STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH

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STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH

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In Partial Fulfillment of the

Requirement for the Degree

Bachelor of Science in Nursing

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In partial fulfillment of the requirements of the Bachelor of Science in Nursing Degree, this research study entitled, **"STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH", prepared and submitted by Pacarro, Shanelle Lharlene L., Redido, Llorenz Mary Rose M., Rios, Carl Jay M.,** has been examined and recommended for acceptance and approval.

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ABSTRACT

Sexual health education plays a vital role in nursing training, equipping students with the competencies necessary to promote adolescent reproductive health. Despite its importance, there remains a gap in understanding how nursing students' levels of knowledge and preparedness influence their self-confidence in teaching sexual health. This study examined the levels of knowledge, preparedness, and self-confidence among 176 second-year nursing students chosen using stratified random sampling and the relationships among these variables, grounded in Bandura's Social Cognitive Theory. The study used a descriptive-correlational design and a researcher-developed questionnaire administered in a higher education institution in Ozamiz City, Misamis Occidental during the academic year 2024–2025. Descriptive statistics, such as mean and standard deviation were computed, and Pearson's product-moment correlation was used to test relationships. Findings revealed that students had very high levels of knowledge, preparedness, and self-confidence. Statistically significant and moderately strong positive correlations were found between knowledge and self-confidence, as well as between preparedness and self-confidence. These results suggest that students who are more informed and prepared are also more confident in teaching sexual health, supporting the integration of experiential learning, simulation, and skills development in the nursing curriculum to enhance teaching competence.

Keywords: *knowledge, nursing students, preparedness, self-confidence, sexual health teaching*

DEDICATION

We, the researchers, with deep humility, dedicate this research paper to the Almighty God, whose constant guidance and strength have been the bedrock of this entire process. His blessings have sustained us through every obstacle, ultimately leading to the successful completion of this work.

To our cherished parents, siblings, and friends, we extend our profound gratitude. Your unwavering encouragement, steadfast support, and boundless love have been our constant pillars of strength. Your belief in our abilities has served as a guiding light and a source of motivation, particularly during the most demanding phases of this endeavor.

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The Researchers

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The Researchers

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INTRODUCTION

Rationale/Background of the Study

The provision of appropriate skills to nursing students in order to provide sexual health is greatly necessary in addressing the gap between adolescent sexual health needs and effective teaching delivery, particularly since global trends suggest the continued lack of self-confidence and competence among health trainees in addressing sensitive topics (Coleman et al., 2023). Adolescents who receive this kind of education are more equipped with the wherewithal to make informed decisions regarding their sexual health, create healthy relationships, and abstain from risky behaviors, including unprotected sex, early sexual initiation, and having several sexual partners (Uğurlu & Karahan, 2021). Despite its significance, cultural taboos, a lack of funding, or ineffective teaching methods frequently prevent many adolescents worldwide from receiving thorough sexual health education (Jadoon et al., 2023). They are a high-risk population in society because of their limited access, which makes them more susceptible to STIs, unwanted pregnancies, and unsafe abortions (Simons et al., 2020). Relevant evidences indicate that adolescents who receive culturally relevant, age-appropriate, and accurate sexual health education are more likely to delay their sexual debut and adopt safer sexual behaviors (Toprak & Turan, 2020). However, to effectively address the unique needs of adolescents, sexual health education necessitates educators who are prepared, self-confident, and possess significant knowledge, whether in the aspects of health teaching strategies and etc. (Tarhan et al., 2019). Therefore, promoting healthier outcomes for adolescents depends on educators' ability to teach sexual health effectively (Bourne et al., 2020).

Sexual health education equips students with the knowledge and abilities they need to build healthy relationships, comprehend sexual development, and avoid risky behaviors. The beneficial effects of sexual health education can have a significant impact on behavioral outcomes, as it has been demonstrated that it delays the onset of sexual intercourse, reduces the number of sexual partners and sexual activity and increases the use of condoms or other forms of contraception (Rose et al., 2019). The degree of sexual health information a person possesses influences their sexuality-related attitudes and behaviors. Young people are often observed engaging in risky behaviors, such as having several sexual partners, making an early sexual debut, having unplanned sex, and using contraception inconsistently, leaving them to become a vulnerable segment of society because of the negative health effects of sexually transmitted infections (STIs), unintended pregnancies, and unsafe abortions due to lack of sexual health education (Uğurlu & Karahan, 2021).

Access to sexual health education is seen as a fundamental human right. For people to have safe and fulfilling sexual encounters, regardless of the danger of sexually transmitted infections, unintended pregnancies, and violence, they must have sufficient and accurate knowledge about sexuality and sexual health (Toprak & Turan, 2020). Programs that encourage medical students to teach sexual health have shown improvements in the sexual health knowledge of adolescents and medical students as well as improvements in the attitudes of medical students regarding sexual health concerns (Bourne et al., 2020). Moreover, students' awareness of such programs significantly influences their attitudes toward seeking assistance as they work to address and mitigate risky sexual behaviors (Soy et al., 2020).

Enhancing sexual and reproductive health literacy during adolescence and early adulthood is crucial as individuals develop cognitive skills, health behaviors, and a sense of responsibility for their well-being. Nurses play a key role in providing guidance on sexual health, including contraception and STI prevention (Simons et al., 2020). With adequate training, they can effectively address complex issues like adolescent sexual behavior and contraception (Fennell & Grant, 2019a). Promoting sexual health care among nursing students is favorably interconnected with communicative self-efficacy, good attitudes, and sufficient knowledge. Healthcare professionals who have better self-efficacy in providing sexual health education feel more at ease in providing sexual health education when they have access to education that helps them learn more, practice skills, develop self-confidence, and develop positive attitudes toward sexual healthcare (Coleman et al., 2023).

Knowledge forms the basis of effective sexual health teaching; it allows student educators to provide adolescents with accurate, relevant, and age-appropriate information (Simons et al., 2020). A holistic view of sexual health knowledge includes not only knowledge of facts regarding contraception and sexually transmitted infections but also the ability to explain how these impact overall health and well-being (Toprak & Turan, 2020). This comprehensive knowledge will enable educators to address misconceptions, clarify sensitive topics, and provide evidence-based guidance that is meaningful to adolescents (Hernandez & Rivera, 2021). Beyond knowledge of content, educators will have to devise strategies for teaching that make the material accessible and engaging to the diverse needs of adolescents (Carless-Kane & Nowell, 2023). The foundation of knowledge is crucial as it enables educators to establish open communication, credibility,

and trust with the adolescents, all of which contribute to the development of a positive learning environment (Zamanzadeh et al., 2019). A weak foundation of knowledge will make it difficult for them to respond to inquiries or manage conversations on such complicated topics, which will undermine their confidence and the efficacy of the teaching (Bourne et al., 2020). Strengthening student educators' knowledge is therefore an important step toward improving sexual health teaching outcomes and empowering adolescents to make informed decisions (Coleman et al., 2023).

Meaningful and purposeful conversations with adolescents about sexual health issues are more feasible for nursing students who have acquired thorough sexual health education (Tarhan et al., 2019). This education enhances students' confidence in their ability to deliver health education to adolescents, especially regarding topics such as contraceptive methods and sexually transmitted diseases, which are apparent at this life stage (Sulis et al., 2020a). Efficient and coherent care from nursing students is more likely to be received by adolescents if these students are more assured in their comprehension of sexual health. By and large, self-confidence plays a major role in enabling a nursing student to offer sexual health teaching, especially to adolescents (Wilkins et al., 2019).

To the majority of young people, age-related and sex-appropriate health information, skills, and services are not easily available (Phulambrikar et al., 2019). Student nurses who are adequately trained may offer accurate information, lessen stigma, and encourage healthy sexual behaviors, including STI prevention and safe sex practices. Preparation also equips them to address sensitive topics like consent, reproductive health, and the impact of medical conditions on sexual function in a manner that fosters trust and

patient comfort. The availability of sexual health services that are accessible, culturally appropriate, safe, and financially affordable plays a critical role in fostering a community that prioritizes and achieves optimal sexual well-being (Jadoon et al., 2023).

Activities such as role-playing and simulation exercises have been proven to be effective practical experiences for developing students' capability to counsel adolescents on sexual health (Sulis et al., 2020b). The practical training allows nursing students to practice their health-teaching skills in a non-threatening, supportive environment to build their competence in discussing sexual health issues with teenagers (Tarhan et al., 2019). Such experiential learning builds confidence and competency among nursing students in working with adolescents by applying theoretical knowledge to real situations (Frank et al., 2020).

Enhancing nursing students' educational and learning experiences is essential for improving their mental health, academic performance, and learning process, and it has also been evidenced continuously that as the knowledge about sexual health increases among nursing students, so does their confidence in providing health teaching to adolescents (Selim et al., 2023). Those students who received comprehensive sexual health education were most likely to be open with the adolescents about their sexual health (Fennell & Grant, 2019b). A study by Jadoon et al. (2023) highlighted that student nurses who receive proper training in sexual and reproductive health are much more confident and assertive when exposed to actual patient education scenarios. In the same manner, Lu et al. (2021) discovered that systematic sexual health training not only enhanced the sexual health knowledge but also the comfort level of psychiatric nurses, for instance, in order to respond to sexual health queries more effectively. These findings

are suggestive of the fact that educational material, as well as experiential learning, are important in promoting nursing students' preparedness and self-confidence when teaching sexual health to adolescents.

In response to the increasing public health demands, this study addresses the long-standing call for nursing education programs to equip nursing students with the competence and confidence to address sexual and reproductive health issues with sensitivity and precision (Coleman et al., 2023). The study particularly seeks to examine how nursing students' level of knowledge and preparedness can affect their self-confidence in delivering sexual health education to adolescents, a subject increasingly considered essential to establishing effective nursing practice (Abusubhiah et al., 2023). While the value of sexual health to student nurses is indeed being recognized, there is a notable gap in the literature regarding nursing students' self-confidence in their knowledge and preparedness when conducting sexual health education. A crucial component of nursing services is health teaching, and studies have concluded that nurses need greater knowledge and practical skills regarding sexual problems and patient health education strategies, as nursing students who lack confidence may find it more difficult to learn new material and handle challenging situations (Gazestani et al., 2019). Furthermore, new graduates in community settings have limited access to transition to practice programs; thus, it is crucial that nursing students establish self- confidence at a young age (Kiik et al., 2022).

