

Araştırma Makalesi/ Research Article

## Nurses' Sexual Myth Beliefs and Affecting Factors

### Hemşirelerin Cinsel Mit İnançları ve Etkileyen Faktörler

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#### ABSTRACT

**Objective:** This study aims to determine the status of nurses' beliefs in sexual myths and the factors affecting these beliefs in myths.

**Methods:** This descriptive study was conducted in a public hospital operating on the European side of Istanbul with 182 nurses between May-July 2019. In the data collection, "Introductory Characteristics Form" and "Sexual Myth Evaluation Questionnaire" were used. In the evaluation of the data, numerical percentage calculations and chi-square tests were used.

**Results:** It was determined that 31.3% of the participant nurses were living in fear because of hearsay information about sexuality and 69.8% of them had families with no sexual talk. While the most commonly believed myth by the nurses was "As long as spouses love each other, they know how they can get pleasure from sex" (81.3%), the least one was "Sex is managed by the male, it is immoral for the female to start sex." (90.1%). A statistically significant difference was found between the nurses' age group, marital status, premarital sexual experience status, having conversations with friends about subjects related to sexuality status and their beliefs about sexual myths ( $p < 0.05$ ).

**Conclusion:** Nurses who are 39 years of age or older, married and have no sexual experience before marriage have more sexual myths. Nurses should be aware of their sexual myths and act professionally while giving holistic care to the patient.

**Keywords:** Nursing, sexual myth, sexuality

#### ÖZ

**Amaç:** Bu araştırmanın amacı hemşirelerin cinsel mitlere inanma durumu ve mitlere inanmayı etkileyen faktörlerin belirlenmesidir.

**Yöntem:** Tanımlayıcı türde olan bu araştırma, İstanbul'un Avrupa yakasında hizmet veren bir devlet hastanesinde çalışan 182 hemşire ile Mayıs-Temmuz 2019 tarihleri arasında yapılmıştır. Verilerin toplanmasında "Tanıtıcı Özellikler Formu" ve "Cinsel Mit Değerlendirme Formu" kullanılmıştır. Verilerin değerlendirilmesinde, sayı yüzdeler hesaplamaları ve ki-kare önemlilik testleri kullanılmıştır.

**Bulgular:** Araştırma kapsamında yer alan hemşirelerin %31.3'ünün cinsellikle ilgili kulaktan dolma bilgiler nedeniyle korku yaşadığı ve %69.8'inin ailesinde cinsellikle ilgili konuların konuşulmadığı belirlenmiştir. Hemşirelerin en fazla inandıkları mit "Eşler birbirlerini sevdikleri takdirde sevişmekten nasıl zevk alabileceklerini de bilirler." (%81.3) iken, en az inandıkları mit "Seksi erkek yönetir, kadının seks başlatması ahlaksızlıktır." (%90.1) miti olarak bulunmuştur. Hemşirelerin yaş grupları, medeni durumları, evlilik öncesi cinsel deneyimi olma durumu, arkadaşları ile cinsellikle ilgili konuları konuşma durumu ve ailesinin cinsellikle ilgili konulara yaklaşımı ile cinsel mitlere inanma durumları arasında istatistiksel olarak anlamlı farklılık saptanmıştır ( $p < 0.05$ ).

**Sonuç:** 39 yaş ve üzeri yaş grubunda olan, evli ve evlilik öncesinde cinsel deneyimi olmayan hemşireler daha fazla cinsel mitlere sahiptir. Hemşireler cinsel mitlerinin farkında olmalı, hastaya bütüncül bakım verirken profesyonel davranmalıdır.

**Anahtar Kelimeler:** Hemşirelik, cinsel mit, cinsellik

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## Introduction

Sexual myths are beliefs about sexuality which people believe to be true, but which often bear little relationship to reality and are of minimal scientific interest. Such misconceptions, however, may influence the ways in which individuals understand and display their sexuality (Gölbaşı et al., 2016; Ogur et al., 2016; Kukulu et al., 2009; Torun et al., 2011; Yılmaz and Karataş, 2018). Studies show that individuals' values, attitudes and beliefs affect their behavior (Hill et al., 2019; Kaya and Boz, 2017). The most important factors affecting sexual myths are the structure of society and the level of education. Sexual myths related to the level of education about sexuality, which is an important factor, can be seen not only in individuals with low education but also in health professionals who are seen as guiding (Özmen, 1999).

In Turkish society, because sexuality is seen as sinful and shameful, and because it is regarded by the prevailing culture as a taboo subject, it is rarely discussed within the family or at school (Çuhadaroğlu, 2017; Ünal Toprak and Turan, 2020). As in many cultures sexuality is seen as taboo in our country, which is ignored by women, and not taken seriously by the health care professionals (Bulduk and Erdoğan, 2012; Dağ et al., 2012; Ekşi and Kömürcü, 2014). Sexuality is a subject which people are most curious about and it is also the most widely banned, and the most widely spoken as well as unspoken, very well known alleged actually very little known, on the one hand people brag about it and on the other hand they are very ashamed of (Sohbet and Geçici, 2014). Research shows that widespread credence is given to sexual myths even by healthcare workers (Civil and Yıldız, 2010; Kukulu et al., 2009; Ogur et al., 2016; Torun et al., 2011). Sexual myths found in healthcare professionals, fear, anxiety in the individual it can cause many negative emotions and thoughts. This situation is health It can be a major obstacle for professionals to provide holistic care (Özdemir and Yılmaz, 2020). Expected to provide holistic care nurses, sexual problems of individuals, or problems in eliminating appropriate attitude to prevent it from happening and be able to approach with behavior (Evans, 2013). If nurses are to provide effective holistic health care, including giving appropriate counselling on sexual matters, they should, first of all, take cognizance of their own erroneous beliefs (Martyniuk et al., 2015; Çuhadaroğlu, 2017).

Nurses have a key role in ensuring sexual safety, providing information, counseling, improving the

quality of life and providing holistic health services. Giving such a key role to the nurse within the healthcare team and ensuring that problems associated with sexuality and the diagnosing of sexual dysfunction are accepted as a normal part of nursing care, means that greater emphasis must be given to research on sexuality in the field of nursing (Ünal Toprak and Turan, 2020; Santa Maria et al., 2017). In an article, it was stated that nurses have an active role in patients' sexuality and should take this into consideration (Crouch, 1999). In a study, it was found that nurses were reluctant to talk to patients about sexuality and this reluctance was due to lack of information (Kantz et al., 1990). Aker and Böke found that the training provided reduced belief in myths in healthcare workers (Aker and Böke, 2016).

