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Investigation of Nursing Students' Beliefs in Sexual Myths Before and After Taking a Sexual Health Course: A Single-Group Quasi-Experimental Study

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ABSTRACT

Objectives: This study aimed to investigate nursing students' beliefs in sexual myths before and after taking a sexual health course. **Materials and Methods:** This study was a single-group quasi-experimental study in nursing department in the west of Türkiye. The population of the research consists of university students enrolled in the sexual health course between February 2022-June 2022. The research was completed with 117 voluntary students. The data were collected with a questionnaire on the descriptive characteristics of the students and the Sexual Myths Scale. In the first week of the sexual health course, students' sexual myths were evaluated with a questionnaire and the Sexual Myths Scale. The sexual myths of the students were reassessed in June 2022, after the students had taken a sexual health course. **Results:** The total mean score of the students' Sexual Myths Scale was 55.9±14.7 and 51.0±15.6 before and after taking the sexual health course. Before the course total mean score of the scale was found high in the students who were over 21 years old, male, whose mother and father were illiterate or literate. **Conclusions:** In the study, it was determined that the sexual health course reduced nursing students' beliefs in sexual myths.

Keywords: Sexual Health, Sexual Myths, Sexual Health Course, University Students.

Hemşirelik Öğrencilerinin Cinsel Sağlık Dersi Almadan Önce ve Aldıktan Sonra Cinsel Mitlere İlişkin İnançlarının İncelenmesi: Tek Gruplu Yarı Deneysel Bir Çalışma

ÖZ

Amaç: Bu çalışmada hemşirelik öğrencilerinin cinsel sağlık dersi almadan önce ve aldıktan sonra cinsel mitlere yönelik inançları incelenmiştir. **Gereç ve Yöntem:** Bu çalışma Türkiye'nin batısında bir hemşirelik bölümünde yürütülmüş, tek gruplu yarı deneysel tipte bir araştırmadır. Araştırmanın evrenini Şubat 2022-Haziran 2022 tarihleri arasında cinsel sağlık dersine kayıtlı üniversite öğrencileri oluşturmaktadır. Araştırma 117 gönüllü öğrenci ile tamamlanmıştır. Veriler, öğrencilerin tanımlayıcı özelliklerine ilişkin anket formu ve Cinsel Mitler Ölçeği ile toplanmıştır. Cinsel sağlık dersinin ilk haftasında öğrencilerin cinsel mitleri bir anket ve Cinsel Mitler Ölçeği ile değerlendirilmiştir. Öğrencilerin cinsel mitleri, öğrenciler cinsel sağlık dersini aldıktan sonra Haziran 2022'de tekrar değerlendirilmiştir. **Bulgular:** Öğrencilerin Cinsel Mitler Ölçeği toplam puan ortalaması cinsel sağlık dersi almadan önce 55.9±14.7 ve aldıktan sonra 51.0±15.6'dır. Ders öncesinde 21 yaş üstü, erkek, anne ve babası okuryazar olmayan veya okuryazar olan öğrencilerin ölçek toplam puan ortalaması yüksek bulunmuştur. **Sonuç:** Araştırmada, cinsel sağlık dersinin hemşirelik öğrencilerinin cinsel mitler inancını azalttığı belirlenmiştir.

Anahtar Kelimeler: Cinsel Sağlık, Cinsel Mitler, Cinsel Sağlık Dersi, Üniversite Öğrencileri.

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INTRODUCTION

As it is known, sexuality is a concept that is shaped by society's point of view and is influenced by moral values, family structure, beliefs, and traditions (Aygin et al., 2017; Aker et al., 2020; Dağlı & Reyhan, 2022; Doğan et al., 2022). Sexual health was defined as "a state of physical, mental and social well-being in terms of sexuality" by the World Health Organization (WHO). In addition, WHO states that it is important to have a safe sex life, a positive and respectful approach to sexuality and emphasizes that coercion, discrimination and violence should not take place in sexual life. For this reason, in order to live and maintain sexual health in a healthy way, the sexual rights of all people should be respected and protected and their beliefs about sexual myths should be corrected with correct information (Leung et al., 2019; World Health Organization, 2021). Adolescence is a period in which accurate sexual information should be obtained and correcting sexual myths during this period is important for a healthy sexual life in the future (Evcili & Golbasi, 2019; Ünlü Suvari & Kaydırak, 2024).

