get married, as long as they disclose their psychiatric condition to their partner and are transparent about it...." – P18

"This is about human rights. No one should be able to restrict the rights of a person with a psychiatric disorder, such as the right to marry or have children. However, health professionals should inform patients and their spouses about the pros and cons of marriage and having children" – P6.

### **Sub-theme two: Having children**

Almost all nurses participating in the study indicated that patients should not have children. They stated that the genetic transmission of mental disorders is high, patients are unable to care for themselves or take responsibility for a child, and their financial status is insufficient, which collectively justifies the argument that they should not have children.

"...I believe that disorganized patients who lack insight should not have children, and the lives of their children would be miserable." Because such patients need someone to take care of them, these disorders are genetically transmitted, and their children face an extremely high risk of developing the same conditions." – P5.

"... If they have children, their children may have the same disorder. Children may go through the same processes as their parents and face stigma because of that...." – P18.

"...When an episode occurs, there is a risk of harming both the child and themselves, and each episode can worsen the patient's condition, so they should not have children." Family planning is essential here." – P6

"It depends on the diagnosis and the patient. How

and how often do they experience episodes? Do they have a support system? Do they take their medications regularly? Do they have an insight? We should take into account these factors. They may accordingly get married or have children." – P7.

### **Theme four: Unable/unwilling to talk about sexual life**

It was found that nearly all of the nurses participating in the study were not discussing their patients' sexual lives with them. Under this central theme, the sub-themes of myths and taboos about sexuality, as well as factors about individuals with mental disorders and psychiatric nurses, were identified as reasons for the reluctance to discuss sexuality.

#### **Sub-Theme 1: Taboos and myths about sexuality:**

Some participants noted that sexuality is considered taboo for patients, and as a result, it is often not discussed. Some participants stated that they did not consider it appropriate to talk about sexuality.

"...No, I do not discuss sexuality with my patients... I think nurses should not include sexuality in their care; I do not consider it appropriate, and there is a workload. Other mental health professionals should take this task...." – P17.

"...although we nurses have the necessary knowledge, I believe we are inadequate in discussing sexuality with our patients due to their beliefs, taboos, and myths." – P2

#### **Sub-Theme 2: Patient-related reasons**

Under this sub-theme, nurses indicated that patients' symptoms and prognoses, gender, and requests regarding the topic influence the discussion of sexuality.

"...We usually work with patients in an acute period. They would already have excessively increased sexual desire. I do not talk to them because I guess talking about sexuality will make this situation worse." – P1.

"....I have never discussed sexuality, and patients have never requested such a thing....." – P15.

**Sub-Theme-4.3: Nurse-Related Reasons:** Many of the nurses attributed their reluctance to discuss sexuality with patients to personal taboos, the demands of their workload, and the high intensity of their professional responsibilities.

"...No, neither I nor my friends talk about it. Frankly, it never occurred to me to provide sexual healthcare. Even if it did, we wouldn't have time due to our workload. Patients also have no such demand..." – P16

"...I never talk about sexuality with my patients... it has never been covered in the training I have received... Usually, it is the doctors who handle this....." – P20.

"... sexuality is not something we routinely discuss with patients... It would be fine if nurses did not address it during care. I do not think it is a big deal. I believe it is something that should not be part of nursing duties... I do not feel comfortable discussing these issues with patients at all....." – P5.  
 "...Patients usually hesitate about it... sometimes, when male patients talk to the doctor, they even ask female nurses to leave the room. You rarely meet patients who are open to talk about sexuality....." – P12.

".... sexuality is a difficult topic to talk about. A topic that I especially skip..... I just noticed it while I was talking to you. A topic that I also shy away from when talking....." – P6

"How much can a nurse who is not confident in addressing sexual matters help a patient? I do not think I could provide proper sexual healthcare because no matter which training we receive or what we read about this topic, we do not see it in practice. We need to receive more comprehensive training about sexuality..." – P17.

"My friends and I try not to talk about sexuality, especially with our patients. Because patients are usually male and the staff are female. They often develop a sexual attraction towards us, wanting to get emotionally closer or touch..... Additionally, patients typically do not request to discuss this topic. We do not include sexuality in our care. We do not have a nurse evaluation or observation form in our anamnesis forms. Sometimes, doctors warn us to stay away from patients with increased sexual drive....." – P11.

