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Sexual Self-Care Topics for Primary School Teachers: A Meta-Synthesis of Qualitative Studies

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A B S T R A C T

Purpose: This study aimed to identify, categorize, and synthesize key topics of sexual self-care education necessary for inclusion in teacher-training curricula for primary school educators.

Methods and Materials: A qualitative meta-synthesis approach was adopted to integrate and interpret the findings of prior qualitative research on sexual self-care and teacher education. The research population consisted of 1,113 studies published between 2019 and 2023 CE in English and Persian. Electronic databases—including Scopus, Web of Science, PubMed, Google Scholar, Noormags, and Elmnet—were systematically searched using relevant keywords. After multi-stage screening based on title, duplication, abstract, and content relevance, 30 studies were included for final analysis. Data were organized and coded through open, axial, and selective coding using Erwin et al.'s (2011) six-step meta-synthesis framework. Credibility, transferability, dependability, and confirmability were assessed according to Lincoln and Guba's (1994) criteria.

Findings: The analysis yielded four major thematic categories and 56 sub-topics representing the domains of sexual self-care required for teacher preparation. The main categories included (1) sexual concepts—covering gender identity, sexual ethics, roles, and self-protection; (2) health, hygiene, and development—including puberty, reproductive health, and mental well-being; (3) personal and social skills—emphasizing communication, assertiveness, and media literacy; and (4) cultural, religious, and legal topics—integrating moral education, religious values, and knowledge of child-protection laws. The synthesis confirmed that comprehensive and culturally grounded training equips teachers with both ethical sensitivity and scientific competence, fostering safer learning environments.

Conclusion: Sexual self-care education for primary-school teachers must be multidimensional, integrating cognitive, behavioral, emotional, cultural, and legal competencies. Embedding these dimensions in teacher-training curricula can strengthen educators' ability to promote children's sexual health, safety, and moral development.

Keywords: *Sexual self-care; Primary school teachers; Meta-synthesis; Sexual education; Health promotion; Teacher training.*

1. Introduction

In recent years, the importance of developing effective sexual self-care education for young learners and for those responsible for their guidance has gained remarkable global attention (Ali et al., 2024; Goldfarb & Lieberman, 2021; Karami, 2024). Within the educational system, primary-school teachers play a vital preventive and developmental role, as they are often the first professionals to respond to children's questions about their bodies, relationships, and personal boundaries (Naderi & Koshti Ara, 2022; Rahimi Khalifeh Kandi et al., 2023). The concept of *sexual self-care* transcends the boundaries of physical health and encompasses multidimensional aspects of emotional awareness, respect for bodily autonomy, and competence in interpersonal communication (Rabie & Klopper, 2015; Rafiei Far et al., 2014). Proper sexual self-care helps children develop positive body image, internalised values of dignity and respect, and practical skills in self-protection and emotional regulation (Biranavand et al., 2021; MahmadBigi et al., 2019). Teachers, as the first formal educators, require structured preparation to deliver this knowledge effectively, especially in culturally sensitive contexts where sex education is frequently marginalised or misunderstood (NoralizadehMianji & Rahimi, 2022; Samdi & Ghalavand, 2022).

Comprehensive sex education (CSE) frameworks stress that self-care competence cannot emerge from biological instruction alone; rather, it must address social, emotional, ethical, and cultural dimensions (Balali et al., 2021; Goldfarb & Lieberman, 2021). The challenge lies in translating global CSE standards into locally relevant curricula that align with teachers' cultural, religious, and pedagogical contexts (Ali et al., 2024; Karami, 2024). Empirical and narrative studies in Islamic societies indicate that teachers often experience moral tension between the need for clear, scientific education and adherence to religious norms (Haji Zadeh et al., 2021; Tahamasbzadegsheykhlar et al., 2021). Therefore, to create a balanced programme of sexual self-care, the educational design must consider values of modesty, moral integrity, and social responsibility while still empowering teachers to equip students with knowledge and protection skills (Coime-España et al., 2022; Naderi & Koshti Ara, 2022).

Cross-cultural analyses demonstrate that teachers' attitudes are decisive factors in whether sexual-self-care education succeeds or fails (Klon et al., 2023; Ogur et al., 2023). Teachers' beliefs about gender roles, openness of communication, and comfort in discussing sexuality strongly affect children's ability to internalise positive norms (Morris, 2022; NoralizadehMianji & Rahimi, 2022). Where teachers are trained and supported, outcomes improve markedly: children exhibit higher knowledge retention, safer behaviours, and reduced exposure to exploitation (Pereira et al., 2020; Rahimi Khalifeh Kandi et al., 2023). Conversely, when educators are unprepared or constrained by taboos, misinformation and anxiety about sexuality persist (Bakhtiari & Pasha, 2019; Etemadi Zadeh & Nori, 2019). Hence, enhancing teachers' competence through structured self-care education is an essential investment in both public health and child protection.

The health and hygiene dimension of sexual self-care remains one of its most visible pillars. Issues of puberty, menstruation, reproduction, and prevention of sexually transmitted infections (STIs) are central to both general and teacher education (Tanaka et al., 2020; Taylor et al., 2020). However, many programmes have failed to integrate these topics with psychosocial and ethical learning outcomes (Chaiwongroj & Buaraphan, 2020; Saidirizvani et al., 2020). For example, in the Philippines, Tanaka et al. (2020) found that school nurses highlighted the need to balance biological instruction with topics like stress management, depression, and reproductive responsibility. Similarly, Morris (2022) observed that even linguistic tools, such as school dictionaries, omitted explicit yet necessary anatomical terminology, reinforcing silence and stigma around sexual health (Morris, 2022). In contexts such as Thailand and Iran, where moral traditions hold strong, combining medical accuracy with cultural sensitivity has proven essential for acceptance and sustainability (Chaiwongroj & Buaraphan, 2020; Hajipoor Bagheri, 2024).

