The Effect of Reproductive Health Protective Attitudes of Married Women on Sexual Life

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ABSTRACT

The aim of this study is to determine the effect of reproductive health protective attitudes of married women on their sexual lives. 320 married women who were admitted to the gynecology policlinics of a hospital in the Black Sea Region, were recruited for this descriptive and correlational study. The data were collected using the Descriptive Information Form, the Reproductive Health Protective Attitudes of Married Women (RHPAS), and the Arizona Sexual Experiences Scale (ASEX). The descriptive statistical methods and parametric tests were utilized in the analysis of analyze the data. Informed written consent was obtained from the participants, and permission to use the scale and ethics committee approval were received. The mean score was 122.91 ± 23.88 for the structured RHPAS and 18.76 ± 5.63 for the ASEX. 94.1% had problems in their sexual lives. A moderately negative but statistically significant correlation was determined between the mean scores of the ASEX and RHPAS (r=-0.469). The difference between women's age, education level, their partners' education level, their occupation, their partners' occupation, the genital area cleaning method, their underwear change frequency, how they take a bath during their menstrual period, getting information about genital hygiene, their experiences with stillbirth, menopausal status, and sexual intercourse frequency and mean scores for RHPAS and ASEX were determined to be statistically significant ($p<0.05$). The difference between having children and the mean score of the ASEX was also found to be statistically significant ($p<0.05$). As women's protective attitudes and behaviors towards their reproductive health improved, it is found that their sexual lives were affected positively.

Keywords: Reproductive health, sexual health, women

Evli Kadınların Üreme Sağlığını Koruyucu Tutumlarının Cinsel Yaşamlarına Etkisi

ÖZET

Bu araştırmanın amacı evli kadınların üreme sağlığı koruyucu tutumlarının cinsel yaşamları üzerine etkisini belirlemektir. Tanımlayıcı ve ilişki arayıcı tipte yapılan çalışmaya, Karadeniz Bölgesi'ndeki bir hastanenin, Jinekoloji Polikliniği'ne başvuran 320 evli kadın alındı. Araştırmanın verileri, Veri Toplama Formu, Evli Kadınların Üreme Sağlığını Koruyucu Tutumlarını Belirleme Ölçeği (ÜSBÖ) ve Arizona Cinsel Yaşantılar Ölçeği (ACYÖ) kullanılarak yüz yüze görüşme tekniği ile toplandı. Çalışmanın analizinde tanımlayıcı istatistiksel yöntemler ve parametrik testler kullanıldı. Katılımcılardan bilgilendirilmiş yazılı onamları, ölçeği geliştiren kişilerden ölçek kullanım izni ve etik kurul izni alındı. Yapılan çalışmada ÜSBÖ puan ortalaması 122.91 ± 23.88, ACYÖ puan ortalaması 18.76 ± 5.63 bulundu. Kadınların %94.1'inin cinsel yaşamlarında sorun yaşadıkları saptandı. Kadınların ACYÖ puan ortalamaları ile ÜSBÖ puan ortalamaları arasında ters yönlü orta düzeyde istatistiksel olarak anlamlı ilişki bulundu (r=-0.469). Kadınların yaş, eğitim durumu, eş eğitim durumu, meslek, eş mesleği, genital bölge temizlik yöntemi, iç çamaşırı değiştirme sıklığı, adet döneminde banyo yapma durumu, genital hijyen hakkında bilgi alma durumu, ölü doğum hikayesi, menopoz durumu ve cinsel ilişki sıklığı ile ÜSBÖ ve ACYÖ puan ortalamaları arasındaki fark istatistiksel olarak anlamlı bulundu ($p<0.05$). Kadınların çocuk sahibi olma durumu ile ACYÖ puan ortalamaları arasındaki fark istatistiksel olarak anlamlı bulundu ($p<0.05$). Kadınların üreme sağlığı koruyucu tutum ve davranışları arttıkça cinsel yaşamlarının olumlu etkilendiği bulunmuştur.

Anahtar Kelimeler: Üreme sağlığı, cinsel sağlık, kadın

Araştırma Makalesi/Research Article

INTRODUCTION

Reproductive health encompasses various aspects, including the ability to have a fulfilling and safe sexual life, maintain reproductive capabilities, and have the autonomy to make decisions regarding reproductive potential (Koluaçık et al., 2010). Within the broader context of reproductive health, sexual health represents a state of overall well-being, including physical, emotional, and social dimensions. Sexual health necessitates the adoption of a constructive and respectful stance towards sexuality and sexual relationships, characterized by the absence of coercion, discrimination, and violence, fostering both pleasurable and secure sexual encounters (Bozdemir & Özcan, 2011; Pınar et al., 2009).

Numerous factors have been identified as influential in the functioning of sexual health, such as age, educational attainment of partners, duration of the marriage, socioeconomic status, body mass index, body image, presence of concealed sexual tendency disorders, menopausal status, stress levels, presence of systemic or chronic diseases (such as diabetes or hypertension), family planning methods employed, and engagement in unhealthy lifestyle practices and habits (including dietary patterns, smoking, alcohol consumption, and drug use) (Clayton, 2010; Esen & Siyez, 2017; Karakoyunlu & Öncel, 2014; Yaşar et al., 2010). Regarding maintaining and enhancing reproductive health, it is essential to assess various habits and practices among women, like seeking medical consultations, undertaking preventive measures against breast and reproductive organ cancers, adopting general health practices, employing protective measures against genital tract infections and unintended pregnancies, practicing genital hygiene, maintaining proper defecation techniques, ensuring regular pad changes during menstruation, refraining from vaginal douching, and acquiring knowledge about and utilizing family planning methods (Demirbağ et al., 2013; Demirci & Güngör, 2005).