Theoretical Framework

This study was anchored on the Self-Efficacy Theory of Albert Bandura (1977) and the Novice-to-Expert Model of Patricia Benner (1982). These theories were crucial

for understanding the relationships among nursing students' knowledge, preparedness, and self-confidence in teaching sexual health education. Combining these theories sheds light on how nursing students grow from learning the fundamentals to having confidence in their capacity to teach adolescents about sexual health.

Albert Bandura's Self-Efficacy Theory posits that the person's belief about their ability to perform certain tasks is especially important in challenging situations. According to Albert Bandura in 1977, self-efficacy influences motivation, behavior, and emotional states. The idea that it develops self-confidence through four main procedures—mastery experiences, vicarious learning, verbal persuasion, and emotional regulation—was presented (Bhati & Sethy, 2022). As for the nursing students, the theory suggests that the belief in one's ability to perform sexual health teaching is built through repeated opportunities to practice, guided feedback, and placement in real-life situations. A nursing student who thinks of himself or herself as able to handle sensitive topics will be more confident in initiating and leading the conversation effectively so that the adolescents can receive the most effective and empathetic health education (Torres et al., 2021). It adds much to the study, showing that, according to Bandura's theory, nursing students' self-confidence in sexual health teaching is strongly linked with their belief in their capacity to control the course of such interactions, even if difficult or emotionally distressing (Huang & Lee, 2022). This converges with the study aim regarding how self-efficacy could affect the readiness and performance of nursing students in teaching adolescent health.

The stages of development toward nursing competency were based on Patricia Benner's Novice to Expert Model, 1982, which describes five stages: novice, advanced

beginner, competent, proficient, and expert. Though the entire trajectory from novice to expert forms part of the model, it is particularly the novice stage that is most relevant for nursing students; novices are generally said to have very limited experience, to rely heavily on rules, and to be oriented toward learning basic procedures. At this level, the nursing student has basic knowledge but may not be confident in its application in actual clinical practice. Benner's model highlights the need for experiential learning to move from foundational knowledge to practical competence in preparing students for teaching sexual health (Menard & Maas, 2019). The novice stage in Benner's framework is most closely related to this study, as it aligns with the early stages of nursing students' educational journeys. Students develop the ability to apply learned knowledge in practice while gaining confidence in performing clinical tasks such as health teaching (Garcia et al., 2021). With progression, the students will start practicing the skills and inculcate the knowledge in far more complicated scenarios, for example, educating the adolescents about sexual health through simulation-based learning, role-play, and mentorship under guidance (Hammond & Gilbert, 2022). It directly reflects on their enhanced self-confidence and readiness to take on the delicate issues, which constitute the very basis of this research.

The two theories have a mutual underlying focus on learning and self-efficacy. Bandura's Self-Efficacy Theory describes the mechanism by which nursing students acquire beliefs in their capabilities to perform sexual health teaching through experience, while Benner's Novice to Expert Model describes how competence and confidence evolve through practice, especially during the novice stage.

The integration of both theories in this study allows for an in-depth examination of how students' self-confidence in sexual health teaching is influenced by their foundational knowledge, practice opportunities, and evolving perceptions of their abilities. By grounding the study in these theories, it becomes clear that effective sexual health teaching is not only about having foundational knowledge but also about developing practical skills, guided by self-belief and a commitment to ongoing learning. Taken together, these frameworks offer a rigorous approach to understanding how nursing students progress in their readiness to engage in sexual health teaching with adolescents, ensuring they have both the competence and confidence to deliver high-quality care. With this, the Self-efficacy theory and Benner's Novice to Expert Model offer a strong conceptual foundation for comprehending how people gain confidence in their capacity to carry out particular tasks and accomplish desired results, it has become a crucial predictor of students' academic performance, clinical competency, and professional growth (Johari et al., 2025).

Conceptual Framework

Effective sexual health education initiated by nursing students depends on both a solid knowledge base—foundational, practical, and grounded in health teaching strategies—and sufficient preparedness in cognitive, psychomotor, emotional, and situational competencies to promote self-confidence in teaching sensitive issues. A study demonstrates that simulation-based education enhances nursing students' competency, with a direct relationship to increased confidence in their educational and clinical abilities (Rateb et al., 2025). Additionally, repeated practical exposures through simulations have been proven to strengthen competency in the long run, reinforcing the role structured

experiential learning plays in shaping knowledge, thus building preparedness resulting in significant levels of self-confidence (Karabacak et al., 2024). In this context, knowledge and preparedness are the independent variables, while self-confidence in sexual health teaching is the dependent variable whose outcome is influenced by the independent variables. This conceptual framework explains how these variables, along with their respective constructs, are used and defined within the scope of the study.

Knowledge. Knowledge provides a cognitive basis for understanding the various principles; preparedness equips students with emotional, cognitive, and interpersonal readiness; and self-confidence enables them to approach counseling issues with professionalism and confidence (Smith et al., 2020). When taken as a whole, these factors can significantly influence how well nursing students are able to counsel adolescents about their sexual health (Jones & Miller, 2021). Knowledge in sexual health education refers to the involvement of theoretical understanding of topics and factual mastery in the use of contraception, sexually transmitted diseases, and health teaching techniques. Knowledge supports the recall of evidence-based practices to address the special health needs of adolescents. This forms the very foundation upon which nursing students would provide appropriate and accurate information during a health teaching session. A good level of knowledge is taken to underpin preparedness and confidence, and hence becomes a foundation upon which adolescent health teaching could be done (Zamanzadeh et al., 2019; Simons et al., 2020; Fennell & Grant, 2019).Knowledge provides a cognitive basis for understanding the various principles; preparedness equips students with emotional, cognitive, and interpersonal readiness; and self-confidence enables them to approach counseling issues with professionalism and confidence (Smith et al., 2020). When taken

as a whole, these factors can significantly influence how well nursing students are able to counsel adolescents about their sexual health (Jones & Miller, 2021).

Foundational Knowledge. Foundational Knowledge refers to the essential information that combines scientific facts and academic theories with fundamental understandings of sexual health. Nursing students can effectively educate and guide adolescents using this combined knowledge. To provide accurate, pertinent, and evidence-based assistance, students are equipped with the knowledge and insights needed to address adolescents' sexual health issues (Fennell & Grant, 2019). Foundational knowledge provides students with the clarity and confidence they need to tackle delicate topics in sexual health education, thus empowering adolescents to make wise and healthy decisions. It underpins their preparedness and boosts their confidence while conducting health teaching, which leads to better sexual health outcomes. (Zamanzadeh et al., 2020).

Practical Knowledge. Practical knowledge is the capacity to apply theoretical concepts in real-world health teaching situations. It comprises expertise with the skills, tactics, and communication strategies required for effective teaching. This dimension enables nursing students to overcome the gap between academic knowledge and practical experience (Thompson et al., 2023). Practical knowledge includes the communication skills, teaching strategies, and emotional intelligence required for effective sexual health education (Hernandez & Rivera, 2021). This component enables nursing students to tailor their approach to the specific needs of each adolescent, ensuring that health teaching is both customized and successful. Practical knowledge bridges the gap between theory and application in clinical practice, increasing students' confidence and ability to perform

their duties. It improves their ability to deliver appropriate and empathetic health teaching on sensitive sexual health issues (Karlsen et al., 2024).

Knowledge on Health Teaching Strategies. Knowledge on Health Teaching Strategies refers to a grasp of appropriate methods, techniques, and approaches that nursing students can utilize in their profession to provide sexual health education to adolescents (Garcia & Lopez, 2022). This involves the capacity to use effective teaching strategies, such as interactive conversations, role-playing, and multimedia, to engage students in the learning process and enhance retention (Hernandez & Rivera, 2023). Furthermore, it involves understanding how to adjust teaching methods to account for variations in adolescent needs and development stages to make the information relevant and meaningful (Kim et al., 2021).

Preparedness. Preparedness refers to the ability of nursing students to connect theoretical knowledge with practical health teaching skills to respond to adolescent sexual health concerns. It includes the ability to handle real-life health education situations appropriately, respond to adolescents' needs, and conduct sensitive conversations tactfully and professionally. Preparedness is developed through experiential learning, such as role-playing and simulation, which offer students opportunities to apply their knowledge in practical settings with confidence in their teaching abilities (Sulis et al. 2020; Keogh & O'Lynn, 2018; Coleman et al. 2020).

Cognitive Preparedness. This refers to the ability to think critically, assess situations, and make educated decisions in health teaching sessions. Cognitive preparedness is necessary for providing accurate and meaningful guidance. This enables nursing students to navigate difficult circumstances by developing critical thinking skills

and allowing them to provide precise, evidence-based assistance during health teaching sessions (Wilson & Carter, 2020). This preparedness also promotes the development of problem-solving abilities, which are essential for navigating tough health teaching situations. Students who are cognitively prepared are more likely to think clearly under pressure, which enables them to remain calm and authoritative during teaching sessions (Garcia & Lopez, 2022). This also allows nursing students to share knowledge with adolescents in ways that promote self-determination and emotional well-being. Cognitive readiness enhances nursing students' ability to provide effective sexual health education, thereby leading to healthier adolescent behaviors (Kim et al., 2021).

Psychomotor Preparedness. This form of preparedness ensures that nursing students can conduct professional but compassionate teaching, fostering confidence between the health educator and the adolescent. Psychomotor preparedness enables students to effectively implement acquired skills, tailoring their health teaching approaches to meet the specific needs of each adolescent (Hernandez & Rivera, 2021). This dimension focuses on the practical application of communication and teaching skills, such as active listening, explanation, and motivational interviewing (Kim et al., 2021). Furthermore, this training teaches students how to manage difficult or uncomfortable conversations with confidence and tact.

Emotional Preparedness. This refers to the ability to manage one's own emotions and respond empathetically to adolescents' problems. Emotional preparation fosters a friendly, non-critical environment in which adolescents can discuss their concerns with sexual behavior and contraception use. In such a case, emotional stability will allow the nursing student to understand the adolescent's predicament and develop trust and

openness (Wilson & Carter, 2020). Furthermore, emotional preparedness enables the nursing student to manage his/her own emotional response in the event of exposure to sensitive topics such as sexual trauma and other high-risk behaviors among adolescents (Hernandez & Rivera, 2021). As a result, this component improves compassionate, patient-centered care, allowing adolescents to have more comfortable discussions about their health. Nursing students who are emotionally ready are more likely to provide pleasant and supportive health teaching environments in which adolescents can take responsibility for their sexual health (Kim et al., 2021).

