Assessing the Level of Sexual and Reproductive Wellbeing of Medical Students Through the Utilization of Sexual and Reproductive Empowerment Scale (SRE) Questionnaire

Gian Danyl Adolfo; Jazer Alvarado; Sophia Anicete; Neicoline Bandala; Angelica Bautista; Sherwin Benoza; Sydel Bo; Pamela Christine Cabral; Abegail Carandang; Maria Krizelle Cataquis; Ericka Joie Co; Cyrene Gail Cruz; Karl Vincent Cue; Lady Lina De Jesus; Karlo Renzo Del Rosario; Frances Camille Dela Merced; Nathaniel Quinn Diez; Allen Sergio Dizon; Cassandra Donato; Lily May Dumip-ig; Anne Louise Estrella; Maria Nicole Galang; Anthony Justine Geronimo; Dianna Joy Ingalla; Wendy Jazmin; Fredric Nuel Lacambra; Lea Galia, MD

ABSTRACT

Objective: This study investigated the sexual and reproductive empowerment levels of medical students at Far Eastern University - Dr. Nicanor Reyes Medical Foundation, recognizing the importance of this aspect for future healthcare professionals.
Methods: Employing a descriptive, cross-sectional design with non-probability convenience sampling, 102 medical students completed the validated Sexual and Reproductive Empowerment Scale (SRES). Data analysis involved descriptive statistics, including frequencies, means, percentages and standard deviations.
Results: The majority of participants (90.38%) demonstrated a high level of sexual and reproductive empowerment, with a smaller group (9.62%) showing a medium level; no students exhibited low empowerment. The comfort talking with a partner subscale yielded the highest mean score, while a sense of future had the lowest.
Conclusion: The study indicates a generally high level of sexual and reproductive empowerment among the medical students, although areas like sense of future and sexual safety warrant further attention in educational interventions aimed at enhancing their overall empowerment as future healthcare providers.

Key words: Sexual and Reproductive Empowerment Scale (SRES), medical students

Sexual and reproductive health is a critical aspect of overall health and well-being particularly for young adults, encompassing their physical, emotional and social development. There are numerous advocacies worldwide that aim to promote awareness and provide accessible sexual health services to young adults. However, there are still some inevitable barriers that hinder their ability to make informed decisions regarding sexual health which make them susceptible to issues like sexually transmitted infections (STIs) and unplanned pregnancies. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) Global AIDS Monitoring Report (2021), young individuals aged 15 to 24 in the Philippines accounted for 58% of new HIV infections, despite different educational and preventative measures. Furthermore, the Department of Health (DOH) indicated that the total incidence of syphilis and other STIs in this community is relatively high, which is typically associated with stigma and limited access to resources. Understanding the current state of sexual and reproductive health among medical students - as future healthcare providers - is essential for developing targeted educational interventions that promote competence in sexual and reproductive health care.

From the School of Medicine

Despite growing efforts to promote sexual and reproductive health (SRH) in the Philippines, several research gaps remain. There is a lack of context-specific studies that explore how empowerment varies across the country's diverse cultural and social groups (Biton, 2020). The empowerment of future healthcare providers is also under examined, particularly regarding how well SRH was integrated into medical education (Harden, et al, 2019; Khamisy-Farah, et al, 2022). The continued reliance on traditional contraceptive methods also points to gaps in knowledge and trust around modern options (Biton, 2020). Gaining insights into the level of empowerment among medical students was vital for creating targeted educational programs that improve their competence in sexual and reproductive health (SRH) care. As the future leaders in healthcare, medical students are instrumental in promoting sexual health and preventing the transmission of sexually transmitted infections (STIs). Although knowledge is important, it is insufficient on its own to ensure safe sexual practices or encourage effective health-seeking behaviors. Their own attitudes and behaviors toward sexual health education can significantly influence their effectiveness in providing patient care. A study carried out by Mecugni, et al, (2021) found a significant connection between positive attitudes toward sexual health education and an enhancement in sexual and reproductive empowerment. This suggests that when individuals have an optimistic view of sexual health education, they are more likely to feel empowered in their sexual and reproductive choices. Additionally, they have been associated with a positive change in their attitude toward them, especially considering that not all secondary students are sexually active.