From a developmental-psychology perspective, children's curiosity about sexuality and their emerging gender identity are natural aspects of cognitive and emotional growth. When guided properly, these lead to self-respect, empathy, and social responsibility (NoralizadehMianji & Rahimi, 2022; Qadirianpour et al., 2021). Unaddressed curiosity, however, may foster confusion, shame, or susceptibility to manipulation. Studies in early-childhood education stress that teachers should answer children's sexual questions honestly and appropriately for their developmental level (Jeti et al., 2024; Martin et al., 2020). Such openness reduces anxiety and promotes trust between teachers and students. Furthermore, introducing content on body boundaries, privacy, and safety strengthens children's autonomy and helps prevent

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victimisation (Pereira et al., 2020; Rahimi Khalifeh Kandi et al., 2023).

A vital aspect of sexual self-care education is the psychological resilience and self-efficacy of teachers themselves. Educators dealing with sexuality topics often encounter emotional discomfort, fear of social judgment, or role ambiguity (Memar et al., 2022; Ogur et al., 2023). Research on teacher mental health during the COVID-19 pandemic also found heightened anxiety, suggesting that wellbeing directly influences the ability to handle sensitive classroom subjects (Li et al., 2020). Integrating emotional-management skills into teacher training can therefore enhance both teacher confidence and student outcomes (Biranavand et al., 2021; Cazacu-Stratu, 2021).

At the intersection of education and religion, several models seek to harmonise scientific knowledge and faith-based values. For instance, Haji Zadeh et al. (2021) developed an Islamic jurisprudential model of child sex education that emphasises chastity, modesty, and the sacredness of the body within a structured moral framework (Haji Zadeh et al., 2021). Karami (2024) contrasted Islamic and Western perspectives, concluding that while both promote personal responsibility, their philosophical premises differ in defining freedom, consent, and virtue (Karami, 2024). Such comparative work suggests that culturally grounded sexual self-care curricula can promote moral coherence and social harmony while still meeting scientific and developmental needs (Ali et al., 2024; Hajipoor Bagheri, 2024).

Beyond cultural and religious aspects, the legal and rights-based dimension of sexual self-care is equally critical. Teachers need to understand children's rights regarding protection from abuse, harassment, and discrimination. They must be aware of reporting mechanisms, local laws on child welfare, and procedures following disclosure of sexual assault (Pereira et al., 2020; Rahimi Khalifeh Kandi et al., 2023). Informed teachers can create safer classrooms, advocate for victims, and coordinate effectively with health or legal authorities. Integrating these competencies into pre-service training reflects the preventive philosophy of modern education systems.

A further dimension concerns digital media and the virtual environment, where children increasingly acquire information about sexuality, often from unreliable or explicit sources. Studies show that exposure to sexualised content online begins at younger ages than ever before, increasing risks of body-image distortion and unsafe behaviour (Musavi, 2024; Zhang, 2023). Accordingly, teacher education must integrate digital citizenship and media-literacy components so teachers can guide students in navigating misinformation and protecting privacy (Biranavand et al., 2021; Cazacu-Stratu, 2021).

Social and emotional learning (SEL) frameworks also align closely with sexual self-care education. Teachers can foster empathy, assertiveness, self-regulation, and respect for diversity—skills linked with safe and ethical relationships (Saidirizvani et al., 2020; Taylor et al., 2020). Incorporating SEL elements reinforces self-care competencies by connecting emotional wellbeing with decision-making and moral reasoning (Bakhtiari & Pasha, 2019; Ezer et al., 2019). In addition, the inclusion of self-care topics such as mental-health awareness, stress management, and positive coping mechanisms can prevent both internalised distress and externalising behavioural problems among students (Choi et al., 2020; Tanaka et al., 2020).

Comparative international research illustrates that when teacher-training programmes prioritise sexual self-care education, positive public-health outcomes follow. For example, in Poland and Spain, teachers who underwent specialised training reported greater confidence and more frequent integration of sexuality topics into classroom discussions (Coime-España et al., 2022; Klon et al., 2023). In contrast, studies from developing regions reported fragmented curricula, inconsistent implementation, and lack of institutional support (Qadirianpour et al., 2021; Samdi & Ghalavand, 2022). These disparities highlight the urgent need for a coherent framework guiding the preparation of primary-school teachers.

From a curriculum-design standpoint, the meta-synthesis of existing studies reveals four broad categories of topics that consistently recur across contexts: (1) sexual concepts and ethical foundations; (2) health, hygiene and growth; (3) personal and social skills; and (4) cultural, religious and legal considerations (Balali et al., 2021; Haji Zadeh et al., 2021; Rahimi Khalifeh Kandi et al., 2023). Each category encompasses multiple sub-domains ranging from gender identity and bodily autonomy to disease prevention and self-protection skills. The intersection of these domains underpins the holistic notion of sexual self-care, integrating scientific literacy, social competence, and moral awareness (MahmadBigi et al., 2019; Tahamasbzadegsheykhlar et al., 2021).