Sexual development is a lifelong process that begins in the womb, and is affected by knowledge, values, attitudes, and beliefs. Adolescence, which is experienced between childhood and adulthood, is a period in which young people reach physical, psychological, and social maturity, gain information about sexual life, make conscious choices and create their unique behaviors, and values (Yanikkerem & Üstgörül, 2019; Leung et al., 2019; Doğan et al., 2022; Ünlü Suvari & Kaydırak 2024).

Sexual myths, which are more common in closed societies, are defined as false and stereotyped judgments that individuals think are true about sexual matters, which do not have a scientific reality (Aygin et al., 2017; Evcili & Golbasi, 2017; Öz et al., 2020; Doğan et al., 2022). Lack of sexual education and information (Davul & Yazıcı, 2019; Öz et al., 2020; Aşçı & Gökdemir, 2021; Doğan et al., 2022; Ünlü Suvari & Kaydırak 2024), not being able to openly talk and discuss sexuality (in the family, school and society) (Karabulutlu, 2018; Öz et al., 2020; Dağlı & Reyhan, 2022; Doğan et al., 2022), and not benefiting from sufficient scientific research and publications on this subject are the most important factors in the formation of sexual myths (Davul & Yazıcı, 2019; Öz et al., 2020). Sexual myths that develop as a result of false beliefs and value judgments about sexuality can lead to sexual dysfunction in an individual's life (Aygin et al., 2017; Davul & Yazıcı, 2019; Ekrem et al., 2022). Sexual pathologies and sexual dysfunctions can be caused by sexual myths. Sexual myths can negatively affect the development of sexual identity and sexual intercourse and reduce the quality of sexual life (Evcili & Golbasi, 2017; Doğan et al., 2022). In addition, treatment processes of

sexual dysfunctions caused by sexual myths can also be adversely affected (Evcili & Golbasi, 2017; Dağlı & Reyhan, 2022; Ekrem et al., 2022). Sexual myths can cause the individual to perceive herself/himself as inadequate and give rise to anxiety and fear. For this reason, it is very important to eliminate sexual myths and to transfer information that has been proven to be correct and valid with scientific foundations (Davul & Yazıcı, 2019; Doğan et al., 2022). When the current literature on the subject was examined, most of the studies on young people were related to the prevalence of rape, sexual beliefs, and perspectives of young people, and two international studies examining the sexual myths of young people were found (Bergenfeld et al., 2022; Navarro & Ratajczak, 2022; Steele et al. 2024; Johansson et al. 2024). These studies were carried out in Northern Cyprus (Sarpkaya Güder & Tekbaş, 2022), Germany and Poland (Martyniuk et al., 2015) and the sexual myths of young people were evaluated with the Sexual Myths Scale. In these studies, it was determined that the sexual myths of Polish women and men were higher than those of Germans (Martyniuk et al., 2015), and that students who took sexual health courses in Northern Cyprus had fewer sexual myths than those who did not (Sarpkaya Güder & Tekbaş, 2022). When current studies on sexual myths among university students in Türkiye were examined, in a study in Kafkas University nursing department it was determined that 91.7% of students had sexual taboos. These taboos were lack of sexual equality in society (46.1%), virginity (41.5%), masturbation (6.2%) and religious pressures (6.2%) (Karabulutlu, 2018). In Türkiye studies determined that men have more sexual myths than female students (Karabulutlu 2018; Aker et al., 2019; Kartal, 2020; Öz et al., 2020; Öz et al., 2021; Aşçı & Gökdemir, 2021; Örüklü et al., 2021; Ekrem et al., 2022; Doğan et al., 2022). Publications stated that sexual myths were lower in female nursing and midwifery students who were in their first year of university (Apay et al., 2013). However, there was a study that determined sexual myths were higher in female students aged 19 and younger (Aygin et al., 2017). A study examined the effect of education and found that sexual myths decreased in students who took a sexual health course (Özsoy and Bulut, 2017).