In order to address these gaps, an objective measurement of the Sexual and Reproductive well-being of medical students through a validated questionnaire was used - such as the Sexual and Reproductive Empowerment Scale to provide valuable data that will aid in promoting better sexual health outcomes. This questionnaire tackled different subscales that offer a comprehensive framework to identify areas in sexual and reproductive healthcare that still need to be improved. By focusing on this aspect, it can provide information for the development or aid in the improvement of educational programs and interventions that will significantly contribute to the sexual and reproductive well-being of future generations to make a more informed decision when it comes to sexual and reproductive health.

The objective of the study was to determine the level of sexual/reproductive empowerment of medical students in terms of comfort talking with partner; choice of partners, marriage, and children; parental support; sexual safety; self-love; sense of future; and sexual pleasure.

MATERIALS AND METHODS

Study Design

The present study employed descriptive design to know the level of sexual/reproductive empowerment of medical students. The type of descriptive design that was used was cross-sectional study as the variable of interest existed in a defined population at one particular point in time.

Setting

The participants of this study were Medical Students currently enrolled at the Far Eastern University - Dr. Nicanor Reyes Medical Foundation, located in Fairview, Quezon City, for the Academic Year 2024-2025.

Participants

The respondents who were eligible to participate were first- to third-year medical students enrolled in FEU-NRMF during the Academic Year 2024-2025, and at least 21 years of age. Individuals who were on a leave of absence or who failed to complete the entire survey were excluded from the study. All participants were provided informed consent prior to participation with an option to not be included in the study.

Variables, Data Sources and Measurement

The study employed a non-probability convenience sampling method to recruit participants from the target population of medical students enrolled at Far Eastern University-Nicanor Reyes Medical Foundation (FEU-NRMF). This method involved selecting participants who were readily available and accessible to the researchers. The study employed an online survey questionnaire as the primary method of data collection. A link to the questionnaire was sent to eligible medical students via email, social media platforms and university announcements. The survey was administered using a secure online platform,

ensuring the confidentiality of participants' responses. The study collected data on demographic characteristics, and outcome variables related to sexual and reproductive empowerment among medical students. Demographic characteristics included age and sex. Outcome variables assessed the students' level of sexual and reproductive empowerment, including their confidence in making informed decisions about their sexual health, their ability to access and utilize sexual health resources, and their comfort discussing sexual health matters with others. The study utilized the validated Sexual and Reproductive Empowerment Scale (SRES) to measure the outcome of sexual and reproductive empowerment among medical students. The SRE Scale was a comprehensive instrument that covered seven subscales: comfort talking with partners, choice of partners, marriage, and children, parental support, sexual safety, self-love, sense of future, and sexual pleasure. Each subscale consisted of multiple items rated on a Likert scale, allowing for a quantitative assessment of participants' levels of empowerment in these areas. The SRES had been previously validated in various populations, demonstrating its reliability and validity for measuring sexual and reproductive empowerment. Each subscale was the sum of its items, with the overall score derived from all 23 scale items, interpreted as follows:

In High-level of empowerment (54-69), students demonstrated a strong understanding of sexual and reproductive health issues, positive attitudes towards sexual and reproductive rights, and confidence in making informed decisions. They were likely to be comfortable discussing sexual and reproductive health topics with others and seeking out resources and support when needed.

In the Medium-level of empowerment (38-53), a moderate level of empowerment, students had a good understanding of sexual and reproductive health issues and generally held positive attitudes toward sexual and reproductive rights. However, they might have had some reservations or uncertainties in certain areas, such as decision-making or communication. Additional education and support might have enhanced empowerment.

In the Low-level of empowerment (23-37), a low level of empowerment, students showed a significant lack of understanding and might have held negative or harmful attitudes towards sexual and reproductive rights. They might have felt marginalized, stigmatized, or disempowered. They may require comprehensive interventions to address their needs and improve their overall well-being.

Bias

A common limitation of cross-sectional research is temporal ambiguity. Additionally, the study's generalisability to the wider FIlipino population is questionable because it drew participants from an academic institution, potentially skewing the sample towards a higher socioeconomic status, and employed a non-probability sampling approach.

Study Size

Sample size was calculated based on the estimation of the population proportion of mothers who lacked sexual empowerment assumed to be 10% (Quijano-Ruiz & Faytong-Haro, 2021). With a maximum allowable error of 5% and a reliability of 90%, minimum sample size required was 97.