Despite a rich international literature, critical gaps remain. Many studies target adolescents or secondary-school students, while the primary-education sector receives limited

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empirical attention (Chaiwongroj & Buaraphan, 2020; Martin et al., 2020). Likewise, while parents' and health professionals' roles have been extensively analysed, systematic exploration of teacher training in sexual self-care remains scarce (Jeti et al., 2024; Ogur et al., 2023). There is also a paucity of research linking teacher competencies with student outcomes in early grades, and little theoretical consensus on how to embed sexual self-care education in teacher-training curricula.

Given this backdrop, the need to synthesise findings across qualitative and quantitative studies has become increasingly pressing. Integrative reviews and meta-syntheses offer a systematic means of identifying core competencies, contextual barriers, and educational priorities (Samdi & Ghalavand, 2022; Tahamasbzadegsheykhlar et al., 2021). Through such analysis, policymakers and curriculum developers can design culturally congruent, pedagogically sound, and ethically grounded training programmes for primary-school teachers.

Therefore, the aim of this study is to identify, categorise, and synthesise the essential sexual self-care topics required for the education of primary-school teachers, integrating evidence from global and regional literature to inform future curriculum development.

2. Methods and Materials

The present study employed a meta-synthesis approach to integrate and analyze existing research on sexual self-care education for primary school teachers. Meta-synthesis is a qualitative research approach that examines and synthesizes the findings of related qualitative studies. In this study, a selection of relevant qualitative research was analyzed to extract, categorize, and interpret their data. The primary purpose of meta-synthesis is to develop theoretical insights, provide a comprehensive and applicable summary of results, and generalize findings for practical use.

The research domain included credible scientific articles focusing on sexual self-care education for primary school teachers. For data collection, EndNote software was used to record and organize information. Content analysis through categorization served as the main tool for examining scientific documents. Data were analyzed and interpreted through open, axial, and selective coding. The six-step meta-synthesis model of Erwin et al. (2011) was adopted as the analytical framework.

The validity and reliability of the study were evaluated according to the Lincoln and Guba (1994) criteria, including credibility, transferability, dependability, and confirmability. To ensure credibility, the researcher used self-audit methods; transferability was enhanced by enriching and precisely documenting evidence. Dependability and confirmability were achieved through the review of coding and components by curriculum specialists.

3. Findings and Results

In this section, based on the model proposed by Erwin et al. (2011), a six-step process was implemented for conducting the meta-synthesis.

Step 1: Formulating the Research Question

The first step for researchers is to focus on defining the research questions. The research questions and parameters are presented in Table 1.

Table 1

Research Questions and Parameters

Parameters	Formulation of the Question
What (Research Question)	In theories of sexual self-care education, which topics are considered essential for teaching primary school teachers?
Who (Study Population)	Studies were reviewed from international databases such as *Scopus*, *Web of Science*, and *PubMed*, along with the *Google Scholar* search engine.
What Findings and Results	Studies analyzed were those whose results addressed essential sexual self-care education topics for primary school teachers.
When (Time Frame)	The studies examined were published between 2019–2023 CE (1398–1402 SH).
How (Method of Study Collection)	The observation method was used. All studies within this field were reviewed; relevant articles were included, and irrelevant ones were excluded.

Step 2: Literature Search

In this phase, the researcher conducted a systematic search of scholarly articles published in English and Persian between 2019–2023 CE (1398–1402 SH) related to essential topics in sexual self-care education for primary school teachers. The five-year period was chosen to ensure up-to-date findings. The electronic databases and search engines reviewed included Scopus, Web of Science, PubMed, and Google Scholar. Persian-language searches were also

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performed using the keywords in local databases such as Noormags and Elmnet.

Table 2

Keywords Used in Each Database

Database	Search Date	Keywords
Web of Knowledge	Sep 24, 2024	"Sexual education"; "Sexual education AND elementary school"; "Sexual education AND Children"; "Sexual education AND elementary school AND Curriculum"
Scopus	Sep 25, 2025	Same combinations as above
PubMed	Sep 26, 2026	"Sexual education AND Children"
Google Scholar	Sep 27, 2026	"Sexual education AND Children AND Curriculum AND Teacher"; "Sexual education AND elementary school AND Curriculum AND Teacher"
Google Scholar (Persian)	Sep 28, 2026	"آموزش جنسی" OR "تربیت جنسی" AND "کودکان" OR "مقطع ابتدایی"
Noormags	—	Same as above
Elmnet	—	Same as above

The number of English and Persian studies retrieved using the above keywords from titles, abstracts, and keywords is presented in Table 3.

Table 3

Number of Articles Found in Databases and Search Engines

Database or Search Engine	Number of Articles Found
Web of Knowledge	222
Scopus	585
PubMed	47
Google Scholar (English keywords)	179
Google Scholar (Persian keywords)	45
Noormags	16
Elmnet	19
Total	1,113

Step 3: Selection, Refinement, and Organization of Studies

Phase 1: Studies with irrelevant titles were excluded.

Phase 2: Duplicate studies were removed.

Phase 3: Studies with unrelated abstracts were excluded.

Phase 4: Articles with non-relevant research content were eliminated.

