



**SEXUAL ORIENTATION MYTHS: DOES THEOLOGICAL EDUCATION AFFECT
SEXUAL ORIENTATION MYTHS?**

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Abstract: *Sexual myths differ from one culture to the next, and one society to the next and they can even differ regionally within the same culture. The aim of this study is to determine the sexual orientation myths of university students studying theology. The study was conducted between February and June 2020 at three faculties of a state university in Eastern Anatolia, Turkey. This descriptive study was conducted with 582 students studying at three faculties. The data were collected by using the Personal Information Form, Sexual Orientation Myths Scale. In our study, there was no significant difference between the sociodemographic characteristics of the students who received and did not receive religious education in terms of sexual myths ($p < 0.05$). It was determined in the study that there was a statistically significant difference between the sexual orientation myths of the students studying and not studying theology ($p < 0.001$). This study's findings are important because they would guide future studies.*

Keywords: *LGBT, Religion, Sexuality, Sexual Orientation*

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1. Introduction

Myths regarding sexuality are exaggerated and incorrect stereotypes. They are not based on science, they are often spread through hearsay, and it is society's imagination that shapes them [1,2]. Sexual myths differ from one culture to the next, and one society to the next, and they can even differ regionally within the same culture. The most important factors leading to sexual myths are that sexuality subjects are taboo subjects within families, schools, and society, and the number of related studies and publications is limited. Sexuality is taboo in Turkish culture. Islam, likewise, strongly influences Turkey's social values and norms. The vast majority of Turkey is Muslim. Islamic values stigmatize and marginalize anyone who does not comply with hetero-normative sexual and gender roles [3]. Religious belief systems tend to cause religious individuals to treat LGBT individuals negatively [4]. Many Islamic scholars and Muslims accept that homosexual behaviors are forbidden by religion, therefore they are not tolerated [5, 6]. Muslim societies only accept lesbian, gay, bisexual, and transsexual (LGBT) individuals if they feel that they can change them [7]. In their study, Sebastian Jäckle & Georg Wenzelburger (2015) found that Islam was the world's most homonegative religion [8]. There are many articles that prevent the evaluation of sexual health, one of them is sexual myths. Although there are many studies evaluating sexual myths, there is no study comparing sexual orientation myths among young people receiving religious education and health education. Therefore, studies that objectively present how young people view sexual orientation myths as well as what they know about sexual health are highly valuable. This study was conducted to determine the sexual orientation myths of university students studying theology.

2. Material and Method

2.1. Design and Participants

This is a descriptive study. The study was conducted between February and June 2020 at three faculties of a state university in Eastern Anatolia, Turkey. This study's population included 2.500 students from two faculties determined by drawing lot among 14 faculties of the mentioned state university (Health Sciences (child development, midwifery, physical therapy and rehabilitation, audiology) and Nursing Faculties) and the Faculty of Theology which provides only theological education. There are courses on sexual health in the education curriculum of the faculty of health sciences and nursing, and there is training on sexual health. When the power analysis was performed, the sample size was calculated as at least 335 students with a significance level of 5%, a confidence interval of 95%, and the ability to represent the population of 80%. The students were selected from the class list by using a simple random sampling method and entered onto a digital table. Due to possible incomplete answers, 600 students were included in the study. However, 28 students were excluded for failing to answer all of the questions, and the study was completed with 582 students. In the Faculty of theology, individuals who have basic knowledge and skills in the fields of Basic Islamic Sciences, Islamic History and Arts, Philosophy and Religious Studies are raised. In the faculty of health sciences, individuals who have basic knowledge and skills in the field of health are raised. No religious education is given. Students who were self-identified as heterosexual and Muslim were included in the study.

2.2. Data Collection Instruments

Personal information form: This form includes 11 questions that asked students their age, gender, level of education, their parents' level of education, their marital status, and their income status.

Sexual Orientation Myths Scale: The scale was developed by Evcili F. [2]. It has 19 items and 5 subscales (disease perception, etiology, sexual behavior, social perception, and general view). The disease perception subscale is rated with items 1-4, the etiology subscale with items 5-10, the sexual behavior subscale with items 11-13, the social perception subscale with items 14-17, the general view subscale with items 18-19. The scale's total score is the sum of all of the items. Each subscale's total score is the sum of all items in that subscale. This scale lacks a cut-off point. This scale's minimum and maximum scores are 19 and 95, respectively. The higher the score individuals get, the more myths about sexual orientation they have. Cronbach's alpha value was found at 0.85 [2]. This study found Cronbach's alpha value of 0.82.