Although it is important that all young people in developing countries who need sexual health information have access to this information, unfortunately, limited sexual education is given to school-age students in our country, sexual health is not included as a separate course in the curriculum, and therefore, students' information resources on this subject are limited (Sexual Education, Treatment and Research Association, 2007; Aker et al., 2019). Sexual health course in Türkiye is usually given as an optional or compulsory course to students studying in

the field of health in university education. In a study conducted with university students in Manisa in the west of our country, it was determined that 57.9% of the students received information about sexuality, 42.7% of the students received this information from their friends and 53.7% from the press/internet. For this reason, it is also important that the nursing students who will serve society have the right, sufficient knowledge, attitude, and behavior about sexual health (Yanikkerem & Üstgörlü, 2019).

MATERIALS AND METHODS

Study type

This study was a longitudinal study with a single-group pretest-posttest quasi-experimental type to determine the effect of the sexual health course on nursing students' sexual myths.

Implementation of the study

The population of the research consisted of students enrolled in the sexual health course (N=220) in the 2nd year of Manisa Celal Bayar University, Faculty of Health Sciences, Department of Nursing. Data collection time from the students in both phases was approximately 30 minutes.

Sample of study

In the study, the minimum sample was found 94 students with an 80% confidence interval and 5% deviation by using the Epi Info program. No sample selection was made in the study as it was aimed to reach all the students. The research was completed with 117 students who wanted to participate in the study.

Inclusion criteria from the study

All students who took a sexual health course at the faculty in the spring semester of the 2021-2022 academic year and volunteered to participate in the research were included in the study.

Exclusion criteria from the study

Students who did not answer all of the scale questions, and did not participate in the first stage but participated in the second stage were excluded from the study.

Dependent and independent variables

The independent variables of this research are the descriptive characteristics of the students such as age, gender, family type, perceived income level, education status of mother and father etc. The dependent variable is the SMS total scores.

Data collection tools

The data collection tools in the study consisted of two parts. In the first part, there was a questionnaire containing the introductory characteristics of the students. In this form, there were 11 questions about the age of the students, family type, education and income status of their parents, place of residence for the longest time, prior information about sexual health, and information sources. The second part included the Sexual Myths Scale (SMS) which was

developed by Gölbaşı et al. (Golbaşı, Evcili, Eroglu and Bircan 2016). The scale is a five-point Likert-type scale and consisting of 28 questions. The lowest and highest scores to be obtained from the scale were 28 and 140, respectively (Golbaşı et al., 2016; Evcili and Golbaşı, 2017). High scores on this scale indicate a high belief in sexual myths. The Cronbach's alpha coefficient of this scale was found to be 0.910 (Golbaşı et al., 2016). In this study, the Cronbach's alpha value of the scale was determined as 0.909 and 0.928 before and after the sexual health course, respectively.

Data collection process

Data were collected between February 2022 and June 2022 via an online survey link prepared via Microsoft Forms. Before sharing the study link, permission was obtained from the lecturers giving the compulsory sexual health course. Verbal and written informed consent were obtained from all students. This research was completed in two phases. In the first phase of the research, data were collected from the students in the first week of the sexual health course (February 2022) with a questionnaire on descriptive characteristics and the SMS. The sexual health course was given face-to-face as a one-hour course for 13 weeks in two separate classes with the same curriculum. The content of the sexual health course covers the following topics: female and male anatomy and sexual functions, reproduction and sexual rights, sexual myths, sexual harassment, rape and violence, sexual health cycle, family planning methods, safe sex, sexually transmitted diseases, sexual problems, sexual dysfunctions, sexual orientation, paraphilias, sexuality according to life cycles (adolescence, pregnancy, postpartum and senilium), the effects of disease, medication, and disability on sexual life).

After the end of the sexual health course, the second link of the questionnaire which included the SMS was shared with the students again in June 2022. The students were asked to write the same codes they determined for themselves in the pretest and posttest forms and the researcher matched them.

Statistical analyses

Data analyses were made in the SPSS 20.0 software. The descriptive characteristics of the students were evaluated with number, percentage and mean. Normality distribution among the scale scores was examined by the Kolmogorov Smirnov test and it was determined that the scores were homogeneously distributed. The relationship between the SMS total scores of the students before and after taking the sexual health course was evaluated with the paired t-test. The relationship between the pre-and post-course mean of the SMS total score and the descriptive characteristic of the students was evaluated with the One-Way ANOVA and the Independent Samples t-test.

