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Research Article

Navigating Cultural Sensitivity in Sexual Health Education: Practical Tips for Nurses

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Abstract

Culturally sensitive sexual health education is vital in today's diverse healthcare environments, where nurses increasingly work with patients from varied cultural, religious, and linguistic backgrounds. Without cultural awareness, sexual health discussions risk reinforcing stigma, discouraging engagement, and widening health inequalities. Research highlights that culturally competent approaches, grounded in respect, empathy, and responsiveness, improve communication, build trust, and enhance patient outcomes. This article explores the distinction between cultural sensitivity, competence, and humility, outlining why each is important for equitable sexual health education. It also identifies common cultural barriers nurses may face, such as language differences, stigma, and mismatched expectations, and offers practical, evidence-based strategies to overcome them. By highlighting best practices in education, communication, interpreters, and teaching, the article equips nurses to deliver inclusive, respectful care. The aim is to empower nurses to reduce disparities, foster safe spaces, and support diverse communities in achieving better sexual and reproductive health outcomes.

Keywords: Cultural sensitivity; Sexual health education; Nursing practice; Health inequalities; Cultural competence

Introduction

Culture, encompassing the shared beliefs, values, and practices of a group, shapes individuals' behaviours and experiences [1]. Culturally sensitive sexual health education is essential in today's increasingly diverse healthcare environment. As global migration rises, healthcare professionals, particularly nurses, encounter patients from a wide array of cultural, religious, ethnic, and gender backgrounds. When cultural insensitivity occurs, it can reduce patient trust, discourage participation, and exacerbate sexual health inequalities [2].

Research shows that cultural sensitivity training, programs that improve providers' awareness, communication skills, and responsiveness to diverse cultural needs, enhances care quality. Evidence indicates that it increases patient satisfaction, measured by perceived respect, trust, and quality of communication, while also improving provider–patient interaction and adherence to care [2,3]. A recent scoping review highlights the urgent need for culturally competent professionals in Europe's superdiverse societies, marked by complex migration and cultural diversity, yet shows that interventions such as training, interpreter services, and diversity protocols remain limited and unevenly applied, with effectiveness linked to uptake, evaluation, and integration into policy [4]. The review identifies conceptual gaps, such as inconsistent definitions, and practical gaps, including variable content and evaluation of cultural competence training, and calls for evidence-based, context-sensitive approaches tailored to local migration and health system needs.

Furthermore, research in multicultural regions shows that migrant individuals, especially women, frequently face barriers to sexual and reproductive healthcare caused by cultural taboos,

communication difficulties, and mismatched expectations with healthcare providers [1,3]. These findings highlight the need for nurses to approach sexual health not only as a biological topic but also as a sociocultural one.

Sexual health education, if delivered without respect for cultural, religious, or personal values or in a judgmental manner, can inadvertently exacerbate stigma, meaning negative attitudes, shame, or social disapproval experienced by individuals regarding contraception use, LGBTQ+ identity (lesbian, gay, bisexual, transgender, and queer or questioning), or sexually transmitted infections (STIs) [2].

This article aims to raise awareness among nurses about the importance of culturally sensitive sexual health education and the strategies that can help reduce stigma and support patients' needs. It clarifies key concepts like cultural competence and humility, identifies common cultural barriers and challenges, and outlines practical, evidence-based strategies to support inclusive, equitable care. The goal is to foster trust, reduce disparities, and improve outcomes for diverse adult populations.

Understanding Cultural Sensitivity vs Cultural Competence

In sexual health education, cultural sensitivity and cultural competence are related but distinct concepts [5]. Both are vital for inclusive, person-centred care, yet they represent different attitudes, knowledge, and skills essential for nurses working in diverse clinical settings.