The examination of the impact of reproductive health protective attitudes on sexual life is particularly crucial in our country due to the prevailing societal perception that views "reproduction and sexuality" as matters of shame, sin, and privacy, thereby hindering discussions on these topics among women and healthcare professionals (Koştu & Taşçı, 2009). Nurses need to take on the responsibility of providing information concerning reproductive health, protective attitudes, and sexuality. Furthermore, when assuming the role of counselors in promoting healthy lifestyle behaviors, nurses should consider the quality of individuals' sexual lives. By doing so, nurses can contribute to the enhancement of sexual well-being by guiding women in developing reproductive health protective attitudes (Koluaçık et al., 2010; Tuğut & Gölbaşı, 2014). It is known that sexual health education has an important place in preventing reproductive and sexual health problems. It is important to provide CS education to young people, especially in the adolescence period. As a result of sexual education, the aim should be to get rid of fears, feelings of guilt and incorrect beliefs that may affect sexual life, and to provide accurate information about reproductive organs and their functions. Nurses should have sufficient knowledge and skills, be able to empathize and participate in in-service training.

This study aimed to examine the influence of women's protective reproductive health attitudes on their sexual lives. The findings of this study are expected to provide valuable data for nurses who play a significant role in safeguarding and promoting reproductive and sexual health, address related issues, contribute to the existing body of knowledge, and serve as a foundation for future research on this subject.

MATERIAL AND METHOD

Study Type

This study was a descriptive and correlational design.

Population and Sampling

The study population comprised 37151 women who underwent examinations at outpatient clinics. The sample size was determined using the sample size calculation formula based on the known population, resulting in a sample of 320 married women. According to a study by Karakoyunlu and Öncel (2014), the incidence of sexual dysfunction was taken as 30.2% in the formula.

Data Collection Tools

The Descriptive Information Form: Created by the researchers in line with the literature, the form consists of 24 questions about women's socio-demographic, obstetric characteristics.

The Reproductive Health Protective Attitudes of Married Women (RHPAS): The RHPAS was developed by Demirci in 2004 to assess the attitudes and behaviors of married women regarding the protection of their reproductive health (Demirci, 2004). It is a Likert-type scale consisting of 39 items and 5 sub-dimensions and is scored between 1 and 5. Participants were asked to indicate the frequency of their practices related to attitudes and behaviors aimed at protecting their reproductive health by selecting the most appropriate option. The scoring system for the items on the scale is as follows: "Never": 1 point; "Rarely": 2 points; "Sometimes": 3 points; "Mostly: 4 points; and "Always": 5 points. The first sub-dimension of the scale focuses on "Visits to a Doctor for Reproductive Health Related Problems" (items 13-16, 24, 25, 33, and 39); the second sub-dimension pertains to "Protection Against Cancers of the Reproductive Organs and Breasts," (items 20, 21, 22, 23); the third sub-dimension addresses "General Health Behaviors for Reproductive Health Protection" (items 1, 29-32, 34, and 38); the fourth sub-dimension focuses on "Protection Against Genital Tract Infections" (items 2-12, and 17-20); and lastly, the sixth sub-dimension encompasses "Prevention of Unwanted Pregnancy" (items 26-28). Items 5, 10, 16, and 28 are reverse-scored due to the inclusion of negative expressions. The total raw score for the 39 items on the scale ranges from 39 to 195. Each sub-dimension has a maximum score of 40 for the 1st sub-dimension, 20 for the 2nd sub-dimension, 45 for the 3rd sub-dimension, 70 for the 4th sub-dimension, and 15 for the 5th sub-dimension. Higher scores on the scale, as well as its sub-dimensions, indicate more positive attitudes and behaviors toward protecting reproductive health. In this study, Cronbach's alpha value of the scale was found to be 0.878, indicating high reliability.

The Arizona Sexual Experiences Scale (ASEX): The ASEX, translated into Turkish by Soykan in 2004, is a Likert-type self-assessment scale consisting of five questions with a cut-off score of 11. It evaluates sexual functions by excluding sexual orientation and the nature of the relationship with the partner (Soykan, 2004). The scale has separate forms for males and females. In the female form utilized in the study, the questionnaire includes items about sex drive, psychological arousal, physiological arousal, the ability to achieve orgasm, and satisfaction from orgasm. The total score of the scale ranges from 5 to 30, with each question scored on a scale of 1 to 6. Lower scores on the scale indicate a robust, effortless, and satisfactory sexual response, while higher scores suggest the presence of sexual dysfunction. The Cronbach's Alpha value for this study was determined to be 0.902, indicating a high level of reliability.

Data Collection

The study was conducted at the gynecology policlinics of a hospital in the Black Sea Region between April 7th, 2018, and December 31st, 2018. The participants were married women who consented to participate in the study. A preliminary application was conducted to assess the comprehensibility and usability of the data collection forms. After the pre-application phase, adjustments and modifications were made based on feedback from 32 women who were excluded from the main sample. The inclusion criteria were being at least 18 years old, literate, married, able to communicate verbally, and agreeing to participate in the study. Women with intellectual disabilities, any psychiatric diagnosis, and pregnant women were excluded from the study. The data were collected by the researcher using face-to-face interview techniques. Participants were informed about the research before the forms were submitted. The data collection took approximately 15 minutes.