Table 4

Identification of Studies Through Databases

Database or Search Engine	Articles Found	After Removing Irrelevant Titles	After Removing Duplicates	After Removing Irrelevant Abstracts
Web of Knowledge	222	47	34	15
Scopus	585	141	118	30
PubMed	47	6	6	4
Google Scholar (English)	179	37	37	23
Google Scholar (Persian)	45	17	17	10
Noormags	16	7	7	7
Elmnet	19	4	2	2
Total	1,113	259	219	91

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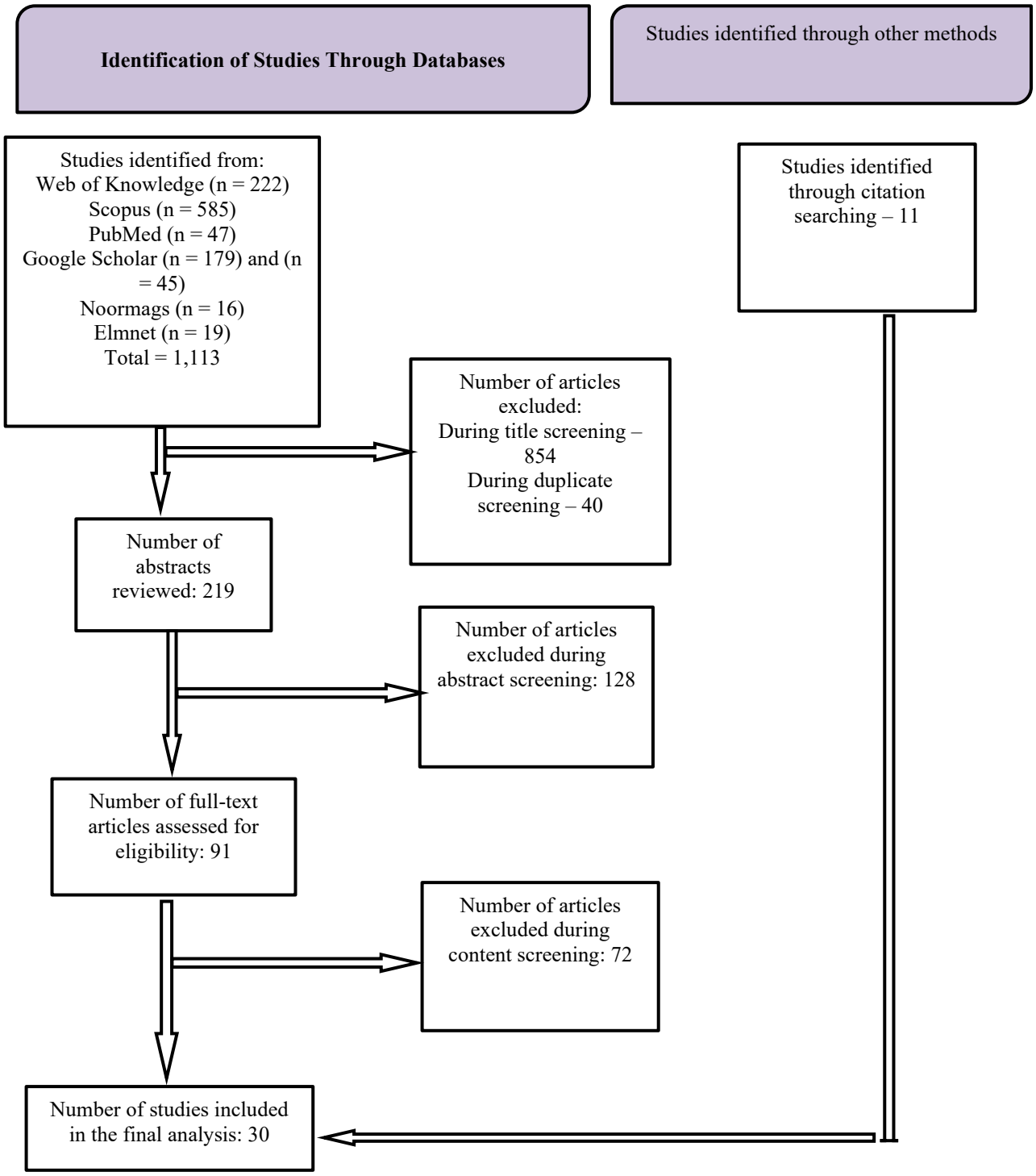
Figure 1

Screening Process of Studies According to Inclusion and Exclusion Criteria



Step 4: Extraction of Research Findings

Throughout the meta-synthesis process, researchers repeatedly read the finalized reports to identify embedded findings within individual primary studies. At this stage, based on research findings related to the study objective, all components were extracted through coding. Accordingly, following the coding process conducted in the previous step, Table 5 presents the identification of sexual self-care education topics for primary school teachers found in the selected articles.