Cultural Sensitivity: Awareness and Respect

Cultural sensitivity involves recognising how patients' cultural backgrounds can shape their values, beliefs, and behaviours, while respecting diversity and avoiding assumptions or stereotypes [6]. For example, contraception should be discussed with all patients, but in some cultures it may be sensitive or taboo, requiring an empathetic and respectful approach [7]. Cultural sensitivity also requires awareness of power imbalances, historical discrimination, and systemic inequities that shape healthcare experiences. By listening actively, validating patients, and ensuring confidentiality, nurses can build trust and create safe spaces for sensitive conversations.6

Cultural Competence: Knowledge and Skills in Action

Cultural competence refers to the ongoing ability to understand, communicate, and work effectively across cultures, integrating knowledge, communication skills, and attitudes of openness and self-reflection [4,5]. This competence can be assessed through cultural competence scales, observed clinical behaviours, or patient-reported experiences. In sexual health education, this involves adapting approaches to cultural norms, shared beliefs and practices within a community regarding sexuality, reproductive rights, and gender roles [3]. For instance, teaching materials can be adapted by using culturally appropriate examples, local languages, inclusive terminology, and communication styles that reflect the community's values and preferences, thereby enhancing relevance and respect. Complementing cultural competence, cultural humility emphasises ongoing self-reflection on one's own attitudes and biases, recognising power imbalances, and adopting a person-centred approach with no fixed endpoint in learning. Unlike cultural competence, which focuses on acquiring knowledge about others' beliefs and values, cultural humility prioritises humility, respect, and collaboration in every individual interaction [7].

Why the Distinction Matters

Differentiating sensitivity from competence shifts nurses from passive awareness to actively tailoring communication and care to patients' cultural, social, and linguistic needs [3]. Sensitivity involves recognising patients' discomfort with topics such as contraception, sexual orientation, or STIs, while competence entails adjusting education delivery to be culturally appropriate and inclusive. Together, they are complementary: sensitivity alerts nurses to potential barriers, and competence provides the skills to address them, both essential for reducing stigma and promoting equitable sexual health access [5,6].

Common Cultural Barriers in Sexual Health Education

Despite their best intentions, nurses may inadvertently trigger misunderstandings or patient disengagement during sexual health discussions, as reported in studies observing clinical interactions and patient feedback [8,9]. Awareness of common cultural pitfalls and strategies to avoid them is essential for delivering inclusive care.

Language and Translation

Miscommunication is a major barrier when patients and healthcare professionals do not share a common language, including differences in spoken language, medical terminology, or culturally specific expressions. Such language differences represent one of the most immediate and tangible obstacles to effective care [10]. Evidence shows that overreliance on family members as ad hoc interpreters can compromise accurate information exchange, increasing the risk of misunderstandings and reducing patient trust [11,12]. Therefore, Professional interpreters, not family members, are recommended to enhance accuracy and confidentiality, although occasional misinterpretations may still occur and should be monitored [10].

Whenever possible, nurses should use interpreters whose gender matches that of the patient, especially in cultures with strict gender norms, such as many Middle Eastern, South Asian, and conservative religious communities, to ensure comfort during sensitive discussions about sexual and reproductive health.12 Furthermore, inclusive, non-judgmental language, such as using gender-neutral pronouns and allowing individuals to self-identify

body parts, fosters respect and avoids assumptions about gender identity, sexual orientation, or relationship status.10 To support nurses in applying this in practice, structured strategies such as reflective exercises, role-playing, and unconscious bias training are recommended to enhance personal awareness and help translate principles into consistent, person-centred communication.8

Cultural Beliefs, Norms and Stigma

Under the Nursing and Midwifery Council Code (NMC) [13], junior nurses must balance culturally respectful, non-judgmental care with evidence-based practice, often creating tension when addressing contraception, STIs, or LGBTQ+ identities [14]. In some religious or cultural groups, discussion of sexual health (e.g., contraception use), especially by unmarried women, is associated with promiscuity, immorality, or being "unnatural" [15,16]. In addition, cross-gender communication on intimate topics is often taboo, making open sexual health discussions, especially with young individuals or unmarried women, feel confrontational or disrespectful [15]. Such stigma may then discourage women and young people from seeking contraceptive or reproductive health services. In such cases, systematic reviews of 10 studies show that peer-group models, where participants learn and discuss with peers of similar backgrounds, and single-gender sessions can reduce discomfort and increase engagement in sexual health education [2].