Data Analysis

The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 20.0. Normality analyses of the data were performed using the Kolmogorov-Smirnov test. Descriptive statistical methods, such as number, percentage, arithmetic mean, standard deviation, and lower and upper values, as well as analyses for differences in independent groups using Student's t-test, one-way ANOVA, and Tukey multiple comparison tests, were used to evaluate the data.

Ethical Committee Approval

Institutional permission was obtained from the gynecology policlinics of a hospital in the Black Sea Region,

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Kırşehir Ahi Evran University Journal of Health Sciences 2023, Volume 7, Issue 3, 214-225

Araştırma Makalesi/Research Article

with permission number 49005789-799, and the date February 2nd, 2018. The study was also approved by the Ordu University Clinical Research Ethics Committee with the decision dated March 29th, 2018, and numbered 2018-45. The married women who agreed to participate in the study were provided with detailed information about the research, and they signed an informed consent form.

RESULTS

The results showed that the mean age of the women was 35.3 years, 33.1% were primary school graduates, 94.4% had social security, 81.6% were housewives, 82.5% had a moderate-income level, and 46.6% lived in the city center. 92.2% of the women had a history of pregnancy; 53.9% of those with a history of pregnancy had 1-2 pregnancies; 85.9% had children; 70.5% had 1-2 children; 8.8% had a history of stillbirth; 24.7% had a history of miscarriage; 18.1% had a history of curettage; 10% were menopausal; and 40.6% had sexual intercourse once a week. 59% of the women took a standing bath during menstruation; 64.6% changed their underwear every day; 48.3% changed 3-4 pads every day during menstruation; 35.9% cleaned the genital area with water; 90.6% washed the genital area after sexual intercourse; 40.9% received information about genital hygiene; and the source of information for 26% was the nurse. The mean score of the women was 32.45±5.93 for the sub-dimension of "Visits to a Doctor for Reproductive Health Related Problems", 6.64±3.66 for the sub-dimension of "Protection from Reproductive Organ and Breast Cancer", 23.23±8.76 for the sub-dimension of "General Health Behaviors for Reproductive Health Protection", 52.80±9.40 for the sub-dimension of "Protection Against Genital Tract Infections", and 8.70±3.73 for the sub-dimension of "Prevention of Unwanted Pregnancy", and the mean score was 122.91±23.88 for the RHPAS and 18.76±5.63 for the ASEX.

The relationships between the RHPAS and ASEX are shown in Table 1. A low level statistically significant negative correlation was found between the mean scores of the ASEX and the mean scores of the sub-dimensions of "Visits to a Doctor for Reproductive Health Related Problems'' and "Protection from Reproductive Organ and Breast Cancer" (r=-0.122, r=-0.180). A negative and moderately statistically significant relationship was found between the mean score of the ASEX and the mean scores of the "General Health Behaviors for Reproductive Health Protection" and "Protection Against Genital Tract Infections" sub-dimensions, respectively (r=-0.524, r=-0.403). A low-level statistically significant negative relationship was found between the mean score of the ASEX and the mean score of the "Prevention of Unwanted Pregnancy" sub-dimension (r=-0.134). A moderately statistically significant negative correlation was found between the mean score of the ASEX and the mean score of the RHPAS (r=-0.469). (Table 1).

Table 1. The Relationship Between the Mean Scores of the RHPAS and ASEX of Married Women (n=320)

RHPAS Sub-dimensions		ASEX
Visits to a Doctor for Reproductive Health Related Problems	r	-.122*
	p	0.029
Protection Against Cancers of the Reproductive Organs and Breasts	r	-.180
	p	0.001
General Health Behaviors for Reproductive Health Protection	r	-.524
	p	0.000
Protection Against Genital Tract Infections	r	-.403
	p	0.000
Prevention of Unwanted Pregnancy	r	-.134*
	p	0.023
RHPAS	r	-.469
	p	0.000

*: p<0,05 r: Pearson Correlation

Table 2 shows the comparison of the mean scores of the RHPAS and the ASEX according to the descriptive characteristics. A statistically significant difference was found between the age groups of women and the mean scores of the sub-dimensions "Visits to a Doctor for Reproductive Health Related Problems", "General Health Behaviors for Reproductive Health Protection", "Protection Against Genital Tract Infections", and RHPAS and ASEX (p<0.05). Statistically significant differences were determined between the educational level of the women and the mean scores of the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections" sub-dimension, RHPS, and ASEX (p<0.05). A statistically significant difference was found between the mean scores of the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections" sub-dimension, RHPAS and ASEX with the education level of the spouses of the women (p<0.05). A statistically significant difference was found between the occupations of the women and the mean scores of the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections" sub-dimension, RHPAS, and ASEX (p<0.05). A statistically significant difference was found between the spouse occupations of the women and the mean scores of the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, the RHPAS, and ASEX (p<0.05). There was no statistically significant difference between women's income status and scale mean scores (p>0.05).