Situational Preparedness. Situational preparedness refers to the ability to adapt to a variety of health teaching situations and respond properly to unexpected problems. It entails thinking critically, solving difficulties, and adjusting plans to meet the situation (Kim et al., 2021). This preparation is further enhanced by strong interpersonal skills, which enable nursing students to communicate effectively and earn adolescents' trust during teaching sessions, ensuring productive, courteous interactions (Johnson et al., 2021). Nursing students who combine adaptation with excellent communication can provide specialized assistance to adolescents in even the most stressful or unpredictable situations while remaining professional and creating a positive therapeutic connection (Hernandez & Rivera, 2022).

Self-Confidence. Self-confidence refers to the nursing students' belief in their ability to effectively engage adolescents on sensitive sexual health topics such as contraception and sexually transmitted infections (STIs). It is the nursing students' comfort level when discussing these crucial issues with adolescents that enables them to meet the unique needs of each adolescent (Townsend et al., 2023). Self-confidence helps

nursing students approach sexual health education with clarity and poise, ensuring that the message being presented to adolescents is accurate, evidence-based, yet supportive and understanding (Johnson et al., 2022). This confidence in oneself is critical because it fosters trust between the nursing student and the adolescent, so as to establish an environment conducive to open communication and learning (Hernandez and Rivera, 2022).

Self-confidence can be developed through acquiring knowledge and solidifying ones' preparedness. As nursing students gain knowledge and practical experience in health teaching settings, their self-confidence grows (Townsend et al., 2023). Of course, when nursing students gain more experience in actual teaching scenarios, their confidence grows, and they become more effective and empathetic in imparting sexual health education (Johnson et al., 2022). The ability to lead conversations about sexual health has a direct impact on adolescents' desire to interact, ask questions, and seek advice on key matters (Hernandez & Rivera, 2022). Ultimately, nursing students must develop self-confidence to provide the knowledge and support their adolescent clients need to make healthy decisions (Simons et al., 2020).

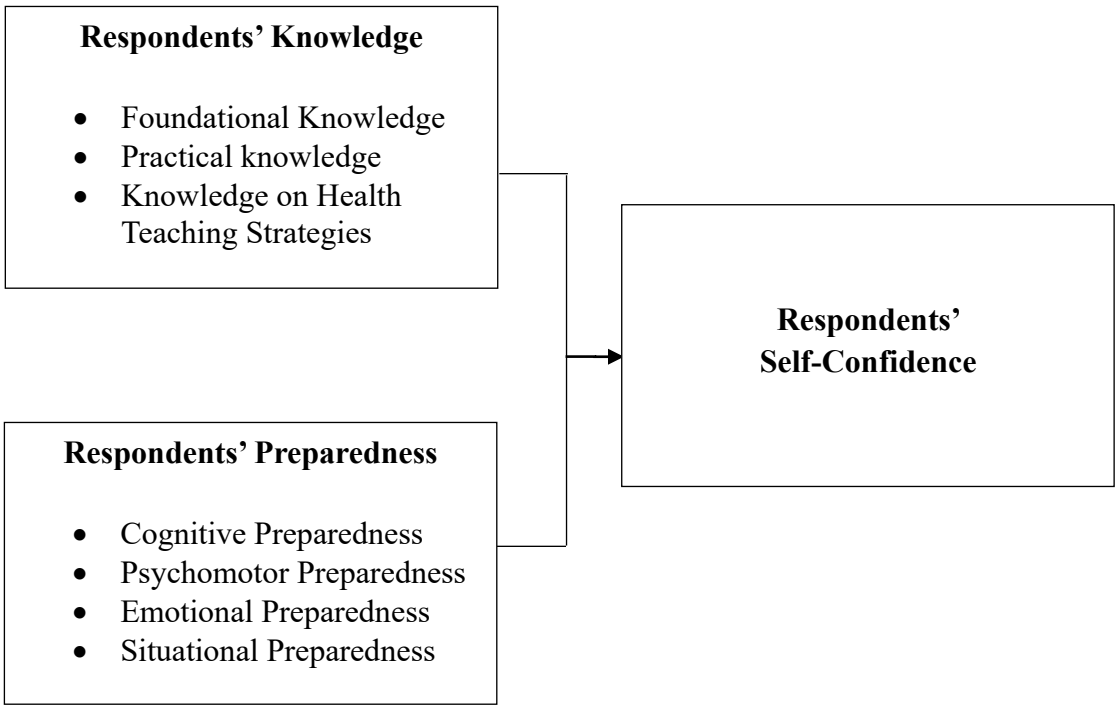

Figure 1. Schematic Presentation of the Study

Objectives of the study

This study aimed to assess the relationship between respondents' knowledge and preparedness in sexual health education and self-confidence in teaching sexual health.

This study answered the following: (1) assessed the respondents' level of knowledge in sexual health education in terms of foundational, practical, and knowledge on health teaching strategies; (2) determined respondents' level of preparedness in terms of cognitive, psychomotor, emotional, and situational preparedness; (3) assessed respondents' level of self-confidence on teaching sexual health; (4) determined the significant relationship between respondents' level of knowledge and their self-confidence in teaching sexual health; (5) determined the relationship between respondents' level of preparedness and their self-confidence in teaching sexual health.

Significance of the Study

This research on nursing students' knowledge and preparedness in sexual health education, in relation to self-confidence in teaching sexual health, is of considerable importance to various stakeholders, including nursing students, nurse educators, school administrators, the community, healthcare agencies, and future researchers.

Nursing Students. This study helped empower nursing students in conducting sexual health education. It enabled them to deliver more accurate and empathic health teaching to adolescents, resulting in improved health outcomes.

Nursing Educators. Nurse educators played an important role in preparing nursing students for real-world clinical experiences. This research was critical in helping nurse educators identify areas where students lacked knowledge, preparedness, and self-confidence in sexual health education. With these insights, educators were able to

design appropriate teaching methodologies, curriculum enhancements, and simulation exercises to better prepare students to engage with patients on such concerns effectively and confidently.

School Administrators. The findings of this study helped administrators recognize the cognitive and emotional importance of preparing nursing students. This allowed school administrators to identify the need for school-based health programs to ensure that students were well-prepared to deliver sexual health education in the community.

Community. This study contributed to improving sexual health education within the community. It emphasized the importance of sexual health education in reducing risky behaviors among the younger generation, such as early sexual intercourse and inappropriate contraceptive usage—both of which were recognized as public health concerns. With these findings, community leaders and organizations created program activities to address these public health objectives.

Healthcare Agencies. This study underscored the critical importance of sexual health training for nursing personnel, offering valuable insights for healthcare agencies. By organizing targeted training programs and workshops, these agencies enhanced their teams' knowledge and skills in sexual health education. Incorporating such initiatives into professional development efforts empowered healthcare providers and improved the quality of care and health teaching services provided to adolescent patients.

Future Researchers. This study served as a valuable reference, enriching the existing literature on sexual health education. The findings guided future research efforts in advancing strategies to promote sexual health education among diverse audiences.

Additionally, the insights from this study inspired further investigations to refine and enhance health teaching approaches, particularly to address the unique needs and challenges adolescents face in this generation.

RESEARCH METHODOLOGY

Design

The study utilized a quantitative, descriptive-correlational research approach to collect data from nursing students. A quantitative, descriptive-correlational design was utilized in this study. The quantitative approach is the traditional, systematic method used for gathering and analyzing numerical data to understand and draw conclusions about a phenomenon or problem (Fleetwood, 2024). Quantitative usually involves collecting and analyzing numerical data to describe characteristics and find correlations.

The descriptive-correlational research design is a method that aims to describe and examine the connections between variables without altering them (Bhandari, 2023). This type of research design was utilized in this study which can support the relationship between knowledge, preparedness, and self- confidence in teaching sexual health among nursing students.

Environment

The study was conducted at one of the higher education institutions in Ozamiz City, Misamis Occidental. The university offers a variety of programs designed to foster intellectual curiosity and holistic development. It provides paramedical programs, including a 4-year Bachelor of Science in Nursing, highlighting its commitment to healthcare education. Additionally, this research setting is ideal as it aligns perfectly with the study's scope.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The respondents of the study were 176 second year nursing students who had completed appropriate courses in relation with sexual health education. The inclusion

criteria in selection of the respondents are as follows: (1) currently enrolled in the SY 2024-2025; (2) 2nd year nursing students who have had courses with relevance to sexual health education; and (3) willing to participate in the study. Respondents were selected using stratified random sampling to ensure representation across different levels of prior clinical exposure. This approach minimized sampling bias and improved the reliability of comparisons across subgroups.

To ensure statistical accuracy, the sample size was determined using the Raosoft sample size calculator with a 95% level of confidence and 5% margin of error. Purposive random sampling was employed to ensure that the sample included students with diverse academic performance and clinical exposure.

Data Gathering Instruments

This study utilized a researcher-made questionnaire to assess nursing students' knowledge and preparedness in relation to self-confidence in teaching sexual health. This questionnaire was divided into three parts:

A. Respondents' Level of Knowledge Questionnaire. This tool determined the respondent's knowledge where each construct consists of five statements designed to assess nursing students' foundational, practical, and knowledge on health teaching strategies and their implementation in health teaching contexts. The questionnaire used a five-point Likert scale with the following responses: 5 – Strongly Agree; 4 - Agree; 3 – Neutral; 2 – Disagree; 1 – Strongly Disagree

B. Respondents' Level of Preparedness Questionnaire. This tool determined the respondent's preparedness where each construct consists of five statements designed to assess the cognitive, psychomotor, emotional, and situational preparedness of nursing

students. The questionnaire used a five-point Likert scale with the following responses: 5 – Strongly Agree; 4 - Agree; 3 – Neutral; 2 – Disagree; 1 – Strongly Disagree

C. Respondents' Level of Self-Confidence Questionnaire. This tool determined the respondent's self-confidence where each construct consists of five statements designed to assess the students' confidence in initiating and leading conversations about sexual health. The questionnaire used a five-point Likert scale with the following responses: 5 – Strongly Agree; 4 - Agree; 3 – Neutral; 2 – Disagree; 1 – Strongly Disagree

Data Gathering Procedure

Before the conduct of the study, the researchers obtained approval from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. Following approval, the researchers requested the list of Level 2 nursing students from the nursing secretary and coordinated with the Level Coordinator regarding the students' class schedules. Before the distribution of questionnaires, the respondents were given informed consent explaining the study's purpose and the voluntary nature of their participation. Students were assured that their participation was entirely voluntary and that they could withdraw at any time without penalty. Furthermore, the researchers informed them that their responses would remain anonymous, as no personal identifiers were associated with the data.