### **Theme Five: Improving sexual health**

Under this theme, some nurses emphasized the importance of incorporating sexuality into nursing care and outlined the necessary actions to address

this issue. Two sub-themes were determined: education, counseling, and paying attention.

#### **Sub-theme 1: Education and counseling**

Nurses emphasized the need to plan sexuality-related training for patients, relatives, and nursing staff. Additionally, some participants suggested that the aspect of sexuality should be included in patient diagnosis forms. Some participants suggested that training should be provided on issues such as unwanted pregnancies and sexually transmitted diseases as they relate to the sexual health of patients.

"... sexuality is a topic that people tend to avoid talking about, which is not considered for education. However, I think patients need it, especially about sexually transmitted diseases and unwanted pregnancies." – P6.

".....I think that patients and relatives should be given information about sexuality. I also believe it should be given a title in the nursing forms and diagnoses....." – P12.

"....Nurses also have taboos and myths. They might condemn sexuality or do not want to talk about it. They should receive adequate education. They should be encouraged to participate in educational programs. Sexuality should be included in in-house training, and they should be increased. Certified programs should be more widely available and affordable, as the current cost of this training is too high, making it difficult for many of us to attend. Some sexuality-related training is only provided to doctors and psychologists, not nurses, but this should be changed....." – P9.

"The sexuality training provided in institutions is minimal; it is often just a formality, explained briefly and signed off. While sexuality is covered in the psychiatry course at university, it is a completely different context, and the education we receive does not fully prepare us for real-world practice. Education should be taken seriously and carried out....." – P12.

"...Overall, nurses are not adequately prepared and are not open to discussing it, even among themselves. Nurses need to be made more aware of this issue, and they should receive proper training." – P3.

*"Patients are at risk of unwanted pregnancies and, at times, sexually transmitted diseases, often due to the symptoms of their conditions. So, they should receive sexual therapy or family counseling therapy....."* – P8.

**Sub-Theme 2:** Paying Attention: Some participants emphasized the importance of not neglecting the issue of sexuality and suggested addressing it separately, as outlined below.:

*"...Sexuality is often ignored and not given much importance, but it is something that needs to be talked about..."* – P9

*"... sexuality is a topic that's often hidden in society, both for healthy individuals and psychiatric patients. I think it is an issue that needs to be thought about and talked about."* – P2.

## Discussion

This research aimed to examine the perceptions of psychiatric nurses about the sexuality of individuals with mental disorders. The five main themes identified in the results section were organized into headings and discussed in the existing literature.

### **Theme One: Sexual life**

In this study, it was found that nurses often believe that their patients did not have a healthy sexual life due to the diagnosed mental disorders or symptoms. In addition, they stated that patients are at risk for unwanted pregnancies and sexually transmitted diseases. In a study conducted by Azar et al. (2022), some nurses stated that individuals with mental disorders are not sexually active.<sup>22</sup> It has been stated in the literature that the sexuality of schizophrenia patients is similar to that of individuals in the general population.<sup>28</sup> However, it is reported that individuals with mental disorders have high rates of sexual harassment and random sexual intercourse. Therefore, they have a high risk of contracting sexually transmitted diseases, sexual dysfunctions, and unwanted pregnancies, and women admitted to clinics due to psychiatric illness need family planning services. To ensure the accessibility of family planning services for women in clinics and to provide the most suitable family planning methods, it is crucial to collaborate with healthcare professionals, such as mental health nurses and

psychiatric physicians, working in the clinic.<sup>29</sup> Briefly, sexuality is a fundamental human need that ranks at the top of the hierarchy of basic requirements despite the sexual risks associated with psychiatric patients. Sexuality is one of the critical activities of daily living that contributes to an individual's overall well-being and relaxation.