Religious norms also significantly influence attitudes toward LGBTQ+ identities and sexual health. A scoping review of 70 studies from 25 countries, including the UK, US, Africa, South Asia, and Australia, found that dominant Catholic, Protestant, and Islamic beliefs often fuel negative attitudes toward LGBTQ+ individuals and abortion [17]. In some cases, healthcare providers may refuse to deliver certain sexual health services, such as contraception, STI testing, or LGBTQ+ affirming care, due to personal, cultural, or religious beliefs. Such refusals can lead to discriminatory practices, including delayed care, limited treatment options, or unequal access, as documented in recent studies [16,17]. Effectively addressing stigma, through strategies such as reflective practice, role-playing, and guided discussions on bias, is crucial for preparing junior nurses to provide inclusive and respectful sexual health education, as recommended by the National Institute for Health and Care Excellence [18].

Best Practice Strategies for Culturally Sensitive Sexual Health Education

To support nurses in delivering culturally sensitive sexual health education, the following evidence-based strategies have been organised into five key areas:

Education

Integrating cultural competence education into both pre-registration and post-registration nursing curricula, using hybrid, virtual, or in-person formats, is essential for developing sustained cultural sensitivity and responsive practice. Evidence from longitudinal and review studies suggests that repeated, scaffolded learning experiences, rather than one-off sessions, are more effective in fostering lasting knowledge, attitudes, and skills [4,5]. A quasi-experimental study conducted in a 3,000-bed hospital in northern Taiwan, involving new graduate nurses, demonstrated that embedding web-based cultural competence modules significantly enhanced participants' self-reported awareness and cross-cultural communication skills [19]. Similarly, virtual collaborative seminars between Swedish and Somali nursing students cultivated cultural curiosity and empathy through peer dialogue, supporting deeper intercultural understanding [20]. While context-specific, these findings highlight the value of structured cultural competence training in both formal education and continuing professional development (CPD) to help nurses remain reflective, inclusive, and responsive in diverse healthcare environments.

Cultural competence development should not end at graduation. Ongoing, practice-based learning, such as reflective case discussions, peer mentoring, simulated patient encounters, and real-world clinical placements, is vital for sustaining and deepening culturally sensitive care [19]. Evidence supports that combined approaches, such as workshops, simulation, and reflective mentoring, effectively bridge the gap between theoretical knowledge and practical proficiency in cultural competence for nurses [21,22]. In addition, simulation-based programmes conducted across three rural academic campuses and one rural hospital in Australia have shown effectiveness in enhancing communication with culturally and linguistically diverse patients, reinforcing the importance of CPD in maintaining high standards of inclusive care [23]. While these findings highlight the potential of simulation, further research across different clinical contexts is needed.

Communication Skills

Fostering open, respectful dialogue is essential for understanding the diverse cultural values that shape individuals' experiences of sexual health. Nurse educators using sexual health simulation training have found that carefully applied techniques, such as brief, neutral ice-breakers (e.g., introductions and shared expectations), active listening (attentively acknowledging and responding to patients' concerns), and culturally sensitive humour (light, non-offensive remarks appropriate to the cultural context), can help build trust and promote patient engagement [24]. Beyond interpersonal strategies, structured reflection plays a critical role in developing cultural competence. Tools such as reflective journaling, guided debriefs, and interactive online modules encourage nurses to examine their own biases and assumptions by prompting self-reflection on personal reactions, exploring alternative perspectives, and linking experiences to culturally sensitive practice [25]. These methods have been shown to significantly enhance self-awareness, empathy, and responsiveness to cultural differences, key elements of inclusive sexual health education [26,27].