Araştırma Makalesi/Research Article

Table 2. The Comparison of the Mean Scores of the RHPAS and ASEX according to the Descriptive Characteristics of the Women (n=320)

Characteristics	n	Visits to a Doctor for Reproductive Health Related Problems X̄±SD	Protection Against Cancers of the Reproductive Organs and Breasts X̄±SD	General Health Behaviors for Reproductive Health Protection X̄±SD	Protection Against Genital Tract Infections X̄±SD	Prevention of Unwanted Pregnancy X̄±SD	RHPAS X̄±SD	ASEX X̄±SD
Age								
18-25[1]	61	32.28±6.24	6.52±3.65	27.75±9.29	55.67±9.70	8.11±3.83	130.34±23.80	15.36±4.45
26-35[2]	115	32.80±5.94	6.72±3.66	25.43±8.09	55.23±8.53	8.97±3.57	129.17±21.02	16.61±3.79
36-45[3]	93	33.22±5.23	6.91±3.96	21.61±7.51	51.37±9.27	8.92±3.88	121.84±22.120	20.85±5.22
46 +[4]	51	30.45±6.42	6.08±3.10	15.78±5.99	46.47±7.66	7.85±3.61	101.86±20.94	23.88±5.95
Test and p		F=2.636/**0.049***	F=0.609/0.610	F=26.154/**0.000***	F=14.515/**0.000***	F=1.161/0.325	F=21.275/**0.000***	F=44.027/**0.000***
		Difference: 3-4		**Difference: 1-3,4; 2-3,4; 3-4**	**Difference: 1-3,4; 2-3,4; 3-4**		**Difference: 4-1,2,3**	**Difference: 1-3,4; 2-3,4; 3-4**
Education level								
Literate[1]	26	31.54±4.96	4.85±1.48	16.46±5.60	43.69±5.27	8.13±3.51	101.54±14.98	23.04±5.51
Primary school[2]	106	106±31.75	5.94±3.15	17.98±5.73	48.70±8.17	7.94±3.66	111.041±19.02	21.86±5.34
Secondary school[3]	57	57±32.00	6.72±3.49	25.47±8.50	55.00±9.08	8.67±3.79	127.56±22.170	17.12±4.82
High school[4]	76	76±33.28	6.70±3.65	26.14±7.82	55.78±8.44	9.24±3.82	130.89±21.63	17.03±4.24
University[5]	55	55±33.55	8.65±4.59	30.18±8.54	58.60±8.39	9.40±3.61	140.041±22.21	14.87±4.29
Test and p		F=1.455/0.216	F=7.194/**0.000***	F=36.056/**0.000***	F=24.692/**0.000***	F=1.882/0.114	F=29.051/**0.000***	F=28.765/**0.000***
			Difference: 5-1,2,3,4	**Difference: 1-3,4,5; 2-3,4,5; 5-3,4**	**Difference: 1-2,3,4,5; 2-3,4,5**		**Difference: 1-3,4,5; 2-3,4,5; 3-5**	**Difference: 1-3,4,5; 2-3,4,5**
Spousal education level								
Literate[1]	15	29.33±7.99	4.87±1.64	17.20±6.73	46.40±7.43	6.78±3.42	101.87±19.24	21.73±6.80
Primary school[2]	107	32.16±5.98	6.21±3.45	19.64±7.29	50.03±9.28	8.27±3.74	115.07±22.05	21.26±5.49
Secondary school[3]	37	32.95±5.42	6.62±3.57	23.86±8.25	52.16±8.43	9.77±4.35	124.84±22.81	18.97±5.12
High school[4]	101	32.32±5.80	6.51±3.54	24.54±8.75	54.00±9.20	8.42±3.49	125.30±21.69	17.09±5.16
University[5]	60	33.65±5.61	8.07±4.28	28.53±8.57	57.70±8.48	9.47±3.56	136.95±23.87	16.25±4.49
Test and p		F=1.809/0.127	F=3.673/**0.006***	F=14.461/**0.000***	F=9.494/**0.000***	F=2.400/0.051	F=12.994/**0.000***	F=13.328/**0.000***
			Difference: 5-1,2	**Difference: 1-4,5; 2-4,5; 5-3,4**	**Difference: 1-4,5; 2-4,5; 3-5**		**Difference: 1-3,4,5; 2-4,5; 4-5**	**Difference: 1-4,5; 2-4,5**
Occupation								
Housewife[1]	261	32.41±5.91	6.37±3.51	22.26±8.55	51.76±9.31	8.61±3.81	120.49±23.53	19.21±5.72
Worker[2]	47	32.06±6.25	7.04±3.48	27.00±8.69	56.94±8.75	8.70±3.30	131.19±22.59	16.85±5.13
Civilservant[3]	12	34.67±4.90	10.83±5.07	29.50±7.65	59.17±7.20	10.80±3.29	143.17±20.80	16.58±3.11
Test and p		F=0.942/0.391	F=9.290/**0.000***	F=9.487/**0.000***	F=9.355/**0.000***	F=1.663/0.191	F=8.908/**0.000***	F=4.517/**0.012***
			Difference: 3-1,2	**Difference: 1-2,3**	**Difference: 1-2,3**		**Difference: 1-2,3**	**Difference: 1-2**
Spousal occupation								
Worket[1]	133	32.14±6.01	6.65±3.78	23.37±8.79	52.52±10.40	8.13±3.742	122.38±24.41	18.18±4.94
Civilservant[2]	67	33.25±5.66	7.36±4.34	27.04±8.34	55.25±8.47	9.63±3.65	131.82±22.32	16.99±5.23
Retired[3]	26	30.88±6.74	5.38±2.60	14.88±3.79	45.27±6.14	9.25±4.22	100.69±18.31	25.88±4.43
Self-employed[4]	94	32.74±5.73	94±6.45	22.62±8.378	53.52±8.24	8.77±3.62	123.45±21.69	18.88±5.68
Test and p		F=1.218/0.303	F=1.979/0.117	F=13.706/**0.000***	F=7.760/**0.000***	F=2.370/0.071	F=11.722/**0.000***	F=19.457/**0.000***
				Difference: 2-1,4; 3-1,4	**Difference: 3-1,2,4**		**Difference: 2-1,3; 3-1,4**	**Difference: 3-1,2,4**
Income								
Low	49	31.98±4.53	6.31±3.70	22.24±8.32	51.18±9.02	7.89±3.76	119.29±21.93	19.80±5.32
Moderate/high	271	32.53±6.155	6.70±3.66	23.41±8.85	53.09±9.46	8.85±3.71	123.56±24.19	18.58±5.67
Test and p		t=-0.738/0.462	t=-0.687/0.493	t=-0.853/0.395	t=-1.306/0.193	t=-1.617/0.107	t=-1.155/0.249	t=1.398/0.163