2.3. Ethical Considerations

Written permission was obtained from the relevant faculties. Ethical approval was obtained from the Non-invasive Clinical Trials Ethics Committee of Health Sciences of the İnönü University (Date: 07/01/2020; Number: 2020/243). All of the students were informed about the study before the study. Only those who volunteered to participate were included in the study.

2.4. Statistical Analysis

Analyzes were carried out in a statistical program. Statistical analysis procedures started with Kolmogorov-Smirnov" analysis for testing homogeneity of the available data. Parametric tests were used to evaluate the data ($p > 0.05$). Number, percentage, independent samples *t*-test, and linear regression analysis were used for statistical analysis.

2.5. Limitations

The first limitation of the study is that the sample consists of heterosexual individuals. Another limitation is this study looked at the correlation between theological education and myths about sexual orientation. However, sexual orientation myths aren't just associated with religion and religiosity. One should remember that homonegativity goes hand in hand not only with religious training but also with other factors that influence religion and religiosity. It is considered that the most important factor may be related to the dominant traditional values in Turkey. It may be expected that such values are about

why people disapprove of LGBT individuals. Nevertheless, this study only attempted to examine the correlation between theological education and sexual orientation myths. Further studies are needed that investigate what sociological and psychological factors might be associated with sexual orientation myths. In addition, the inclusion of students from another faculty who did not receive training in sexual health revealed another limitation of the study.

3. Results

It was determined that the age average of the theology students was 20.93±1.41, 78.9% were female, 32.1% graduated from “Anatolian” high school, 35.4% were 3rd -year students, 72.3% had a nuclear family, 54.5% had a moderate income level, 96.2% were single, and 98.6% were living in the city center. 88 % of the students had knowledge about LGBT people/issues; 63.2% had learned what they knew about LGBT people/issues from either TV and/or the Internet, and 86.6% were acquainted with LGBT individuals within their close circle (Table 1).

It was determined that the age average of the health sciences and nursing students was 20.52±; 84.2% of the students were female, 57.6% graduated from “Anatolian” high school, 35.7% were 3rd-year students, 79.4% had a nuclear family, 64.6% had a moderate income level, 96.8% were single, and 98.9% were living in the city center. 89.8% of the students had knowledge about LGBT people/issues; 51.7% had learned what they knew about LGBT people/issues from either TV or the Internet, 81.2% were acquainted with LGBT individuals within their close circle (Table 1). In terms of sociodemographic characteristics, there was no statistically significant relationship between the students who were in the theology department and those who were not ($p>0.05$).

Table 1. Distribution of the Descriptive Characteristics of the Theology, Nursing, and Health Sciences Students (N=582)

Demographic characteristics	Theology students n=209	Nursing and Health Sciences students n=373	Test	p
Age in years, M ± SD	20.93±1.41	20.52±0.96	t= -1.021	0.308
Gender n (%)				
Male	44 (21.1)	59 (15.8)	$\chi^2= 2.520$	0.112
Female	165 (78.9)	314 (84.2)		
Grade n (%)				
1st year	29 (13.9)	64 (17.2)	$\chi^2= 1.492$	0.684
2nd year	65 (31.1)	113 (30.3)		
3rd year	74 (35.4)	133 (35.7)		
4th year	41 (19.6)	63 (16.9)		
Income status n (%)				
Income less than expenses	51 (24.4)	74 (19.8)	$\chi^2= 5.838$	0.054
Income equal to expenses	114 (54.5)	241 (64.6)		
Income more than expenses	44 (21.1)	58 (15.5)		

Table 1. continued

Demographic characteristics	Theology students n=209	Nursing and Health Sciences students n=373	Test	p
Residence place n (%)				
Village	1 (0.5)	2 (0.5)	$\chi^2= 0.355$	0.837
Town	2 (1.0)	2 (0.5)		
Province	206 (98.6)	369 (98.9)		

Knowledgeable with LGBT people/issues n (%)				
Yes	184 (88.0)	335 (89.8)	$\chi^2 = 0.437$	0.509
No	25 (12.0)	38 (10.2)		
Information source n (%)				
Friend	28 (13.4)	73 (19.6)	$\chi^2 = 7.573$	0.056
Family	18 (8.6)	36 (9.7)		
Book, University	31 (14.8)	71 (19.0)		
TV / Internet (Social media etc.)	132 (63.2)	193 (51.7)		
Presence of LGBT individual n (%)				
Yes	28 (13.4)	70 (18.8)	$\chi^2 = 2.758$	0.097
No	181 (86.6)	303 (81.2)		

It was determined that the total mean score of the health sciences and nursing students for the sexual orientation myths scale was 55.09 ± 11.00 . The total mean score of the theology students for the sexual orientation myths scale was 58.33 ± 10.13 (Table 2).