The completed questionnaires were collected immediately after completion and were stored securely to maintain confidentiality. Based on the sample size estimation, it was anticipated that the data collection process would take one month to obtain the necessary number of responses. Afterwards, data analysis was conducted to assess

nursing students' knowledge and preparedness in relation to their self-confidence in teaching sexual health.

Validity and Reliability of the Instrument

The questionnaire was evaluated and validated by a panel of experts and pilot tested for reliability on 20 respondents of 2nd year nursing students who were not included as the respondents of the study in the actual data gathering. The result of reliability statistics was based on the computed Cronbach's alpha 0.07 value for each variable and signifies that the set of statements in the questionnaire was considered valid and reliable.

Scoring Guidelines

The researcher-made questionnaire was evaluated based on the continuum as follows:

A. Respondents' Level of Knowledge Questionnaire. In assessing nursing students' knowledge of certain sexual health subjects, in terms of foundational, practical, and knowledge on health teaching strategies, the following score guideline was utilized:

	Responses	**Continuum**	**Interpretation**
5	Strongly Agree	4.21 – 5.0	Very High
4	Agree	3.41 - 4.20	High
3	Neutral	2.61 – 3.40	Fair
2	Disagree	1.81 - 2.60	Low
1	Strongly Disagree	1.00 -1.80	Very Low

B. Respondents' Level of Preparedness Questionnaire. In assessing nursing students' preparedness in terms of cognitive, psychomotor, emotional, and situational preparedness to provide health teaching sessions on adolescent sexual health, the following score guide was utilized:

	Responses	**Continuum**	**Interpretation**
5	Strongly Agree	4.21 – 5.0	Very High
4	Agree	3.41 - 4.20	High
3	Neutral	2.61 – 3.40	Fair
2	Disagree	1.81 - 2.60	Low
1	Strongly Disagree	1.00 -1.80	Very Low

C. Respondents' Level of Self-Confidence Questionnaire. In assessing nursing students' self-confidence in teaching sexual health, the following score guideline was utilized.

	Responses	**Continuum**	**Interpretation**
5	Strongly Agree	4.21 – 5.0	Very High
4	Agree	3.41 - 4.20	High
3	Neutral	2.61 – 3.40	Moderate
2	Disagree	1.81 - 2.60	Low
1	Strongly Disagree	1.00 -1.80	Very Low

Mode of Analysis/Statistical Treatment

The survey data was analyzed using these statistical tools:

Mean and Standard Deviation. This tool was used to analyze the nursing students' level of knowledge, preparedness and self-confidence in conducting health teaching.

Pearson Product – Moment Correlation Coefficient (Pearson r). This tool was used to evaluate the relationship between the three primary variables: knowledge, preparedness, and self-confidence.

Ethical Consideration

Prior to the study, permission was requested from the Dean of the College of Nursing, Midwifery and Radiologic Technology. Once permission was granted, informed consent was obtained from the respondents. They were given adequate time to review the study information before deciding whether to participate. The respondents were informed that their involvement was voluntary and they may withdraw at any time during the study without negative consequences. The study involved completing a self-report questionnaire, and respondents were reminded that their participation was entirely voluntary. The research ensured the confidentiality of all respondents by protecting their privacy and maintaining the anonymity of their responses. The collected data was used solely for the purpose of this study, and all information was securely stored until the research was completed and published. The respondents were assured that their involvement was not used for any purpose other than this research.

RESULTS AND DISCUSSIONS

This section presents, analyzes, and interprets the data of the study which is arranged to the following topics:

Respondents' Level of Knowledge

Respondents' Level of Preparedness

Respondents' Level of Self-Confidence

Significant Relationship Between Respondents' Level of Knowledge and Self-Confidence in Teaching Sexual Health

Significant Relationship Between Respondents' Level of Preparedness and Self-Confidence in Teaching Sexual Health

Respondents' Level of Knowledge

Table 1 presents the data on the level of knowledge of the 176 nursing student respondents in terms of foundational knowledge, practical knowledge, and knowledge on health teaching strategies. The results show that all three domains were rated very high, with mean scores ranging from 4.40 to 4.71.

The respondents demonstrated a very high level of foundational knowledge in teaching sexual health, with a mean of 4.71 and a standard deviation of 0.42. This indicates that most nursing students are confident in their understanding of core concepts such as reproductive anatomy, sexually transmitted infections (STIs), and contraception. These components are essential when providing factual, age-appropriate sexual health education. Foundational knowledge helps ensure that misinformation is avoided and that students communicate health content with clarity and confidence. Similar findings were reported by Fennell and Grant (2019), who noted that a strong theoretical grounding in

sexual health empowers educators to navigate sensitive topics with authority. Likewise, Garcia and Lopez (2022) emphasized that nursing students with a firm grasp of foundational knowledge are more likely to feel credible and capable during health education sessions. This high level of foundational knowledge also reflects the effectiveness of the nursing curriculum in addressing key reproductive health topics.

Practical knowledge, with a mean of 4.51 and standard deviation of 0.45, was also rated very high. This reflects the students perceived ability to apply theoretical concepts in real-life situations, such as leading discussions, responding to questions about sexuality, and tailoring content to adolescents' age and comprehension levels. This aligns with the findings of Hernandez and Rivera (2021), who noted that students equipped with practical knowledge are more likely to deliver effective and meaningful sexual health education. Furthermore, Simons et al. (2020) argue that practical competence is key to bridging the gap between classroom learning and field application, especially in culturally sensitive topics. The results suggest that most respondents are not only familiar with sexual health topics but also capable of applying this knowledge confidently in diverse settings.

The respondents also reported a very high level of knowledge in health teaching strategies, with a mean of 4.40 and standard deviation of 0.55. This domain includes familiarity with teaching tools such as visual aids, storytelling, interactive questioning, and role-playing—methods that enhance the delivery and retention of sexual health messages among adolescents. Garcia and Lopez (2022) highlighted that the use of varied teaching strategies enhances student engagement and makes abstract topics more relatable. Although rated slightly lower than the other knowledge constructs, this area

still falls within the “very high” range, suggesting that while students are knowledgeable, there may be room for growth in terms of creative instructional delivery. As Hernandez and Rivera (2023) noted, consistent exposure to actual teaching environments can refine these skills and help students develop a flexible and adaptive teaching style.

These findings collectively demonstrate that the respondents are highly knowledgeable across all domains of sexual health education—foundational, practical, and knowledge on health teaching strategies. Anchored on Bandura’s Social Cognitive Theory, these results suggest that increased knowledge contributes significantly to self-confidence and a readiness to teach. However, continuous skills reinforcement, especially in teaching strategies, remains essential to strengthening their capability to deliver comprehensive, adolescent-friendly sexual health education.

Table 1
Respondents’ Level of Knowledge
n=176

Level of Knowledge	Mean	StDev	I
Foundational Knowledge	4.71	0.42	VH
Practical Knowledge	4.51	0.45	VH
Knowledge on Health Teaching Strategies	4.40	0.55	VH
Overall Mean	**4.54**	**0.47**	**VH**

Legend: *4.21- 5.00 – Very High (VH)*
3.41- 4.20 – High (H)
2.61- 3.40 – Fair (F)
1.81- 2.60 – Low (L)
1.00- 1.80 – Very Low (VL)

Respondents’ Level of Preparedness

Table 2 presents the data on the preparedness levels of 176 respondents across four areas: cognitive, psychomotor, emotional, and situational preparedness for teaching

sexual health. These results indicate that the level of preparedness among the second-year nursing students was very good. As shown, preparedness areas each received a mean of 4.34 - 4.44, which corresponds to the verbal interpretation of very high. The overall mean of 4.39 and standard deviation of 0.57, indicate a high level of preparedness among the study respondents across all assessed areas.

The respondents' overall very high interpretation indicates that they have either received adequate training or have experience to carry out their duties effectively. Additionally, the comparatively low standard deviations across areas suggest that the group is consistently prepared, which is advantageous for team performance, dependability, and efficient responses in their work. Moreover, emotional preparedness received the highest mean of 4.44 with a standard deviation of 0.54.

This proves that high level of preparedness is evident; the second-year nursing students are capable of providing teaching on sexual health. Also, as highlighted by Ślusarska and Marcinowicz (2024), to efficiently care for patients' sexual health in their future careers, students in the social and health care sectors should be prepared with enough knowledge to get past barriers like staff narratives, personal beliefs, sociocultural sensitivity to sexual matters, and negative perceptions from coworkers. Similarly, as stated by Coleman et al. (2023), healthcare providers have better self-efficacy in providing sexual health education, feel more at ease providing sexual healthcare, and bring up the subject with patients more frequently when they have access to education that helps them learn new information, hone existing skills, develop confidence, and cultivate positive attitudes toward sexual healthcare. Furthermore, Pavelová et al. (2021) stated that, among other things, school nursing focuses on health management, preventing

and controlling communicable illnesses, providing health counseling, promoting health, and maintaining a safe and healthy atmosphere. Therefore, promoting sexual health care among nursing students is favorably correlated with communicative self-efficacy, good attitudes, and sufficient understanding for adequate preparedness in conducting sexual health teaching.

Table 2
Respondents' Level of Preparedness
n=176

Preparedness	Mean	StDev	I
Cognitive Preparedness	4.35	0.57	VH
Psychomotor Preparedness	4.43	0.55	VH
Emotional Preparedness	4.44	0.54	VH
Situational Preparedness	4.34	0.61	VH
Overall Mean	**4.39**	**0.57**	VH

Legend: *4.21- 5.00 – Very High (VH)* *1.81- 2.60 – Low (L)*
3.41- 4.20 – High (H) *1.00- 1.80 – Very Low (VL)*
2.61- 3.40 – Fair (F)

Respondents' Level of Self-Confidence

Table 3 presents the data on determining the self-confidence of second-year nursing students in teaching sexual health. These results indicate that the self-confidence of the study respondents was quite high, with an overall Mean of 4.39 and a standard deviation of 0.59. Based on the findings, the second-year nursing students are confident in their knowledge and prepared to discuss sexual health topics with individuals and groups. They can also effectively answer questions about contraception and sexually transmitted infections.

The overall very high interpretation depicts that the nursing students in this study had a very high level of self-confidence, which is crucial for educating others about

sexual health. They are able to interact effectively with a variety of demographics; conduct training sessions with competence, and make significant contribution to promoting sexual health awareness and well-being.

