

## Factors Influencing Sexual Myth Beliefs Among Pregnant Women Gebelerin Cinsel Mit İnançlarını Etkileyen Faktörler

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### Abstract

The aim of this study was to investigate the variables affecting pregnant women's views on sexual myths. The study was conducted between March 1 and April 30, 2023, at an education and research hospital located in Ankara. The sample consisted of 301 women who met the inclusion criteria and attended the outpatient clinic during the data collection period. Data was collected using two forms: the "Personal Information Form" and the "Sexual Myths Scale." The participants' mean age was 27.99±4.69 years, the mean duration of education was 12.39±3.18 years, the mean gestational week was 29.70±5.02, the mean body mass index (BMI) was 27.41±4.42, and the mean weight gained during pregnancy was 8.48±5.27 kg. The participants' overall mean score on the Sexual Myths Scale was 72.29±17.19. The study found that pregnant women who were married by family decision, lived in extended families, were unemployed, and experienced financial difficulties had higher beliefs in sexual myths. These pregnant women should be closely monitored, and high-quality midwifery care should be provided. The counseling services provided by midwives during the prenatal period play a crucial role in reducing incorrect beliefs and sexual myth adherence among pregnant women.

**Anahtar Kelimeler:** Beliefs, myths, pregnancy, sexuality.

### Özet

Bu çalışmanın amacı, gebe kadınların cinsel mitlere ilişkin görüşlerini etkileyen değişkenleri araştırmaktır. Çalışma, 1 Mart- 30 Nisan 2023 tarihleri arasında bir Ankara ilinde bulunan bir eğitim ve araştırma hastanesinde gerçekleştirildi. Dahil edilme kriterlerini karşılayan ve veri toplama tarihleri arasında polikliniğe başvuran 301 kadın çalışma örneklemini oluşturdu. Verilerin elde edilmesinde "Kişisel Bilgi Formu" ve "Cinsel Mitler Ölçeği" olmak üzere iki form kullanıldı. Katılımcıların ortalama yaşı 27,99±4,69 yıl, ortalama eğitim süresi 12,39±3,18 yıl, ortalama gebelik haftası 29,7±5,02, ortalama vücut kitle indeksi 27,41±4,42 ve gebelik süresince ortalama alınan kilo 8,48±5,27'dir. Katılımcıların genel Cinsel Mitler Ölçeği puan ortalaması 72,29±17,19 idi. Çalışmada, aile kararıyla evlenen, geniş ailede yaşayan, işsiz olan ve maddi zorluklar yaşayan hamile kadınların cinsel mitlere olan inançlarının daha yüksek olduğu belirlendi. Bu gebeler yakından izlenmeli ve nitelikli ebelik bakımı sağlanmalıdır. Ebelerin prenatal dönemde verecekleri danışmanlık hizmetleri, gebelerde yanlış inanışları ve cinsel mit inançlarını azaltmaya yönelik önemli bir rol oynamaktadır.

**Key Words:** Cinsellik, gebelik, inançlar, mitler.

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## 1. Introduction

Sexual myths are beliefs of sexual matters that are often incorrect, unfounded in science, and yet many nevertheless believe them to be true (Ahmed et al., 2020; Akalın & Özkan, 2020; Torun et al., 2011; Uyar et al., 2023; Younis et al., 2021). These fallacies have a big impact on how society views sexual assault, which encourages victim blaming and the normalization of dangerous conduct (Cole et al., 2020; Hetzel-Riggin et al., 2021; Stubbs-Richardson et al., 2018; Walfield, 2018). Sexual myths can also negatively impact relationships between individuals and sexual health by generating anxiety, bad feelings, and dysfunctional sexual behavior (Dolapoğlu et al., 2023; Gökce & Herkiloğlu, 2020; Güner, 2023; Toprak & Turan, 2020). Interventions that dispel these stereotypes and promote truthful sexual education are necessary to combat sexual myths. Individuals can enhance their overall health, quality of life, and sexual satisfaction by dispelling these beliefs and fostering a greater understanding of sexuality. Recognizing the harmful effects of sexual myths and striving to create a more informed and supportive environment that fosters healthy attitudes towards sexuality is crucial. Pregnant women's sexual function and satisfaction may be significantly impacted by factors that shape their thoughts about sexual myths. Research has indicated that misunderstandings among expectant mothers may result in a reduction in arousal, desire, and sex (Dolapoğlu et al., 2023). Additionally, sexual behavior among pregnant women may be influenced by myths and misconceptions (Lopes, 2024). These beliefs are shaped by various factors such as culture, religion, and ethnicity (Aker et al., 2019). Moreover, research has shown that pregnant women are more likely than non-pregnant women to adopt certain beliefs, such as the "soulmate" myth (Moyano et al., 2021).