Ford et al. (2013) assert that the optimal impact of sexual healthcare for patients will be achieved when nurses incorporate it into holistic care as a matter of routine (Ford et al., 2013). In addition, nurses are seen as an important element in improving sexual health and increasing the quality of life (Royal College of Nursing, 2020). However, as long as nurses do not overcome their sexual myths and have the skills to expose sexual health issues appropriately and sensitively, patients' sexual needs will remain covered (Huang et al., 2013; Sung et al., 2015). In this sense, it is very important for healthcare professionals to know what sexual myths they have and what their beliefs are (Özdemir and Yılmaz, 2020).

This is why healthcare professionals have sexual myths. It reveals the need to determine the state of belief and the factors that affect it. This study was conducted with a view to ascertaining the credence given by nurses to sexual myths and that factors that influence this.

The limited number of studies examining the credence given by health professionals to myths about sexuality, or the factors underpinning them, reveals the originality of this study.

## Material and Method

This study was made as a descriptive study to establish the extent to which nurses believe in sexual myths and the factors that influence those beliefs. The research was carried out with 182 volunteer nurses in a public hospital operating on the European side of Istanbul between May-July, 2019. The universe of the study was formed by 256 female nurses working at a public hospital in the European side of Istanbul. First sampling was tried to be ignored but some nurses refused to participate and

some filled incomplete questionnaires so 182 nurses formed the sample. The rate of participation in the research is 71.1%. Nurses who are female and agreed to participate were included in the sample. The number of male nurses was insufficient so they were excluded from the sample.

#### Data Collecting Instrument

The first section of the questionnaire was designed by the researchers, and covered sexual history and sociodemographic characteristics. It consisted of 12 questions eliciting data related to the nurses' age, marital status, demographic information, such as length of marriage; sources of information about sex, help sources of sexual problems. The second section of the questionnaire comprised the Sexual Myth Evaluation Form, developed by Zilbergeld, which had been used in earlier research in Turkey (Atagün et al., 2010; Torun et al., 2011). The evaluation form contained 30 sexual myths. The participants were asked to respond to each myth by ticking: "I agree", "I disagree" and "I have no idea" (Atagün et al., 2010; Torun et al., 2011). The Cronbach's alpha value of the validated and reliable scale was found to be 0.80 and 0.85 in this study.

#### Statistical Analyses

Statistical analyses were performed using the licensed SPSS 21 package software. Descriptive statistics (number, percentage, mean, standard deviation) and chi-square tests were used to analyze the data obtained in the study. The significance value was taken as  $p < 0.05$ .

#### Results

51.1% of the nurses in the research are between 20-38 years group, 75.3% of them are married, 56% of them have been married for 11 years and above,

64.3% of them have got married by flirting (Table 1).

**Table 1.** Individual characteristics of the nurses (n=182)

Variables	n	%
<b>Age groups</b>		
20-38	93	51.1
39 and above	89	48.9
<b>Marital status</b>		
Married	137	75.3
Single	45	24.7
<b>Marriage time</b>		
Not married	45	24.7
Less than 1 year	5	2.9
1-5 years	19	10.4
6-10 years	11	6.0
11 years and above	102	56.0
<b>How the marriage happened</b>		
Not married	45	24.7
By advice from others	17	9.3
By flirting	117	64.3
For the parents' wishes	3	1.7
<b>Total</b>	182	100.0

67.6% of the nurses stated they did not have premarital sexual experience, 37.4% of them learned about sexuality by themselves with research and 31.3% of them stated they were afraid because of the hearsay information about sexuality. 72.5% of the nurses stated they were talking about sexuality with their close friends and 8.2% of them stated they were believing in the hearsay certain statements about sexuality. 69.8% of the nurses stated sexuality was not talked about in the family and 57.7% of them stated they were seeking help from doctors when they experienced problems related to sexuality (Table 2).

**Table 2.** Nurses's answers to the questions related to sexuality

Variables	n	%
<b>Did you have sexual experience before marriage?</b>		
Does not want to answer	21	11.5
Had sexual experience	38	20.9
Did not have sexual experience	123	67.6
<b>From whom did you get the sexuality information?</b>		
I did not get	30	16.5
Learned by myself with research	68	37.4
My spouse	17	9.3
My friends	32	17.6
Mother/father	8	4.4
Internet	7	3.8
School education	20	11.0
<b>Were you ever afraid because of the hearsay information about sexuality?</b>		
Yes	57	31.3
No	125	68.7

**Table 2.** (Continued) Nurses's answers to the questions related to sexuality

Variables	n	%
<b>Do you talk about sexuality when you are having conversations with your close friends?</b>		
Yes	132	72.5
No	50	27.5
<b>Do you believe in hearsay certain statements about sexuality?</b>		
Yes	15	8.2
No	167	91.8
<b>How does your family approach sexuality?</b>		
Information is given.	14	7.7
It is talked about.	24	13.2
It is not talked about.	127	69.8
It is forbidden to talk about it	17	9.3
<b>Where do you seek help when you experience problems related to sexuality?</b>		
I do not seek help.	32	17.6
Doctor	105	57.7
Nurse	2	1.1
Friend	18	9.9
Internet	20	11.0
Others...	5	2.7
<b>Total</b>	<b>182</b>	<b>100.0</b>

The views of the participant health care personnel about the 30 myths were analyzed and the following results were obtained.

45.1% agreed with the "Males always want sex and are always ready for sex" myth, 83% did not agree with the "Male must always start sexual intercourse" myth. 90.1% did not agree with the "Sex is managed by the male, it is immoral for the female to start sex" myth and 79.1% did not agree with the "Males and females have fundamentally different sexual interests and responsibilities. Male has to take the responsibility and manage the sexual intercourse" myth. 23.6% agreed with the "Sexual intercourse means penetration" myth and 29.1% agreed with the "The aim in good sex is the penetration" myth. 54.9% agreed with the "Sex should happen naturally; talking and thinking about sex damages the process" myth but 84.6% did not agree with the "All physical contact must lead to sex. All physical interactions lead to sex" myth. 89.6%, 84.6%, 57.7% and 56.6% of the participants did not agree with the following myths respectively: "Males should not show their emotions", "The size of the male sexual organ is the indicator of sexual power", "An erect big penis is the key to good sex", and "Bigger penis gives the woman more stimulation". 36.3% agreed with the "Erection is always a sign of sexual desire and stimulation" myth but 53.8% and 71.4% did not agree with the following myths respectively: "When the penis is erect, an orgasm should follow soon for the male", "Loss of erection means the male does not find his

spouse attractive". 58.2% agreed with the "Every male should know how to give pleasure to every woman" myth but 56% did not agree with the "Women should have orgasms just with penis movements without using the hands". 74.7%, 65.4%, 81.3%, 69.2% and 56.1% of the participants agreed with the following myths respectively: "Sex is only good if both partners have orgasms.", "Sex is only good if both partners have orgasms simultaneously", "As long as spouses love each other, they know how to get pleasure from sex.", "During sex spouses know what their partner thinks and wants by instinct.", and "Sex is natural, it can not be learned". 64.3% did not agree with the "Masturbation is dirty and harmful" myth, but 22.5% agreed with the "Masturbation is wrong during sexual intercourse" myth. 74.2%, 54.4% and 74.2% of the participants did not agree with the following myths respectively: "Having sexual fantasies is wrong", "Mature men lose interest in fantasies and masturbation" and "Men or women can not say no to sex". 73.6% and 53.8% did not agree with the following myths: "There are certain definitive rules which dictate what is normal during sex", and "Oral sex (blowjob) is a sign of immaturity", but 24.7% of the participants agreed with the "Oral sex is dirty" myth (Table 3).