This depiction aligns with Lu et al. (2021), who notes that studies have demonstrated that sexual health care education may promote self-efficacy and positively impact nursing students' views regarding sexuality talks by fostering knowledge, competence, and self-confidence. Furthermore, Yao et al. (2025) stated that a fundamental component of medical students' professional growth is thorough and standardized sexual health education, which gives them the skills they need to manage the many facets of sexual health, such as managing fertility, preventing and treating STIs, and comprehending sexual function, desire, and arousal. According to certain theories, self-confidence plays a significant role in delivering high-quality nursing care by helping nurses build their professional identities, improve their performance, and increase their level of competence (Abusubhiah et al., 2023).

Table 3
Respondents' Level of Self-Confidence
n=176

	Mean	**StDev**	**I**
Self-Confidence	4.39	0.59	VH

Legend: *4.21- 5.00 – Very High (VH)*; *3.41- 4.20 – High (H)*; *2.61- 3.40 – Moderately High (MH)*; *1.81- 2.60 – Low (L)*; *1.00- 1.80 – Very Low (VL)*

Significant Relationship Between Respondents' Level of Knowledge and Self-Confidence in Teaching Sexual Health

Table 4 presents a highly significant positive correlation between nursing students' level of knowledge and their self-confidence in teaching sexual health. Foundational knowledge ($r = 0.443$, $p = 0.00$), practical knowledge ($r = 0.517$, $p = 0.00$), and knowledge on health teaching strategies ($r = 0.476$, $p = 0.00$) each showed strong associations with self-confidence. This implies that students with a deeper understanding of sexual health are more confident in engaging in health education related to this topic.

The positive correlation observed in Table 4 aligns with prior research indicating that greater sexual health knowledge is linked to higher confidence or self-efficacy in teaching these topics. For example, Coleman et al. (2023) found that nursing students with adequate knowledge and positive attitudes about sexual health reported higher communication self-efficacy in delivering sexual health care. Similarly, Lu et al. (2024) discovered that an intensive sexual health training program significantly enhanced both psychiatric nurses' knowledge and their confidence in providing sexual healthcare. Moreover, in a related context by Bourne et al. (2020), a service-learning program for medical students demonstrated that teaching sexual health substantially improved students' self-efficacy in discussing sexual topics. Together, these findings support the interpretation that nursing students' sexual health knowledge – especially when bolstered through education or training – helps build their confidence in teaching sexual health.

Significant Relationship Between Respondents' Level of Knowledge and Self-Confidence in Teaching Sexual Health

Table 4:

Variables	Test Statistics		Remarks
	r-value	p-value	
Self-Confidence and:			
Foundational Knowledge	0.443	0.00**	Reject Null Hypothesis
Practical Knowledge	0.517	0.00**	Reject Null Hypothesis
Knowledge on Health Teaching Strategies	0.476	0.00**	Reject Null Hypothesis

Ho1: There is no significant relationship between nursing students' level of knowledge and self-confidence in teaching sexual health

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Significant Relationship Between Respondents' Level of Preparedness and Self-Confidence in Teaching Sexual Health

Table 5 reveals strong positive correlations between students' preparedness and self-confidence across all domains: cognitive ($r = 0.596$, $p = 0.00$), psychomotor ($r = 0.636$, $p = 0.00$), emotional ($r = 0.649$, $p = 0.00$), and situational preparedness ($r = 0.675$, $p = 0.00$). These results suggest that students who feel mentally prepared, emotionally stable, practically capable, and situationally aware are significantly more confident in teaching sexual health.

Our finding that higher perceived preparedness is strongly associated with greater teaching confidence is consistent with the literature emphasizing the importance of preparation. White et al. (2020) showed that a graduate-level sexual health course for nursing students significantly increased participants' self-reported preparedness and

overall confidence in providing comprehensive sexual healthcare. Likewise, Prize et al. (2023) have noted that insufficient sexual health education leaves students feeling unprepared to address these issues. In turn, feeling well-prepared in sexual health content has been linked to greater comfort and confidence in education delivery. For instance, Hand and Gedzyk-Nieman (2022) noted that nursing curricula must ensure graduates have the knowledge and confidence to serve patients' unique needs. These findings suggest that providing nursing students with thorough, competency-based preparation – including hands-on experience in sexual health education – is key to strengthening their confidence in teaching this sensitive topic.

Significant Relationship Between Respondents' Level of Preparedness and Self-Confidence in Teaching Sexual Health

Table 5:

Variables	Test Statistics		Remarks
	r-value	p-value	
Self-Confidence and:			
Cognitive Preparedness	0.596	0.00**	Reject Null Hypothesis
Psychomotor Preparedness	0.636	0.00**	Reject Null Hypothesis
Emotional Preparedness	0.649	0.00**	Reject Null Hypothesis
Situational Preparedness	0.675	0.00**	Reject Null Hypothesis

Ho2: There is no significant relationship between nursing students' preparedness and self-confidence in teaching sexual health.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

CONCLUSIONS AND RECOMMENDATIONS

This section presents the conclusions and recommendations from the findings of the study.

Conclusions

Based on the findings, the researchers concluded the following:

1. The respondents demonstrated a very high level of knowledge in sexual health across foundational, practical, and health teaching strategy domains. This indicates that nursing students are well-informed on essential sexual health concepts, contraception, STIs, and culturally sensitive health communication, which reflects the effectiveness of relevant academic coursework and clinical exposure in their nursing curriculum.
2. The respondents also demonstrated a very high level of preparedness across the cognitive, psychomotor, emotional, and situational domains. This indicates their readiness not only to understand sexual health content but also to apply it confidently in both educational and clinical settings.
3. A highly significant relationship exists between the respondents' level of knowledge and their self-confidence in teaching sexual health. Students with stronger knowledge across all domains reported greater confidence in initiating and delivering sexual health education. This finding highlights the critical role of knowledge acquisition in developing teaching competence and self-assurance among future health educators.
4. A highly significant relationship was found between preparedness and self-confidence in teaching sexual health. Students who felt more prepared—

academically, emotionally, and practically—were more confident in educating others. This underscores the importance of holistic preparation, combining content mastery with experiential learning and emotional readiness.

5. The study found a substantial relationship between self-confidence and both preparedness and knowledge, suggesting that nursing students who are more prepared and informed are more comfortable teaching others about sexual health. Enhancing both dimensions supports the development of confident, well-prepared nursing students capable of delivering impactful sexual health education to diverse populations.

Recommendations

Based on the findings and conclusions drawn, the following recommendations were proposed for the advancement of nursing students and university faculty and staff:

1. Nursing Students are encouraged to actively participate in skill-building opportunities such as peer teaching, role-playing, and community health teaching activities. These engagements can enhance both their preparedness and self-confidence when delivering sensitive topics such as sexual health. Students should also seek guidance from mentors or upper-year students and utilize evidence-based resources to strengthen their foundational and practical knowledge in reproductive health education.
2. Nursing education must incorporate comprehensive and experiential modules on sexual health education. This includes integrating simulations, structured return demonstrations, and communication training into the curriculum. Faculty members should regularly conduct workshops and seminars that emphasize not

just content knowledge but also the emotional and situational preparedness needed when educating adolescents. Curriculum revisions must ensure that students are systematically exposed to actual teaching scenarios, with opportunities for reflection and feedback to enhance learning.

3. School administrators should prioritize investments in faculty development programs, educational materials, and facilities that support the teaching of sexual health. Simulation labs, multimedia learning tools, and partnerships with local health agencies can greatly enrich the students' learning experience. Administrators are also advised to promote collaboration among departments to ensure continuity and consistency in sexual health education across the nursing program.
4. Community leaders, local organizations, and barangay officials are encouraged to create and implement long-lasting community-based support initiatives that supplement the sexual health education provided by nursing students. Regular adolescent health forums, training sessions, and collaborative health education are among these programs. These initiatives can serve as experiential platforms for nursing students to obtain real-world teaching exposure and strengthen their ties to the community, in addition to improving adolescents' access to appropriate guidance.
5. Healthcare agencies are encouraged to collaborate with nursing institutions to provide platforms where students can practice sexual health teaching. Barangay health programs, adolescent clinics, and public health campaigns are potential

venues where students can engage meaningfully while also contributing to community education efforts.

6. Future researchers are recommended to explore factors beyond the scope of this study, such as cultural beliefs, institutional support systems, and students' personal values that may influence their confidence and effectiveness in teaching sexual health. Longitudinal or mixed-method studies may offer deeper insights into how sustained practice and mentorship shape students' competence over time.

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APPENDICES

APPENDIX A: Research Questionnaire (Blank)

STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH

Part I. Respondents' Level of Knowledge

Directions: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:
5 - Strongly Agree 4 - Agree 3 - Neutral 2- Disagree 1 – Strongly Disagree

STATEMENT	5	4	3	2	1
Foundational Knowledge					
I understand the basic concepts of sexual health and its impact on overall well-being.					
I can explain the importance of consent in maintaining healthy relationships.					
I am aware of cultural and social factors that influence sexual health decisions.					
I understand the ethical considerations when discussing sensitive sexual health topics.					
I am knowledgeable about the differences between sexually transmitted infections (STls) and sexually transmitted diseases (STDs).					
Practical Knowledge					
I can provide accurate advice on preventing sexually transmitted infections (STIs) and unintended pregnancies.					
I can explain how various contraceptive methods work.					
I can guide clients in accessing sexual and reproductive health services.					

I can guide individuals in making informed choices about family planning options.					
I know when and how to refer clients to specialized care.					
Health Teaching Strategies					
I can create age-appropriate and engaging sexual health teaching plans.					
I can use effective communication techniques to promote understanding and retention of sexual health information.					
I can incorporate cultural and personal beliefs to ensure respectful teaching.					
I can evaluate and adjust my teaching based on learner feedback.					
I can develop interactive activities like role-playing to enhance learning about sexual health.					

Part II. Respondents' Level of Preparedness

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:
5- Stronger Agree 4- Agree 3- Neutral 2-Disagree 1-Strongly Disagree

STATEMENT	**5**	**4**	**3**	**2**	**1**
Cognitive Preparedness					
I can analyze sexual health concerns and develop appropriate solutions during counseling sessions.					
I can accurately differentiate between myths and facts about sexual health topics.					
I can synthesize complex information to make it comprehensible and relatable for others.					
I can formulate appropriate teaching plans based on the latest sexual health guidelines.					