Use of Interpreters and Cultural Mediators

An interview study with healthcare professionals working in refugee and migrant sexual and reproductive health settings highlighted the importance of culturally sensitive, gender-matched interpreters in fostering trust and comfort during consultations [10,12]. Similarly, trained, trusted community health workers, often referred to as patient navigators or mediators, play a vital role in bridging cultural and linguistic gaps, particularly in less privileged populations [28]. Culturally trained mediators translate medical information into relatable terms, offer emotional support, and help less privileged communities, especially immigrant women, navigate sexual health services, fostering trust and inclusion despite concerns about long-term funding [3].

Tailoring Sexual Health Education

Cooper (2023)10 suggest that Inclusive educational materials that represent diverse religions, LGBTQ+ identities, use gender-neutral language (terms that do not assume a specific gender, e.g., "they/them" or "partner" instead of "he/she" or "husband/wife"), and incorporate affirming imagery are vital for challenging stigma and creating a welcoming, respectful learning environment. A recent pilot study found that LGBTQ+-focused sexuality modules significantly enhanced nurses' confidence and preparedness to deliver affirming care, though shifts in deeper personal attitudes often required more sustained engagement [29]. To further cultivate cultural sensitivity, educators should embed case-based learning scenarios that reflect the diverse realities of immigrant populations, survivors of abuse, and individuals with disabilities [24]. To ensure these materials are genuinely culturally sensitive, rather than well-meaning but potentially inappropriate, educators can involve community leaders, patient advocates, and representatives from the relevant groups in the development and review process [30]. Such contextualised teaching encourages critical thinking and awareness of the structural and social determinants shaping access to and experiences of sexual and reproductive healthcare.

Public Health and Equity Focus

Situating sexual health education within the broader context of social determinants, such as education, housing, legal status, and healthcare access, empowers nurses to address the root causes of health disparities rather than only treating their consequences. The Purnell Model for Cultural Competence offers a comprehensive framework that can guide nurses in this endeavour [31]. It includes 12 cultural domains within a systems-level structure that considers global society, community, family, and the individual (see Figure 1).