For this reason, it is essential to ensure that nurses are well-informed about healthy sexual and reproductive rights by enhancing their knowledge of sexuality. Sexuality is a fundamental human need, both physiologically and psychologically. Individuals need to have their needs met to live in a healthy and balanced manner since an individual unable to meet their physiological needs will encounter significant challenges in striving to reach the higher levels of the hierarchy of basic needs. In such cases, their mental health development is likely to be negatively impacted.<sup>28</sup>

### **Theme Two: Factors influencing sexual life**

In this study, participants generally reported that factors such as psychiatric diagnosis, medications, religious beliefs, societal attitudes, and stigma influence the sexuality of individuals with mental disorders. Factors affecting sexual behavior and sexual health include previous sexual experiences, previous illnesses and surgeries, gender-specific roles and movements, sexual beliefs, society's value judgments, and genetic structure.<sup>30</sup> In addition, due to the destructive effects of psychiatric diseases in cognitive, managerial, and social areas, patients have impairments in areas such as reasoning ability, thought, behavior, and perception disorders, as well as evaluating reality, which negatively affect sexuality.<sup>31</sup> Moreover, the literature indicates that hormonal changes, certain medications used to treat psychiatric conditions, as well as environmental and psychosocial factors contribute to sexual dysfunction in psychiatric patients.<sup>8</sup> Another study aimed at determining the prevalence of antipsychotic-induced sexual dysfunction in patients with schizophrenia and schizoaffective disorder, as well as evaluating its impact on treatment compliance, has found that the prevalence of sexual dysfunction is 57.9%. In comparison, 65.5% of these patients attribute their condition to the treatment.<sup>3</sup> As a result, the findings of this study

are aligned with those reported in existing literature.

### ***Theme Three: Civil Rights Related to Sexual Life***

Several participants expressed the view that marriage would not be beneficial for individuals with mental disorders or their spouses. They argued that psychiatric patients should not marry, as they pose a potential risk to society, and even suggested that sterilization should be considered to prevent them from having children. Additionally, it was noted that, for those who are deemed capable of marrying, criteria such as the absence of a psychotic diagnosis should be required. Nurses highlighted several factors in their argument that individuals with mental disorders should not have children. They noted the high genetic transmission of mental disorders, the patient's inability to care for themselves, and their lack of financial resources to assume responsibility for a child.

Additionally, they pointed out the potential negative impact on the future of the children, including the risk of trauma and stigma. Currently, psychiatric patients are spending a more significant portion of their lives in society due to the reduction in the length of hospital stays, which leads to an increase in marriage and fertility rates among this population.<sup>32</sup> However, the presence of psychotic symptoms negatively affects the sexual life, marriage, and parenting relationships of individuals and may also increase the incidence of sexually transmitted diseases.<sup>28,33</sup> It has been reported that unplanned and unwanted pregnancies, along with related voluntary abortions, are particularly prevalent among female patients with a psychiatric diagnosis.<sup>34</sup>

On the other hand, unwanted pregnancies can lead to antenatal and chronic depression, adverse birth outcomes, lower breastfeeding rates, and diminished parent-child interaction, which makes pregnancy and parenthood particularly challenging for women with psychiatric disorders.<sup>35</sup> It has also been noted that women experiencing depression tend to exhibit less empathy toward parenting<sup>36</sup> and are often unable to provide adequate care for their children, while others claim this responsibility.<sup>37</sup> Despite these adverse

outcomes, reproductive and sexual rights remain an inalienable aspect of fundamental human rights. Several factors can negatively impact the recognition, protection, and development of these rights. To fully and appropriately realize reproductive and sexual rights, healthcare services must be organized and delivered in a manner that is sensitive to these rights. Health professionals have essential duties within the scope of the ethical principles and responsibilities imposed by their professions. Therefore, it is essential to provide support to individuals with mental disorders who wish to marry and have children, since the ability of individuals to exercise these rights can serve as a powerful therapeutic force.<sup>38</sup> A study conducted with psychiatric nurses in the literature has revealed that while individuals with mental disorders express a desire to have children, they require information and support regarding sexual and reproductive health.<sup>39</sup> Considering these factors, incorporating family planning into mental healthcare can help reduce the prevalence of unwanted pregnancies and sexually transmitted infections. On the other hand, addressing stigma can ease the integration of patients into society. Therefore, it is crucial to address the educational needs of nurses on this matter, strengthen family support systems, and incorporate these considerations into mental health policies and practices.