Statistical Methods

Descriptive statistics, such as, frequencies, and percentages, was used to summarize the demographic characteristics of the participants (e.g., age and sex) and assessed the level of Sexual and Reproductive Empowerment (SRE) among medical students. Since the study was focused solely on SRE, the following key statistics were reported: frequency, percentage distributions, mean and standard deviation with a 95% confidence interval for participants falling into different categories of empowerment levels, such as high, medium, and low levels of SRE were calculated. All survey responses were automatically collected and compiled using Google Sheets, a secure online platform. The data was transferred to Python for further analysis.

RESULTS

Participants

Due to the nature of the method of data collection, most of the participants that were able to answer the survey are those that have access to the internet and are digitally connected through different platforms which influenced the results obtained. A total of 102 participants, particularly those that are currently enrolled from first to third year academic year 2024-

2025 were garnered from the Medical Students of Far Eastern University - Dr. Nicanor Reyes Medical Foundation (FEU-NRMF) using the non-probability convenience sampling and based on the exclusion criteria nobody from the participants were excluded since all of the respondents have met the requirements on the basis of the inclusion criteria. The sample size exceeds the minimum requirement needed which is 97 which can be of help in the descriptive analysis. Based on the distribution of gender and age group that were covered by the survey, it can be useful to understand their insights according to the Sexual and Reproductive Empowerment Scale (SRES).

Descriptive Data

The majority of the participants were female (n=74, 71.15%), followed by males (n=29, 27.88%), and with one respondent who preferred not to disclose his/her sex (n=1, 0.96%). For the age distribution, all participants were between 21 and 32 years old as per the inclusion criteria. The most represented age range were from the 25-28 year group (n=53, 45.19%), followed by the 21-24 year group (n=47, 45.19%), and a lesser percentage in the age group of 29–32 years (n=4, 3.85%) (Table 1).

Main Results

Table 2 presents the descriptive statistics for each sublevel, including means and standard deviations. The analysis of sublevel average scores and standard deviations demonstrates significant insights into participants' perceptions of their relationships and self-identity.

Among the sublevels, comfort talking with partners received the highest average with an average of 2.80 and a standard deviation of 0.43, indicating

Table 1. Demographic distribution.

Variable	Frequency (n)	Percentage (%)
Sex		
Female	74	71.15%
Male	29	27.88%
Prefer not to say	1	0.96%
Age		
21 - 24	47	45.19%
25 - 28	53	50.96%
29 - 32	4	3.85%

Table 2. Sublevel average scores and standard deviation.

Sublevel	Average Score	Standard Deviation
Comfort talking with partner	2.8	0.43
Choice of partners, marriage and children	2.79	0.45
Parental support	2.77	0.48
Sexual safety	2.53	0.64
Self-love	2.67	0.54
Sense of future	2.37	0.63
Sexual pleasure	2.48	0.66

a high level of comfort among respondents when discussing sensitive topics and least variability of the responses of the participants among the sub levels. Similarly, the choice of partners, marriage and children scored an average of 2.79 (SD = 0.45), reflecting strong feelings of autonomy in decision-making. Participants reported a positive perception of parental support, with an average score of 2.77 (SD = 0.48), suggesting that many individuals feel adequately supported by their parents or guardians.

In terms of sexual safety, the average score was 2.53 (SD = 0.64), indicating some concern and variability in feelings of safety during sexual encounters. Regarding self-love, participants had an average score of 2.67 (SD = 0.54), reflecting moderate feelings of self-acceptance. The sense of future was the lowest among the sublevels, with an average score of 2.37 (SD = 0.63), indicating uncertainty for many respondents about their future aspirations. Finally, the sublevel concerning sexual pleasure scored an average of 2.48 (SD = 0.66), suggesting individuals have moderately positive perceptions of their sexual experiences, albeit with the most significant variability among responses having the highest standard deviation among the sublevels (Table 2).

The Sexual and Reproductive Empowerment (SRE) Classification provides a summary measure of participants' overall level of empowerment based on their responses to the Sexual and Reproductive Empowerment Scale (SRES). The participants were categorized into three levels of empowerment: High (54–69), Medium (38–53) and Low (23–37).

As presented in Table 3, 92 out of 102 participants (90.38%) were classified under the High level of empowerment, indicating that a significant majority of the medical students surveyed demonstrated strong understanding, autonomy and confidence in making informed decisions related to sexual and reproductive health.