I seek reliable information when I identify gaps in my knowledge.					
Psychomotor Preparedness					
I can demonstrate effective teaching techniques, such as active listening and empathy.					
I am skilled in using digital tools such as videos and online simulations to support sexual health education.					
I can confidently utilize visual aids, such as charts or models, to explain sexual health concepts.					
I can guide clients step-by-step through practical exercises such as condom demonstrations.					
I am capable of adjusting my teaching delivery based on the audience's age, education, and experience.					
Emotional Preparedness					
I can remain calm and composed during emotionally charged discussions about sexual health.					
I can empathize with clients' feelings without becoming personally affected.					
I am emotionally prepared to support clients in making informed decisions about their sexual health.					
I can manage my emotions when clients discuss sensitive or traumatic experiences.					
I can recover quickly after emotionally exhausting health teaching sessions to maintain effectiveness.					
Situational Preparedness					
I can adapt my teaching approach to suit different cultural or social contexts.					
I feel prepared to teach in various settings such as schools, communities, or online platforms.					
I can quickly develop rapport with clients in unfamiliar or unexpected settings.					

I can handle unexpected challenges, such as time limits or technical issues, during teaching sessions.					
I am ready to manage resistance or discomfort from clients during sexual health discussions.					

Part III. Respondents' Level of Self-Confidence

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:
5- Stronger Agree 4- Agree 3- Neutral 2-Disagree 1-Strongly Disagree

STATEMENT	**5**	**4**	**3**	**2**	**1**
I feel confident discussing sexual health topics with individuals and groups.					
I can effectively answer questions about contraception and sexually transmitted infections.					
I feel empowered to guide others in making informed decisions about their sexual health.					
I am confident facilitating discussions about sensitive or taboo topics.					
I believe in my ability to make a positive impact through sexual health education.					

APPENDIX B: Sample of Filled Out Questionnaire

QUESTIONNAIRE
ON
STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH

Part I. Knowledge

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:

5 - Strongly Agree 4 - Agree 3 - Neutral 2- Disagree 1 – Strongly Disagree

STATEMENTS	5	4	3	2	1
Foundational Knowledge					
I understand the basic concepts of sexual health and its impact on overall well-being.	√				
I can explain the importance of consent in maintaining healthy relationships.		/			
I am aware of cultural and social factors that influence sexual health decisions.		/			
I understand the ethical considerations when discussing sensitive sexual health topics.		/			
I am knowledgeable about the differences between sexually transmitted infections (STIs) and sexually transmitted diseases (STDs).	/				
Practical Knowledge					
I can provide accurate advice on preventing sexually transmitted infections (STIs) and unintended pregnancies.		/			
I can explain how various contraceptive methods work.	/				
I can guide clients in accessing sexual and reproductive health services.	/				
I can guide individuals in making informed choices about family planning options.	/				
I know when and how to refer clients to specialized care.	/				
Health Teaching Strategies					
I can create age-appropriate and engaging sexual health teaching plans.	/				
I can use effective communication techniques to promote understanding and retention of sexual health information.	/				

I can incorporate cultural and personal beliefs to ensure respectful teaching.		/			
I can evaluate and adjust my teaching based on learner feedback.			/		
I can develop interactive activities like role-playing to enhance learning about sexual health.			/		

Part II. Preparedness

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:

5- Stronger Agree 4- Agree 3- Neutral 2-Disagree 1-Strongly Disagree

STATEMENTS	5	4	3	2	1
Cognitive Preparedness					
I can analyze sexual health concerns and develop appropriate solutions during counseling sessions.		/			
I can accurately differentiate between myths and facts about sexual health topics.		.	/		
I can synthesize complex information to make it comprehensible and relatable for others.			/		
I can formulate appropriate teaching plans based on the latest sexual health guidelines.		/			
I seek reliable information when I identify gaps in my knowledge.		/			
Psychomotor Preparedness					
I can demonstrate effective teaching techniques, such as active listening and empathy.	/				
I am skilled in using digital tools such as videos and online simulations to support sexual health education.	/				
I can confidently utilize visual aids, such as charts or models, to explain sexual health concepts.			/		
I can guide clients step-by-step through practical exercises such as condom demonstrations.			/		
I am capable of adjusting my teaching delivery based on the audience's age, education, and experience.	/				
Emotional Preparedness					
I can remain calm and composed during emotionally charged discussions about sexual health.	/				
I can empathize with clients' feelings without becoming personally affected.	/				

I am emotionally prepared to support clients in making informed decisions about their sexual health.	✓				
I can manage my emotions when clients discuss sensitive or traumatic experiences.	✓				
I can recover quickly after emotionally exhausting health teaching sessions to maintain effectiveness.	✓				
Situational Preparedness					
I can adapt my teaching approach to suit different cultural or social contexts.			✓		
I feel prepared to teach in various settings such as schools, communities, or online platforms.			✓		
I can quickly develop rapport with clients in unfamiliar or unexpected settings.		✓			
I can handle unexpected challenges, such as time limits or technical issues, during teaching sessions.		✓			
I am ready to manage resistance or discomfort from clients during sexual health discussions.	✓				
I am capable of managing group dynamics when teaching sexual health to diverse audiences.			✓		

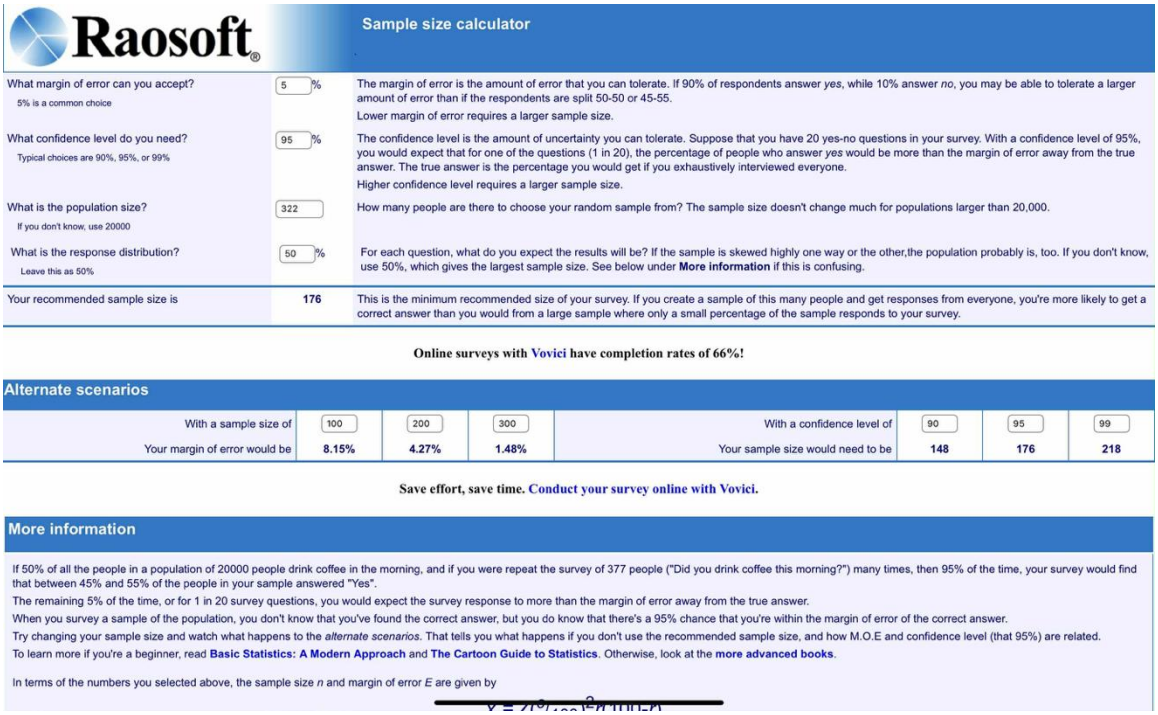
Part III. Self-Confidence

Direction: Indicate your responses with each statement by putting a check mark (/) on the corresponding column. Be guided by the following scale:

5- Stronger Agree 4- Agree 3- Neutral 2-Disagree 1-Strongly Disagree

STATEMENTS	5	4	3	2	1
I feel confident discussing sexual health topics with individuals and groups.	✓				
I can effectively answer questions about contraception and sexually transmitted infections.	✓				
I feel empowered to guide others in making informed decisions about their sexual health.	✓				
I am confident facilitating discussions about sensitive or taboo topics.	✓				
I believe in my ability to make a positive impact through sexual health education.	✓				

APPENDIX C: Sampling Computation



Raosoft®

Sample size calculator

What margin of error can you accept? 5% is a common choice	5 %	The margin of error is the amount of error that you can tolerate. If 90% of respondents answer *yes*, while 10% answer *no*, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.
What confidence level do you need? Typical choices are 90%, 95%, or 99%	95 %	The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer *yes* would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.
What is the population size? If you don't know, use 20000	322	How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.
What is the response distribution? Leave this as 50%	50 %	For each question, what do you expect the results will be? If the sample is skewed highly one way or the other,the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under **More information** if this is confusing.
Your recommended sample size is	**176**	This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.

Online surveys with Vovici have completion rates of 66%!

Alternate scenarios

With a sample size of	100	200	300	With a confidence level of	90	95	99
Your margin of error would be	**8.15%**	**4.27%**	**1.48%**	Your sample size would need to be	**148**	**176**	**218**

Save effort, save time. Conduct your survey online with Vovici.