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Table 5

Major Findings of Studies in the Field of Sexual Self-Care

No.	Source	Major Findings
1	(Naderi & Koshti Ara, 2022)	Recognition of cultural and Islamic values, stereotypical and gender roles, as well as understanding barriers and challenges to sexual education.
2	(Memar et al., 2022)	Familiarity with deviant consequences of paraphilia among child and adolescent victims, including contraction of sexually transmitted diseases, unwanted pregnancy, obstetric complications, unwillingness to marry and reproduce, post-traumatic stress disorder, and sexual dysfunction. Enhancement of sexual self-control among adolescents, recognition of the influence of media on children's sexual education, and attention to the diagnosis of depression or anxiety disorders.
3	(Biranavand et al., 2021)	Avoiding false beliefs, understanding relationships and sexual self-control, sexual responsibility, and sexual ethics.
4	(Balali et al., 2021)	Familiarity with the religious foundations of male-female relations, development of sexual education based on religious, ethical, and moral beliefs, sexual health literacy, appropriate control of sexual instincts, awareness of legal and illegal aspects of sexual matters, and recognition of sexual deviation as a major sin.
5	(Tahamasbzadegsheykhlar et al., 2021)	Guiding sexual curiosity, fostering optimal religious and moral growth, empowering sexual behavior management, and raising awareness of sexual hygiene.
6	(Hijazi et al., 2021)	Identified twelve main categories covering health and hygiene, harassment and assault, human growth and development, human relational network, life skills, value orientation and spirituality, sexual acts, sex and gender identity, media literacy, empathy and institutional support, justice and rights, and cultural-social norms.
7	(Qadirianpour et al., 2021)	Body self-awareness, privacy, puberty, reproductive knowledge, gender differences, trustworthy individuals, and spiritual and moral formation through knowledge, attitude, and skill components.
8	(Samdi & Ghalavand, 2022)	Self-awareness, puberty, control of sexual instinct, understanding relationships, marriage readiness, and prevention of social harm.
9	(Bakhtiari & Pasha, 2019)	Various aspects of human sexuality including moral, biological, cultural, psychological, health, and religious dimensions emphasizing ethical and divine harmony.
10	(Haji Zadeh et al., 2021)	Recognition of gender roles, shaping proper sexual behavior, understanding modesty and marriage, and maintaining relational boundaries.
11	(Saidirizvani et al., 2020)	Understanding relationship with God, self, and others; theological comprehension of sexuality; awareness of Western sexual education; pathology and causes of sexual behavior; and coping with sexual abuse.
12	(Etemadi Zadeh & Nori, 2019)	Gender roles, parental guidance, healthy and unhealthy relationship patterns, family functions, causes of divorce, equality, marriage, pregnancy, contraception, HIV/AIDS awareness, and modesty.
13	(MahmadBigi et al., 2019)	Knowledge of cultural traditions, Iranian-Islamic morality, gender differences, sexual ethics, moral values, spirituality, communication, decision-making, and confidence skills.
14	(NoralizadehMianji & Rahimi, 2022)	Developmental challenges of childhood across stages including sexual identity formation, curiosity, early sexual awakening, and awareness of relationships and puberty.
15	(Pereira et al., 2020)	Violence, sexual tendencies, sexual health, adolescent fertility, body care, substance use, and family relations.
16	(Choi et al., 2020)	Teachers identified personal hygiene, nutrition, reproductive health, and sexual education as core school-health priorities alongside mental well-being and lifestyle.
17	(Martin et al., 2020)	Teachers' awareness of sexual development, identity, children's sexual curiosity, child masturbation, and responses to sexual abuse.
18	(Cazacu-Stratu, 2021)	Education on health topics such as alcohol, drugs, tobacco, nutrition, physical activity, contraception, HIV/AIDS, emotional well-being, STDs, and violence prevention.
19	(Klon et al., 2023)	Early childhood: anatomy, reproduction, hygiene. Later childhood: relationships, childbirth, puberty, and sexual violence prevention.
20	(Morris, 2022)	Understanding of genital organs, unified anatomical terminology, and puberty.
21	(Rahimi Khalifeh Kandi et al., 2023)	Awareness of privacy, safe vs. unsafe touch, recognizing risky environments, assertive refusal, identifying trusted adults, and actions after sexual abuse.
22	(Ogur et al., 2023)	Knowledge of private parts, male and female reproductive systems, puberty, menstruation, reproduction, STDs, HIV/AIDS, assertiveness, and safety from offenders.
23	(Coime-España et al., 2022)	Sexual relations, lifestyle, masturbation, contraception, STDs, and orientations such as homosexuality and bisexuality.
24	(Goldfarb & Lieberman, 2021)	Knowledge and skills for self-protection, reporting abuse, responding to risk, teaching sexuality, gender identity, equality, social justice, and values.
25	(Li et al., 2020)	Knowledge and skills to prevent HIV, STDs, and unwanted pregnancy.
26	(Taylor et al., 2020)	Inclusive discussion of sexual behaviors and identities, early and comprehensive sex education, and training by qualified professionals.
27	(Rafiei Far et al., 2014)	Knowledge of sexual and reproductive health and contraception.
28	(Tanaka et al., 2020)	Mental health (depression, stress), pregnancy health, safe sex, nutrition, puberty, menstruation, and harassment prevention.
29	(Chaiwongroj & Buaraphan, 2020)	Sexually transmitted diseases, HIV/AIDS, and unwanted pregnancy.
30	(Rabie & Klopper, 2015)	Biological changes in boys and girls, genital care, appropriate sexual expression, avoidance of inappropriate touch, prevention of abuse, gender roles, and self-esteem.

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Step Five: Presentation of Findings (Cross-Study Synthesis)

At this stage of the study, it was essential to present the results and findings in an effective and comprehensible manner for diverse audiences. Erwin et al. (2011) emphasized the importance of employing visual and conceptual tools in this process.

In the present study, to design sexual self-care education for primary school teachers, researchers first performed open coding to identify and classify various components. Subsequently, by combining related scientific findings, they achieved a unified conceptual framework.

During the synthesis phase, open codes were qualitatively analyzed and conceptually integrated through recoding, merging similar and related concepts. This process led to the extraction of core categories (axial codes). Using axial coding, all components related to sexual self-care education for primary school teachers were grouped based on shared meanings. This systematic process culminated in the identification and selection of key codes, the results of which are presented in Table 6.