Kırşehir Ahi Evran Üniversitesi Sağlık Bilimleri Dergisi 2023, Cilt 7, Sayı 3, 214-225
Kırşehir Ahi Evran University Journal of Health Sciences 2023, Volume 7, Issue 3, 214-225

Araştırma Makalesi/Research Article

The comparison of the mean scores of the RHPAS and ASEX according to the characteristics of women's reproductive health habits is given in Table 3. There is a statistically significant difference between the genital area cleaning methods of the women and the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, and the mean scores of the RHPAS and ASEX ($p<0.05$). A statistically significant difference was determined between the mean scores of the frequency of changing underwear and sub-dimensions of "Visits to a Doctor for Reproductive Health Related Problems", "Protection from Reproductive Organ and Breast Cancer", "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections", and the RHPAS and ASEX ($p<0.05$). A statistically significant difference was found between the mean scores of bathing during menstruation and the "Protection Against Reproductive Organ and Breast Cancer" sub-dimension, the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, the "Prevention of Unwanted Pregnancy" sub-dimension, and the RHPAS and ASEX ($p<0.05$). There was a statistically significant difference between the number of daily pad changes during their menstrual period and the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, and the mean score of the RHPAS ($p<0.05$). A statistically significant difference was found between the smoking status and the "Protection from Reproductive Organ and Breast Cancer" sub-dimension "the Prevention of Unwanted Pregnancy" sub-dimension, and the RHPAS" ($p<0.05$). A statistically significant difference was determined between the women with and without knowledge about genital hygiene in terms of the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, and the "Protection from Unwanted Pregnancies" and RHPAS and ASEX mean scores ($p<0.05$). (Table 3)

The comparison of the mean scores of RHPAS and ASEX according to their obstetric characteristics is shown in Table 4. There was no statistically significant difference between the pregnancy and miscarriage stories of the women and the mean scores of the scales ($p>0.05$). A statistically significant difference was found between having children and the sub-dimension of "Protection from Reproductive Organ and Breast Cancer" and the ASEX mean score ($p<0.05$). A statistically significant difference was determined between the history of stillbirth in women and the mean scores in the "Protection from Reproductive Organ and Breast Cancer" sub-dimension, the "General Health Behaviors for Reproductive Health Protection" sub-dimension, the "Protection Against Genital Tract Infections" sub-dimension, the "Protection from Unwanted Pregnancies" sub-dimension, and the RHPAS and ASEX ($p<0.05$). A statistically significant difference was found between the curettage histories of the women and the mean scores of the "General Health Behaviors for Reproductive Health Protection" sub-dimension and the "Protection Against Genital Tract Infections" sub-dimension ($p<0.05$). A statistically significant difference was determined between the menopausal status of women and the mean scores of sub-dimensions of "Visits to a Doctor for Reproductive Health Related Problems", "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections", and RHPAS and ASEX ($p<0.05$). A statistically significant difference was found between the frequency of women's sexual intercourse and the mean scores of the "Visits to a Doctor for Reproductive Health Related Problems" sub-dimension, "Protection from Reproductive Organ and Breast Cancer" sub-dimension, "General Health Behaviors for Reproductive Health Protection" sub-dimension, "Protection Against Genital Tract Infections" sub-dimension, and the RHPAS and ASEX ($p<0.05$). (Table 4)

Kırşehir Ahi Evran Üniversitesi Sağlık Bilimleri Dergisi 2023, Cilt 7, Sayı 3, 214-225
Kırşehir Ahi Evran University Journal of Health Sciences 2023, Volume 7, Issue 3, 214-225

Araştırma Makalesi/Research Article

Table 3. Comparison of the Mean Scores of the RHPAS and ASEX According to the Characteristics of Women's Reproductive Health Habits (n=320)