Ethical considerations

Ethical approval was obtained from the Ethical Committee of the Manisa Celal Bayar University (Date: 21.10.2021, Approval No: 20.478.486.977). The study protocol and consent procedure were approved by the dean of the faculty of health sciences. Written informed consent was obtained from the students who agreed to participate in the study. Permission for the use of SMS in the research was obtained from Gölbaşı.

RESULTS

The descriptive characteristics and sexual knowledge of the students were presented in Table 1.

Table 1. Characteristics of the nursing students.

Characteristics of the nursing students	n (%)
Age group	
≤20	85 (72.6)
≥21	32 (27.4)
Gender	
Female	89 (76.1)
Male	28 (23.9)
Family type	
Nucleus	92 (78.6)
Extended	17 (14.6)
Broken	8 (6.8)
Perceived income level	
High	10 (8.5)
Middle	77 (65.8)
Low	30 (25.7)
Education status of mothers	
Illiterate or literate	11 (9.4)
Primary and secondary school	74 (63.2)
High school and above	32 (27.4)
Education status of fathers	
Illiterate or literate	4 (3.5)
Primary and secondary school	65 (55.5)
High school and above	48 (41.0)
Longest place of residence	
Village	20 (17.1)
City	55 (47.0)
Town	42 (35.9)
Having any information about sexuality	
Yes	117(100.0)
No	0 (0.0)
The source of the first information about sexuality	
High school	42 (35.9)
Family	17 (14.5)
Friends	18 (15.4)
Media (TV, magazine, internet)	40 (34.2)
Age at first sexual information	
6-12 age	44 (37.6)
≤13 age	73 (62.4)
Having sexual experience	
Yes	21 (17.9)
No	96 (82.1)
Total	117 100.0)

Table 2. The relationship between the students' characteristics and the total mean score of the Sexual Myths Scale before the sexual health course.

Characteristics of the nursing students	Before the sexual health course	
	Mean±SD	Test and p value*
Age group		
≤20	53.8±13.9	t=-2.632 p=0.010
≥21	61.6±15.3	
Gender		
Female	51.9±12.4	t=-6.073 p=0.000
Male	68.8±14.1	
Family type		
Nucleus	56.4±14.6	F=1.234 p=0.295
Extended	56.9±15.2	
Broken	48.1±13.7	
Perceived income level		
High	58.4±8.1	F=0.284 p=0.753
Middle	55.3±14.5	
Low	56.9±17.0	
Education status of mothers		
Illiterate or literate	72.8±16.5	F=10.838 p=0.000
Primary and secondary school	55.7±12.7	
High school and above	50.8±14.5	
Education status of fathers		
Illiterate or literate	72.3±10.1	F=3.452 p=0.035
Primary and secondary school	56.8±15.3	
High school and above	53.4±13.2	
Longest place of residence		
Village	58.0±15.2	F=0.303 p=0.739
City	55.0±14.9	
Town	56.2±14.3	
The source of the first information about sexuality		
High school	55.0±14.2	F=0.581 p=0.629
Family	53.0±16.1	
Friends	58.9±14.6	
Media (TV, magazine, internet)	56.9±14.8	
Age at first sexual information		
6-12 age	54.1±14.1	t=-1.038 p=0.302
≤13 age	57.0±15.0	
Having sexual experience		
Yes	56.0±15.8	t=0.001 p=0.999
No	55.9±14.5	

F=OneWay ANOVA test, t= Independent Samples t-test

Of the students, 72.6% were 20 years old and under, 76.1% were women, 78.6% had a nuclear family type, 47.0% had lived in the city for a long time and 65.8% had middle income. Overall, 63.2% of the mothers and 55.5% of the fathers of the students were primary

and secondary school graduates, respectively. The students stated that they received their first information about sexuality from high school (35.9%) and the media (34.2%). Of the participants, 62.4% stated that the age to get the first sexual information was 13 years old and over and 82.1% had no sexual experience (Table 1).

