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KNOWLEDGE, ATTITUDES AND READINESS OF PSYCHIATRY RESIDENTS IN ASSESSING PATIENTS WITH SEXUAL PROBLEMS

Psychiatry

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ABSTRACT

Sexual health is a critical but often neglected aspect of psychiatric care. This study aimed to assess the knowledge, attitudes, and readiness of psychiatry residents in south India to address sexual health concerns in clinical practice. A cross-sectional survey was conducted among 104 psychiatry residents from multiple tertiary care centres in South India using a validated questionnaire measuring knowledge, attitudes, and readiness. A total of 104 psychiatry residents participated, with 62.3% females and 37.7% males. The majority were unmarried (79.2%) and in their second or third postgraduate years. Almost 51.9% were from government hospitals and 48.1% from private institutions. Males compared to females and married psychiatry residents compared to unmarried psychiatry residents and those working in government institutions tended to have better knowledge, attitudes, and readiness to address sexual health concerns. Competence improved with years of training, with third-year residents performing best. A majority of both males and females expressed a lapse in the implementation of a structured, planned formal curriculum. Both male and female groups showed no major discomfort in initiating sexual health discussions, even with the opposite gender but slight increase in discomfort noted in males with opposite gender compared to females. Neither of the groups were well aware of specific techniques for sexual dysfunction, notably low in females when compared to males. However, knowledge of male and female sexual anatomy was relatively high across genders, with females slightly outperforming males in both areas. A significant positive correlation was found between knowledge and both readiness and attitude, highlighting the importance of strengthening training in this area. Psychiatry residents with higher knowledge levels exhibit greater readiness and more positive attitudes in addressing sexual health concerns, underscoring the need for structured sexual health education within psychiatry training programs in India.

KEYWORDS

Sexual health, Psychiatry residents, Knowledge, Attitudes, Readiness, Psychiatric training, Sexual dysfunction, Medical education, India, Mental health

INTRODUCTION:

Sexual health is a fundamental component of overall well-being, encompassing physical, emotional, mental, and social dimensions of sexuality. According to the World Association for Sexual Health, sexual health is defined not merely as the absence of disease or dysfunction but as a state of respectful and positive approach to sexuality and relationships, including pleasurable and safe sexual experiences free from coercion and discrimination[1]. Despite its recognized importance, sexual health remains an under-addressed area in clinical practice, particularly in psychiatric settings.

Globally, studies report that a significant proportion of individuals experience sexual problems-up to 38% of men and 22% of women-underscoring the critical role of healthcare providers, especially mental health professionals, in identifying and managing these concerns[2].

In India, sociocultural taboos surrounding discussions of sexuality further compound the problem. Sexual topics are frequently shrouded in stigma, misinformation, and discomfort, even among medical professionals. A recent cross-sectional study conducted among Indian medical undergraduates revealed significant deficits in sexual knowledge and conservative attitudes, despite growing liberalization in some domains[3]. This lack of comprehensive understanding and openness towards sexual matters can hinder effective patient care, particularly in psychiatric contexts where sexual dysfunction often coexists with or is exacerbated by mental illness and its pharmacological treatment[4].

Psychiatric patients, especially those diagnosed with chronic conditions like schizophrenia, often experience high rates of sexual dysfunction-up to 96% in some cohorts[5]. Nevertheless, sexual health issues are frequently underreported by patients and underassessed by clinicians. Studies from diverse global contexts, such as Egypt and the UK, had highlighted that while psychiatrists acknowledge the importance of sexual health, they often feel underprepared to address these concerns due to limited training, personal discomfort, and structural barriers within the healthcare system[6, 7]. Moreover, stigma-both societal and internalized-around mental illness and sexuality exacerbates patients' reluctance to disclose sexual problems, which in turn delays diagnosis and treatment and negatively impacts quality of life and therapeutic outcomes[8].

Several international studies have investigated clinicians' knowledge and attitudes towards sexual health in psychiatry. Reda et al Egyptian mental health professionals found that although 98% recognized the importance of sexual history taking, more than half admitted to lacking sufficient knowledge or confidence in managing such issues[6]. Similarly, a qualitative study from the United States examining psychiatric residents' perceptions revealed that although residents understood the importance of addressing sexual and reproductive health, they rarely did so, citing inadequate training and discomfort as primary barriers[9]. Another survey in the UK found that two-thirds of psychiatrists did not routinely inquire about sexual dysfunction, despite the recognized prevalence among their patients and the detrimental effect this has on treatment adherence and patient satisfaction[5].