Reproductive health habits	n	**RHPAS** Visits to a Doctor for Reproductive Health Related Problems X̄±SD	Protection Against Cancers of the Reproductive Organs and Breasts X̄±SD	General Health Behaviors for Reproductive Health Protection X̄±SD	Protection Against from Genital Tract Infections X̄±SD	Prevention of Unwanted Pregnancy X̄±SD	RHPAS X̄±SD	ASEX X̄±SD
Genital area cleaning method								
water[1]	115	32.16±6.22	6.22±3.46	21.48±8.86	50.14±8.80	8.52±3.88	116.88±24.40	19.98±6.43
water-toilet paper/cloth[2]	79	32.35±6.46	7.23±3.67	25.97±8.89	56.68±8.48	8.72±3.83	130.63±22.78	17.39±5.130
water-soap[3]	93	33.19±4.91	5.94±3.46	20.37±5.96	49.55±8.29	8.45±3.48	116.76±19.14	19.31±4.99
All[4]	33	31.58±6.21	8.67±4.06 F=5.958/**0.001***	30.82±8.87	61.91±7.32	9.79±3.68	142.76±21.21	16.24±3.90 F=6.141/**0.000***
Test and p		F=0.825/0.481	**Difference: 4-1,3**	F=18.189/**0.000*** Difference: 2-1,3 4-1,2,3	F=26.804/**0.000*** Difference: 2-1,3 4-1,2,3	F=1.141/0.333	F=17.100/**0.000*** Difference: 2-1,3 4-1,2,3	**Difference: 1-2,4 3-4**
Frequency of changing underwear								
Everyday	207	33.19±5.91	7.12±3.93	25.19±8.83	56.14±8.12	8.98±3.89	130.01±22.38	17.89±5.19
Every 2-3 days	109	31.17±5.83	5.78±2.96	19.75±7.55	47.03±8.37	8.23±3.32	110.53±21.01	20.31±6.13
Test and p		t=2.892/**0.004***	t=3.402/**0.001***	t=5.729/**0.000***	t=9.374/**0.000***	t=1.673/0.096	t=7.510/**0.000***	t=-3.509/**0.001***
Bathing during menstruation								
Standing[1]	36	33.28±4.96	6.17±2.87	20.17±6.84	53.03±9.35	7.25±3.09	119.89±17.77	19.81±4.83
Sitting[2]	170	32.98±6.08	7.46±4.02	26.93±8.88	57.15±8.51	9.26±3.86	133.72±22.68	16.86±4.89[2]
No[3]	82	32.59±5.29	5.34±2.94	20.51±5.69	47.45±6.52	8.17±3.51	114.06±15.18	19.66±5.39
Test and p		F=0.216/0.806	F=9.929/**0.000*** Difference: 2-3	F=24.011/**0.000*** Difference: 2-1,3	F=39.801/**0.000*** Difference: 2-1,3 1-2	F=5.612/**0.004*** Difference: 1-2	F=28.252/**0.000*** Difference: 2-1,3	F=11.139/**0.000*** Difference: 2-1,3
Number of pads used during menstruation								
1-2[1] per day[1]	122	32.30±5.75	5.89±2.94	21.57±7.47	49.87±8.65	8.28±3.62	117.83±20.00	18.76±5.26
3-4[2] per day	139	33.26±5.56	7.00±3.83	25.88±8.38	56.14±8.150	8.92±3.66	131.19±19.99	17.45±5.23
5[3] or more per day	27	33.81±6.34	8.78±5.16	28.07±9.75	60.33±8.66	9.41±4.43	140.41±26.86	17.63±4.51
Test and p		F=1.301/0.274	F=7.933/**0.000*** Difference: 1-2,3	F=12.363/**0.000*** Difference: 1-2,3	F=26.789/**0.000*** Difference: 1-2, 2-3	F=1.493/0.226	F=20.336/**0.000*** Difference: 1-2,3	F=2.156/0.118
Smoking								
Yes	53	33.17±6.71	8.00±4.71	24.15±9.12	54.57±8.89	10.18±3.80	129.30±25.65	19.43±6.25
No	267	32.30±5.76	6.37±3.36	23.04±8.70	52.45±9.48	8.39±3.65	121.64±23.35	18.63±5.50
Test and p		t=0.971/0.332	t=2.401/**0.019***	t=0.838/0.402	t=1.502 0.134	t=3.106/**0.002***	t=2.145/**0.033***	t=0.950/0.343

Araştırma Makalesi/Research Article

Table 3. (n=320) (continued)

	n							
Washing the genital area after sexual intercourse								
Yes	290	32.40±5.89	6.49±3.53	22.78±8.65	52.49±9.44	8.50±3.69	121.74±23.54	18.86±5.73
No	30	32.87±6.41	8.10±4.53	27.60±8.77	55.77±8.61	10.54±3.66	134.17±24.57	17.87±4.54
Test and p		t=-0.407/0.685	t=-1.890/0.068	t=-2.902/**0.004***	t=-1.823/0.069	t=-2.774/**0.006***	t=-2.740/**0.006***	t=0.915/0.361
Receiving information about genital hygiene								
Yes	131	33.04±6.06	8.34±4.46	28.22±9.03	58.24±9.11	9.83±3.70	137.22±24.29	16.85±5.14
No	189	32.04±5.82	5.46±2.37	19.77±6.67 t=9.120/**0.000***	49.02±7.59	7.82±3.53	112.99±17.82	20.08±5.58
Test and p		t=1.487/0.138	t=6.744/**0.000***		t=9.514/**0.000***	t=4.685/**0.000***	t=9.741/**0.000***	t=-5.331/**0.000***

Table 4. Comparison of the Mean Scores of the RHPAS and ASEX According to Obstetric Characteristics of Women