A smaller proportion, 12 participants (9.62%), fell within the Medium level of empowerment. This group represents students who generally have a good understanding of sexual and reproductive health but may exhibit uncertainties or reservations in certain aspects, such as decision-making or communication. Notably, none of the participants were classified under the Low empowerment category (Table 3).

The distribution of the individual responses in the SRES are presented in Table 4. Majority of the responses in the subscales leaned towards "very true/extremely true", while only few responses fell under "not at all true/a little true." In terms of comfort talking with a partner, 89.42% (f=93) of the respondents feel at ease in telling their partner that they wish to use contraception, regardless of the said partner's disposition. Similarly, 81.73% (f=85) of the respondents are pleased to express their preference on having children with their partners, while 71.15% (f=74) are comfortable with expressing their disagreement with their partners.

Likewise, on the subscale assessing choice of partners, marriage and children, respondents reported feeling autonomous in their capacity to choose their partners (87.50%, f=91), marriage (86.54%, f=90) and children (69.23%, f=72).

A total of 91.35% (f=95) of students indicated that they "very/extremely agree" that a parent or guardian helps them achieve their goals in life. Similarly, 72.12% (f=75) strongly agreed that they have a parent or guardian who would help them with their problems, and the same proportion reported being trusted by their guardians to make the right decisions. Meanwhile, 81.73% (f=85) of students reported feeling accepted as they are by a parent or guardian. A notable minority rated the items on this subscale as only "moderately true", while a small fraction selected "not at all true/ a little true".

In terms of sexual safety, the majority of the respondents indicate "moderately true" to "very true/ extremely true" in their overall sense of autonomy and physical safety. Specifically, 68.27% (f=71) strongly agreed that they feel their body was their own and 74.04% (f=77) indicated that they feel safe

Table 3. SRE classification distribution.

Classification	Frequency	Percentage	95% Confidence Interval
High	92	90.38%	(0.823, 0.946)
Mid-High	12	9.62%	(0.054, 0.177)
Low	0	0%	-

Table 4. Individual responses distribution.

Items	Very true/Extremely true	Moderately true	Not at all true/A little true
Comfort talking with partner	f (%)	f (%)	f (%)
1. If I had a romantic partner, I would feel comfortable talking about whether or not I want to have children with them.	85 (81.73)	16 (15.38)	3 (2.88)
2. If I had a sexual partner, I would feel comfortable telling that person if I wanted to use a method to protect against infection or pregnancy, even when they didn't want to.	93 (89.42)	10 (9.62)	1 (0.96)
3. If I had a romantic partner, I would feel comfortable voicing disagreements with them.	74 (71.15)	27 (25.96)	3 (25.88)
Choice of partners, marriage and children			
4. I can freely choose if I get married.	90 (86.54)	12 (11.54)	2 (1.92)
5. I can freely choose who I marry.	91 (87.50)	12 (11.54)	1 (0.96)
6. I have the power to control if and when I have children.	72 (69.23)	29 (27.88)	3 (2.88)
Parental support			
7. I have a parent/guardian who would help me with my problems and troubles if I needed.	75 (72.12)	25 (24.04)	4 (3.85)
8. I have a parent or guardian who accepts me as I am.	85 (81.73)	16 (15.38)	3 (2.88)
9. I have a parent or guardian who trusts me to make the right decisions.	75 (72.12)	25 (24.04)	4 (3.85)
10. I have a parent/guardian who helps me achieve my goals in life.	95 (91.35)	9 (8.65)	-
Sexual safety			
11. I am able to do the things I want to do without worrying about my safety.	47 (45.19)	44 (42.31)	13 (12.50)
12. Walking down the street, I feel like my body is my own.	71 (68.27)	33 (31.73)	-
13. I do not feel afraid that I will be forced to do something sexually when I don't want to.	58 (55.77)	27 (25.96)	19 (18.27)
14. I feel safe in my current living situation.	77 (74.04)	26 (25.00)	1 (0.96)
Self-love			
15. I like myself	59 (56.73)	38 (36.54)	7 (6.73)
16. I am worthy of love	75 (72.12)	25 (24.04)	4 (3.85)
17. I know my body well.	66 (63.46)	34 (32.69)	4 (3.85)
18. My body belongs to me.	95 (91.35)	9 (8.65)	-
Sense of future			
19. I can imagine what my future will be like.	46 (44.23)	44 (42.31)	14 (13.46)
20. I have an idea of how I can eventually reach my goals.	52 (50.00)	49 (47.12)	3 (2.88)
Sexual pleasure			
21. My sexual needs or desires are important.	48 (46.15)	41 (39.42)	15 (14.42)
22. I think it would be important to focus on my own pleasure as well as my partner's during sexual experiences	79 (75.96)	21 (20.19)	4 (3.85)
23. I expect to enjoy sex	71 (68.27)	28 (26.92)	5 (4.81)

