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Research Article

The Relation Between Sexual Health Knowledge, Sexual Myths and Homophobic Attitudes among Nursing Students*

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Abstract

Objective: This study examined the relation between sexual health knowledge, sexual myths and homophobic attitudes among nursing students.

Method: A total of 307 nursing students participated in the study. Data were collected using the Sociodemographic Data Form, Sexual and Reproductive Health Knowledge Scale (SRHIS), Sexual Myths Scale (SMS) and Attitudes Towards Homosexuals Scale (ATHS).

Results: It was observed that 51.9% (n:160) of the students had adequate knowledge about sexual and reproductive health and their level of sexual myth was generally high. Students' attitudes towards homosexuals were significantly higher (mean ATS score, 104.41±24.73). The results indicated a negative association between sexual health knowledge and sexual myths; as students' knowledge of sexual health increased, their belief in sexual myths decreased. Additionally, higher levels of sexual myths were associated with increased homophobic attitudes. However, no significant relationship was found between sexual health knowledge and homophobic attitudes. Sexual myths varied significantly based on participants' gender, year of study, income level, and whether they had a homosexual acquaintance. Similarly, homophobic attitudes differed according to year of study, awareness of the concept of homophobia, and having a homosexual acquaintance.

Conclusion: Educational interventions that aim to improve sexual health knowledge and challenge sexual myths may contribute to reducing homophobic attitudes among nursing students.

Keywords: Sexual health knowledge, Sexual Myth, Homophobia, Nursing Students.

INTRODUCTION

The relationship between sexual health knowledge, sexual myths, and homophobia among nursing students is a critical area of inquiry that intersects with public health, education, and social justice. As future healthcare providers, nursing students play a pivotal role in shaping the healthcare experiences of diverse populations, including those identifying as Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+). However, prevailing sexual myths and inadequate sexual health education can significantly influence their attitudes and behaviors towards these populations. Understanding this relationship is essential for developing effective educational interventions that promote inclusivity and reduce prejudice within healthcare settings. Nursing students often enter their programs with limited knowledge regarding sexual health, particularly concerning LGBTQ+ issues. A systematic review found that many nursing students possess misconceptions about sexual orientation and health disparities faced by sexual minorities, which can lead to biased care practices (Costa et al., 2013). This lack of knowledge is compounded by the influence of peer attitudes, which can reinforce negative stereotypes and perpetuate homophobic beliefs (Costa et al., 2013). Consequently, nursing students may feel uncomfortable or unprepared to provide care to LGBTQ+ patients, which can adversely affect patient outcomes and contribute to systemic health disparities (Oktay et al., 2021). Moreover, the prevalence of sexual myths among nursing students can further exacerbate homophobic attitudes. For instance, misconceptions about the nature of homosexuality, such as the belief that it is a choice or a mental disorder, can lead to stigmatization and discrimination against LGBTQ+ individuals (King et al., 2013). These myths are often rooted in cultural and societal norms that prioritize heteronormativity, thereby marginalizing non-heterosexual identities (Kalyanshetti & Nikam, 2016). As nursing students navigate their education, these ingrained beliefs can hinder their ability to provide compassionate and competent care to sexual minority patients. The educational environment itself plays a crucial role in shaping nursing students' attitudes towards sexual health and LGBTQ+ individuals. Studies have shown that nursing curricula often lack comprehensive training on sexual orientation and gender identity, leaving students inadequately to address the unique healthcare needs of LGBTQ+ patients (Nabil et al., 2023). Furthermore, the presence of homophobic attitudes among faculty and peers can create a hostile learning environment, discouraging open discussions about sexual health and reinforcing negative stereotypes (Kaya & Calpbinici, 2022). This dynamic underscore the need for nursing programs to prioritize inclusivity and cultural competence in their curricula. Additionally, the intersection of personal beliefs and professional responsibilities can complicate nursing students' attitudes towards LGBTQ+ individuals. Research has demonstrated that students with strong religious beliefs may exhibit higher levels of homophobia, which can conflict with their ethical obligations as healthcare providers (Kwak et al., 2022). This tension highlights the importance of fostering an educational atmosphere that encourages critical reflection on personal biases and promotes understanding of diverse sexual identities (West, 2024). By addressing these issues within nursing education, institutions can better prepare students to provide equitable care to all patients, regardless of their sexual orientation.

In conclusion, the relationship between sexual health knowledge, sexual myths, and homophobia among nursing students is a

complex interplay that significantly impacts the quality of care provided to LGBTQ+ individuals. By enhancing sexual health education, challenging harmful myths, and fostering an inclusive learning environment, nursing programs can cultivate a generation of healthcare providers who are equipped to address the needs of diverse populations. This approach not only benefits LGBTQ+ patients but also enriches the overall healthcare landscape by promoting understanding, empathy, and respect for all individuals.

In the light of the literature this descriptive and cross-sectional study was aimed to determine the relationship between sexual health knowledge, sexual myths and homophobic attitudes among nursing students.

Accordingly, this study aimed to address the following four research questions:

Research Question 1: What are the levels of sexual health knowledge, sexual myths and homophobic attitudes among nursing students?

Research Question 2: Do sexual health knowledge, sexual myths and homophobic attitudes among nursing students differ according to sociodemographic variables?

Research Question 3: Is there a relationship between sexual health knowledge, sexual myths and homophobic attitudes among nursing students?