Characteristics		RHPAS						
		Visits to a Doctor for Reproductive Health Related Problems	Protection Against Cancers of the Reproductive Organs and Breasts	General Health Behaviors for Reproductive Health Protection	Protection Against Genital Tract Infections	Prevention of Unwanted Pregnancy	RHPAS	;EX
	n	X̄±SD	X̄±SD	X̄±SD	X̄±SD	X̄±SD	X̄±SD	X̄±SD
Pregnancy History								
Yes	295	32.43±5.95	6.70±3.69	23.11±8.82	52.78±9.44	8.73±3.72	122.80±24.06	18.82±5.72
No	25	32.60±5.83	5.92±3.35	24.60±8.11	53.04±9.20	8.33±3.93	124.16±22.07	18.12±4.40
Test and p		t=-0.134/0.893	t=1.019/0.309	t=-0.814/0.416	t=-0.134/0.893	t=0.497 0.619	t=-272/0.786	t=0.594/0.553
Having a child								
Yes	275	32.44±5.98	6.79±3.76	23.03±8.94	52.88±9.57	8.87±3.74	122.98±24.58	19.06±5.76
No	45	32.49±5.65	5.73±2.85	24.42±7.76	52.27±8.36	7.73±3.57	122.47±19.27	16.93±4.31
Test and p		t=-0.051/0.959	t=2.181/**0.032***	t=-1.111/0.270	t=0.407/0.684	t=1.879/0.061	t=0.159/0.874	t=2.909/**0.005***
History of stillbirth								
Yes	28	30.68±6.78	4.68±1.12	19.61±5.93	48.61±6.60	6.86±3.36	108.71±15.82	21.71±6.93
No	292	32.62±5.82	6.83±3.77	23.58±8.92	53.20±9.54	8.84±3.73	124.27±24.09	18.48±5.41
Test and p		t=-1.656/0.099	t=-7.010/**0.000***	t=-3.208/**0.003***	t=-3.357/**0.002***	t=-2.363/**0.019***	t=-4.705/**0.000***	t=2.398/**0.023***
History of miscarriage								
Yes	79	32.59±4.34	6.19±2.91	22.38±8.66	51.67±8.42	8.63±3.64	120.48±20.74	19.70±5.80
No	241	32.40±6.37	6.78±3.87	23.51±8.80	53.17±9.69	8.72±3.77	123.71±24.81	18.46±5.55
Test and p		t=0.308/0.759	t=-1.441/0.151	t=-0.991/0.322	t= -1.227/0.221	t= -0.176-0861	t= -1.042/0.298	t= 1.703/0.089
History of curettage								
Yes	58	32.91±6.43	7.28±4.36	21.14±8.99	50.50±8.93	9.11±4.30	118.90±25.91	19.29±6.04
No	262	32.34±5.82	6.50±3.48	23.69±8.66	53.31±9.45	8.62±3.62	123.80±23.36	18.65±5.54
Test and p		t=0.662/0.509	t=1.468/0.143	t=-2.016/**0.045***	t=-2.065/**0.040***	t=0.719/0.475	t=-1.417/0.158	t=0.793/0.429
Menopausal status								
Yes	32	28.34±6.26	6.13±3.08	13.97±5.40	43.09±5.39		91.53±15.16	25.41±4.96
No	288	32.90±5.72	6.69±3.72	24.26±8.46	53.88±9.14		126.40±22.06	18.02±5.20
Test and p		t=-4.232/**0.000***	t=-0.833/0.405	t=-9.548/**0.000***	t=-9.841/**0.000***		t=-11.699/**0.000***	t= 7.942/**0.000***
Frequency of sexual intercourse								
11 week	130	31.13±6.63	6.02±3.06	20.75±8.24	51.26±9.36	8.09±3.39	115.82±23.30	20.34±5.96
22 week	105	33.24±5.36	7.29±4.03	25.36±8.56	54.38±9.43	9.13±4.00	128.88±23.01	17.79±5.42
33 + week	81	33.33±5.12	6.54±3.48	24.06±8.73	52.95±9.31	8.99±3.83	125.43±23.05	17.56±4.72
Test and p		F=5.138/0.006*	F=3.789/0.024*	F=9.272/0.000*	F=3.246/0.040*	F=2.298/0.102	F=10.053/0.000*	F=8.961/0.000*
		Difference: 1-2,3	Difference: 1-2	Difference: 1-2,3	Difference: 1-2		Difference: 1-2,3	Difference: 1-2,3

Kırşehir Ahi Evran Üniversitesi Sağlık Bilimleri Dergisi 2023, Cilt 7, Sayı 3, 214-225
Kırşehir Ahi Evran University Journal of Health Sciences 2023, Volume 7, Issue 3, 214-225

Araştırma Makalesi/Research Article

DISCUSSION

The study aimed to investigate the impact of reproductive health protective attitudes on the sexual health of married women, utilizing a sample of 320 women who sought treatment at the gynecology outpatient clinic of a hospital. The study revealed that the average score of the RHPAS was found to be 122.91±23.88, indicating a moderate level of attitudes. This finding is consistent with a study conducted by Erbil and Göktaşlar (2010), which examined women's attitudes toward protecting reproductive health and reported a moderate level of the total score of the RHPAS with a mean score of 142.80±4.26, and similarly, in another study conducted by Gökalp (2019), the mean score for reproductive health protective attitudes was determined to be at a moderate level with a score of 129.43±20.20 (Erbil & Göktaşlar, 2010; Gökalp, 2019). In this study, the mean score of the "Protection from Reproductive Organ and Breast Cancer" sub-dimension was found to be 6.64±3.66. In a study conducted by Koştu and Taşçı (2009), the mean score of "Protection from Reproductive Organ and Breast Cancer" was found to be 7.17±3.961 (Koştu & Taşçı, 2009). The significance of early diagnosis and treatment of diseases is widely recognized. In the context of reproductive organs and breast cancer, it can be observed that women often exhibit insufficient adherence to routine screenings for early detection and treatment. The mean score for the sub-dimension of "General Health Behaviors for Reproductive Health Protection" in women was 23.23±8.76. In a study conducted by Kılınç & Hacısalihoğlu, (2021), the mean score for the same sub-dimension was reported as 32.07±7.449, while Koştu and Taşçı (2009) reported it as 28.70±6.42 (Kılınç & Hacısalihoğlu, 2021; Koştu & Taşçı, 2009). These findings align with existing literature, indicating consistency in the results. The genital area, being an enclosed region with minimal contact with the external environment, is one of the most humid areas of the body. The anatomically short urethra and the proximity of the vagina and anus in women create an environment conducive to the settlement and proliferation of microorganisms (Kavak et al., 2010; Palas, 2008; Siyez & Siyez, 2009; Temel & Metinoğlu, 2007; Ülkü, 2010).