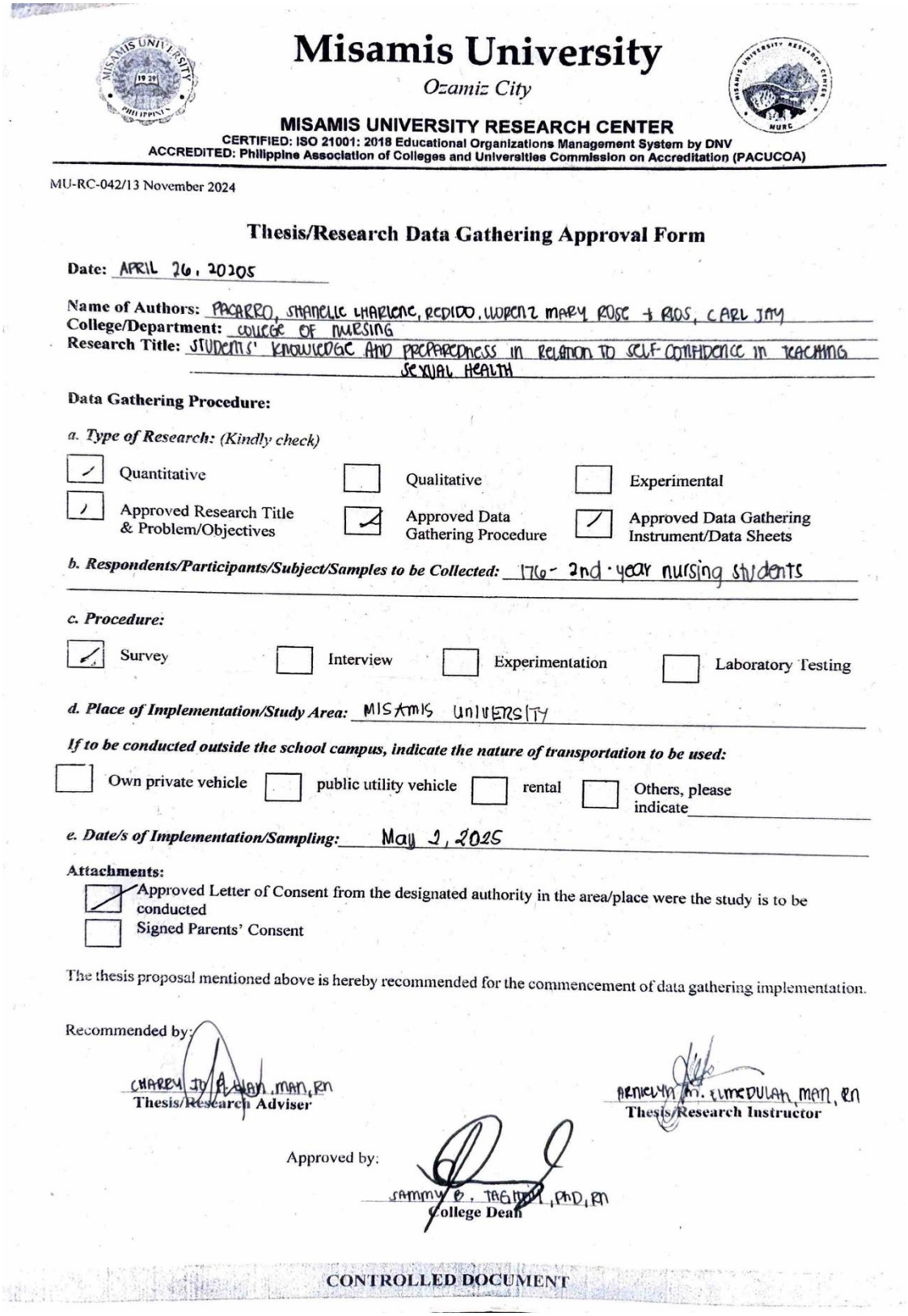
More information

If 50% of all the people in a population of 20000 people drink coffee in the morning, and if you were repeat the survey of 377 people ("Did you drink coffee this morning?") many times, then 95% of the time, your survey would find that between 45% and 55% of the people in your sample answered "Yes".
The remaining 5% of the time, or for 1 in 20 survey questions, you would expect the survey response to more than the margin of error away from the true answer.
When you survey a sample of the population, you don't know that you've found the correct answer, but you do know that there's a 95% chance that you're within the margin of error of the correct answer.
Try changing your sample size and watch what happens to the *alternate scenarios*. That tells you what happens if you don't use the recommended sample size, and how M.O.E and confidence level (that 95%) are related.
To learn more if you're a beginner, read **Basic Statistics: A Modern Approach** and **The Cartoon Guide to Statistics**. Otherwise, look at the **more advanced books**.

In terms of the numbers you selected above, the sample size *n* and margin of error *E* are given by

Blocks	Population	Population Ratio (%)	Sample Size (176)
A	41	12.73%	22
B	40	12.42%	22
C	40	12.42%	22
D	40	12.42%	22
E	40	12.42%	22
F	40	12.42%	22
G	41	12.73%	22
H	40	12.42%	22
Total	322		176

APPENDIX D: Informed Consent



Misamis University

Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER

CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

MU-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: APRIL 26, 20205

Name of Authors: PACARRO, SHANELLE CHARLENE, REDIDO, LLOREN MARY ROSE T. ROS, CARL JAY
College/Department: COLLEGE OF NURSING
Research Title: STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH

Data Gathering Procedure:

a. Type of Research: (Kindly check)

- [✓] Quantitative
- [ ] Qualitative
- [ ] Experimental
- [✓] Approved Research Title & Problem/Objectives
- [✓] Approved Data Gathering Procedure
- [✓] Approved Data Gathering Instrument/Data Sheets

b. Respondents/Participants/Subject/Samples to be Collected: 176 - 2nd year nursing students

c. Procedure:

- [✓] Survey
- [ ] Interview
- [ ] Experimentation
- [ ] Laboratory Testing

d. Place of Implementation/Study Area: MISAMIS UNIVERSITY

If to be conducted outside the school campus, indicate the nature of transportation to be used:

- [ ] Own private vehicle
- [ ] public utility vehicle
- [ ] rental
- [ ] Others, please indicate

e. Date/s of Implementation/Sampling: May 1, 2025

Attachments:

- [✓] Approved Letter of Consent from the designated authority in the area/place were the study is to be conducted
- [ ] Signed Parents' Consent

The thesis proposal mentioned above is hereby recommended for the commencement of data gathering implementation.

Recommended by:

CHARRY JO A. ALAN, MAN, RN
Thesis/Research Adviser

ARNICLYN M. ELMEDULAN, MAN, RN
Thesis/Research Instructor

Approved by:

SAMMY B. TAGHOY, PhD, RN
College Dean

CONTROLLED DOCUMENT

APPENDIX E: Approved Letter of Consent

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

April 26, 2025

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up Bachelor of Science in Nursing and are currently working on research study titled "STUDENTS' KNOWLEDGE AND PREPAREDNESS IN RELATION TO SELF-CONFIDENCE IN TEACHING SEXUAL HEALTH." This study aims to assess the knowledge and preparedness of second year nursing students regarding sexual health education and how these factors are related to their self-confidence in teaching or discussing the topic with others, especially in clinical or community settings. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted within Misamis University, Ozamiz City, from April to May 2025.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,

SHANELLE LHARLENE L. PACARRO
LLORENZ MARY ROSE M. REDIDO
CARL JAY RIOS
Researchers

Noted by:

MS. CHARRY JO P. LIAN
Research Adviser

Approved by:

DR. SAMMY B. TAGHOY
College Dean

APPENDIX F: Statistical Computations

Questionnaire I

Foundational K knowledge - Cronbach's alpha = 0.9022

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
FK1	42.250	3.291	0.7290	0.7273	0.8885
FK2	42.300	3.358	0.5268	0.9078	0.9002
FK3	42.250	3.242	0.8495	1.0000	0.8814
FK4	42.350	3.392	0.4265	0.8058	0.9065
FK5	42.250	3.259	0.8089	0.7300	0.8838
FK6	42.450	3.379	0.4287	0.7954	0.9069
FK7	42.250	3.160	0.5870	0.8449	0.9042
FK8	42.250	3.242	0.8495	0.9214	0.8814
FK9	42.400	3.251	0.7151	0.8506	0.8886
FK10	42.250	3.242	0.8495	1.0000	0.8814

Practical Knowledge - Cronbach's alpha = 0.8865

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
PK1	38.500	4.501	0.4886	0.4941	0.8839
PK2	38.550	4.442	0.7542	0.8389	0.8707
PK3	38.750	4.266	0.7078	0.7825	0.8688
PK4	38.300	4.497	0.4969	0.6430	0.8834
PK5	38.700	4.330	0.6673	0.9213	0.8720
PK6	38.550	4.371	0.5519	0.8624	0.8809
PK7	38.700	4.342	0.7522	0.8452	0.8671
PK8	38.450	4.407	0.5560	0.6223	0.8800
PK9	38.950	4.136	0.7310	0.8241	0.8676
PK10	38.650	4.368	0.5845	0.7974	0.8782

Knowledge on Health - Cronbach's alpha = 0.9432

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
KOH1	39.900	5.149	0.3437	0.4000	0.9566
KOH2	39.700	4.911	0.8492	0.9643	0.9340
KOH3	39.650	4.891	0.8745	0.9552	0.9328
KOH4	39.600	4.925	0.8099	0.9412	0.9355
KOH5	39.650	4.913	0.8352	0.9792	0.9345
KOH6	39.700	4.911	0.8492	0.9806	0.9340
KOH7	39.550	4.936	0.7924	0.9065	0.9363
KOH8	39.700	4.813	0.7890	0.9302	0.9364
KOH9	39.800	4.775	0.7868	0.9590	0.9370
KOH10	39.650	4.771	0.8449	0.9558	0.9334

Questionnaire II

Cognitive Preparedness - Cronbach's alpha = 0.8989

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
CP1	38.300	4.118	0.6751	0.6805	0.8872
CP2	38.400	4.057	0.7029	0.6917	0.8851
CP3	38.450	4.110	0.6366	0.6300	0.8896
CP4	38.650	4.221	0.4060	0.5601	0.9058
CP5	38.550	3.993	0.6960	0.8186	0.8860
CP6	38.450	3.940	0.8158	0.8703	0.8765
CP7	38.350	4.107	0.7104	0.7015	0.8851
CP8	38.500	4.212	0.5972	0.5466	0.8923
CP9	38.400	4.147	0.6576	0.8115	0.8885
CP10	38.250	4.204	0.6316	0.6877	0.8906

Psychomotor Preparedness - Cronbach's alpha = 0.8879

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
PP1	38.600	4.394	0.5910	0.7387	0.8802
PP2	39.050	3.900	0.7248	0.7837	0.8756
PP3	38.700	4.366	0.6345	0.8263	0.8778
PP4	38.800	4.360	0.6628	0.8755	0.8765
PP5	38.800	4.456	0.3673	0.6412	0.8930
PP6	38.850	4.308	0.6461	0.8458	0.8759
PP7	38.850	4.258	0.7378	0.9354	0.8702
PP8	39.000	4.078	0.7122	0.7716	0.8708
PP9	39.100	4.291	0.7282	0.7611	0.8716
PP10	39.050	4.199	0.6367	0.8194	0.8763