**Table 3.** The distribution of the nurses' answers in the sexual myth evaluation questionnaire

Sexual Myths	I agree		I do not agree		I have no idea	
	n	%	n	%	n	%
Males always want sex and are always ready for sex.	82	45.1	91	50.0	9	4.9
Male must always start the sexual intercourse.	22	12.1	151	83.0	9	4.9
Sex is managed by the male, it is immoral for the female to start sex.	8	4.4	164	90.1	10	5.5
Males and females have fundamentally different sexual interests and responsibilities. Male has to take the responsibility and manage the sexual intercourse.	21	11.5	144	79.1	17	9.4
Sexual intercourse means penetration.	43	23.6	133	73.1	6	3.3
The aim in good sex is the penetration.	53	29.1	114	62.6	15	8.3
Sex should happen naturally; talking and thinking about sex damages the process.	100	54.9	68	37.4	14	7.7
All physical contact must lead to sex. All physical interactions lead to sex.	19	10.5	154	84.6	9	4.9
Males should not show their emotions.	12	6.6	163	89.6	7	3.8
The size of the male sexual organ is the indicator of sexual power.	6	3.3	154	84.6	22	12.1
An erect big penis is the key to good sex.	41	22.5	105	57.7	36	19.8
Bigger penis gives the woman more stimulation.	27	14.8	103	56.6	52	28.6
Erection is always a sign of sexual desire and stimulation.	66	36.3	74	40.7	42	23.0
When the penis is erect, an orgasm should follow soon for the male.	29	15.9	98	53.8	55	30.3
Loss of erection means the male does not found his spouse attractive.	17	9.3	130	71.4	35	19.3
Every male should know how to give pleasure to every woman	106	58.2	51	28.1	25	13.7
Women should have orgasms just with penis movements without using the hands.	29	15.9	102	56.0	51	28.1
Sex is only good if both partners have orgasms.	136	74.7	31	17.0	15	8.3
Sex is only good if both partners have orgasms simultaneously.	119	65.4	48	26.3	15	8.3
As long as spouses love each other, they know how to get pleasure from sex.	148	81.3	23	12.6	11	6.1
During sex spouses know what their partner thinks and wants by instinct.	126	69.2	40	22.0	16	8.8
Sex is natural, it can not be learned.	102	56.1	69	37.9	11	6.0
Masturbation is dirty and harmful.	32	17.6	117	64.3	33	18.1
Masturbation is wrong during sexual intercourse.	41	22.5	93	51.1	48	26.4
Having sexual fantasies is wrong.	19	10.4	135	74.2	28	15.4
Mature men lose interest in fantasies and masturbation.	22	12.1	99	54.4	61	33.5
Men or women can not say no to sex.	30	16.5	135	74.2	17	9.3
There are certain definitive rules which dictate what is normal during sex.	24	13.2	134	73.6	24	13.2
Oral sex (blowjob) is a sign of immaturity.	26	14.3	98	53.8	58	31.9
Oral sex is dirty.	45	24.7	91	50.0	46	25.3

A comparison of the nurses' age groups, marital status, premarital sexual experience and their answers to the questions about the sexual myths are given in Table 4.

In the comparison of the nurses' age groups, and their answer to the questions about the sexual myths, a statistically significant difference was found between the age groups of the participants and their answers related to these myths: "Women should have orgasms just with penis movements without using the hands", "Sex is only good if both partners have orgasms", "Sex is only good if both partners have orgasms simultaneously" ( $p < 0.05$ ). Evaluation revealed that the answers of the participants over the age of 39 affected the results (Table 4).

The comparison of the nurses' marital status and their answers to the questions about the sexual myths is given in Table 4. A statistically significant relationship was found between the marital status of the participants and their answers related to these myths: "Males always want sex and are always ready for sex", "Sexual intercourse means penetration", "The aim in good sex is the penetration", "The size of the male sexual organ is the indicator of sexual power", "An erect big penis is the key to good sex" and "Sex is natural, it can not be learned" ( $p < 0.05$ ). It was seen that the answers of the married participants have affected the results (Table 4).

The comparison of the premarital sexual experience status of the nurses and their answers to the questions about the sexual myths is given in Table 4. A statistically significant relationship was found between the having premarital sexual experiences status and their answers related to these myths: “An erect big penis is the key to good sex”, “Bigger penis gives the woman more stimulation”, “Erection is always a sign of sexual desire and stimulation”, “Sex is only good if both partners have

orgasms simultaneously”, “During sex spouses know what their partner thinks and wants by instinct”, “Sex is natural, it can not be learned”, “Masturbation is dirty and harmful”, “Masturbation is wrong during sexual intercourse”, “Oral sex (blowjob) is a sign of immaturity” and “Oral sex is dirty” ( $p < 0.05$ ). It was thought that this result was obtained because of answers of the participants without premarital sexual experience (Table 4).

**Table 4.** The comparison of the nurses’ age groups, marital status and premarital sexual experience status of the nurses and their answers to the questions about the sexual myths.