### ***Theme four: Unable/unwilling to talk about sexual life***

The majority of nurses indicated that they were not willing to discuss the sexual lives of individuals with mental disorders. Participants noted that sexuality is not discussed due to myths and taboos surrounding the topic, as well as factors related to individuals with mental disorders and themselves. Some participants emphasized that societal taboos and myths about sexuality are reflected in individuals with mental disorders. They also noted that some nurses, being part of the same community, are influenced by these taboos and myths, which prevent them from discussing sexuality with their patients. A study conducted in Lebanon has found that although sexual problems are quite common among patients, nurses are unable to discuss sexuality due to the taboo, noting

that sexuality is generally not included in their daily practices, with nearly no diagnoses related to sexuality.<sup>22</sup>

Similarly, it has been reported in studies conducted in Iran that nurses cannot evaluate sexuality due to cultural factors.<sup>40,41</sup> The lack of evaluation of sexuality is often attributed to factors such as a lack of trust between the nurse and patient, prejudice, attitudes and beliefs about sexuality, work-related stress, nurses' disregard for addressing sexuality, inadequate knowledge and communication skills about the topic, and insufficient physical conditions.<sup>11,42,43</sup> A study examining the barriers to sexual counseling with myocardial infarction patients has found that the most common patient-related barriers include religious beliefs, embarrassment about discussing sexuality, and patients' reluctance to address sexual issues. In contrast, nurse-related barriers include discomfort with discussing sexual topics, lack of experience in sexual counseling, and hesitation to engage in conversations about sexuality. Organizational barriers, on the other hand, include insufficient managerial interest and support for sexual counseling, as well as the absence of an appropriate supervisory system.<sup>41</sup> When psychiatric nurses fail to recognize sexuality and sexual health as essential health concerns and do not conduct thorough assessments of sexuality, it becomes challenging to discuss these topics with individuals with mental disorders, and patients may hesitate to bring up sexual issues despite their willingness.<sup>44</sup> In addition, when the sexual health needs of individuals with mental disorders are not appropriately addressed, it may prolong the recovery process while increasing the risk of relapses, comorbidities, and suicide. Adequate knowledge and proper education on the topic are essential for nurses to discuss sexuality with patients effectively.<sup>21</sup> Therefore, psychiatric nurses should include the concept of sexuality in their daily care as part of the holistic care process.<sup>45</sup>

### ***Theme five: Improving sexual health***

In the study, some nurses emphasized that sexuality should not be disregarded in nursing care, addressing the training and counseling needs of nurses regarding sexuality. Additionally, some participants in this study suggested that the aspect

of sexuality should be included in patient diagnosis forms. In a study conducted by Azar et al. (2022) with midwives, nurses, and students, it was found that only 28.4% of participants received sexual health education, and only 12.5% routinely assessed the sexual history of their patients. Furthermore, the study has revealed that 32% of participants expect nurses to address patients' sexual concerns, while only 30% feel confident in their ability to obtain a sexual history from patients.<sup>22</sup> In a study conducted with nursing students, it was reported that nursing diagnoses related to sexual activity are lacking in care plans.<sup>10</sup> Health professionals' perspectives on sexual health, their level of knowledge, and the sexual health education they receive affect the quality of care they provide, since it is known that nurses who receive sexual health training acquire a higher level of knowledge, attitude, and self-efficacy.<sup>45</sup> They are more effective in addressing patients' concerns about sexual health.<sup>46,47</sup> From the patient's perspective, it has been noted that individuals with psychotic disorders, in particular, require additional support and communication in areas related to intimacy and sexuality, and they should have access to training programs, such as those focusing on flirting skills and couple therapy.<sup>48</sup> According to these findings, psychiatric nurses who participated in the study also stated that training and counseling should be planned for patients, relatives, and nurses. Therefore, it is essential to increase the sexual health care qualifications of psychiatric nurses through education.