In conclusion, ensuring sexual health, satisfaction, and overall health requires an awareness of the factors driving sexual myth beliefs in pregnant women and beyond. Healthcare professionals and researchers may foster a more knowledgeable and encouraging atmosphere for people experiencing sexuality during pregnancy and beyond by discussing and challenging these misconceptions.

## 2. Method

### 2.1. Aim of the Research

This research aimed to investigate the determinants affecting the beliefs in sexual myths among pregnant women.

### 2.2. Research Questions

- What sociodemographic variables influence pregnant women's belief in sexual myths?
- What is the level of belief in sexual myths among pregnant women?

### 2.3. Study Population

The study was conducted between March 1 and April 30, 2023, in the Obstetrics and Gynecology Clinic of an education and research hospital in Ankara. The study included pregnant women who visited the clinic and met the following criteria: aged between 18 and 45 years, at least 24 weeks pregnant, primigravida (first-time pregnant), able to read and understand Turkish, not diagnosed with a

high-risk pregnancy, living with their partner. All pregnant women who met the inclusion criteria between the study dates were included in the study without sample selection. The study sample consisted of 301 women who met the inclusion criteria between 01.03.2023 and 30.04.2023. To ensure the privacy of the pregnant women, the answers were filled in by the researcher by conducting a face-to-face interview with the pregnant woman alone in an available private room (such as an empty clinic room, maternity school room, NST room, or nurse's room) within the clinic, where the researcher interviewed the pregnant women individually. Data collection forms were assessment with confidentiality and solely by the researchers, adhering to ethical principles.

#### 2.4. Data Collection

Two forms were used for data collection in this study: the 'Personal Information Form' and the 'Sexual Myths Scale'.

**2.4.1. Personal Information Form:** The Personal Information Form, prepared by the researchers in line with the literature, consists of 12 questions. The content of the form includes questions related to socio-demographic characteristics (age, education, economic status, etc.) and obstetric characteristics (gestational week, etc.) (Hinesley et al., 2020; Kaya et al., 2022; Samia et al., 2020; Testa et al., 2021; Uludag et al., 2021).

**2.4.2. Sexual Myths Scale (SMS):** The validity and reliability of the Sexual misconceptions Scale (SMS), which was developed by Gölbaşı et al. (2016) to identify sexual misconceptions that people believe, have been examined in Turkish. There are eight subscales and 28 elements total on the scale. It has subscales such as gender norms, age and sexuality, sexual behavior, masturbation, sexual violence, and sexual satisfaction in addition to sexual orientation. The responses on the scale are of the 5-point Likert type, with 0 meaning "strongly disagree" and 5 meaning "strongly agree." The scale is numbered from 1 to 5. Items pertaining to beliefs on sexual orientation range from 1 to 5, gender roles from 6 to 11, age and sexuality from 12 to 15, sexual behavior from 16 to 18, masturbation from 19 to 20, sexual aggression from 21 to 24, sexual relations from 25 to 26, and sexual satisfaction from 27 to 28. The sum of the points assigned to each item on the scale yields the overall score. On the scale, a possible low score is 28, while a possible high score is 140. Furthermore, the total of the scores of the items that make up each subscale can be used to determine the scores for that subscale. The scale's Cronbach's  $\alpha$  value is 0.91. There is no cutoff point on the measure; a higher score means more belief sexual myths. In this study, the Cronbach's  $\alpha$  value of the scale was found to be 0.89.

#### 2.5. Ethics

This research was approved by the Ethics Committee of Marmara University Institute of Health Sciences (20.12.2022-1\*\*). Permission was obtained from the institution where the research was conducted (27/12/2022- E-506\*\*\*). The study was conducted in line with the ethical principles of the Helsinki Declaration. Prior to data collection, the study's objectives were explained to the participants, and only those who volunteered were included. Participants were assured of the confidentiality of all collected data.