The study indicated that the mean score for the sub-dimension of protection against genital tract infections was 52.80±9.40, reflecting a good level of awareness and practice. This finding is comparable to the study conducted by Erbil and Göktaşlar (2010), where the average score was reported as 58.47±7.57 (Erbil & Göktaşlar, 2010). It is widely recognized that maintaining proper genital hygiene plays a crucial role in preventing genital tract infections. It is believed that by providing women with education on appropriate practices related to underwear, toilet hygiene, bathroom hygiene, and menstrual period hygiene, as well as improving their access to healthcare services, the occurrence of genital infections can be minimized. The mean score for the sub-dimension of protection from unwanted pregnancies was determined to be 8.70±3.73 in this current study. In a study conducted by Gökalp (2019), the mean score for preventing unwanted pregnancies was reported as 9.92±3.18 (Gökalp, 2019). To prevent unwanted pregnancies and promote reproductive health, it is suggested that educating young individuals about family planning starting in adolescence and conducting regular training sessions at intervals can be effective.

In the study, the mean ASEX score of women was found to be 18.76±5.63. Türk and Erkaya (2019) reported the mean ASEX score as 12.41±4.11 (Türk & Erkaya, 2019). A statistically significant negative correlation was found between the mean score of ASEX and the sub-dimensions of "Visits to a Doctor for Reproductive Health Related Problems", "Protection Against Cancers of the Reproductive Organs and Breasts", and "Prevention of Unwanted Pregnancy" (r=-0.122, r=-0.180, r=-0.134). The negative correlation suggests that as reproductive health protective attitudes increase, there is a tendency towards better sexual response, implying a potential link between reproductive health awareness and sexual satisfaction. A moderately statistically significant inverse relationship was found between the mean scores of the ASEX and "General Health Behaviors to Protect Reproductive Health", and "Protection Against Genital Tract Infections" sub-dimension (r=-0.524, r=-0.403). The sexual response is strong, easy, and satisfactory in women who have developed general health behaviors, take precautions against genital infections, and do not experience genital infections. A statistically significant inverse and moderate relationship was found between the mean score of the ASEX and the mean score of the RHPAS (r= -0.469). The results indicate that as women's reproductive health protective attitudes and behaviors increase, their sexual lives tend to be positively influenced.

In the study, a statistically significant difference was observed between the education levels of the women and the mean scores of the RHPAS (p<0.05). Similarly, in a study conducted by Koştu and Taşçı (2009) to assess women's reproductive health protective attitudes, a statistically significant difference was found between education status and the mean score of the RHPAS (Koştu & Taşçı, 2009). It is believed that as the education level of women increases, their attitudes toward reproductive health protection are likely to improve. The study found a statistically significant difference between the education levels and the ASEX mean scores. In a thesis study by Koç (2009), a significant difference was also observed between education level and satisfaction with sexual life (p<0.001) (Koç, 2009). As the level of education increases, there is an associated increase in satisfaction with sexual life. Furthermore, the study found a statistically significant difference between the frequency of sexual intercourse and the mean ASEX scores. This increase in the frequency of sexual intercourse can be considered an indicator of satisfaction with sexual intercourse. According to Koç's (2009) study, as the frequency of sexual intercourse increases, there is an increase in satisfaction with sexual life (p<0.001) (Koç, 2009).

CONCLUSION

The study revealed a significant correlation between married women's reproductive health protective attitudes and behaviors, and impact on their sexual health. Additionally, a statistically significant difference was observed between the mean scores of the ASEX and RHPAS and various factors such as age, educational status, occupation, spousal educational level and occupation, the genital area cleaning method, frequency of changing underwear, bathing during menstruation, receiving information about genital hygiene, history of stillbirth, menopausal status, and frequency of sexual intercourse. Several recommendations can be made to promote women's reproductive health and sexual well-being. These include informing women about correct genital hygiene behaviors; identifying misconceptions and inadequate knowledge among women regarding reproductive health and sexual well-being with further comprehensive studies; organizing trainings to develop positive behaviors protecting and enhancing reproductive health; distributing brochures aimed at protecting and improving reproductive health and sexual well-being in healthcare settings; including informative content on women's reproductive health and sexual well-being to increase awareness.

ETHICAL COMMITTEE APPROVAL

Institutional permission was obtained from the hospital in the Black Sea Region, with permission number 49005789-799, and the date February 2nd, 2018. The study was also approved by the Ordu University Clinical Research Ethics Committee with the decision dated March 29th, 2018, and numbered 2018-45.

AUTHOR`S CONTRIBUTION

Idea/concept: EŞ, GE; Design: EŞ, GE; Consultancy: EŞ, GE; Data collection: GE; Data processing: EŞ, GE; Analysis and/or interpretation: EŞ, GE; Literature review: EŞ, GE; Writing or the article: EŞ, GE; Critical review: EŞ, GE

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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