



# NMNEC Concept: **Sexuality**

**Mega-Concept:** Health and Illness

**Category:** Sexual Reproduction

**Concept Name:** Sexuality

**Concept Definition:**

Factors or concerns affecting sexual health and function.

In expanding on the concept definition of sexuality, the definition of sexual health used by the Centers for Disease Control and Prevention (CDC, 2016) is pertinent. The CDC uses the World Health Organization (2018) definition of sexual health, which is that “sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

Because sexuality depends on four interrelated psychosexual factors, it is also important to define those factors:

- **Sexual identity:** Whether one is male or female based on biological sexual differences.
- **Gender identity:** How one views one’s gender as masculine or feminine, socially derived from experiences with family, friends, and society.
- **Sexual orientation:** How one views one’s self in terms of being emotionally, romantically, sexually, or affectionately attracted to an individual of a particular gender.
- **Sexual behavior:** How one responds to sexual impulses and desires.

**Scope and Categories:**

The scope of the sexuality concept ranges from positive sexual identity and function to dysfunction or impairment. Sexual health topics encompass the entire lifespan of human beings, starting with newborns through childhood, to adolescence and adulthood, ending with the geriatric population.

Examples of sexual health topics through the lifespan:



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- *Newborn*: Health promotion related to the care of genitalia; decisions about circumcision.
- *Childhood*: Self-care of genitalia; development of a healthy gender identity.
- *Pre-adolescence to adolescence*: Decisions about gender identity as well as sexual behavior and reproduction; promotion of sexual health and prevention of sexually transmitted infections (STIs)/sexually transmitted diseases (STDs).
- *Adulthood*: Decisions about sexual behavior and reproduction; promotion of sexual health and prevention of STIs/STDs; infertility; menopause; changes in sexual functioning related to chronic illnesses.
- *Geriatric*: Whether and how to maintain sexual functioning.

### **Risk Factors:**

All individuals are at risk for sexual health impairments, regardless of age, gender, race, or socioeconomic status. Populations at highest risk are adolescents, especially lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; those with intellectual and developmental disabilities; and the newly unpartnered. Additional individual behaviors that increase the risk of sexual health problems are engaging in sexual activity with multiple and casual partners and/or refraining from safe sex practices. Nonsexual high-risk behaviors that increase the risk of sexual health problems include the use of alcohol, marijuana, or other illicit substances close to the time of sexual activity.

### **Physiologic Processes and Consequences:**

Physiologic processes related to sexuality and sexual health include classic physiologic phases of sexual response for men and women. The model of the human sexual response cycle summarizes these physiologic responses that are common to both genders as four phases: excitement, plateau, orgasmic, and resolution. However, in addition to the physiologic aspects of sexual health and functioning, each individual brings sexual attitudes and behaviors that also strongly influence sexual health and functioning. Positive attitudes, healthy behaviors, and healthy relationships contribute to positive sexual health and functioning.

When there is impairment of either the physiologic processes or the attitudes and behaviors related to sexuality, consequences can range from physiologic sexual dysfunction and impaired sexual health to experiencing higher rates of mental health problems (anxiety, depression, adjustment disorders) to increased suicidal ideation and suicide attempts.



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### **Assessment:**

#### **History**

Obtaining a sexual health history should always be conducted in a private and comfortable setting. The nurse must ask questions in a nonjudgmental and receptive manner and assure the patient that all answers will be kept strictly confidential. In addition to obtaining a sexual health history, the nurse should also ask patients about gender identity: what gender they currently most identify with, what sex they were assigned at birth, what internal reproductive organs they were born with, whether any organs were removed, whether they have received any enhancements, what gender pronoun is preferred, and whether he or she has any plans for transition. Basic screening for sexual function should begin with two key questions:

Are you currently involved in a sexual relationship?

Are your sexual partners men, women, or both?

From there, the nurse should continue with the history-taking process. One model that has been shown to be effective is the PLISSIT (Permission, Limited Information, Specific Suggestions, and Intensive Therapy) model of intervention for sexual problems. The nurse is professionally responsible for putting the patient at ease, using open-ended questions (per the Permission phase of the PLISSIT model) to obtain information about general health with a focus on sexual health, including:

- Current dietary/nutrition status
- Current medications (including prescriptions, over-the-counter, and illicit)
- Current medical conditions
- Vaccination status
- Menstrual history
- Mental health status
- Safe sex practices
- Exposure to infectious diseases, especially STIs/STDs
- Type and frequency of sexual activity
- Sexual partners
- Exposure to sexual abuse or interpersonal violence

#### **Physical Examination:**

The physical examination should include general physical assessment with a focus on the genitalia and rectal areas. For adolescents, the visible evidence of sexual maturation, that is, the Tanner stages, and for older adults, the common changes are assessed. For women, this



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may include a complete pelvic exam and for men, this may include an examination of the genitalia along with a digital rectal examination (DRE).

### **Diagnostic Tests:**

The diagnostic tests depend on the type of sexual health concern. Diagnostic testing specific to sexual health may include testing for the presence of STIs/STDs; a Pap test for females; and a prostate-specific antigen (PSA) test for males.

### **Clinical Management – Interdisciplinary:**

#### **Planning**

The Healthy People 2020 main objectives related to sexuality are:

Lesbian, gay, bisexual, and transgender (LGBT) - Increase data collection regarding sexual orientation and gender identity;

STD - Increase screening for chlamydia;

Reduce congenital transmission; and

Reduce the proportion of adolescents and young adults with chlamydia, gonorrhea, syphilis, human papillomavirus (HPV), and herpes simplex type 2(HSV2) infections.

### **Nursing Diagnoses:**

The primary nursing diagnoses are sexual dysfunction and ineffective sexuality patterns. Other diagnoses may be deficient knowledge, risk of infection, acute or chronic pain, anxiety, ineffective individual coping, situational low self-esteem, or disturbed body image.

### **Primary Prevention: Health Promotion**

Primary prevention includes engaging in health promotion activities that further sexual health and well-being. Examples: Health education regarding correct and consistent condom usage for prevention of STIs as well as pregnancy; health education on safe sex practices and how to avoid unsafe sex practices; health promotion related to vaccinations to prevent cervical cancers associated with the sexually transmitted HPV.

### **Secondary Prevention: Screening**

Examples: Routine testing of all sexually active individuals for STIs/STDs, including *Chlamydia*, HPV, and HIV; routine cervical cancer screenings for females; intimate partner violence screening.



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**Tertiary Prevention:** Prevention of Disease Progression

### **Treatment**

Examples: Pharmacologic treatment of male erectile dysfunction; changes in pharmacologic treatments of chronic medical conditions that are affecting sexual functioning (such as blood pressure medication effects on male erectile function or diuretics on female bladder control); treatment of vaginal dryness for menopausal women.

### **Interrelated Concepts:**

- Reproduction – Sexual health and functioning directly overlaps with prevention of pregnancy or reproductive success and health.
- Development – Sexuality is part of being human, with sexual health topics present at all stages of development.
- Communication – Ability to bring up sexual health topics and to communicate positively about sexuality and sexual health is both challenging and necessary.

### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- Sexual Health
- Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs)

### **Optional Exemplars:**

- Male erectile dysfunction
- Female menopause
- LGBTQ health
- Intimate partner violence (IPV)



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