### **Limitations**

A notable strength of this study is that it is one of the few qualitative studies exploring psychiatric nurses' perspectives on the sexuality of psychiatric patients. A limitation of this study is that the interviews were primarily conducted online, and only a limited number of participants agreed to audio recordings. The study revealed that psychiatric nurses often disregarded the sexuality of individuals with mental disorders and were inadequate in providing sexual care. It is recommended that psychiatric nurses integrate the concept of sexuality into care planning for individuals with mental disorders, highlighting the

need for training to better identify their sexual health needs and to develop and implement appropriate interventions.

In this study, it was observed that psychiatric nurses neglected the sexual health needs of individuals with mental disorders and were inadequate in addressing sexual care since they did not incorporate sexuality-related assessments or diagnoses into their practice. Psychiatric nurses may perceive that individuals with psychiatric disorders do not engage in sexual activity or require sexual health services. Cultural and religious values can create barriers to discussing sexuality with patients, leading to the potential neglect of their sexual health needs.<sup>49</sup> However, for individuals with psychiatric disorders, sexual issues can be as significant as their psychiatric diagnoses and, in some cases, may lead to treatment discontinuation or provoke existing concerns.<sup>50</sup> Therefore, psychiatric nurses should prioritize the assessment of sexuality during patient interviews and carefully evaluate it over time while incorporating it into care plans. However, individuals with mental disorders do not explicitly raise the issue. When nurses encounter challenges in providing sexual care due to personal factors, they are required to recognize and reflect on their feelings, behaviors, and beliefs and adopt a professional and unbiased approach to care. In addition, it is of great importance to assess whether patients hospitalized in psychiatric settings possess adequate knowledge about sexuality, family planning, child-rearing, and sexually transmitted infections. Addressing these areas requires collaboration within a multidisciplinary team, including mental health nurses, obstetricians, and midwives, to identify and resolve existing gaps and challenges, with a focus on the specific needs of mental health patients.<sup>28,51</sup> Providing decision-making support during significant life events such as pregnancy and parenthood is an essential component of mental health care.<sup>52</sup> According to psychiatrists, contraception should be encouraged until one partner expresses a desire for pregnancy. At the same time, mental health nurses should provide education and counseling on the effects of psychotropic medications on reproductive health, tailored to the individual's needs.<sup>53</sup>

This study provides information that psychiatric nurses ignore the sexuality of their patients for

various reasons, may be prejudiced on this issue, and hence need training. Problems experienced with sexual activity can lead to non-compliance with treatment in psychiatric patients, problems in communication with the team, and family relationships. Therefore, psychiatric nurses need to evaluate sexual activity while providing holistic care to their patients. However, this issue is not sufficiently covered in undergraduate nursing education and clinical supervision education. Therefore, it is essential to increase the knowledge of nurses working in the field, to ensure that they are aware of their own values and judgments, and to encourage them to evaluate sexual activity. In addition, necessary care should be taken to evaluate sexual activity in undergraduate nursing curricula and nursing education.

## Acknowledgements

All the data in this study were based on a part of a Master's Thesis prepared by Duçem EKTİ under the supervision of Dr. Funda GÜMÜŞ, Institute of Health Sciences, Dicle University, Turkey. All authors have reviewed the content of the manuscript, contributed to its development, and approved its final version for publication.

## References

1. Dehghankar L, Panahi R, Khatooni M, Fallah S, Moafi F, Anbari M, and Siboni FS. The association between sexual health literacy and sexual function of women in Iran. *Journal of Education and Health Promotion*. 2022; 11(11): 1-6. [https://doi.org/10.4103/jehp.jehp\\_414\\_21](https://doi.org/10.4103/jehp.jehp_414_21)
2. Fusar-Poli P, Salazar de Pablo G, De Micheli A, Nieman DH, Correll CU, Kessing LV, Pfennig A, Bechdolf A, Borgwardt S, Arango C, and van Amelsvoort T. What is good mental health? A scoping review. *European Neuropsychopharmacology: The Journal of the European College of Neuropsychopharmacology*. 2020; 31: 33-46. <https://doi.org/10.1016/j.euroneuro.2019.12.105>.
3. Brand E, Ratsch A, and Heffernan E. The sexual development, sexual health, sexual experiences, and sexual knowledge of forensic mental health patients: A research design and methodology protocol. *Frontiers in Psychiatry*. 2021; 12:1-7. <https://doi.org/10.3389/fpsy.2021.651839>
4. Yıldız G. Least spoken most curious: sexuality in adults with intellectual disability. *Anadolu Journal of Educational Sciences International*. 2020; 10(1): 827-855. <https://doi.org/10.18039/ajesi.682164>