Emotional Preparedness - Cronbach's alpha = 0.9295

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
EP1	38.850	5.244	0.7032	0.7553	0.9236
EP2	38.600	5.113	0.6255	0.8393	0.9296
EP3	38.750	5.087	0.7351	0.8017	0.9220
EP4	38.700	5.312	0.7766	0.7385	0.9225
EP5	38.850	5.050	0.8184	0.9456	0.9171
EP6	38.950	4.989	0.8716	0.9225	0.9139
EP7	38.800	5.248	0.6748	0.7168	0.9248
EP8	38.700	5.371	0.5307	0.9333	0.9311
EP9	39.050	4.839	0.9091	0.8948	0.9117
EP10	38.650	5.324	0.7389	0.9275	0.9237

Situational Preparedness - Cronbach's alpha = 0.9056

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
SP1	38.950	4.419	0.7134	0.7980	0.8931
SP2	38.900	4.266	0.6793	0.8758	0.8973
SP3	39.150	4.320	0.7198	0.8866	0.8926
SP4	38.700	4.635	0.4648	0.4885	0.9067
SP5	38.850	4.392	0.8378	0.9062	0.8867
SP6	38.800	4.538	0.5545	0.6919	0.9024
SP7	39.000	4.243	0.7442	0.7276	0.8914
SP8	38.900	4.447	0.6413	0.8741	0.8975
SP9	38.850	4.428	0.7703	0.6769	0.8905
SP10	38.700	4.578	0.5827	0.8133	0.9012

Questionnaire III

Self-Confidence - Cronbach's alpha = 0.9300

Omitted Item Statistics

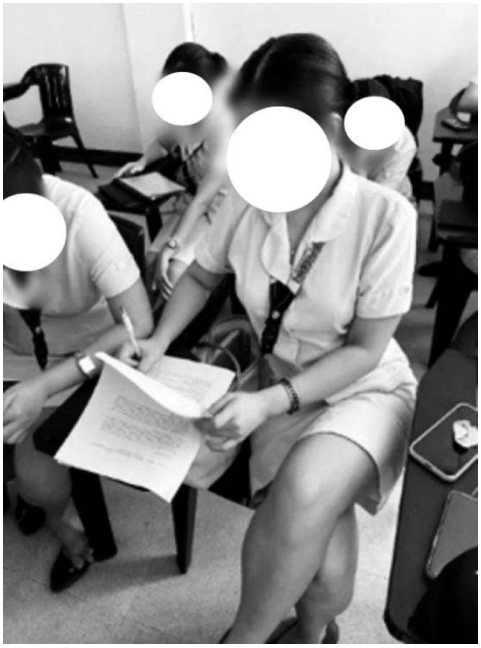
Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
C1	39.400	4.260	0.8701	0.9076	0.9146
C2	39.500	4.298	0.7656	0.8489	0.9215
C3	39.250	4.375	0.7492	0.8447	0.9216
C4	39.350	4.580	0.6470	0.8890	0.9270
C5	39.250	4.471	0.5961	0.7516	0.9302
C6	39.450	4.407	0.7621	0.8907	0.9209
C7	39.200	4.408	0.8065	0.9088	0.9187
C8	39.350	4.557	0.6974	0.7575	0.9250
C9	39.350	4.499	0.6685	0.9211	0.9256
C10	39.200	4.503	0.7747	0.9482	0.9214

Validity and reliability of a questionnaire

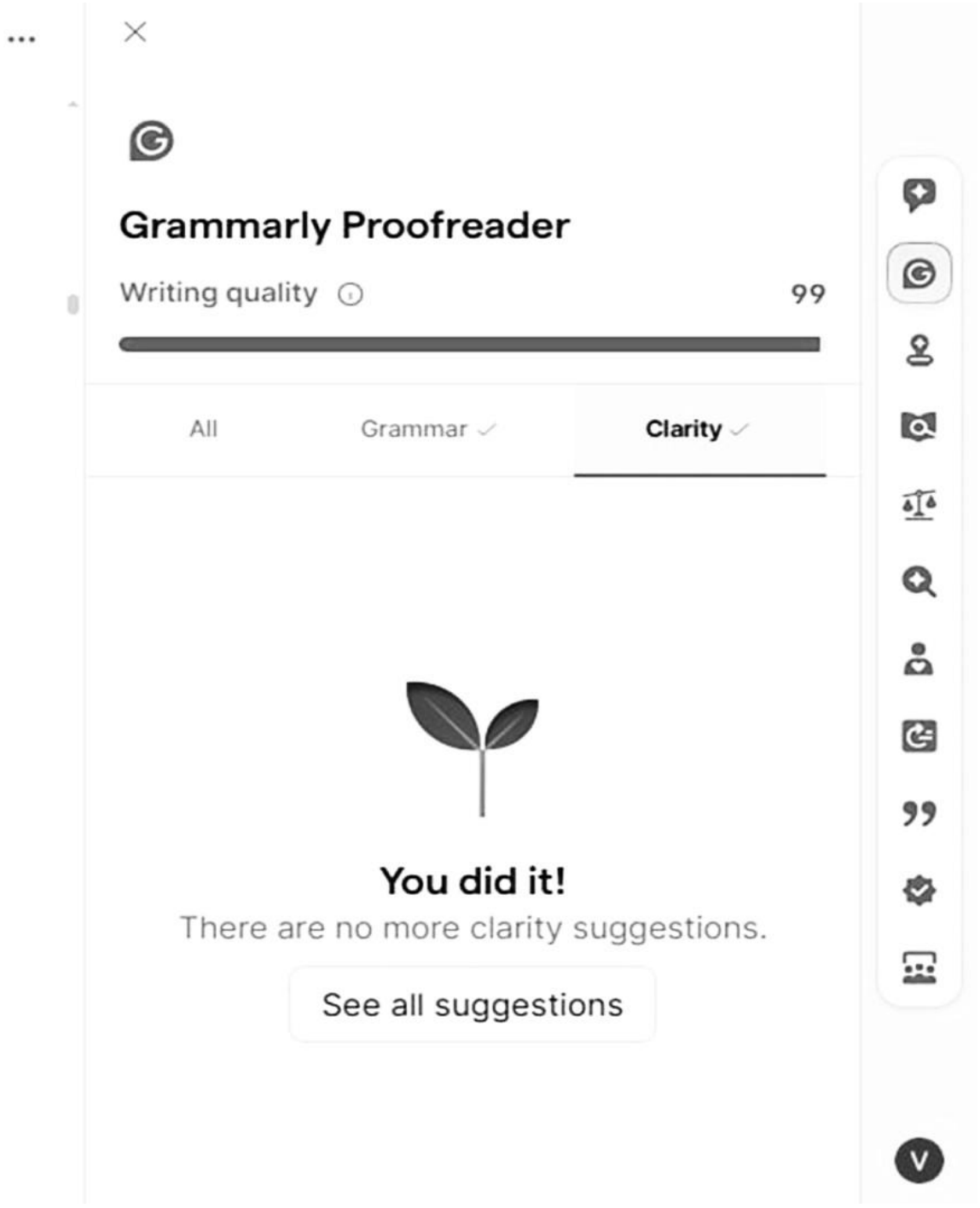
-Cronbach's Alpha value should be 0.70 or higher

- **Questionnaire I: Cronbach's Alpha=0.9106 (valid)**
- **Questionnaire II: Cronbach's Alpha=0.9055 (valid)**
- **Questionnaire III: Cronbach's Alpha=0.9300 (valid)**

Appendix G: Documentations



Appendix H: Grammarly and Turnitin Results



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Match Groups

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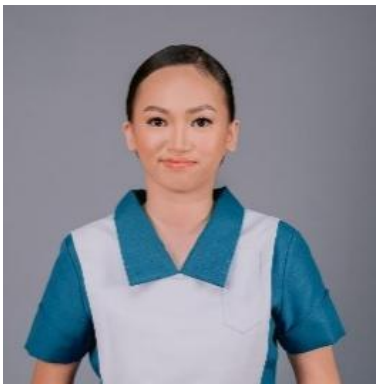
CURRICULUM VITAE



PERSONAL DATA:

Name: Shanelle Lharlene L. Pacarro

Date of Birth: August 18, 2003

Place of Birth: Ozamiz City, Misamis Occidental, Philippines

Citizenship: Filipino

Course/Program: BS Nursing

Year Level: 3rd year

EDUCATIONAL BACKGROUND:

Tertiary : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Bachelor of Science in Nursing
(2022 – Present)

Secondary : La Salle University – Integrated School

St. Columban Dr, Ozamiz City, 7200 Misamis Occidental

(S.Y. 2020-2022)

: Sacred Heart Diocesan School Inc.

Brgy. Makugihon, Camagong St. 7023, Molave, Zamboanga del Sur

(S.Y. 2016-2020)

Primary : Molave Regional Pilot School, SPED Center

Molave East District, Brgy. Madasigon, Zamboanga del Sur (S.Y. 2010-2016)

OTHER ORGANIZATIONAL AFFILIATIONS:

N/A

CURRICULUM VITAE

PERSONAL DATA:

Name:	Llorenz Mary Rose M. Redido
Date of Birth:	July 14, 2003
Place of Birth:	Ramon Magsaysay, Zamboanga del Sur, Philippines
Citizenship:	Filipino
Course/Program:	BS Nursing
Year Level:	3rd year

EDUCATIONAL BACKGROUND:

Tertiary : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Bachelor of Science in Nursing
2022 – Present

Secondary : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Science, Technology, Engineering and Mathematics (STEM)
2022

: Sacred Heart Diocesan School Inc.
Molave, Zamboanga del Sur

Primary : Ramon Magsaysay Central Elementary School
Ramon Magsaysay, Zamboanga del Sur
2015

OTHER ORGANIZATIONAL AFFILIATIONS:

N/A

CURRICULUM VITAE

PERSONAL DATA:

Name: Carl Jay Rios
Date of Birth: August 27, 2004
Place of Birth: Oroquieta City Provincial Hospital
Citizenship: Filipino
Course/Program: BS Nursing
Year Level: 3rd year

EDUCATIONAL BACKGROUND:

Tertiary : Misamis University
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Bachelor of Science in Nursing
2022 – Present

Secondary : Taguanao Integrated School
Taguanao, Aloran, Misamis Occidental
2017-2020

: Ozamis City National High School
Mayor Fernando Bernard Ave, Ozamiz City
2020-2022

Primary : Taguanao Integrated School
Taguanao, Aloran, Misamis Occidental, 2011-2016

OTHER ORGANIZATIONAL AFFILIATIONS:

N/A