Sexual Myths	Age Groups				Marital Status				Premarital Sexual Experience					
	20-38		≥39		Married		Single		Don't want to answer		Had sexual experience		No sexual experience	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Males always want sex and are always ready for sex</b>														
I agree	46	49.5	36	40.4	63	46	19	42.2	9	42.9	13	34.2	60	48.8
I don't agree	40	43.0	51	57.3	71	51.8	20	44.4	10	47.6	25	65.8	56	45.5
I have no idea	7	7.5	2	2.3	3	2.2	6	13.4	2	9.5	--	--	7	5.7
<b>Test value</b>	$\chi^2=5.242; P=0.073$				$\chi^2=8.982; P=0.011$				$\chi^2=6.712; P=0.152$					
<b>Male must always start the sexual intercourse</b>														
I agree	13	14.0	9	10.1	15	10.9	7	15.6	2	9.5	3	7.9	17	13.8
I don't agree	73	78.5	78	87.6	118	86.2	33	73.3	16	76.2	34	89.5	101	82.1
I have no idea	7	7.5	2	2.3	4	2.9	5	11.1	3	14.3	1	2.6	5	4.1
<b>Test value</b>	$\chi^2=3.584; P=0.167$				$\chi^2=5.860; P=0.053$				$\chi^2=5.603; P=0.231$					
<b>Sex is managed by the male, it is immoral for the female to start sex</b>														
I agree	3	3.2	5	5.6	6	4.4	2	4.4	--	--	1	2.6	7	5.7
I don't agree	84	90.3	80	89.9	125	91.2	39	86.7	19	90.5	37	97.4	108	87.8
I have no idea	6	6.5	4	4.5	6	4.4	4	8.9	2	9.5	--	--	8	6.5
<b>Test value</b>	$\chi^2=0.910; P=0.634$				$\chi^2=1.333; P=0.514$				$\chi^2=4.893; P=0.298$					
<b>Males and females have fundamentally different sexual interests and responsibilities.</b>														
<b>Male has to take the responsibility and manage the sexual intercourse</b>														
I agree	9	9.7	12	13.5	19	13.9	2	4.4	2	9.5	2	5.3	17	13.8
I don't agree	72	77.4	72	80.9	108	78.8	36	80	17	81.0	36	94.7	91	74.0
I have no idea	12	12.9	5	5.6	10	7.3	7	15.6	2	9.5	--	--	15	12.2
<b>Test value</b>	$\chi^2=3.225; P=0.199$				$\chi^2=5.085; P=0.079$				$\chi^2=8.140; P=0.087$					
<b>Sexual intercourse means penetration</b>														
I agree	25	26.9	18	20.2	34	24.8	9	20.0	2	9.5	12	31.6	29	23.6
I don't agree	63	67.7	70	78.7	101	73.7	32	71.1	18	85.7	26	68.4	89	72.4
I have no idea	5	5.4	1	1.1	2	1.5	4	8.9	1	4.8	--	--	5	4.0
<b>Test value</b>	$\chi^2=4.089; P=0.129$				$\chi^2=6.035; P=0.049$				$\chi^2=4.975; P=0.290$					
<b>The aim in good sex is the penetration</b>														
I agree	29	31.2	24	27.0	46	33.6	7	15.6	4	19.0	9	23.7	40	32.5
I don't agree	53	57.0	61	68.5	83	60.6	31	68.9	14	66.7	27	71.1	73	59.3
I have no idea	11	11.8	4	4.5	8	5.8	7	15.6	3	14.3	2	5.3	10	8.2
<b>Test value</b>	$\chi^2=4.214; P=0.122$				$\chi^2=8.031; P=0.018$				$\chi^2=3.644; P=0.456$					
<b>Sex should happen naturally; talking and thinking about sex damages the process</b>														
I agree	49	52.7	51	57.3	77	56.2	23	51.1	11	52.4	21	55.3	68	55.3
I don't agree	36	38.7	32	36.0	49	35.8	19	42.2	9	42.9	14	36.8	45	36.6
I have no idea	8	8.6	6	6.7	11	8.0	3	6.7	1	4.8	3	7.9	10	8.1
<b>Test value</b>	$\chi^2=0.473; P=0.789$				$\chi^2=0.620; P=0.734$				$\chi^2=0.488; P=0.975$					
<b>All physical contact must lead to sex. All physical interactions lead to sex</b>														
I agree	8	8.6	11	12.4	15	10.9	4	8.9	2	9.5	2	5.3	15	12.2
I don't agree	79	84.9	75	84.2	115	83.9	39	86.7	18	85.7	33	86.8	103	83.7
I have no idea	6	6.5	3	3.4	7	5.1	2	4.4	1	4.8	3	7.9	5	4.1
<b>Test value</b>	$\chi^2=1.490; P=0.475$				$\chi^2=0.198; P=0.906$				$\chi^2=2.254; P=0.689$					
<b>Males should not show their emotions</b>														
I agree	4	4.3	8	9.0	11	8.0	1	2.2	--	--	2	5.3	10	8.2
I don't agree	84	90.3	79	88.8	122	89.1	41	91.1	20	95.2	33	86.8	110	89.4
I have no idea	5	5.4	2	2.2	4	2.9	3	6.7	1	4.8	3	7.9	3	2.4
<b>Test value</b>	$\chi^2=2.686; P=0.261$				$\chi^2=2.985; P=0.225$				$\chi^2=4.333; P=0.363$					

**Table 4.** (Continued) The comparison of the nurses' age groups, marital status and premarital sexual experience status of the nurses and their answers to the questions about the sexual myths