Table 6

Sexual Self-Care Topics for Primary School Teachers

Selected Code	Axial Code	Open Code	Article Codes
Sexual Concepts	Sexual Education	Sexual education	(6), (13), (14)
		Sex education	(6), (18)
		The West and sexual education	(11)
Sexual Concepts	Sexual Concepts	Gender identity	(6), (7), (10), (13), (14), (17), (26)
		Sexual inclinations	(15), (24)
		Sexual orientations	(13), (23), (24)
		Sexual relations	(6), (12), (23), (26), (28)
		Sexual roles and responsibilities	(1), (3), (6), (7), (9), (10), (13), (30)
		Sexual behavior and ethics	(3), (5), (6), (9), (10), (26)
		Sexual issues	(1), (4)
		Sexual harassment and abuse	(6), (7), (12), (14), (17), (28)
		Physical and sexual violence	(6), (15), (19)
		Types of bullying	(6)
		Gender equality/inequality	(19), (24)
		Sexual instinct	(9), (10)
		Quasi-sexual play	(14)
Etiology and Sexual Pathology	Sexual Antecedents	Sexual antecedents/predisposing factors	(11)
		Consequences of sexual harms	(2), (11)
		How to respond to victimized children	(2), (6), (17)
Hygiene, Health, and Development	Development	Developmental stages	(6), (7), (9), (12), (17), (30)
		Self-knowledge, body parts, and protection	(6), (7), (8), (10), (12), (13), (15), (19), (20), (21), (22), (30)
		Knowledge of the structure and function of reproductive organs in plants and animals	(7)
		Differences in growth patterns of girls and boys	(6), (7), (12), (19), (22), (30)
		Menstruation, puberty, and precocious puberty	(6), (7), (8), (9), (12), (14), (19), (20), (22), (28), (30)
		Reproduction, pregnancy—unwanted pregnancy, and genital organs	(2), (7), (6), (9), (12), (15), (18), (19), (22), (23), (25), (27), (28), (29), (30)
		Love and marriage	(6), (8), (9), (10), (19)
		Nutrition	(15), (18), (28)
Health and Hygiene		Sexually transmitted, infectious, and common diseases	(2), (6), (12), (15), (18), (22), (22), (23), (28), (29)
		AIDS and HIV	(12), (18), (22), (25), (29)
		Alcohol and drugs	(15), (18)
		Depression, stress, suicide, and mental health	(2), (6), (9), (10), (15), (18), (28)
		Physical and sexual health and hygiene	(4), (5), (6), (13), (15), (19), (24), (27)
		Masturbation	(11), (17), (23)
Personal and Social Skills	Communication Skills	Intrapersonal communication and self-control	(2), (4), (3), (7), (8), (9), (11), (13)

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		Family role and family communication skills	(6), (7), (9), (12), (13)
		Communication skills with others	(6), (7), (9), (12), (13)
		Healthy vs. unhealthy relationships	(6), (7), (10), (12), (13), (14)
		Friendship-making skills	(7), (9), (12)
Life Skills		Self-esteem, self-confidence, and self-belief	(7), (13), (30)
		Lifestyle and life skills	(6), (16), (23)
Self-Protection Skills		Safe vs. unsafe touch	(7), (21), (30)
		Refusal skills and the ability to say “no”	(6), (7), (21), (22)
		Identifying risky persons, behaviors, and places, and preventive self-protection actions	(6), (7), (9), (11), (12), (18), (19), (21), (24), (30)
		Trusted individuals	(7), (12), (21)
		Appropriate actions after sexual abuse and identifying points of contact	(2), (6), (21), (24)
Information-Acquisition Skills		Media literacy	(2), (6), (7), (9), (11), (12)
		Information resources	(2), (6), (7), (9), (12)
		Obtaining up-to-date information	(26)
Cultural, Religious, and Legal Topics	Culture	Cultural values and countervalues	(1), (6), (7), (9), (11), (12), (13), (24), (26)
		Moral values and commitments	(4), (5), (6), (9), (12), (13)
		Stereotypes and misconceptions	(1), (3), (24)
		Barriers and challenges in sexual education	(1)
Religion		Religious values and foundations	(1), (4), (5), (6), (7), (9), (11), (13)
		Religious rulings (jurisprudential injunctions)	(6), (7), (12), (13)
Law		Laws and rights concerning sexual health and hygiene	(4), (6), (9)
		Legal authorities and how to pursue sexual matters	(6)

The conceptual model and theoretical framework can facilitate a better understanding of sexual self-care topics for primary school teachers. Therefore, by combining theoretical and empirical backgrounds, the components and topics identified in the research findings can be classified and integrated under the four overarching categories described above.

4. Discussion and Conclusion

The results of this study provided a comprehensive framework of sexual self-care topics for primary school teachers, synthesized from an extensive qualitative meta-analysis of domestic and international literature. The findings revealed four overarching categories—sexual concepts, health, hygiene, and development, personal and social skills, and cultural, religious, and legal topics—which collectively outline the key areas teachers must be educated in to promote children’s holistic sexual well-being and safety. Each of these categories aligns with the evolving global emphasis on comprehensive, developmental, and culturally sensitive sexual education frameworks (Balali et al., 2021; Goldfarb & Lieberman, 2021; Samdi & Ghalavand, 2022).

The category of sexual concepts emerged as the most foundational, encompassing essential knowledge about sexual identity, orientation, gender roles, behavior, ethics, and self-protection. This finding echoes the argument that sexuality education must transcend biological instruction to include self-understanding, personal responsibility, and ethical awareness (Goldfarb & Lieberman, 2021). In several studies, teachers’ limited comfort in discussing sexual identity and roles was linked to insufficient training and lack of structured curricula (Klon et al., 2023; Ogur et al., 2023). The present findings reinforce that equipping teachers with conceptual and ethical clarity about gender and sexuality is crucial for fostering confidence and appropriate pedagogy in classroom settings. Similarly, the inclusion of themes such as sexual violence, harassment, and bullying corresponds with previous evidence that early and clear education on consent and personal boundaries can prevent future victimization (Pereira et al., 2020; Rahimi Khalifeh Kandi et al., 2023).