in their current living condition. Less than half 45.19% (f=47) of the respondents reported that they were very or extremely confident in their ability to do what they want without worrying about their safety while an additional 42.32% (f=44) responded that this was moderately true. Meanwhile, there was a noticeable rise in "not at all true/a little true" response of 18.27% (f=19), particularly on the statement of absence of fear when coerced in sexual activity. Conversely, 55.77% (f=58) felt very or extremely safe in this regard.

Majority of the responses in self love fell under the very true/extremely true as 91.35% (f=95) of students perceived that their body belongs to them. There were also a number of students who responded that they like themselves (56.73%), they are worthy of love (72.12%), and they know their own bodies well (63.46%).

In terms of sense of future, there is a minimal difference between students as most of their responses are under the very true/extremely true and moderately true.

Lastly, for sexual pleasure, the responses are mostly in the very true/extremely true category. It can also be observed that 14.42% (f=15) of students responded not at all true/a little true (Table 4) .

DISCUSSION

Key Results

The foremost subscale of the SRES, comfort talking with partner, encompasses the individual's perception of comfort in expressing their choice of having children, contraception use, and conflict resolution with their partners. Multiple studies have emphasized that sexual and reproductive health (SRH) communication during adolescent and young adult years acquired through formal (school and healthcare setting) and interpersonal (parents or caregivers, peers, or sexual partners) interactions is predictive of positive sexual behaviors and outcomes observed through use of contraception (Widman, et al, 2016) and health services (Hall, et al, 2012). For comfort talking with the partner, the high average score reflects a general sense of ease and openness in communication with romantic partners. The data suggests participants value and engage in open dialogue, a crucial factor in healthy relationships. This also suggests a high level of interpersonal communication that is crucial for reproductive decision-making and sexual consent. By extension, respondents who expressed utmost agreement to the comfort subscale are more likely to engage in healthy and safe sexual behaviors. Conversely, discomfort and ignorance of communicating problems and sexual preferences are associated with increased conflict and dissatisfaction (Ghorbani, et al, 2023).

With reference to the capacity of an individual to decide and exercise control over their choice of partnership and childbearing, the majority of the responses reflect greater degree of command in their choices. The high average for choice of partners, marriage, and children suggests a strong sense of autonomy in making relationship- and family-oriented leaders. Koenig, et al (2020) also found that one's knowledge of sexual practices and openness in receiving and taking sexual information encourages healthy sexual decision-making. Furthermore, as women create and implement decisions that align with their own truth, communicate more effectively with their partners, and recognize their place in society, the more likely they are to feel empowered (Vizveh, et al, 2021). For future healthcare workers, this indicates the importance of fostering a safe environment that facilitates honest disclosure of sexual and reproductive concerns.

The relatively high score for parental support also suggests that familial ties and relationships may play a role in shaping student's sexual and reproductive choices. For medical students, such interpersonal strengths may support both academic and personal growth, while also contributing to development of effective and empathetic communication skills — especially when addressing sensitive topics like reproductive health in clinical settings. Interestingly, while the majority of students strongly agreed with having supportive parents or guardians, the highest endorsement was for help in achieving life goals, while slightly lower proportions reported feeling accepted as they are and trusted to make the right decisions. This distinction points to the possibility that while functional or goal-related support is prevalent, emotional or relational support, which is crucial for fostering openness, may be somewhat less consistent. Wigle, et al (2022) highlights that many youth may still feel discomfort when discussing sexual and reproductive health issues with their parents — a factor not directly addressed in this study. This indicates that even when students report strong parental support and trust, such emotional security may not always translate into openness on sexual matters.