While these studies have illuminated significant gaps in knowledge and confidence among mental health professionals globally, there remains a paucity of research specifically addressing the preparedness of psychiatry residents in the Indian context. The existing studies primarily focus on either the general medical population or fully trained psychiatrists, often overlooking residents, who represent the upcoming generation of mental health professionals.

Given these lacunae, there was pressing need to evaluate the current state of knowledge, attitudes, and readiness among psychiatry residents in India regarding the assessment and management of sexual health problems. Understanding these parameters is crucial for informing curriculum development, designing targeted training programs, and ultimately improving patient outcomes.

This study aims to fill this gap by systematically evaluating psychiatry residents' knowledge, attitudes, and clinical readiness to address sexual health concerns in tertiary care settings in South India.

AIMS AND OBJECTIVES:

This study aims to assess the knowledge, attitudes, and readiness of psychiatry residents in evaluating and managing patients with sexual health concerns. The specific objectives are:

- To evaluate the level of knowledge among psychiatry residents regarding the assessment of sexual problems.
- To assess their attitudes towards addressing sexual health issues in clinical practice.
- To determine their readiness to manage patients presenting with sexual health concerns.

MATERIALS AND METHODS:

Study Design And Participants:

This cross-sectional study was conducted over six months (October 2024–March 2025) among psychiatry residents enrolled in MD, DNB, and DPM programs from multiple tertiary care centres in South India. Residents with at least six months of training who provided digital informed consent were included.

Data Collection Tool:

A semi-structured, online questionnaire was developed based on existing validated tools and expert input. It comprised sections assessing knowledge, attitudes, and readiness regarding sexual health assessment and management, using a five-point Likert scale. The questionnaire was pilot tested for content validity and internal consistency (Cronbach's alpha = 0.82).

RESULTS:

Participant Characteristics:

A total of 104 psychiatry residents participated, with 66 (62.3%) females and 38 (37.7%) males. The majority were unmarried (79.2%) and in their second or third postgraduate years. Almost 51.9% were from government hospitals and 48.1% from private institutions.

Table1 . Sociodemographic Characteristics Of Participants (n=104)

Variable	Category	n (%)
Gender	Male	38 (37.7%)
	Female	66 (62.3%)
Marital Status	Unmarried	82 (79.2.%)
	Married	20 (18.9%)
	Separated	2 (1.9%)
	Divorced	0 (0%)
Postgraduate Status	MD first year	0 (0%)
	MD second year	40 (37.7%)
	MD third year	61 (59.5%)
	DNB first year	0(0%)
	DNB second year	1 (0.9%)
	DNB third year	2 (1.9%)
	Diploma first year	0 (0%)
	Diploma second year	0 (0%)
Type of Hospital	Government	53 (51.9%)
	Private	51 (48.1%)

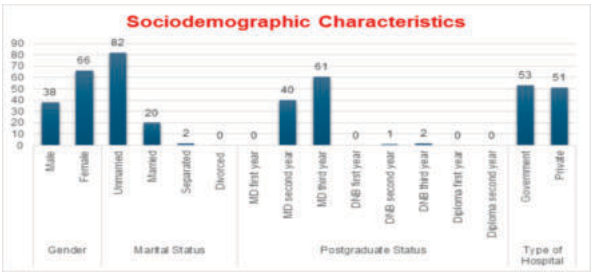

Table 2 : Sociodemographic Characteristics Correlation With Average Number Of Cases Seen Per Week

Category	Average number of cases with sexual health problems that you see weekly			
		Less than 5	5-10	More than 10
Gender	MALE	23 (60.5 %)	12 (31.5%)	3 (8%)
	FEMALE	51(77.2%)	11 (16.6 %)	4 (6.2%)
Pursuing Residency	Government Hospital	18 (51.4%)	14 (40%)	3 (8.6%)
	Private Hospital	42 (77.8)	8 (14.8)	4 (7.4)

The findings indicate that a majority of female respondents (77.2%) reported seeing fewer than five sexual health cases weekly, compared to 60.5% of male respondents. Males showed relatively higher exposure to 5–10 and more than 10 cases.

Similarly, 77.8% of residents in private hospitals reported fewer than five cases weekly, whereas government hospital residents demonstrated greater exposure, with 40% encountering 5–10 cases. This suggests that male residents and those in government institutions may have more frequent clinical engagement with sexual health concerns.