Sexual Myths	Age Groups				Marital Status				Premarital Sexual Experience					
	20-38		≥39		Married		Single		Don't want to answer		Had sexual experience		No sexual experience	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>The size of the male sexual organ is the indicator of sexual power</b>														
I agree	2	2.2	4	4.5	6	4.4	--	--	--	--	2	5.3	4	3.3
I don't agree	78	83.9	76	85.4	119	86.9	35	77.8	17	81.0	34	89.4	103	83.7
I have no idea	13	14.0	9	10.1	12	8.8	10	22.2	4	19.0	2	5.3	16	13.0
<b>Test value</b>	$\chi^2=1.333$ ; P=0.514				$\chi^2=7.380$ ; P=0.025				$\chi^2=3.681$ ; P=0.451					
<b>An erect big penis is the key to good sex</b>														
I agree	22	23.7	19	21.3	32	23.4	9	20.0	5	23.8	12	31.6	24	19.5
I don't agree	49	52.6	56	62.9	85	62.0	20	44.4	10	47.6	25	65.8	70	56.9
I have no idea	22	23.7	14	15.7	20	14.6	16	35.6	6	28.6	1	2.6	29	23.6
<b>Test value</b>	$\chi^2=2.377$ ; P=0.305				$\chi^2=9.509$ ; P=0.009				$\chi^2=10.075$ ; P=0.039					
<b>Bigger penis gives the woman more stimulation</b>														
I agree	16	17.2	11	12.4	19	13.9	8	17.8	2	9.5	10	26.3	15	12.2
I don't agree	52	55.9	51	57.3	81	59.1	22	48.9	13	61.9	24	63.2	66	53.7
I have no idea	25	26.9	27	30.3	37	27.0	15	33.3	6	28.6	4	10.5	42	34.1
<b>Test value</b>	$\chi^2=0.925$ ; P=0.630				$\chi^2=1.450$ ; P=0.484				$\chi^2=10.603$ ; P=0.031					
<b>Erection is always a sign of sexual desire and stimulation</b>														
I agree	32	34.4	34	38.3	54	39.4	12	26.7	5	23.8	16	42.1	45	36.6
I don't agree	38	40.9	36	40.4	57	41.6	17	37.8	10	47.6	20	52.6	44	35.8
I have no idea	23	24.7	19	21.3	26	19.0	16	35.6	6	28.6	2	5.3	34	27.6
<b>Test value</b>	$\chi^2=0.408$ ; P=0.816				$\chi^2=5.674$ ; P=0.059				$\chi^2=10.183$ ; P=0.037					
<b>When the penis is erect, an orgasm should follow soon for the male</b>														
I agree	10	10.8	19	21.3	25	18.2	4	8.9	3	14.3	4	10.5	22	17.9
I don't agree	54	58.1	44	49.4	76	55.5	22	48.9	10	47.6	27	71.1	61	49.6
I have no idea	29	31.1	26	29.3	36	26.3	19	42.2	8	38.1	7	18.4	40	32.5
<b>Test value</b>	$\chi^2=3.891$ ; P=0.143				$\chi^2=4.985$ ; P=0.083				$\chi^2=6.078$ ; P=0.193					
<b>Loss of erection means the male does not found his spouse attractive</b>														
I agree	5	5.4	12	13.5	14	10.2	3	6.7	2	9.5	3	7.9	12	9.8
I don't agree	68	73.1	62	69.7	98	71.5	32	71.1	15	71.4	30	78.9	85	69.1
I have no idea	20	21.5	15	16.8	25	18.3	10	22.2	4	19.1	5	13.2	26	21.1
<b>Test value</b>	$\chi^2=3.787$ ; P=0.151				$\chi^2=0.737$ ; P=0.692				$\chi^2=1.464$ ; P=0.833					
<b>Every male should know how to give pleasure to every woman</b>														
I agree	53	57.0	53	59.6	84	61.3	22	48.9	13	61.9	22	57.9	71	57.7
I don't agree	26	28.0	25	28.1	38	27.8	13	28.9	6	28.6	14	36.8	31	25.2
I have no idea	14	15.0	11	12.3	15	10.9	10	22.2	2	9.5	2	5.3	21	17.1
<b>Test değeri</b>	$\chi^2=0.292$ ; P=0.864				$\chi^2=4.048$ ; P=0.132				$\chi^2=4.715$ ; P=0.318					
<b>Women should have orgasms just with penis movements without using the hands</b>														
I agree	12	12.9	17	19.1	23	16.8	6	13.3	3	14.3	5	13.2	21	17.1
I don't agree	47	50.5	55	61.8	80	58.4	22	48.9	12	57.1	28	73.6	62	50.4
I have no idea	34	36.6	17	19.1	34	24.8	17	37.8	6	28.6	5	13.2	40	32.5
<b>Test value</b>	$\chi^2=7.072$ ; P=0.029				$\chi^2=2.830$ ; P=0.243				$\chi^2=7.018$ ; P=0.135					
<b>Sex is only good if both partners have orgasms</b>														
I agree	64	68.8	72	80.9	107	78.1	29	64.4	15	71.5	29	76.3	92	74.8
I don't agree	17	18.3	14	15.7	22	16.1	9	20.0	4	19.0	8	21.1	19	15.4
I have no idea	12	12.9	3	3.4	8	5.8	7	15.6	2	9.5	1	2.6	12	9.8
<b>Test value</b>	$\chi^2=6.076$ ; P=0.048				$\chi^2=5.035$ ; P=0.081				$\chi^2=2.471$ ; P=0.650					
<b>Sex is only good if both partners have orgasms simultaneously</b>														
I agree	53	57.0	66	74.2	94	68.6	25	55.6	17	81.0	20	52.6	82	66.7
I don't agree	28	30.1	20	22.5	35	25.5	13	28.9	2	9.5	17	44.8	29	23.5
I have no idea	12	12.9	3	3.4	8	5.9	7	15.5	2	9.5	1	2.6	12	9.8
<b>Test value</b>	$\chi^2=8.069$ ; P=0.018				$\chi^2=4.907$ ; P=0.086				$\chi^2=11.074$ ; P=0.026					
<b>As long as spouses love each other, they know how to get pleasure from sex</b>														
I agree	72	77.4	76	85.4	114	83.2	34	75.6	18	85.7	27	71.1	103	83.7
I don't agree	14	15.1	9	10.1	16	11.7	7	15.6	2	9.5	9	23.6	12	9.8
I have no idea	7	7.5	4	4.5	7	5.1	4	8.9	1	4.8	2	5.3	8	6.5
<b>Test value</b>	$\chi^2=1.926$ ; P=0.382				$\chi^2=1.448$ ; P=0.485				$\chi^2=5.408$ ; P=0.248					
<b>During sex spouses know what their partner thinks and wants by instinct</b>														
I agree	62	66.7	64	71.9	99	72.3	27	60.0	14	66.7	18	47.4	94	76.5
I don't agree	22	23.7	18	20.2	28	20.4	12	26.7	4	19.0	18	47.4	18	14.6
I have no idea	9	9.6	7	7.9	10	7.3	6	13.3	3	14.3	2	5.3	11	8.9
<b>Test value</b>	$\chi^2=0.594$ ; P=0.743				$\chi^2=2.737$ ; P=0.255				$\chi^2=19.072$ ; P=0.001					

**Table 4.** (Continued) The comparison of the nurses' age groups, marital status and premarital sexual experience status of the nurses and their answers to the questions about the sexual myths.