In contrast, the subdomains for sexual safety and sexual pleasure received a lower score with a relatively high standard deviation, indicating that the experiences of safety and satisfaction are not consistent among the population. This could signify a lack of practical understanding, comfort in navigating sexual boundaries, or barriers of cultural stigma even among students studying medicine. While the majority of respondents reported a strong sense of physical safety and autonomy, especially in public and home settings, a notable minority expressed concerns that may compromise their overall sexual empowerment. For instance, although 68.27% felt bodily autonomy while walking down the street, only 45.19% expressed high confidence in doing what they want without worrying about their safety. These results suggest that perceived safety varies by context and may be influenced by broader societal and environmental factors. This aligns with what Upadhyay, et al (2021) described as the multidimensional nature of empowerment, which includes not only physical autonomy but also the ability to communicate, make autonomous decisions, and assert personal boundaries. Of particular concern is the finding that 18.27% of respondents feared being forced into sexual activity against their will, underscoring the persistent vulnerabilities young adults may face—even within an educated population like medical students. This is supported by Biton's (2020) observation that levels of empowerment, including sexual safety, can still differ among various demographic and cultural groups, even among individuals with comparable educational backgrounds. Moreover, the high proportion of participants (74.04%) who felt safe in their current living situations reflects a supportive home environment for most students, highlighting the role of safe environments in facilitating positive sexual and reproductive health outcomes. All in all, these findings suggest that despite access to medical knowledge, students may still face discomfort, stigma, or lack of support in navigating safe and gratifying sexual experiences—possibly due to cultural expectations, academic stress, or limited discourse on sexuality in medical education. These internal uncertainties may challenge students' comfort in addressing sexual health concerns of patients, potentially leading to missed opportunities for effective sexual education and care.

The lower average score for self-love has implications for sexual and reproductive health as self-perception and self-worth are inextricably tied to empowerment and the ability to advocate for one's needs and sexuality. While students may feel a degree of self-acceptance, this suggests that aspects of personal well-being could benefit from further attention - particularly in its link to emotional health and sexual self-advocacy. When individuals are empowered to advocate for themselves, they experience transformative improvements in self-esteem, relationship satisfaction, and safer sexual practices. This empowerment not only reduces risks like unintended pregnancies and sexually transmitted infections, but also fosters confidence in navigating intimate relationships and making informed decisions about their sexuality. Lastly, emotional health challenges linked to low self-love may contribute to decreased motivation to seek reproductive health services or counseling, further limiting access to essential support and increasing risk.

Lastly, the lowest score, sense of future, raises additional concern as this may influence reproductive decision-making. This may be due to the unpredictable nature of medical education. This creates uncertainty about long-term plans, making it challenging for students to envision their future personal and professional lives. This uncertainty can impact their ability to make decisions about family planning, such as when or whether to have children, and may lead to delay in seeking contraception or other reproductive health services. This indicates that many students are uncertain about their goals and future which also translates to their reproductive plans and long-term decisions. For medical students, the demanding and often unstable environment of their training exacerbates these challenges, leaving them less equipped to balance immediate academic pressures with long-term reproductive considerations.

The findings from this study also reveal a notably high level of sexual and reproductive empowerment (SRE) among medical students at FEU-NRMF, with 90.38% (n = 92) of respondents classified under the High SRE category and 9.62% (n = 12) under Mid-High. Notably, no participants (0%) were categorized in the Low SRE range, reflecting a strong overall sense of autonomy, self-awareness, and informed decision-making regarding sexual and reproductive health.

This distribution aligns with Hernandez and Smith's (2020) assertion that comprehensive sexual education enhances individual empowerment, enabling people to confidently navigate relationships and health-related decisions. The dominance of

high SRE scores suggests that these medical students are not only knowledgeable but also capable of engaging in open communication with partners, making informed reproductive choices, and exercising personal agency—outcomes consistent with Upadhyay, et al (2020), who emphasized that individuals with higher SRE levels are more likely to demonstrate autonomy in their sexual health behaviors.

The 9.62% of students falling within the Medium empowerment category implies that although most students feel empowered, there remains a subset experiencing mild uncertainty or discomfort regarding some SRE domains, such as sexual safety or future planning. This supports Biton's (2020) observation that despite ongoing advocacy efforts, empowerment may still vary across different demographic and cultural groups, even within similarly educated populations. Targeted interventions or curriculum enhancements may be beneficial for these students, particularly in areas like sexual safety and long-term reproductive planning, which had lower average scores in the subscale analysis.