5. El-Sorogy SE, El-Hamady MM, Mohamed AS, and Dahroug MM. Sexual Disorders in Females with Bipolar Disorder. *Benha Journal of Applied Sciences*. 2024; 9(2): 107–116. <https://doi.org/10.21608/bjas.2024.275914.1354>
6. Souaiby L, Kazour F, Zoghbi M, Bou Khalil R, and Richa S. Sexual dysfunction in patients with schizophrenia and schizoaffective disorder and its association with adherence to antipsychotic medication. *Journal of Mental Health*. 2020; 29(6): 623-630. <https://doi.org/10.1080/09638237.2019.1581333>
7. Yüksel RN, Yaylacı ET, Kaya H, Erzin G, Akdağ EM, Demirci A, Aydemir Ç, and Göka E. Sexual functions and prolactin levels in patients with bipolar disorder. *Turkish Journal of Clinical Psychiatry*. 2019; 22: 48–56. <https://doi.org/10.5505/kpd.2019.03521>
8. Polat C. Sexual dysfunctions and depression. *Yaşam Becerileri Psikoloji Dergisi*. 2019; 3(6): 223-228. <https://doi.org/10.31461/ybpd.612636>
9. Evans AM, Quinn C, and McKenna B. The governance of sexuality in a recovery-oriented mental health service: psychosis, consumers and clinical approaches. *Journal of Psychiatric Mental Health Nursing*. 2020; 27: 194–202. <https://doi.org/10.1111/jpm.12569>
10. Aydın A, Serpici A, Şimşek P, Gürsoy A, Çilingir D, Yavuz ME and Altınbaş BC. The data analysis of the functional health patterns model for nursing care plans. *International Journal of Healthcare Management*. 2024; 1-8. <https://doi.org/10.1080/20479700.2023.2288400>
12. Öz HG, Yangın HB and Sözer GA. The effect of sexual health courses on nursing students' sexual myths. *Journal of Continuing Medical Education*. 2021; 30(6) 400-408. <https://doi.org/10.17942/sted.910182>
13. Azar M, Kroll T, and Bradbury-Jones C. How do nurses and midwives perceive their role in sexual healthcare?. *BMC Women's Health*. 2022; 22(1): 330. <https://doi.org/10.1186/s12905-022-01891-y>
14. Ahn SH and Kim JH. Healthcare professionals' attitudes and practice of sexual health care: Preliminary study for developing a training program. *Frontiers in Public Health*. 2020; 8. <https://doi.org/10.3389/fpubh.2020.559851>
15. Yıldırım A and Şimşek H. Nitel Araştırmalarda Örneklem. *Sosyal Bilimlerde Nitel Araştırma Yöntemleri*. İstanbul, Seçkin Yayıncılık, 2008, 104-112. (in Turkish)
16. Ersoy AF. Eğitimde Nitel Araştırma Desenleri. In: Saban A, Ersoy A (Ed.). *Genişletilmiş 2. Baskı*. Ankara, Anı Yayınları, 2017, 81–138. (in Turkish)
17. Aksayan S and Emiroğlu ON. Araştırma Tasarımı. In: Erefe İ (Ed.). *Hemşirelikte Araştırma: İlke Süreç ve Yöntemleri*. İstanbul, Odak Ofset, 2002, 49-63. (in Turkish)
18. Creswell JW. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks, CA: Sage Publications; 2014.
19. Baltacı A. Conceptual review on sampling methods and sample volume problem in qualitative research. *Bitlis Eren University Social Science Institute Journals*. 2018; 7(1): 231-274.
20. Gümüř F, Duman M, and Dolu R. Child sexual abuse knowledge and attitudes of Syrian refugee parents and related factors. *Journal of Pediatric Nursing*. 2024; 77: 298–e304. <https://doi.org/10.2139/ssrn.4707865>
21. Azar M, Bradbury-Jones C, and Kroll T. Middle-aged Lebanese women's interpretation of sexual difficulties: a qualitative inquiry. *BMC Women's Health*. 2021; 21: 1–11. <https://doi.org/10.1186/s12905-020-01132-0>
22. Azar M, Kroll T, Chakhtoura H, Gebran V, and Sailian SD. Nurses and midwives' role in patient sexual health assessment: A cross-sectional study. *Sexuality and Disability*. 2022; 40(3): 583–598. <https://doi.org/10.1007/s11195-022-09739-x>
23. Joseph ML. *Innovates In Nursing: A Phenomenological and Constructivist Study*. Capella University, Dissertation, Minneapolis; 2007.
24. Clarke V and Braun V. Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*. 2013; 26(2): 120-123. <https://doi.org/10.1191/1478088706qp0630a>
25. Braun V and Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3(2): 77-101. <https://doi.org/10.1191/1478088706qp0630a>
26. Tong A, Sainsbury P, and Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal For Quality in Health Care*. 2007; 19(6): 349–357. <https://doi.org/10.1093/intqhc/mzm042>
27. Houghton C, Casey D, Shaw D, and Murphy K. Rigour in qualitative case-study research. *Nurse Researcher*. 2013; 20: 7–12. <https://doi.org/10.7748/nr2013.03.20.4.12.e326>
28. Incedere A and Küçük L. Sexual life and associated factors in psychiatric patients. *Sexuality and Disability*. 2017; 35: 89-106. <https://doi.org/10.1007/s11195-017-9475-y>
29. McCloskey LR, Wisner KL, Cattani MK, Betcher HK, Stika CS, and Kiley JW. Contraception for women with psychiatric disorders. *American Journal of Psychiatry*. 2021; 178(3): 247–255. <https://doi.org/10.1176/appi.ajp.2020.20020154>
30. Liu X and Luo Z. Communicating male sexual dysfunction: The medicalization and psychologization of sexual experiences in Chinese online medical consultations. *Social Science & Medicine*. 2024; 350, 116927. <https://doi.org/10.1016/j.socscimed.2024.116927>
31. Bekiroğlu S and Demiröz F. Examination of the perceived social stigma by individuals with severe mental illness receiving service from community mental health centers. *Turkish Journal of Social Research*.