Sexual Myths	Age Groups				Marital Status				Premarital Sexual Experience					
	20-38		≥39		Married		Single		Don't want to answer		Had sexual experience		No sexual experience	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Sex is natural, it can not be learned</b>														
I agree	50	53.8	52	58.4	85	62.0	17	7.8	10	7.6	12	31.6	80	65.0
I don't agree	36	38.7	33	37.1	47	34.3	22	48.9	10	47.6	25	65.8	34	27.6
I have no idea	7	7.5	4	4.5	5	3.7	6	13.3	1	4.8	1	2.6	9	7.4
<b>Test value</b>	$\chi^2=0.900$ ; P=0.638				$\chi^2=10.715$ ; P=0.005				$\chi^2=18.953$ ; P=0.001					
<b>Masturbation is dirty and harmful</b>														
I agree	19	20.4	13	14.6	27	19.7	5	11.1	2	9.5	4	10.5	26	21.1
I don't agree	58	62.4	59	66.3	86	62.8	31	68.9	13	61.9	32	84.2	72	58.5
I have no idea	16	17.2	17	19.1	24	17.5	9	20.0	6	28.6	2	5.3	25	20.4
<b>Test value</b>	$\chi^2=1.076$ ; P=0.584				$\chi^2=1.736$ ; P=0.420				$\chi^2=10.793$ ; P=0.029					
<b>Masturbation is wrong during sexual intercourse</b>														
I agree	20	21.5	21	23.6	33	24.1	8	17.8	2	9.5	7	18.4	32	26.0
I don't agree	45	48.4	48	53.9	71	51.8	22	48.9	10	47.6	27	71.1	56	45.5
I have no idea	28	30.1	20	22.5	33	24.1	15	33.3	9	42.9	4	10.5	35	28.5
<b>Test value</b>	$\chi^2=1.367$ ; P=0.505				$\chi^2=1.754$ ; P=0.416				$\chi^2=12.267$ ; P=0.015					
<b>Having sexual fantasies is wrong</b>														
I agree	10	10.8	9	10.1	15	10.9	4	8.9	--	--	2	5.3	17	13.8
I don't agree	65	69.9	70	78.7	102	74.5	33	73.3	16	76.2	33	86.8	86	69.9
I have no idea	18	19.3	10	11.2	20	14.6	8	17.8	5	23.8	3	7.9	20	16.3
<b>Test value</b>	$\chi^2=2.437$ ; P=0.296				$\chi^2=0.366$ ; P=0.833				$\chi^2=8.065$ ; P=0.089					
<b>Mature men lose interest in fantasies and masturbation</b>														
I agree	8	8.6	14	15.7	18	13.1	4	8.9	3	14.3	4	10.5	15	12.2
I don't agree	49	52.7	50	56.2	76	55.5	23	51.1	10	47.6	26	68.4	63	51.2
I have no idea	36	38.7	25	28.1	43	31.4	18	40.0	8	38.1	8	21.1	45	36.6
<b>Test value</b>	$\chi^2=3.544$ ; P=0.170				$\chi^2=1.374$ ; P=0.503				$\chi^2=4.180$ ; P=0.382					
<b>Men or women can not say no to sex</b>														
I agree	13	14.0	17	19.1	24	17.5	6	13.3	3	14.3	3	7.9	24	19.5
I don't agree	71	76.3	64	71.9	102	74.5	33	73.4	15	71.4	33	86.8	87	70.7
I have no idea	9	9.7	8	9.0	11	8.0	6	13.3	3	14.3	2	5.3	12	9.8
<b>Test value</b>	$\chi^2=0.868$ ; P=0.648				$\chi^2=1.386$ ; P=0.500				$\chi^2=4.735$ ; P=0.316					
<b>There are certain definitive rules which dictate what is normal during sex</b>														
I agree	11	11.8	13	14.6	18	13.1	6	13.3	1	4.8	4	10.5	19	15.4
I don't agree	73	78.5	61	68.5	102	74.5	32	71.1	15	71.4	27	71.1	92	74.8
I have no idea	9	9.7	15	16.9	17	12.4	7	15.6	5	23.8	7	18.4	12	9.8
<b>Test value</b>	$\chi^2=2.655$ ; P=0.265				$\chi^2=0.307$ ; P=0.858				$\chi^2=5.566$ ; P=0.234					
<b>Oral sex (blowjob) is a sign of immaturity</b>														
I agree	10	10.8	16	18.0	20	14.6	6	13.3	3	14.3	2	5.3	21	17.0
I don't agree	55	59.1	43	48.3	76	55.5	22	48.9	10	47.6	29	76.3	59	48.0
I have no idea	28	30.1	30	33.7	41	29.9	17	37.8	8	38.1	7	18.4	43	35.0
<b>Test value</b>	$\chi^2=2.836$ ; P=0.242				$\chi^2=0.966$ ; P=0.617				$\chi^2=10.119$ ; P=0.038					
<b>Oral sex is dirty</b>														
I agree	22	23.7	23	25.8	39	28.5	6	13.3	5	23.8	6	15.8	34	27.6
I don't agree	49	52.6	42	47.2	67	48.9	24	53.3	9	42.9	29	76.3	53	43.1
I have no idea	22	23.7	24	27.0	31	22.6	15	33.4	7	33.3	3	7.9	36	29.3
<b>Test value</b>	$\chi^2=0.560$ ; P=0.756				$\chi^2=4.807$ ; P=0.090				$\chi^2=14.167$ ; P=0.007					

## Discussion

In our study, it was determined that nurses didn't talk about sexual issues in the family and didn't receive information. In conservative countries, sexuality is a taboo subject. In Turkey, where many people are conservative, sexual matters are rarely a matter for family discussion. Many studies support our research results (Civil and Yıldız, 2010; Dutt and Manjula, 2017; Ogur et al., 2016; Yılmaz and

Karataş, 2018). Civil and Yıldız (2010) found that 42.8% of students could broach sexual matters within their family. Research by Özdemir and Yılmaz (2020), revealed that health professionals reported that sexual issues in the family were It was determined that they were not spoken and provided with information. Similar to the results of our study, these findings show that sexual issues are not easily discussed especially with family members.

Avoiding open discussions or discussions about sexual issues and the lack of sufficient scientific databases are the main reasons for the emergence of sexual myths (CETAD, 2006). In addition, families' perception of sexuality as a "shameful and forbidden subject" and traditional attitudes and families and social environments that generally constitute taboos are effective in this regard (Gürsoy and Arslan Özkan, 2014).

The most commonly believed myths by the participants were as follows:

The most commonly believed myth by the nurses was "As long as spouses love each other, they know how they can get pleasure from sex" (81.3%) (Table 3). This myth was among the most commonly believed myth with a percentage of 64.1% in the study made by Torun et al., (Torun et al., 2011). These result support the findings of our study.

While the second most commonly believed myth by the nurses was "Sex is only good if both partners have orgasms" (74.7%); the third most commonly believed myth by the nurses was "During sex spouses know what their partner thinks and wants by instinct" (69.2%) (Table 3). In study performed by Torun et al., (2011), Yaşan and Gürgen (2004), the levels of belief in the myth that "Sex is only good if both partners have orgasms" were found to be 64.1% and 89.5%, respectively. The belief percentage for the third most commonly believed myth "During sex spouses know what their partner thinks and wants by instinct" was found as 75.2% in the study made by Yaşan and Gürgen (2004).

While the fourth most commonly believed myth by the nurses was "Sex is only good if both partners have orgasms simultaneously." (65.4%); the fifth most commonly believed myth by the nurses was "Every male should know how to give pleasure to every woman" (58.2%) (Table 3). The belief percentage of the myth "Every male should know how to give pleasure to every woman" was found as 77.8% in the study made by Torun et al., (2011).

The least commonly believed myths by the participants were as follows:

The least commonly believed myth by the nurses was "Sex is managed by the male, it is immoral for the female to start sex" (90.1%); the second least commonly believed myth by the nurses was "Males should not show their emotions" (89.6%) (Table 3). Ogur et al., (2016) in his research, the myth that "the woman who started making love is immoral" is one of the least approved (5.9%) myths. In studies performed by Torun et al., (2011), Yaşan and Gürgen (2004), the levels of non-belief in the myth

that "Sex is managed by the male, it is immoral for the female to start sex" were found to be 34.1% and 14.2%, respectively. The non-belief percentage for the myth "Males should not show their emotions" was found as 35.9% in the study made by Torun et al., (2011).