The absence of any respondents in the Low empowerment category runs contrary to broader concerns about insufficient SRH integration in medical education reported by Khamisy-Farah et al. (2022). While their research highlighted that many medical institutions fail to adequately include SRH topics, the current findings suggest that FEU-NRMF may have effectively bridged this gap, either through formal curriculum content, extracurricular resources, or supportive institutional culture.

The classification results not only reflect the effectiveness of current educational and developmental influences but also reinforce previous studies showing that positive attitudes toward SRH education are strongly correlated with higher empowerment levels (Mecugni, et al, 2021). These insights could support future improvements in medical education by identifying what works in empowering future healthcare providers and addressing any remaining areas of uncertainty.

Limitations

The study contains some limitations that may affect both the interpretation and general applicability of its findings. The use of a non-probability convenience sampling method restricts the representativeness of the sample, as participants were selected based solely on availability and willingness. This approach may introduce selection biases, potentially overrepresenting those who are more sexually open to discussing sexual health topics, and underrepresenting those with more conservative views or discomfort surrounding the subject matter. Moreover, the study was limited to medical students attending a single institution–Far Eastern University - Dr. Nicanor Reyes Medical Foundation–and only included first to third-year students. As a result, the findings may not be generalizable to medical students in other year levels or from other institutions with different education curricula, environments, or cultural contexts. The limited scope emphasizes the need for future research to involve multiple institutions and consider random or stratified sampling methods to better capture the diverse experiences and perspectives of medical students regarding sexual and reproductive empowerment.

Comparison with Other Studies

The study reveals that a significant majority (90.38%) of the medical students surveyed exhibited a high level of sexual and reproductive empowerment (SRE). This finding can be compared with several points raised in the study.

Importance of SRH Education: The study emphasizes the importance of sexual and reproductive health education (SRH) for young adults, noting that it is critical for their overall well-being and development. The high SRE level observed in the medical students might suggest that their exposure to medical education, even at the early stages (first to third year), could be contributing to this empowerment. This aligns with Hernandez and Smith (2020) that sexual education plays a significant role in enhancing empowerment.

Empowerment and Decision-Making: The high SRE level, particularly in areas like "Choice of partners, marriage and children" and comfort talking with partners, aligns that sexual and reproductive empowerment encompasses the ability to make informed choices regarding sexuality and reproduction. Upadhyay, et al (2020) are cited stating that young adults with higher SRE demonstrate greater agency in making sions about their sexual health.

Medical Education Integration of SRH: SRH although not always integrated into medical curricula

(Khamisyt Farah, et al, 2022), medical students still reported high levels of SRE. This could suggest that other factors, such as personal experiences or information accessed outside of the formal curriculum, might also play a significant role in their empowerment. However, better integration of SRH in medical education could further enhance the empowerment of future healthcare providers.

The high SRE (Sexual Reproductive Empowerment) scores among students also reflect what Upadhyay, et al (2021) describe as the multidimensional nature of empowerment, which includes the ability to communicate, make autonomous decisions, and assert personal boundaries. Even without full integration of SRH in the curriculum, it seems students are developing a strong sense of agency possibly through a mix of classroom exposure, personal reflection, and peer interaction. This suggests that medical education, even when limited in SRH content, can still create environments that support meaningful empowerment. It also highlights the importance of reinforcing these domains more intentionally in the curriculum to strengthen both competence and confidence in future healthcare providers.

Positive Attitudes Towards Sexual Health Education: Mecugni, et al (2021) and Lagadinou, et al (2024) suggest a significant connection between positive attitudes towards sexual health education and an enhancement in SRE. While the study does not directly measure attitudes towards sexual health education, the high SRE levels could potentially correlate with positive views on its importance, the researchers aim to explore.

In addition to medical education and personal agency, access to accurate and inclusive information plays a vital role in strengthening sexual and reproductive empowerment. As highlighted by Burke, et al (2022), reproductive empowerment is closely linked to one's ability to make informed decisions and practice self care, especially in matters like contraceptive use. Yet in the Philippines, traditional beliefs and limited access to modern contraceptive methods continue to affect reproductive outcomes (Biton, 2020). This reinforces the idea that empowerment must go beyond the classroom; it requires supportive systems, accessible services, and open conversations in both public and private spheres. For future healthcare professionals, recognizing these barriers can help them become more empathetic providers who advocate for more inclusive and effective reproductive healthcare.