The difference between the disease perception and sexual behavior subscales, and scale total mean scores for both groups (theology versus health sciences and nursing students) was statistically significant ($p < 0.05$, Table 2). This difference stemmed from the theology students.

Table 2. Sexual Orientation Myths Scale Subscale and Total Mean Scores of the Theology, Nursing, and Health Sciences Students (N=582)

Scale subscale and total mean scores	Nursing, and Health Sciences Students (n=373)	Theology students (n=209)	Test	p
	Mean \pm SD	Mean \pm SD		
Perception of illness	12.52 \pm 3.03	13.90 \pm 3.02	t= -5.284	0.000**
Etiology	17.72 \pm 3.97	18.41 \pm 4.26	t= -1.948	0.052
Sexual Behavior	9.14 \pm 2.55	9.79 \pm 2.40	t= -3.001	0.003*
Social Perception	9.71 \pm 3.68	9.91 \pm 3.72	t= -0.651	0.515
General view	5.99 \pm 1.88	6.30 \pm 1.98	t= -1.877	0.061
Scale total score	55.09 \pm 11.00	58.33 \pm 10.13	t= -3.505	0.000**

* $p < 0.01$; ** $p < 0.001$

The religious education of the student was found to be statistically significant in explaining the myths of sexual orientation ($p < 0.001$).

Table 3. Explanation of the effect of religious education and sexual orientation myths scale total score through correlation and regression analysis

Religious education	Sexual Orientation Myths Scale Total Score								
	Regression						Correlation		
	R	R ²	β	t	p	df1, df2	F	r	p
	0.144	0.021	0.144	3.505	0.000*	1, 137	12.285	.144	0.000*

*Correlation is significant at the 0.001 level (2-tailed)

4. Discussion

The results of the study conducted to determine the sexual myths of university students based on receiving or not receiving religious education were discussed based on the literature. In our study, there was no significant difference between the sociodemographic characteristics of the students who received

and did not receive religious education and sexual myths ($p < 0.05$). Similarly, in the studies conducted by Örüklü et al., (2021), Aker et al., (2019), similar results were found in our study [9, 10].

In the study, it was determined that the mean score of perception of illness, which is the subscale of sexual orientation myths, was higher in students who received religious education than students who did not receive religious education, and the difference between the groups was statistically significant.

It is thought that this difference stems from having information about sexual orientation. As a matter of fact, it is seen that education about sexuality is important during the education life of the students of health sciences and nursing faculties. The fact that health professionals, who are the key figures in the development of sexual health, have low sexual myths will increase the quality of treatment and care and positively affect the sexual health level of society [11].

This study revealed that there was a statistically significant difference between theology students and health sciences and nursing students in terms of sexual orientation myths. This difference stemmed from the group studying theology. Sarac (2015)'s study on the correlation between Turkish university students' level of religiosity and their attitudes toward LGBT individuals revealed the more religious the students were, the more likely they were to have negative attitudes toward LGBT individuals [12]. Harbaugh and Lindsey (2015) conducted a study featuring young adult college students to examine the differences in their attitudes toward homosexuality [13]. They found that there was a strong correlation between being very religious and being highly homophobic and heteronormative [13]. Likewise, in their study, Patrick et al. discovered a negative correlation between religiosity and people's attitudes toward LGBT individuals [14]. Among university students in Germany and Poland, Polish students were found to be more religious and to have a higher level of sexual orientation myths (15). The present study's findings are parallel with the literature. Religious belief systems are a major reason for having negative attitudes of religious individuals toward LGBT individuals/issues [4]. As a matter of fact, as a result of the further analysis made in the research, a positive correlation was determined between religious education and sexual orientation myths, and religious education explains sexual orientation myths at a rate of 2%.

5. Conclusion

This study concluded that Islamic theological education influenced sexual orientation myths. It was observed that sexual orientation myths were at a lower level in students who received health education. It is recommended that sexual health education should be given not only to students of health sciences and nursing faculties but also to all young people studying at the university. For future studies, it is recommended to evaluate other factors besides belief and health education on sexual orientation myths.

Conflict of interest

The author declares no conflict of interest.

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Ethical statements

Written permission was obtained from the relevant faculties. Ethical approval was obtained from the Non-invasive Clinical Trials Ethics Committee of Health Sciences of the İnönü University (Date: 07/01/2020; Number 2020/243). All of the students were informed about the study before the study. Only those who volunteered to participate were included in the study.

Authors' Contributions

H. Ü: Study conception and design, data analysis and interpretation, critical revision of the article, Drafting of the article.

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All authors read and approved the final manuscript.

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