The third least commonly believed myths by the nurses were "All physical contact must lead to sex. All physical interactions lead to sex" and "The size of the male sexual organ is the indicator of sexual power" (84.6%) (Table 3). In the study made by Torun et al., (2011), the non-belief percentage was determined to be 47.9%.

While the fourth least commonly believed myth by the nurses was "Male must always start the sexual intercourse." (83%), the fifth least commonly believed myth by the nurses was "Males and females have fundamentally different sexual interests and responsibilities. Male has to take the responsibility and manage the sexual intercourse" (79.1%) (Table 3). Male has to take the responsibility and manage the sexual intercourse" was found to be 74.4%; and it was determined to be 52.1% in the study made by Torun et al., (2011).

In the comparison of the nurses' age groups and their answers to the questions about the sexual myths, a statistically significant difference was found between the age groups of the participants and their answers related to these myths: "Women should have orgasms just with penis movements without using the hands.", "Sex is only good if both partners have orgasms.", "Sex is only good if both partners have orgasms simultaneously." ( $p < 0.05$ ). Evaluation revealed that the answers of the participants over the age of 39 affected the results (Table 4). This result was interpreted like this: while the participants in the upper age group saw the subjects related to sexuality as taboo and did not talk about these subjects because they were told it was embarrassing, the participants in the young age group were reaching what they were curious about sexuality easily via internet. In Özdemir and Yılmaz's According to another study, as the age of the healthcare professionals increases, the sexual myths scale score has been determined to increase (Özdemir and Yılmaz, 2020). Similarly, in the study of Civil and Yıldız, in their study on male students stated that dating with age, sexual experience will increase, there will be more false information and sexual myths, and sexual myths increase with age. states. In Vicdan's (1995) study, it was stated that the beliefs and attitudes related to subjects about

sexuality was changing according to the participants' age groups.

The comparison of the nurses' marital status and their answers to the questions about the sexual myths is given in Table 4. A statistically significant relationship was found between the marital status of the participants and their answers related to these myths: "Males always want sex and are always ready for sex", "Sexual intercourse means penetration", "The aim in good sex is the penetration", "The size of the male sexual organ is the indicator of sexual power", "An erect big penis is the key to good sex" and "Sex is natural, it can not be learned", ( $p < 0.05$ ). It was seen that the answers of the married participants have affected the results (Table 4). Özdemir and Yılmaz (2020) reported that health professionals who were married had a higher sexual risk than those who were single. It was determined that he had the level of myth. Torun et al., (2011) found that there was no statistically significant relationship between the "Males always want sex and are always ready for sex" myth and their marital status, a statistically significant relationship was found between their answers related to the following myths: "Sexual intercourse means penetration", "The aim in good sex is the penetration", "The size of the male sexual organ is the indicator of sexual power.", and "An erect big penis is the key to good sex" ( $p < 0.05$ ). In the study, it was determined that the married men had higher attendance to the study. This finding support the finding of this study.

The comparison of the premarital sexual experience status of the nurses and their answers to the questions about the sexual myths is given in Table 4. A statistically significant relationship was found between the having premarital sexual experiences status and their answers related to these myths: "An erect big penis is the key to good sex", "Bigger penis gives the woman more stimulation", "Erection is always a sign of sexual desire and stimulation.", "Sex is only good if both partners have orgasms simultaneously", "During sex spouses know what their partner thinks and wants by instinct", "Sex is natural, it can not be learned.", "Masturbation is dirty and harmful", "Masturbation is wrong during sexual intercourse", "Oral sex (blowjob) is a sign of immaturity" and "Oral sex is dirty", ( $p < 0.05$ ). It was thought that this result was obtained because of answers of the participants without premarital sexual experience (Table 4). It is thought that people who have sexual experience believe less in sexual myths because of this

experience. In cultures that suppress sexuality, sexuality is considered taboo. Sexuality is blocked for purposes other than reproduction. Premarital sexual relations are completely forbidden. Young people are deprived of information about sex and opposite sex friendships are not viewed as good (Oskay, 2005). This situation causes the young people to be informed with hearsay information or most of the time they are misinformed because of this situation. In a study, having his first sexual experience with his wife or her husband healthcare professionals have higher levels of sexual myths than those with no sexual experience (Özdemir and Yılmaz, 2020).

Increasing false beliefs and exaggerated discourses in the society, the sexual myths that contain them can be reinforced by word of mouth and passed down from generation to generation. The findings of this study show that as nurses gain greater knowledge of sexual health, their belief in myths about sexuality diminishes. It is important that nurses acquire sufficient information, the necessary skills and a positive attitude towards sexuality to enable them to evaluate matters of sexual health appropriately (Tuğut and Gölbaşı, 2014).

### Conclusion and Recommendations

Consequently, It was found that the participants aged 39 and over, who were married and who did not have premarital sexual experience believed in the sexual myths more. Sexuality education should be a part of regular formal educational curriculum starting from the middle school years of the students and this education must be given by experts in this field. Families should be informed about the sexuality education and sexuality guidance centers should be established from which the families can also get information. Nurses who are especially concerned with human and will fulfill their caregiver role must recognize themselves and be aware of their wrong information before they can provide holistic care without ignoring the sexual aspect of human. For this reason, it may be recommended to inform young people and especially the people who will provide health care services by giving courses such as sexual health knowledge, reproductive health and gender in universities.

### Limitations of the Study

The sample size of this study is limited and it is limited in terms of generalizability to society.

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**Ethics Committee Approval:** After that, an approval from University Ethical Council was received (12.12.2018/13). Application permission was received regarding hospital. Furthermore, verbal consent was taken from the nurses who agreed to participate in the study. In the scope of research, before collecting data from nurses, the scope and aim of the research were told. This study was conducted following the guidelines for Good Clinical Practice of the World Medical Association (WMA), the Declaration of Helsinki.

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**What did the study add to the literature?**

- It was found that the participants aged 39 and over, who were married and who did not have premarital sexual experience believed in the sexual myths more.
- The nurses' myths and thoughts on this issue with the patients it may prevent patients from evaluating their sexuality and talking about it. Therefore, starting from the training of nurses and in-service It is necessary to receive training on sexuality and trainings.
- Healthcare professionals should know sexual myths of both self and society.