## 2.6. Statistical Analysis

IBM SPSS Statistics for Windows, Version 22.0 (SPSS INC., Chicago, IL, USA) was utilized to analyze the study's data. Frequency and percentage analyses were employed to determine the descriptive characteristics of the participating pregnant women, while mean and standard deviation statistics were used to analyze the scales. Skewness and kurtosis values were examined to assess whether the research variables were normally distributed. Pearson correlation and linear regression analysis were conducted to explore the relationships between the dimensions defining the scale levels of pregnant women.

## 2.7. Study Limitations

Conducting the study at a single center may limit the generalizability of the findings to all pregnant women. Another limitation of the study is the use of self-reported scales to assess beliefs in sexual myths.

## 3. Results

The study findings revealed that the participants' mean age was  $27.99 \pm 4.69$  years, the mean level of education was  $12.39 \pm 3.18$  years, the mean gestational week was  $29.70 \pm 5.02$ , the mean body mass index was  $27.412 \pm 4.42$ , and the mean weight gain during pregnancy was  $8.48 \pm 5.27$  kg. The majority of participants lived in small families. A significant proportion of the participants reported that their spouses were employed in regular jobs. Regarding income, approximately one-third of the participants reported that their income was less than their expenses. The vast majority of pregnancies occurred spontaneously. Most of the participants stated that their pregnancies were planned. When examining the marriage decisions of the participants, it was observed that a large majority married based on individual decision (Table 1).

**Table 1.** Socio-demographic and obstetric features of the participants (n=301).

Features	n	%
<b>Family Type</b>		
Small Family	260	86.4
Extended Family	41	13.6
<b>Employment Status in a Regular Job</b>		
Yes	63	20.9
No	238	79.1
<b>Spouse's Employment Status in a Regular Job</b>		
Yes	276	91.7
No	25	8.3
<b>Income Status</b>		
My Income is Less than My Expenses	114	37.9
My Income Equals My Expenses	152	50.5
My Income Exceeds My Expenses	35	11.6

n=Number, %= Percent.

**Table 1.** Socio-demographic and obstetric features of the participants (n=301) (Continued).

Features	n	%
<b>Spontaneous pregnancy</b>		
Yes	298	99
No	3	1
<b>Planned Pregnancy Status</b>		
Yes	241	80.1
No	60	19.9
<b>Marriage Type</b>		
Family Decision	76	25.2
Individual Decision	225	74.8
	<b>Mean</b>	<b>SD</b>
<b>Age</b>	27.99	4.69
<b>Education Level</b>	12.39	3.18
<b>Gestational Week</b>	29.70	5.02
<b>Body Mass Index (BMI)</b>	27.41	4.42
<b>Weight Gained During Pregnancy</b>	8.48	5.27

*n=Number, %= Percent.*

The mean scores of the Sexual Myths Scale for pregnant women are presented in Table 2.

**Table 2.** Mean scores of pregnant women's Sexual Myths Scale (n=301).

	Mean	SD	Min.	Max.
<b>SMS Total Score</b>	72.29	17.19	28	116
Sexual Orientation	18.06	4.87	5	25
Gender	12.37	4.75	6	30
Age and Sexuality	9.52	3.55	4	20
Sexual Behavior	6.40	3.12	3	15
Masturbation	5.31	2.13	2	10
Sexual Violence	8.55	3.57	4	20
Sexual Intercourse	6.04	2.30	2	10
Sexual Satisfaction	6.01	2.28	2	10

*n= Number, SMS= Sexual Myth Scale, Mean= Mean, SD= Standard Deviation, Min= Minimum, Max= Maximum.*

The total scores on the Sexual Myths Scale were compared with the socio-demographic and obstetric characteristics of the participants. Accordingly, the total scores on the Sexual Myths Scale of participants living in small families were found to be lower than those of participants living in extended families. The total scores on the Sexual Myths Scale for participants with regular employment were lower than those without regular employment ( $p<0.05$ ). Significant differences were observed in the total scores on the Sexual Myths Scale based on income levels. The difference was due to the higher total scores on the Sexual Myths Scale among pregnant women whose income was less than their expenses compared to those whose income was more than their expenses ( $p<0.05$ ) (Table 3).