Table 3 : Sociodemographic Characteristics Correlation With Knowledge, Attitude And Readiness Assessment

Variable		Knowledge	Attitude	Readiness
Gender	Male	55.8%	55.5%	60%
	Female	44.2%	44.5%	40%
Marital status	unmarried	44%	48%	44.5%
	married	56%	52%	54.5%
Current status	second year	47.5%	45.5%	42.2%
	third year	52.5%	54.5%	57.8%
Pursuing in –	Government Hospital	54.5%	56.2%	55.2%
	Private Hospital	45.5%	43.8%	44.8%

The study found that male and married psychiatry residents tended to have better knowledge, attitudes, and readiness to address sexual health concerns. Scores also improved with each year of training, with third-year residents performing better, likely due to increased clinical exposure. Residents in government hospitals showed higher competence across all domains compared to those in private institutions, possibly reflecting broader patient exposure and training opportunities.

Table 4: Likert Scale Aggregability In Relation To Gender

QUESTION	GENDER	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
My post graduate course includes implementation of formal curriculum on sexual health problems	MALE	1 (2.6%)	9 (23.7%)	9(23.7%)	10(26.3%)	9(23.7%)
	FEMALE	1 (2.6%)	8(12.1%)	23(33.8%)	20(30.3%)	14(21.2%)
I am comfortable in initiating questions regarding sexual health problems among same gender patients than opposite gender.	MALE	1(2.6%)	3(7.9%)	8(21.5%)	17(44.3%)	9(23.7%)
	FEMALE	1(2.6%)	7(10.6%)	14(21.2%)	32(47.4%)	12(18.2%)
I am well aware of techniques (eg. Stop and squeeze technique, dual sex therapy etc) advised to patients with sexual dysfunction.	MALE	0 (0%)	3(7.9%)	4(10.5%)	18(47.4%)	13(34.2%)
	FEMALE	0(0%)	5(7.6%)	13(19.7%)	42(63.6%)	6(9.1%)
I am knowledgeable about male sexual anatomy and physiology.	MALE	16(42.1%)	19(50.0%)	2(5.3%)	1(2.6%)	0(0%)
	FEMALE	15(22.7%)	44(66.7%)	7(10.6%)	0(0%)	0(0%)
I am knowledgeable about female sexual anatomy and physiology.	MALE	14(36.9%)	19(50.0%)	4(10.5%)	1(2.6%)	0(0%)
	FEMALE	20(30.3%)	39(59.1%)	7(10.6%)	0(0%)	0(0%)

The results indicate significant gender differences in sexual health education among psychiatry postgraduates. A majority of both males and females expressed a lapse in the implementation of a structured planned formal curriculum. Both male and female groups showed no major discomfort in initiating sexual health discussions, even with the opposite gender but slight increase in discomfort noted in males with opposite gender compared to females. Neither of the groups were well aware of specific techniques for sexual dysfunction, notably low in females when compared to males. However, knowledge of male and female sexual anatomy was relatively high across genders, with females slightly outperforming males in both areas. These findings suggest a need for enhanced and structured sexual health training in

postgraduate psychiatry programs.

Table 5. Descriptive Statistics Of Total Scores

Variable	N	Minimum	Maximum	Mean ± SD
Knowledge Score	104	24	48	36.28 ± 4.73
Attitude Score	104	15	29	19.68 ± 2.03
Readiness Score	104	26	50	36.90 ± 5.20

A total of 104 psychiatry residents participated in the study. The descriptive statistics for the main variables were as follows:
- Total Knowledge Score: Range = 24 to 48, Mean ± SD = 36.28 ± 4.73
- Total Attitude Score: Range = 15 to 29, Mean ± SD = 19.68 ± 2.03
- Total Readiness Score: Range = 26 to 50, Mean ± SD = 36.90 ± 5.20

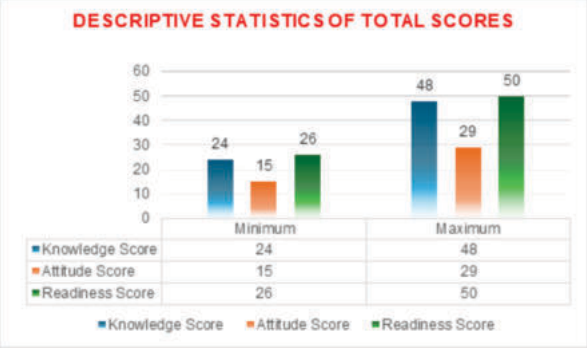

Table 6. Frequency Distribution Of High And Low Groups (Using Medial Split)

Domain	High (n, %)	Low (n, %)
Knowledge	57 (54.8%)	47 (45.2%)
Attitude	55 (52.9%)	49 (47.1%)
Readiness	54 (51.9%)	50 (48.1%)

Based on a median split, participants were categorized into high and low groups for each domain. Approximately 50% of the participants fell into each category.