- 2020; 31(3): 1053-1079. <https://doi.org/10.33417/tsh.723023>
32. Sarı T and Gürhan N. Contraception Methods and Unintended Pregnancies in Female Psychiatric Inpatients. *Journal of Selcuk Health*. 2023; 4(2), 390-405.
  33. Basson R and Gilks T. Women's sexual dysfunction associated with psychiatric disorders and their treatment. *Women's Health*. 2018; 14. <https://doi.org/10.1177/1745506518762664>
  34. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, Kwok L, and Alkema L. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *The Lancet Global Health*. 2020; 8(9): 1152-1161. [https://doi.org/10.1016/s2214-109x\(20\)30315-6](https://doi.org/10.1016/s2214-109x(20)30315-6)
  35. Gupta R, Brown HK, Barker LC, Dennis CL, and Vigod SN. Rapid repeat pregnancy in women with schizophrenia. *Schizophrenia Research*. 2019; 212: 86–91. <https://doi.org/10.1016/j.schres.2019.08.007>
  36. Köroğlu A and Hocoğlu Ç. The Effect of Schizophrenia on the Family. *Journal of Düzce University Health Sciences Institute*. 2017; 7(3): 170-175.
  37. Tumwakire E, Arnd H, and Gavamukulya YA, qualitative exploration of Ugandan mental health care workers' perspectives and experiences on the sexual and reproductive health of people living with mental illness in Uganda. *BMC Public Health*. 2022; 22(1): 1722. <https://doi.org/10.1186/s12889-022-14128-2>
  38. Anex A, Dürrigl M, Matthys A, Felber S, Medvedeva T, Cleary R, and Clesse C. Guidelines, policies, and recommendations regarding the sexuality of individuals with severe mental disorders in psychiatric units, institutions, and supported housing across Europe: a systematic review. *Archives of Sexual Behavior*. 2023; 52(1): 121-134. <https://doi.org/10.1007/s10508-022-02430-4>
  39. Kelly DL and Conley RR. Sexuality and schizophrenia: a review. *Schizophrenia Bulletin*. 2004; 30(4): 767-779. <https://doi.org/10.1093/oxfordjournals.schbul.a007130>
  40. Mohseni M, Riazi H, Karimian Z, Kariman N, and Nasiri M. Factors Affecting the Provision of Sexual Health Services by Midwives: A Qualitative Research in Iran. *Iranian Journal of Nursing and Midwifery Research*. 2023; 28(1): 47-52. [https://doi.org/10.4103/ijnmr.ijnmr\\_157\\_21](https://doi.org/10.4103/ijnmr.ijnmr_157_21).
  41. Shahrabaki PM, Mehdi-pour-Rabori R, Gazestani T, and Forouzi MA. Iranian nurses' perspective of barriers to sexual counseling for patients with myocardial infarction. *BMC Nursing*. 2021; 20: 1-8. <https://doi.org/10.21203/rs.3.rs-142176/v1>
  42. Gölbaşı Z and Evcili F. Assessment of Patients' Sexuality And Nursing: Barriers and Recommendations. *Journal of Nursology*. 2023; 16(3): 182-189.