**Table 3.** Sexual Myths Scale scores according to characteristics of pregnant women (n=301).

	n	Mean±SD	t	p
<b>Family Type</b>				
Small Family	260	71.48±16.60		
Extended Family	41	77.48±20.04		
			-2.090	<b>0.037</b>
<b>Regular Employment Status</b>				
Yes	63	67.42±15,9		
No	238	73.58±17.32		
			-2.551	<b>0.011</b>
<b>Spouse's Regular Employment Status</b>				
Yes	276	71.84±16.75		
No	25	77.28±21.22		
			-1.516	0.224
<b>Income Status</b>				
My Income is Less than My Expenses	114	75.22±15.79		
My Income Equals My Expenses	152	71.29±18.45		
My Income Exceeds My Expenses	35	67.14±14.42		
F=		3.54		
p=		<b>0.030</b>		
PostHoc=		1>3 (p<0.05)		
<b>Planned Pregnancy Status</b>				
Yes	241	72.84±17.04		
No	60	70.10±17.75		
			1.107	0.269
<b>Smoking Status</b>				
Yes	21	65.28±16.03		
No	280	72.82±17.19		
			-1.947	0.053
<b>Marriage Type</b>				
Family Decision	76	77.71±17.31		
Individual Decision	225	70.47±16.80		
			3.222	<b>0.001</b>

n= Number, Mean= Mean, SD= Standard Deviation.

A negative relationship was found between the total SMS score and duration of education ( $r = -0.30$ ,  $p = 0.000 < 0.05$ ), total SMS score and gestational weeks ( $r = -0.152$ ,  $p = 0.008 < 0.05$ ), and total SMS score and weight gained during pregnancy ( $r = -0.118$ ,  $p = 0.041 < 0.05$ ). Additionally, there was a negative relationship between sexual orientation and weight gained during pregnancy ( $r = -0.151$ ,  $p = 0.009 < 0.05$ ), gender identity and duration of education ( $r = -0.256$ ,  $p = 0.000 < 0.05$ ), gender identity and gestational weeks ( $r = -0.132$ ,  $p = 0.022 < 0.05$ ), and gender identity and BMI ( $r = -0.125$ ,  $p = 0.030 < 0.05$ ). Furthermore, a negative relationship was found between age and sexuality with duration of education ( $r = -0.18$ ,  $p = 0.002 < 0.05$ ), age and sexuality with gestational weeks ( $r = -0.113$ ,  $p = 0.049 < 0.05$ ), and age and sexuality with BMI ( $r = -0.127$ ,  $p = 0.028 < 0.05$ ). Negative relationships were also observed between sexual behavior and duration of education ( $r = -0.332$ ,  $p =$

0.000 < 0.05), sexual behavior and gestational weeks ( $r = -0.139$ ,  $p = 0.016 < 0.05$ ), masturbation and duration of education ( $r = -0.175$ ,  $p = 0.002 < 0.05$ ), sexual violence and duration of education ( $r = -0.305$ ,  $p = 0.000 < 0.05$ ), and sexual violence and gestational weeks ( $r = -0.129$ ,  $p = 0.025 < 0.05$ ). In contrast, a positive relationship was found between sexual intercourse and age ( $r = 0.138$ ,  $p = 0.017 < 0.05$ ) (Table 4).

**Table 4.** Comparison of Characteristics of Pregnant Women by Sexual Myths Scores (n=301)

		Age	Duration of Education	Gestational Week	BMI	Weight Gained During Pregnancy
<b>SMS Total</b>	r	0.01	-0.30	-0.15	-0.07	-0.11
	p	0.85	0.00	0.00	0.19	0.04
<b>Sexual Orientation</b>	r	0.07	-0.07	-0.10	-0.03	-0.15
	p	0.20	0.20	0.05	0.55	0.00
<b>Gender</b>	r	-0.10	-0.25	-0.13	-0.12	-0.05
	p	0.07	0.00	0.02	0.03	0.36
<b>Age and Sexuality</b>	r	0.01	-0.180**	-0.11	-0.12	-0.10
	p	0.80	0.00	0.04	0.02	0.06
<b>Sexual Behavior</b>	r	-0.06	-0.33	-0.13	-0.09	-0.05
	p	0.26	0.00	0.01	0.10	0.35
<b>Masturbation</b>	r	0.08	-0.17	-0.08	0.00	-0.05
	p	0.14	0.00	0.13	0.96	0.37
<b>Sexual Violence</b>	r	-0.02	-0.30	-0.12	0.01	-0.08
	p	0.62	0.00	0.02	0.84	0.12
<b>Sexual Intercourse</b>	r	0.13*	-0.09	-0.003	0.01	-0.01
	p	0.01	0.11	0.96	0.73	0.83
<b>Sexual Satisfaction</b>	r	0.02	-0.11	0.01	0.04	-0.01
	p	0.63	0.05	0.746	0.41	0.79

\* $p < 0.05$ ; \*\* $p < 0.001$ ; Pearson Correlation Analysis.