**References**

- Aker S, Böke Ö. (2016). The effect of education on the sexual beliefs of family physicians. *International Journal of Sexual Health*, 28(1), 111–116.
- Atagün İ, Mutlu A, Özer F, Atmaca B, Çetin S. (2010). Relationship Between Dopaminergic Treatment and Sexual Behavior in Parkinson's Disease. *Journal of Parkinson's Disease and Movement Disorders*, 13(2), 29-35.
- Bulduk S, Erdoğan S. (2012). The effects of peer education on reduction of the HIV/sexually transmitted infection risk behaviors among Turkish University Students. *The Journal of the Association of Nurses in AIDS Care (Janac)*, 23(3), 233–243.
- CETAD (2006) Cinsel Eğitim Tedavi ve Araştırma Derneği (Sexual Education Treatment and Research Association). Sexual and reproductive health study. Erişim tarihi: 01.04.2019, [http://www.cetad.org.tr/CetadData/Book/10/2692011154421Araştırma\\_sonuc\\_lari\\_Dosyasi\\_1pdf](http://www.cetad.org.tr/CetadData/Book/10/2692011154421Araştırma_sonuc_lari_Dosyasi_1pdf)
- Civil B, Yıldız H. (2010). Male students' opinions about sexual experience and social taboos related to sexuality. *Dokuz Eylül University E-Journal of Nursing Faculty*, 3(2), 58–64.
- Crouch S. (1999). Sexual health 1: sexuality and nurses' role in sexual health. *British Journal of Nursing*, 8(9), 601-606.
- Çuhadaroğlu A. (2017). The effects of sex education on psychological counselling students in Turkey. *Sex Education*, 17(2), 209-219.
- Dağ H, Dönmez S, Şirin A, Kavlak O. (2012). University Youth Reproductive and Sexual Health Knowledge and Peer Education. *Journal of Anatolia Nursing and Health Sciences*, 15(1), 10-17.
- Dutt S, Manjula M. (2017). Sexual knowledge, attitude, behaviors and sources of influences in urban college youth: A study form India. *Indian Journal of Social Psychiatry*, 33(4):319-326.
- Ekşi Z, Komurcu N. (2014). Knowledge level of University Students about sexually transmitted diseases. *Procedia-Social And Behavioral Sciences*, 122, 19 March, 465–472.
- Evans DT. (2013). Promoting sexual health and well-being: The role of the nurse. *Nursing standard: official newspaper of the Royal College of Nursing*, 28(10), 53-57.
- Ford JV, Barnes R, Rompalo A, Hook EW. (2013). Sexual health training and education in the US. *Public Health Reports*, 128(2), 96-101.
- Gölbaşı Z, Evcili F, Eroglu K, Bircan H. (2016). Sexual Myths Scale [SMS]: Development, validity and reliability in Turkey. *Sexuality and Disability*, 34(1), 75–87.
- Gürsoy E, Arslan Özkan H. (2014). Turkish youth's perception of sexuality/"honor" in relation to women. *J. Psychiatric Nursing*, 5(3), 149–159.
- Hill JC, Graber JA, Jean-Baptiste E, Johnson, KJ. (2019). Factors associated with attitude behavior conflicts among sexually experienced, rural, early adolescents. *The Journal of Early Adolescence*, 39(1), 81-96.
- Huang C, Lee S, Yen W, Li C, Tsai L. (2013). Nursing intervention on sexual health: A multi level behavioral survey of senior nursing students in clinical practice. *International Journal of Sexual Health*, 25(4), 273-280.
- Kantz D, Dickey C, Stevens M. (1990). Using research to identify why nurses do not meet established sexuality nursing care standards. *Journal of Nursing Quality Assurance*, 43(3), 69–78.
- Kaya A, Boz İ. (2017). The development of the professional values model in nursing. *Nurs Ethics*, 26(3), 914-923.

- Kukulu K, Gürsoy E, Sözer GA. (2009). Turkish University students' beliefs in sexual myths. *Sexuality and Disability*, 27(1), 49–59.
- Martyniuk U, Dekker A, Sehner S, Richter-Appelt H, Briken P. (2015). Religiosity, sexual myths, sex taboos, and pornography use: a cross-national comparison of Polish and German university students. *Cyberpsychology*, 9(2), 1-16.
- Ogur P, Utkualp N, Aydınoglu N. (2016). The beliefs of school of health students about sexuality. *Sürekli Tıp Eğitimi Dergisi (STED)*, 25(1), 13–21.
- Oskay ÜY. (2005). Cultural and psychosocial dimension of orgasm in women. *andrology bulletin*, 22, 261-263.
- Özdemir Ö, Yılmaz M. (2020). Determining of Beliefs in Sexual Myths in Health Professionals. *Journal of Adnan Menderes University Health Sciences Faculty*, 4(3), 221-232.
- Özmen HE. (1999). Sexual myths and sexual dysfunctions. *Psikiyatri Dünyası*, 3(2), 49-53.
- Royal College of Nursing. "Sexual health" (2020). Erişim tarihi: 07.05.2020, <https://www.rcn.org.uk/clinicaltopics/public-health/sexual-health>
- Santa Maria D, Guilamo-Ramos V, Jemmott LS, Derouin A, Villarruel A. (2017). Nurses on the front lines: improving adolescent sexual and reproductive health across health care settings. *American Journal of Nursing*, 117(1), 42-51.
- Sohbet R, Geçici F. (2014). Examining the level of knowledge on sexuality and reproductive health of students of Gaziantep University. *Sexuality and Disability*, 32(1), 75–84.
- Sung SC, Huang HC, Lin MH. (2015). Relationship between the knowledge, attitude, and self-efficacy on sexual health care for nursing students. *Journal of Professional Nursing*, 31(3), 254-261.
- Torun F, Torun SD, Özaydın AN. (2011). Men's belief in sexual myths and factors effecting these myths. *Düşünen Adam: The Journal of Psychiatry and Neurological Sciences*, 24(1), 24-31.
- Tuğut N, Gölbaşı Z. (2014). Sexuality assessment: suggestions for nurses and clinical strategies. *Journal of Education Research Nursing* 11(2), 59–64.
- Ünal Toprak F, Turan Z. (2020). The effect of sexual health courses on the level of nursing students' sexual/reproductive health knowledge and sexual myths beliefs in Turkey: A pretest-posttest control group design. *Perspectives in Psychiatric Care*, 30 July, 1-8.
- Vicdan K. (1995). Reproductive health and young people's sex education problems. *Youth Sexual Education and Reproductive Health Book*. İstanbul: Human Health Promotion Foundation, 13-18.
- Yaşan A, Gürgen F. (2004). The ways to get sexual knowledge and the comparison of the rate of sexual myths in nurses who have sexual partners and who do not have. *Yeni Symposium Dergisi*, 42(2), 72-76.
- Yılmaz M, Karataş B. (2018). Opinions of Student Nurses on Sexual Myths; A Phenomenological Study. *Sexuality and Disability*, 36(3), 277–289.