  43. Aşçı Ö and Gökdemir F. Sexual myths and attitudes towards assessment of patient sexuality in nursing students. *Health and Society*. 2021; 31(1): 100-109.
  44. Quinn C, Platania-Phung C, Bale C, Happell B, and Hughes E. Understanding the current sexual health service provision for mental health consumers by nurses in mental health settings: findings from a survey in Australia and England. *International Journal of Mental Health Nursing*. 2018; 27:1522–34. <https://doi.org/10.1111/inm.12452>
  45. Lu MJ, Li JB, and Wu CY. Effectiveness of sexual health care training to enhance psychiatric nurses' knowledge, attitude, and self-efficacy: a quasi-experimental study in southern Taiwan. *Journal of the American Psychiatric Nurses Association*. 2024; 30(1): 17-29. <https://doi.org/10.1177/10783903211045733>
  46. Duman R, Uncu B, and Doğan E. Perspective of Midwives in Turkey Regarding Sexual Health Literacy and Sexual Healthcare Services. *Public Health Nursing*. 2024. <https://doi.org/10.1111/phn.13442>
  47. Yingling CT, Cotler K, and Hughes TL. Building nurses' capacity to address health inequities: incorporating lesbian, gay, bisexual, and transgender health content in a family nurse practitioner program. *Journal of Clinical Nursing*. 2017; 26: 2807–2817. <https://doi.org/10.1111/jocn.13707>
  48. Cloutier B, Francoeur A, Samson C, Ghostine A, and Lecomte T. Romantic relationships, sexuality, and psychotic disorders: A systematic review of recent findings. *Psychiatric Rehabilitation Journal*, 2021; 44(1): 22-42. <https://doi.org/10.1037/prj0000409>
  49. Evcili F and Demirel G. Patient's sexual health and nursing: a neglected area. *International Journal of Caring Sciences*. 2018; 11: 1282–1288.
  50. Montejo AL, De Alarcón R, Prieto N, Acosta JM, Buch B and Montejo L. Management strategies for antipsychotic-related sexual dysfunction: a clinical approach. *Journal of Clinical Medicine*. 2021; 10(2): 308. <https://doi.org/10.3390/jcm10020308>
  51. Karadağ F, Hariri AG, and Kenar J. Awareness of sexually transmitted diseases and risky sexual behavior amongst patients with schizophrenia and bipolar mood disorder. *Turkish Journal of Clinical Psychiatry*. 2004; 7(1): 17-25.
  52. Steinberg JR, Adler NE, Thompson KM, Westhoff C, and Harper CC. Current and past depressive symptoms and the contraceptive effectiveness level method selected among women seeking reproductive health services. *Social Science & Medicine*. 2018; 214: 20-25. <https://doi.org/10.1016/j.socscimed.2018.08.009>
  53. Seeman MV and Ross R. Prescribing contraceptives for women with schizophrenia. *Journal of Psychiatric Practice*. 2011; 17(4): 258–269. <https://doi.org/10.1097/01.pra.0000400263.52913.d>