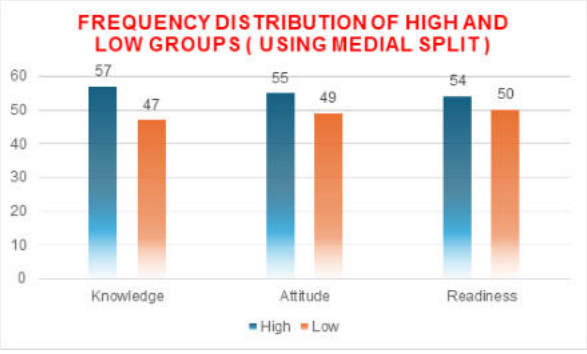

Table 6. Pearson Correlation Between Total Scores

Variables	Correlation (r)	p-value	Interpretation
Knowledge × Readiness	−0.429	< .001	Moderate, significant
Knowledge × Attitude	−0.244	0.013	Weak, significant
Attitude × Readiness	0.094	0.342	Not significant

Pearson correlation analysis showed:
- Knowledge vs. Readiness: r = –0.429, p < .001 (Moderate, significant)
- Knowledge vs. Attitude: r = –0.244, p = .013 (Weak, significant)
- Attitude vs. Readiness: r = 0.094, p = .342 (Not significant)

Significant positive correlations were found between knowledge and readiness (r = 0.429, p < 0.001) and knowledge and attitude (r = 0.244, p = 0.013), indicating that higher knowledge was associated with greater readiness and more positive attitudes. No significant correlation was observed between attitude and readiness (r = 0.094, p = 0.342).

DISCUSSION:

The present study aimed to assess the knowledge, attitudes, and readiness of psychiatry residents in addressing sexual health issues in clinical settings. The findings offer valuable insights into the current state of training and awareness among postgraduates in this sensitive but essential domain of mental health care. Our findings show that residents possess moderate knowledge (36.28+4.73) and readiness (36.90+5.20), accompanied by generally positive attitudes (19.68+2.03) toward sexual health assessment. The significant positive correlations between knowledge, readiness, and attitudes suggest that knowledge enhancement may foster greater confidence and openness in addressing sexual concerns.

The study revealed a statistically significant correlation between knowledge and readiness (r = –0.429, p < .001), suggesting that residents with better knowledge also felt more confident in assessing sexual health. A weaker but still significant relationship was observed between knowledge and attitude (r = –0.244, p = .013). No significant correlation was found between attitude and readiness, which implies that a positive attitude alone may not be sufficient to enhance clinical confidence or skill. The absence of significant associations with demographic factors suggests a pervasive need for improved sexual health education across residency levels and institutions. The above results were supported by Parveen Kumar et al (2020) on sex knowledge and attitude among undergraduate medical students. The results were mean score of knowledge was 25.53+4.17 and attitude mean score was 25.47+5.04 and shows deficit in sex knowledge and conservative attitude in certain areas which is insisting to sex education in young people to discuss their sexual concerns, feelings with family members.[3]

Mona Reda et al (2021) expressed that 98.3% of surveyed professionals were in agreement that collecting sexual history is vital to efficient clinical assessments.[6] Jesse P.Zatloff (2020) expressed the importance of addressing sexual and reproductive health with their female patients and recognized their hypothetical ability to provide sexual and reproductive health counselling and services based on their training and resources.[9] Kacha et al (2019) and Sidi et al (2013) found no significant difference in overall knowledge between males and females.[12] These results align with international literature indicating that adequate sexual health training improves clinician confidence and patient care outcomes. The findings highlight the urgent need to integrate structured sexual health modules into psychiatry residency curricula, accompanied by supervised clinical exposure and stigma reduction initiatives. Creating a culturally sensitive and stigma-free learning environment is crucial, given the sociocultural taboos surrounding sexuality in India.

CONCLUSION:

Psychiatry residents' knowledge of sexual health positively influences their readiness and attitudes towards assessing and managing sexual health problems. Despite generally positive attitudes, residents may lack sufficient clinical confidence, indicating gaps in current training. To enhance holistic psychiatric care, residency programs in India should prioritize comprehensive sexual health education, combining didactic teaching with practical training to equip future psychiatrists with the necessary skills and sensitivity to address this critical aspect of patient well-being.

Conflict On Interest: NONE

Funding: NIL

Ethical Approval:
Ethical clearance for the study was obtained from the Institutional Ethics Committee of Santhiram Medical College and General Hospital, Nandyala.

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