The emphasis on self-awareness, responsibility, and sexual ethics within this category aligns with cultural approaches that advocate moral and values-based education alongside scientific knowledge. Islamic and moral education models, for example, highlight the integration of chastity, modesty, and moral reasoning as essential for self-control and ethical sexual behavior (Haji Zadeh et al., 2021; Karami, 2024). Studies conducted in Iranian and other Islamic educational contexts indicate that such integrative approaches are effective in fostering moral development and preventing misinterpretation of sexuality as taboo or forbidden (Ali et al., 2024; MahmadBigi et al., 2019).

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Therefore, the results of this meta-synthesis reaffirm the dual necessity of providing both scientific knowledge and ethical-cultural guidance in teacher training programmes.

The second major category, health, hygiene, and development, underscores the biological and psychological dimensions of self-care. It incorporates topics such as puberty, menstruation, reproductive health, sexually transmitted infections (STIs), and mental health, alongside personal hygiene and lifestyle practices. This finding corresponds to international reports demonstrating that sexual health education is most effective when it addresses not only disease prevention but also mental well-being, body image, and emotional literacy (Choi et al., 2020; Tanaka et al., 2020; Taylor et al., 2020). For instance, in the Philippines and Japan, nurses and educators jointly emphasized teaching about menstruation, puberty, and reproductive health through health-promoting school frameworks (Tanaka et al., 2020). Similarly, studies in Thailand and Poland observed that integrating emotional health, nutrition, and physical hygiene into sex education improved both teacher engagement and student comprehension (Chaiwongroj & Buaraphan, 2020; Klon et al., 2023).

Moreover, the results showing that puberty, reproduction, and hygiene education are key training needs align with prior work showing that primary school teachers often lack formal preparation to address body development and reproductive processes (Morris, 2022). Teachers frequently express discomfort or limited vocabulary for describing anatomy and puberty, particularly where local language resources or textbooks omit explicit terminology (Cazacu-Stratu, 2021; Morris, 2022). Inadequate educational resources can perpetuate misinformation, stigmatization, and avoidance of these critical topics in classroom dialogue. Thus, a key implication of this study's results is that teacher education programmes must include scientifically accurate, age-appropriate, and culturally respectful instruction on anatomy, physiology, puberty, and reproductive health.

The inclusion of mental health, stress, and emotional regulation within the hygiene and health category is also significant. It reflects an expanding understanding that psychological resilience and self-esteem are integral to sexual self-care. Emotional literacy—understanding feelings associated with puberty, attraction, or embarrassment—can help young learners navigate developmental transitions more safely and confidently (Memar et al., 2022; Tahamasbzadegsheykhlar et al., 2021). Likewise, the intersection of physical health (nutrition, hygiene) and sexual health mirrors the concept of *One Health Education*, which promotes integrated models of health promotion within schools (Cazacu-Stratu, 2021).

The third category, personal and social skills, encompasses communication abilities, assertiveness, decision-making, safe-touch recognition, self-protection, and media literacy. These skills are the behavioral and psychosocial core of sexual self-care, representing the capacity to act on one's knowledge and values in real-life contexts. Previous research highlights that skill-based learning—especially communication and assertiveness training—reduces vulnerability to sexual abuse and peer pressure (Pereira et al., 2020; Rahimi Khalifeh Kandi et al., 2023). The identification of skills such as "safe vs. unsafe touch," "saying no," and "identifying trusted adults" confirms the developmental appropriateness of empowering teachers to instill protective behaviors in children (Rahimi Khalifeh Kandi et al., 2023).

The inclusion of media literacy as a personal and social skill is particularly timely. Exposure to sexualized digital content, online grooming, and misinformation is growing rapidly among young populations. Studies have shown that teachers often feel underprepared to address digital risks or to guide students in distinguishing between appropriate and harmful online content (Biranavand et al., 2021; Zhang, 2023). Integrating media literacy into teacher training can enable educators to facilitate classroom discussions on responsible technology use, digital safety, and media representations of gender and sexuality. This component is increasingly seen as an essential dimension of 21st-century sexual self-care education.

Communication skills and family engagement also appeared as critical subthemes. Effective parent-teacher communication regarding sexual education contributes to consistency between home and school messages. Research demonstrates that family involvement in sexuality education enhances learning outcomes and moral reinforcement (Jeti et al., 2024; Samdi & Ghalavand, 2022). Teachers trained to guide parents through these conversations can mediate cultural or religious sensitivities, reducing the likelihood of conflict or misinformation. Additionally, evidence suggests that including communication and empathy skills in teacher preparation fosters more open, non-judgmental classroom climates (Coime-España et al., 2022).