Table 3. The relationship between the students' characteristics and the total mean score of the Sexual Myths Scale after the sexual health course

Characteristics of the nursing students	After the sexual health course	
	Mean±SD	Test and p value*
Age group		
≤20	48.4±14.7	t=-3.062 p=0.003
≥21	58.0±16.0	
Gender		
Female	46.3±12.2	t=-5.959 p=0.000
Male	65.9±16.0	
Family type		
Nucleus	51.5±16.1	F=0.418 p=0.660
Extended	50.7±14.6	
Broken	46.3±12.3	
Perceived income level		
High	47.4±13.2	F=0.601 p=0.550
Middle	52.1±15.3	
Low	49.5±17.2	
Education status of mothers		
Illiterate or literate	68.8±17.0	F=9.475 p=0.000
Primary and secondary school	50.0±14.6	
High school and above	47.3±13.5	
Education status of fathers		
Illiterate or literate	71.5±11.1	F=4.210 p=0.143
Primary and secondary school	51.4±16.4	
High school and above	48.8±13.5	
Longest place of residence		
Village	52.0±17.6	F=0.079 p=0.924
City	50.5±15.3	
Town	51.3±15.4	
The source of the first information about sexuality		
High school	49.5±14.2	F=0.909 p=0.439
Family	49.1±15.6	
Friends	56.3±16.4	
Media (TV, magazine, internet)	51.0±16.6	
Age at first sexual information		
6-12 age	48.6±15.3	t=-1.329 p=0.187
≤13 age	52.5±15.7	
Having sexual experience		
Yes	50.3±14.8	t=-0.224 p=0.823
No	51.2±15.8	

Before taking the sexual health course, a statistically significant relationship was determined between the

students' age, gender, education level of parents and sexual myths. The SMS total mean score was found to be high in the students who were over 21 years of age, male, whose mother and father were illiterate or literate (Table 2).

The relationship between the introductory characteristics of the students and their SMS mean total score after taking a sexual health course was given in Table 3. The SMS total score was high in students who were up than 21 age (58.0±16.0), who were men (65.9±16.0), and whose mother's education status was illiterate or literate (68.8±17.0) (Table 3). There was a significant relationship between the SMS total score before (55.9±14.7) and after the sexual health course (51.0±15.6) (p=0.000) (Table 4).

Table 4. The relationship between students' Sexual Myths Scale mean scores before and after the sexual health course.

Taking sexual health course	Sexual Myths Scale Mean Score	Test and p value*
	Mean±SD	
Before	55.9±14.7	t=6.117 p=0.000
After	51.0±15.6	

*t= Paired sample t-test

DISCUSSION

In this study, the effect of sexual health course on the sexual myths of nursing students was examined. As it is known, sexual health is an important part of a healthy life, impairment of sexual health does not only lead to deterioration of physical health; but also, negatively affects psychosocial and mental health. Considering that nurses have a very important role in providing health education in society, the sexual myths of nursing students, who are the nurses of the future, can negatively affect the awareness of individuals about sexual health, their perspective on sexuality, and the care provided. Considering that the lowest 28 and the highest 140 points were obtained from the SMS scale, mean of the total score of the students before taking the sexual health course was found to be 55.9 and it was seen that the sexual myths of the nursing students were close to the middle level. Parallel to our study, in a study conducted with nursing students in the Mediterranean region of southern Türkiye, the mean SMS score of the students was found to be 56.8±17.8 (Öz et al., 2020). The reason why the findings of this study and ours are similar may be due to the fact that our study was conducted in the south of Turkey other in the western part of Turkey, and the students were affected by Western culture with the effect of tourism and their sexual myth beliefs decreased. Higher than this study

data, the mean SMS scores in studies conducted in Türkiye examining the sexual myths of nursing students before taking a sexual health course were between 66.2 ± 17.4 and 76.4 ± 17.1 (Evcili & Demirel, 2018; Kartal, 2020; Aşçı & Gökdemir, 2021; Öz et al., 2021). In a study conducted with students studying in the field of health sciences in Istanbul, the mean SMS score of the students was found to be 61.0 ± 19.1 (Öröklü et al., 2021). In a study conducted with university students studying in a department other than the health department in Türkiye, the scale mean score was found to be 82.2 ± 17.4 (Evcili & Golbasi, 2017). This result may be due to the fact that the studies were carried out in different regions and the health department students gained more awareness each year.

In the current study, the mean score SMS of the nursing students' (51.0 ± 15.6) showed a statistically significant decrease after taking the sexual health course. Similar to our study, after taking the sexual health course, previous studies determined students' SMS scores were lower (Özsoy & Bulut, 2017; Evcili & Golbasi, 2019; Kartal, 2020; Sarpkaya Güder & Tekbaş, 2022). As seen in the study findings, students get accurate information with sexual health education, and the myths believed are reduced. In addition, university education and life can reduce students' belief in sexual myths as they provide access to correct information, peer interaction, and individual development.