#### 4. Discussion

This study aimed to examine the beliefs in sexual myths and the factors influencing these beliefs among pregnant women. The findings showed that most participants were high school graduates, lived in nuclear families, were not regularly employed, and their pregnancies were both spontaneous and planned. Other studies conducted on sexuality and myths among pregnant women have shown that their sociodemographic and obstetric characteristics are similar (Akca et al., 2023; Daglar et al., 2018; Yuvarlan & Beydag, 2024).

A review of studies on sexuality during pregnancy reveals that while the frequency of sexual behavior, body image, and attitudes toward sexuality have been examined, no study specifically focusing on sexual myths has been found (Bilgic & Karaahmet, 2022; Khalesi et al., 2018). Therefore, the scores of sexual myths beliefs and the influencing factors among pregnant women in this study were compared with findings from other studies conducted on non-pregnant samples. In this study, the mean score on the Sexual Myths Scale among pregnant women was 72.29 ( $\pm 17$ ). It was found that women living in extended families, not working in regular jobs, reporting financial difficulties, and those



married by family decision had stronger beliefs in sexual myths. Atabey et al. (2023) conducted a study comparing the levels of sexual myths across generations by including young women, their mothers, and grandmothers, finding that sexual myths decreased in younger generations (61.23 for young women, 66.23 for mothers, and 74.93 for grandmothers). A study conducted with non-pregnant women aged 18-65 found that the level of beliefs in sexual myths was similar to this study (73.90), and similarly, it was found that beliefs in myths increased with age (Gul and Cetinkaya, 2024). The finding of increased beliefs in sexual myths with age in this study is consistent with these findings (Atabey et al., 2023; Gul & Cetinkaya, 2024).

Studies conducted with university students reported that the beliefs in sexual myths were at a level similar to this study (82.21), while another study reported a level of 76.43 (Gudul Oz et al., 2021; Gudul Oz et al., 2020). In studies conducted with nursing students, it was found that the beliefs in sexual myths were lower than the scores of the pregnant sample in this study (72.29). Another study conducted with a sample consisting mostly of students from nursing and nutrition departments found that the scores for beliefs in sexual myths were lower than in this study (61.02) (Oruklu et al., 2021). Although this difference is thought to be due to the students' taking courses related to pregnancy, childbirth, and sexuality, a study conducted with a sample of healthcare workers found that the scores for beliefs in sexual myths were similar to this study (77.26) (Ozdemir & Yilmaz, 2020). This difference is also thought to be due to increased age and other sociocultural reasons, as in this study.

In a study examining sexual myths among adults, the mean score for sexual myths was found to be lower among non-pregnant women compared to this study (57.65), and it was reported that married individuals had higher beliefs in sexual myths (Kahraman et al., 2021). In another study conducted with adults, the mean score on the Sexual Myths Scale was found to be lower than in this study (56) (Karacam Yilmaz et al., 2024). In this study, it was also determined that the level of education was not associated with the level of sexual myths. Similarly, Şahbaz's (2017) study found no difference in sexual myths based on education level, whereas Kahraman et al. found that beliefs in sexual myths were higher among those with a lower level of education (Kahraman et al., 2021).

Believing in sexual myths during pregnancy can lead to negative psychological and physical health outcomes for both the woman and her partner. These myths can restrict the couple's sexual life, creating stress and dissatisfaction in their relationship. Additionally, avoiding sexual activity due to misinformation and false beliefs may negatively impact on the intimacy and bonding levels of couples during pregnancy. Therefore, it is crucial to provide access to accurate and reliable information to reduce the impact of sexual myths during pregnancy.

## 5. Conclusion

It was determined that beliefs in sexual myths higher among pregnant women who married by family decision, live in extended families, are unemployed, and experience financial difficulties. These pregnant women should be closely monitored and provided with quality midwifery care. It was observed that as the level of education increases, beliefs in sexual myths decrease. Pregnant women



should be given the space to express themselves, and if they have any misconceptions, they should be provided with accurate information from reliable sources to correct these false beliefs.

### Authors Contributions

Topic selection: MA, FBB; Design: MA, FBB; Planning: MA; Data collection and analysis: MA; Article writing: MA, FBB; Critical review: MA, FBB.

### Conflict of Interest

There are not any conflicts of interest, corresponding to the authors.

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