The fourth and final category, cultural, religious, and legal topics, underscores that effective sexual self-care education must respect socio-cultural contexts and align with religious and legal norms. In Islamic settings, this means grounding sexual education in moral teachings,

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religious rulings, and social responsibilities. Studies by Balali (2021), Haji Zadeh (2021), and Karami (2024) emphasized that successful sex-education curricula in Muslim contexts are those integrating ethical reasoning with public-health principles. (Balali et al., 2021; Haji Zadeh et al., 2021; Karami, 2024). Likewise, Ali et al. (2024) argued that comprehensive sex education in Islamic countries must be carefully framed to reconcile health promotion with cultural and religious integrity. (Ali et al., 2024)

Furthermore, the recognition of legal literacy as a core element reflects a global consensus that teachers must understand laws related to child protection, consent, sexual abuse reporting, and rights to health. Pereira et al. (2020) documented numerous cases of sexual violence within school environments, emphasizing the urgent need for teachers to know legal pathways for reporting and responding to abuse. (Pereira et al., 2020) Similarly, international frameworks highlight teachers' ethical and legal duties to report harm and uphold students' safety rights (Hajipoor Bagheri, 2024). By including legal education in self-care curricula, the present findings contribute to bridging the gap between moral, educational, and legal accountability in schools.

Taken together, these results reveal that sexual self-care for primary-school teachers is inherently multidimensional, demanding integration of cognitive, affective, behavioral, ethical, and contextual components. This aligns with the notion that comprehensive sexuality education (CSE) is most effective when it simultaneously promotes knowledge, attitudes, and skills within a culturally and developmentally appropriate framework (Goldfarb & Lieberman, 2021). The meta-synthesis affirms that teachers must not only understand sexual health scientifically but also model respectful, inclusive, and value-driven behaviors.

Comparing the findings of this study to prior international literature reveals both convergence and contextual uniqueness. Globally, health-promotion models in schools advocate holistic frameworks that integrate physical, psychological, and moral education (Cazacu-Stratu, 2021; Choi et al., 2020). However, in many Eastern and Islamic societies, curricula remain fragmented or limited by cultural taboos (MahmadBigi et al., 2019; Naderi & Koshti Ara, 2022). The current synthesis offers a culturally grounded bridge—showing that self-care can be taught within religious and cultural boundaries without sacrificing developmental or preventive goals. Studies in Iran and other Muslim contexts confirm that when religious principles such as modesty, chastity, and social responsibility are linked to health education, community acceptance increases (Ali et al., 2024; Karami, 2024).

Another point of convergence lies in recognizing the *teacher* as the key mediator of children's sexual well-being. As both local and global studies attest, even the most well-designed curricula fail without teachers who are confident, competent, and ethically prepared (Klon et al., 2023; Kord et al., 2024). Professional development workshops, institutional support, and evidence-based manuals have been identified as necessary infrastructure to translate knowledge into practice (Coime-España et al., 2022; Musavi, 2024). The current study's synthesis directly supports this by specifying the content domains that such training should prioritize.

The results also contribute to the conceptual clarification of *sexual self-care*, which has historically been fragmented across medical, psychological, and moral frameworks. By aligning empirical evidence from 2019–2024, this meta-synthesis offers a unified structure linking body care, emotional regulation, digital literacy, ethics, and legal awareness. This integration advances the understanding of sexual self-care as a holistic competency rather than a narrow health behavior, consistent with the self-care frameworks described by Rabie and Klopper (2015) and Rafiei Far et al. (2014). (Rabie & Klopper, 2015; Rafiei Far et al., 2014)

In comparing results across developmental contexts, it is evident that primary school is an ideal period to introduce sexual self-care education indirectly through life-skills and values education. Children's natural curiosity and moral receptivity during this stage can be positively guided by teachers who possess both knowledge and pedagogical sensitivity (NoralizadehMianji & Rahimi, 2022; Qadirianpour et al., 2021). Integrating sexual self-care topics into early teacher education could therefore have long-term preventive effects, promoting healthier adolescence and adulthood outcomes. This echoes Díaz-Rodríguez et al. (2024), who demonstrated that adolescents who received open, value-based education at earlier stages developed more informed, ethical, and confident attitudes toward sexuality. (Díaz-Rodríguez et al., 2024)

Overall, this study extends existing scholarship by proposing a structured, culturally grounded, and empirically validated taxonomy of sexual self-care topics tailored for teachers. It substantiates the need for teacher-training institutions, ministries of education, and curriculum planners to address these dimensions explicitly, ensuring that the next

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generation of educators are prepared to cultivate safe, respectful, and informed classroom environments.

This study was based on a qualitative meta-synthesis of previously published literature, which may be subject to publication bias, language limitations, and variability in methodological rigor across studies. The inclusion of articles from both Persian and English sources, while broad, may still not capture relevant gray literature or unpublished reports. Additionally, because the synthesis relied on existing qualitative findings rather than primary data collection, contextual nuances such as teachers' lived experiences and local institutional constraints may not be fully represented. Finally, despite attempts to ensure cultural balance, the dominance of studies from specific regions (notably Iran and Southeast Asia) may limit generalizability to Western or non-Islamic educational systems.

Future studies should employ mixed-method or longitudinal designs to assess how teacher training in sexual self-care impacts children's outcomes over time. Experimental interventions that evaluate the effectiveness of self-care curricula across cultural settings could provide evidence for adaptation and scalability. Moreover, participatory approaches involving teachers, parents, and policymakers could refine the contextual fit of self-care models. Future research may also explore digital and media-based self-care training modules for teachers, integrating technology-enhanced learning with ethical, legal, and psychosocial dimensions.

Education ministries and teacher-training institutions should embed sexual self-care modules within preservice and in-service professional development curricula. Teacher educators should emphasize values integration, ethical reasoning, and self-protection pedagogy alongside biological and psychological instruction. Schools should foster collaboration among teachers, parents, and health professionals to create unified sexual-wellness frameworks that reflect both scientific knowledge and community values. Finally, national education authorities should provide clear policies and legal guidelines to support teachers in addressing sexual self-care confidently and responsibly within their classrooms.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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