In the present study, before taking the sexual health course, it was determined that the mean SMS score of male students (68.8 ± 14.1) was higher than that of female students (51.9 ± 12.4) and they believed in sexual myths more. In parallel with the findings of this study, the mean SMS score of male students in İstanbul was found to be 67.8 ± 21.5 (Öröklü et al., 2021). In other studies in our country, mean SMS scores for male students were 80.3 ± 1.4 in Samsun (Aker et al., 2019), 77.0 ± 15.5 in Tokat (Kartal, 2020), 72.1 ± 20.4 in Bartın (Ekrem et al., 2022) and 86.4 ± 18.3 (Evcili & Golbasi, 2017) in the Central Anatolian region of Turkey, these scores were higher than the findings of this study. In a study conducted in Cyprus, the mean SMS score of male students was found to be lower (63.7 ± 19.4) than the findings of this study, and similar to the results of our study, it was determined that the mean SMS score of male students was higher than female students (Sarpkaya Güder & Tekbaş, 2022). It was clear that studies indicated that male students had a higher mean score than female students. Because men are more active and dominant in patriarchal societies, young men may see sexuality as evidence of masculinity. This may cause men who do not receive adequate sexual education to develop myths and negative beliefs about sexuality. Also, this study and the literature pointed out that SMS scores were significantly higher in males and the reason

could be that men were misinformed about sexual issues (Aker et al., 2019; Kartal, 2020; Öröklü et al., 2021; Ekrem et al., 2022).

In this study, after the sexual health lesson, the mean SMS scores of female and male students decreased and were found to be 46.3 ± 12.2 and 65.9 ± 16.0 , respectively. In a study in Türkiye, it was found that belief in sexual myths decreased significantly after the course in both male and female students who had attended a sexual health education (Özsoy & Bulut, 2017; Kartal, 2020). It can be said that sexual health education has been effective for both genders.

In the study, before taking the sexual health course, the mean total SMS score of students was determined to be high in the students whose mothers and fathers were illiterate or literate. In a study conducted in Tokat, it was determined that the students whose mothers were illiterate and primary school graduates and those whose fathers were illiterate had a high mean total SMS score (Kartal, 2020). In a study in Samsun, Türkiye, it was determined that as the education level of the mother and father decreased, sexual myth perceptions increased (Aker et al., 2019). In a study in Aydın, Türkiye, students with well-educated mothers had lower average sexual myth scores than those with low-educated mothers (Evcili & Golbasi, 2017). Sexual health education course may be more effective for students whose parents have low educational level. Also, the high educational level of the parents may have decreased the belief in sexual myths of the students who grew up in that family.

In the present research, the sources of information about the sexuality of university students were from high school (35.9%), media (34.2%), friends (15.4%), and family (14.5%). As seen in this study, the rate of obtaining information about sexuality from the family of university students was the lowest. Sex education should be given in the family, starting from childhood and should continue in education life. However, in developing countries, families often avoid talking about sexuality and informing their children about it. This situation causes children and young people to get information about sexuality from sources other than the family, and this information source is usually the Internet (Öröklü et al., 2021; Ekrem et al., 2022). However, it was stated in the research that students who received information about sexuality from the internet had more sexual myths (Agbemenu et al., 2018; Ekrem et al., 2022).

Limitations and Strengths

The research was conducted with nursing students only in a state university, west of Türkiye; the findings cannot be generalized to all university students in the country.

CONCLUSION

In this study, it was concluded that before taking a sexual health course, nursing students believed more in sexual myths. Before the course, SMS mean score was higher in the students who were over 21 years old, male, whose mother and father were illiterate or literate. After the course, the SMS mean score was found higher in students who were up than 21 age, who were men, and whose mother's education status was illiterate or literate. As a result, sexual health education was found to be effective in reducing sexual myths.

It is important for nursing students to change the myths they believe due to their health and counselling roles after graduation. For this purpose, it is recommended that courses or special units be opened in universities to provide sexual health education and counselling to all students and that all nursing students take sexual health courses before graduation.

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Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author Contributions

Plan, design: NE, EY; **Material, methods and data collection:** NE, EY; **Data analysis and comments:** NE, EY; **Writing and corrections:** NE, EY.

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Ethical Approval

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