Gaps in Gender-Specific and Attitudinal Insights on Empowerment: Wigle, et al (2022) discussed structural and cultural barriers - gender norms and societal expectations that limit young women's participation in SRH decision making. Although the present study reports a high overall level of sexual and reproductive empowerment among medical students, it does not disaggregate findings by gender or examine how these societal dynamics may influence individuals perceptions of empowerment. Especially since 71.15% of the participants were female. Additionally, the study does not assess students' attitudes towards sexual health education, which could provide valuable context for the understanding of what contributes to or potentially limits their sense of empowerment as future healthcare professionals.

In conclusion, the high level of SRE found in the medical students generally aligns with the importance and expected outcomes of SRH education. However the variations across different domains of empowerment and the documented gaps in SRH integration within medical education suggest areas where further research and improvement in education programs could be beneficial. The findings could contribute valuable data to address the under-examined empowerment of future healthcare providers.

Implications

The findings of this study showed that 90.38% of medical students have an overall high level of sexual and reproductive empowerment, suggesting that they are adequately prepared to make competent decisions about their sexual and reproductive health, with specific strengths in autonomy, communication with partners, and self-knowledge. The insights gained from this research could contribute to advising medical educators and administrators regarding the current state of students' sexual and reproductive health-related competence and confidence thus, it emphasizes the necessity of integrating sexual health education and support services in the medical curriculum. Through addressing the gaps identified, educational programs may enable future physicians to maintain their own well-being while developing skills to support patient advocacy and guidance in sensitive reproductive health issues. Further studies may improve on expanding the scope of the population to include medical students from various institutions.

Additionally, in minimizing possible selection bias that may arise from the use of convenience sampling, future studies may benefit from using random or stratified methods of sampling.

Generalisability

This study was conducted among medical students at Far Eastern University – Dr. Nicanor Reyes Medical Foundation (FEU-NRMF). The participants demonstrated high SRE, which is suggestive of comparable autonomy, awareness, and confidence in terms of sexual and reproductive health navigation. All of these mirror the interplay between formal medical education and access to vital information, peer engagement, and broader health discourse. While findings are promising, caution should be exercised in generalizing the findings to all medical students in the Philippines or to students in different disciplines.

Employing a non-probability convenience sampling, albeit effective and practical for accessible data gathering, may limit the inclusiveness of perspectives, especially to individuals who are less engaged with the topic. Moreover, it was conducted in a solitary private medical institution, potentially indicating sociocultural and institutional policy variation – specifically those in public institutions and rural areas with less focus on integrating sexual and reproductive health within their curriculum. In addition to that, while it was ensured by the inclusion criteria that participants were at least 21 years old and currently enrolled from the first to third year of the medical program, the criteria do not account for the attitudes and experiences of senior medical students (clerks), interns and medical professionals whose perspectives may have evolved along with clinical exposure.

Despite the study's limitations, results are informative and valuable for educators as well as program and policy developers intending to refine SRH interventions for students, particularly those in the medical field. Hence, to ensure applicability across varied educational and cultural groups, future studies should encompass randomized sampling across diverse cultures, socio-demographics, and academic backgrounds. In that sense, a broader, more significant understanding of sexual reproductive empowerment among Filipino youths —and future healthcare providers—can be achieved.

CONCLUSION

The study explored the sexual/reproductive empowerment of medical students at FEU-NRMF focusing on the different sublevels including comfort talking with partner; choice of partners, marriage, and children; parental support; sexual safety; self-love; sense of future; and sexual pleasure. The findings revealed high levels of SRE (f=94; 90.38%), suggesting a more positive outlook in terms of sexual and reproductive domains. Notably, participants reported strong levels of comfort when talking about sensitive matters with their partners; autonomy in choosing partners, marriage, and children; and availability of parental support. Despite the high levels of SRE, there are some levels, particularly sense of future and sexual safety which scored lower compared to others, indicating that a significant minority experiences concerns about personal safety and potential sexual coercion, these areas may benefit from further intervention or support. While most students expressed a positive sense of body ownership and self-worth, a notable proportion still reported moderate or low feelings of safety, awareness of personal sexual needs, and belief in their ability to achieve their future goals. Efforts to strengthen their sense of future direction and enhance perceptions of safety - physically and sexually - may further support their holistic well-being. These findings highlight the importance of continued education and support services that improve autonomy, safety, and personal development as key components of sexual and reproductive health especially among medical students, which in turn improve their role as future health care providers.

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