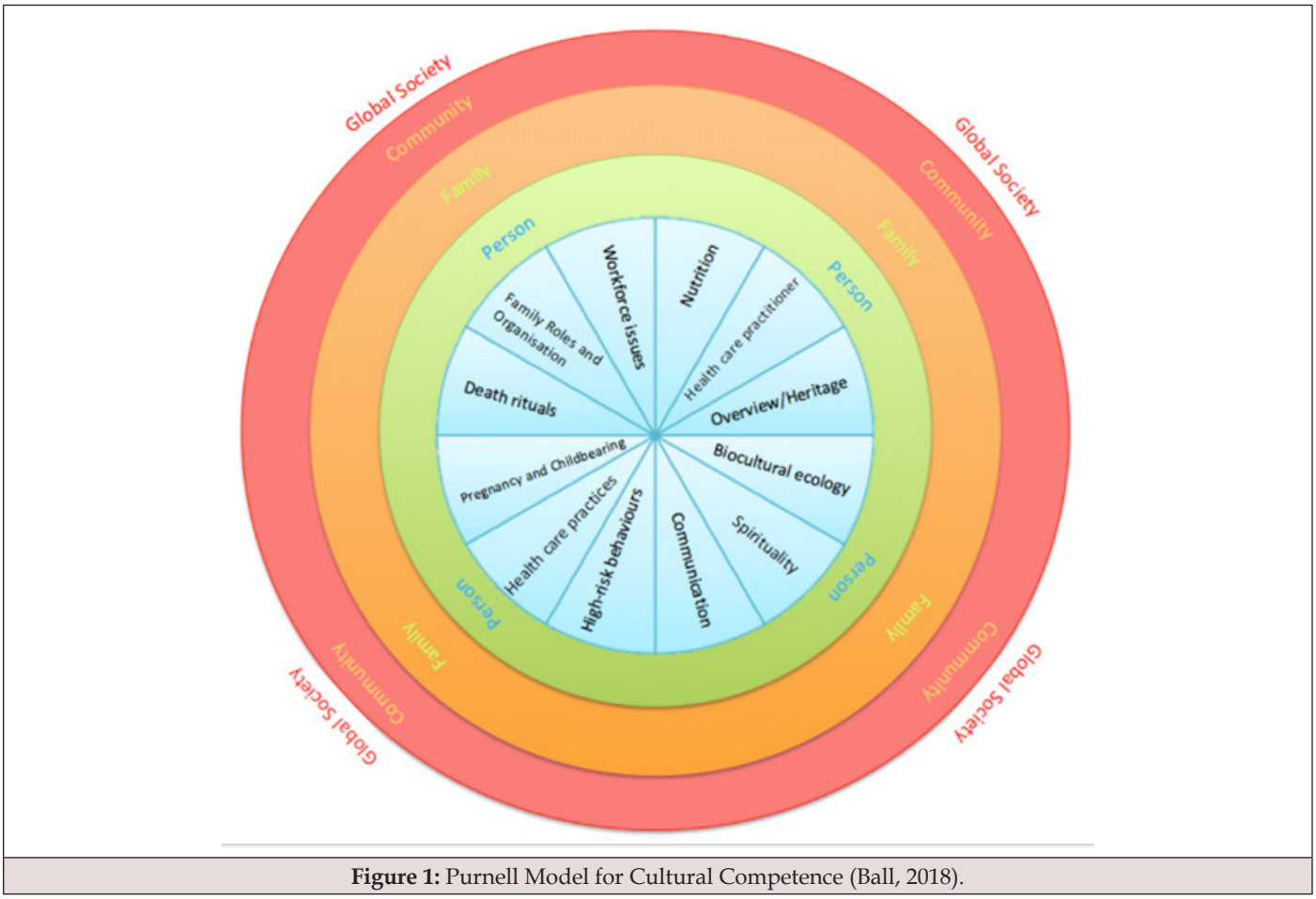

Figure 1: Purnell Model for Cultural Competence (Ball, 2018).

Applying Purnell model [31] encourages nurses to reflect on their own cultural identities while systematically assessing those of the populations they serve. For instance, recognising how legal status or religious beliefs affect healthcare access and contraceptive attitudes enables nurses to tailor content effectively [31]. The model makes cultural competence a practical tool for inclusive, rights-based sexual health education, (i.e., teaching that promotes knowledge, personal choice, and equal access to sexual and reproductive health services), highlighting how culture is not limited to ethnicity or language, but shaped by a dynamic interplay of social, structural, and interpersonal factors [17,32].

Best Practice Strategies Overview

To assist nurses in overcoming cultural barriers in sexual health education and implementing best practices, Table 1 outlines key strategies supported by evidence-based approaches.

Table 1: Best-Practice Strategies Overview.

Strategy Area	Approaches
Training and Education	In-curriculum modules, virtual seminars, and simulation
	Reflective mentoring
	Case scenarios that reflect real-world diversity
Communication Skills	Active listening, open questions, icebreakers, reflective debrief
	Sensitivity to cultural norms
	Integration of factual, non-judgmental information
	Patient-centred approaches
Interpreter and Mediator Use	Gender-matched professionals and interpreters
	Trained cultural mediators/community navigators
	Plain and inclusive language
Tailored Content	LGBTQ+ inclusive materials
	Case scenarios for vulnerable populations
	Peer-group support
	Single-gender session availability if needed
	Respecting comfort levels
Public Health and Equity	Purnell Model for Cultural Competence
	Community outreach and partnership

Challenges in Delivering Culturally Sensitive Sexual Health Education

Delivering culturally sensitive sexual health education poses distinct challenges for nurses, particularly those newly qualified and still developing clinical confidence [25]. These practical, emotional, and systemic challenges impact patient care quality and nurse well-being; without support to build emotional resilience, nurses, especially early-career nurses, may experience heightened anxiety and burnout, which can exacerbate health inequities [25].

Lack of Confidence and Experience

In their interview study, Kaihlanen et al (2019) [33] reported that nurses often expressed feeling underprepared to navigate the complexities of culturally sensitive sexual health discussions. Papadopoulos et al. (2016) [34] argue that this challenge is particularly pronounced when nurses encounter patients from diverse cultural or religious backgrounds, where beliefs about sexuality, contraception, and gender roles may differ markedly from the nurse's own cultural framework. The absence of tailored training on cultural competence during undergraduate programmes compounds this lack of readiness, making nurses hesitant to initiate or deeply engage in sexual health conversations for fear of offending or misunderstanding patients.35

Time Constraints and Systemic Pressures

The high workload and time-limited consultations common in many healthcare settings often leave junior nurses with insufficient time to explore subtle cultural differences, preferences, contextual factors or patient concerns in depth [33] This can lead to rushed conversations, reliance on generic information, and missed opportunities for personalised care. Without institutional support, such as access to cultural competence education, mentoring, protected time for learning, and appropriate educational resources, nurses may feel overwhelmed and inadequately supported [21,22].

Emotional Challenges and Fear of Causing Offence

Discussing sexual health topics involves vulnerability, both for patients and providers. Nurses may fear causing offence, being perceived as intrusive, or mishandling sensitive topics due to cultural misunderstandings [34]. Review studies indicate that anxiety among nurses when addressing culturally sensitive sexual health topics can inhibit open dialogue, resulting in superficial assessments and incomplete patient education [21].

Strategies to Overcome Challenges

Effectively addressing the challenges faced by nurses in delivering culturally sensitive sexual health education requires integrated educational and institutional strategies:

Curriculum Integration: Embedding cultural competence, inclusive communication, and reflective practice into nursing education, through simulations and real-world scenarios, builds both confidence and clinical preparedness [33].

Interpreter Access and Training: Establishing clear protocols for accessing qualified, gender-concordant interpreters, alongside training on culturally sensitive collaboration, enhances communication with patients from diverse backgrounds [10,11].

Supportive Supervision: Structured mentoring and peer support enable nurses to process complex cultural encounters, promote reflective learning, and foster emotional resilience [25,34].

Organisational Support: Healthcare institutions must commit to allocating sufficient consultation time (e.g., extending standard appointment durations or scheduling dedicated sexual health sessions), providing culturally adapted educational materials, and fostering an environment that actively promotes inclusivity, for example, through staff training, visible policies supporting diversity, and leadership endorsement of culturally sensitive practices, to ensure high-quality, equitable sexual health education [10,14].

Embedding these strategies at both educational and institutional levels can support, rather than automatically guarantee, nurses' ability to deliver respectful, inclusive, and effective sexual health education. Evidence suggests that culturally sensitive approaches, when properly implemented, can foster patient trust, improve communication, and increase engagement, which are key factors in reducing stigma and encouraging open dialogue [8,25]. Furthermore, a systematic review of 42 studies by Mawson et al (2025)36 found that these approaches may also foster equity and improve patient experience, contraceptive use, and STI screening, while helping reduce disparities in sexual health access and outcomes. Recognising this, public health frameworks, including guidance from the Office for Health Improvement and Disparities (2022) [37] and the Joint United Nations Programme on HIV/AIDS (UNAIDS 2023) [38], now stress the use of person-centred approaches that respect individual values and preferences, alongside affirming language that validates identities, to promote care-seeking and reduce stigma. However, outcomes depend on adequate training, supervision, and institutional support.

Conclusion

Culturally sensitive sexual health education is a critical component of equitable healthcare delivery, especially for junior nurses serving diverse populations. This article has highlighted the importance of distinguishing between cultural sensitivity and competence, identifying common barriers, and presenting practical, evidence-based strategies grounded in reflective practice and public health principles. By embedding cultural competence into education, communication, and institutional policies, junior nurses can foster respectful, inclusive environments that improve trust, reduce disparities, and empower patients. Moving forward, sustained training, organisational support, and a commitment to lifelong cultural humility are essential to ensure that all individuals, regardless of background, receive the sexual health education and care they deserve.

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