Research Question 4: Does sexual health knowledge affect sexual myths and homophobic attitudes in nursing students?

METHOD

Participants

The purposive sampling method was used to recruit nursing students enrolled in the XXX University. All students studying at nursing department were eligible to participate. The researcher explained the purpose of the study to potential participants, and the questionnaire was distributed to nursing students willing to participate. A total of 307 out of 436 nurses completed the questionnaire, resulting in a response rate of 70.41%. 49 questionnaires were left incomplete. 52 students did not want to volunteer. 28 students could not be reached.

Measures

Data were collected using the Sociodemographic Data Form, Sexual and Reproductive Health Knowledge Scale (SHRHS), Sexual Myths Scale (SMS) and Attitudes Towards Homosexuals Scale (ATHS).

Sociodemographic Data Form: The sociodemographic information form, prepared by the researchers in the light of the literature, consists of 18 questions such as the students' age, gender, class, number of siblings, marital status, family structure, education status of parents, region of birth, employment status, income level, knowledge of the concept of homophobia and sexual rights, receiving sexual health education, partner status, and having a homosexual acquaintance (Topal et al.,2024; Sung et al., 2015; Turan et al.,2021).

Sexual Health and Reproductive Health Knowledge Scale (SHRHS): The scale, developed by Pınar and Taşkın (2011) to measure students' sexual and reproductive health knowledge levels, consists of 55 multiple-choice questions with 5 options. Correct answers are given a score of "1", incorrect answers are given a score of "0", and the lowest score is "0" and the highest is "55". The Cronbach Alpha coefficient of the scale was found to be .81 (Pınar & Taşkın, 2011). In this study the Cronbach alpha value was .84.

Sexual Myths Scale (SMS): The Sexual Myths Scale (SMS) was developed by Gölbaşı et al.

(2016) to determine the level of belief in sexual myths by individuals. The 5-point Likert-type scale consists of 28 items in total. The Likert-type scale consists of eight sub-dimensions: gender (1,2,3,4,5,6), sexual orientation (7,8,9,10,11), age and sexuality (12,13,14,15), sexual behavior (16,17,18), masturbation (19,20), sexual violence (21,22,23,24), sexual intercourse (25,26) and sexual satisfaction (27,28). The Crobach Alpha coefficient of the scale was found to be 0.91 (Gölbaşı et al. 2016). In this study the Cronbach alpha value was .87. The highest score that can be obtained from the scale is 140, while the lowest score is 28. A high score indicates a high level of sexual myths.

Attitudes Towards Homosexuals Scale (ATHS): The scale, developed by Hudson and Ricketts (1980) to determine attitudes towards homosexual individuals, was adapted to Turkish by Sakallı-Uğurlu (2001). Each item in the scale is rated between 6 (completely agree) and 1 (completely disagree). 5, 6, 8, 10, 11, 13, 17, 18, 23 and 24 items are reverse coded. The total score that can be obtained from the scale varies between 24 and 144 points. A high score indicates a high level of homophobia and the scale does not have a cut-off point. An increase in the score obtained from the scale means that negative attitudes and behaviors towards homosexuals increase. The Cronbach Alpha coefficient of the scale was found to be 0.94 (Sakallı & Uğurlu, 2001). In this study the Cronbach alpha value was .83.

Setting and Time

This research was conducted at a University, Faculty of Health Sciences between October 2023 and January 2024.

Procedures

Participants were informed about the purpose of the study and were asked to fill out the data collection tools via self-reporting after their verbal and written consent was obtained. The process of filling out the forms took approximately 15-20 minutes, and additional time was given for participants to ask questions and share information on the subject. The completed forms were collected by the researchers. Data were collected by visiting the faculty where the students were on campus and on the days and hours specified by the faculty members who had suitable courses.

Data Analysis

Data were analyzed using IBM SPSS (Statistical Package for Social Sciences), version 28.0. The normality distribution of data was evaluated using skewness and kurtosis statistics. Descriptive statistics were used for participants' demographic information, levels of sexual health knowledge, sexual myths and homophobic attitudes. The relationships between levels of sexual health knowledge, sexual myths and homophobic attitudes were evaluated using Pearson correlation analysis and linear regression. Demographic differences in the participants' characteristics, sexual health knowledge, sexual myths and homophobic attitudes outcomes were examined using analysis of variance (ANOVA) and student t-tests. For all analyses, $p < 0.05$ was used to define statistical significance.

RESULTS

Sociodemographic Characteristics

Sociodemographic characteristics of the participants are given in Table 1. The mean age of the students was 20.80±1.99 years, 71% (n: 218) were female, 98.4% (n: 302) were single and 60.6% (n: 186) did not have a partner. 74.9% (n: 230) of the students lived in a nuclear family, 56% (n: 172) had income equal to their expenses and 30% (n: 92) were first year students.

It was determined that 70.7% (n: 217) of the students did not receive sexual or reproductive health education and 73.9% (n: 227) knew their sexual rights and freedoms. 62.2% (n: 191) of the students knew the concept of homophobia and 87% (n: 267) did not have a homosexual acquaintance (Table 1).

Table 1. Demographic Characteristics of Participating Students

Characteristics	M±SD	**MİN-MAX**
Age(years)	20.80±1.99	17-37
	n	**%**
Gender		
Female	218	71
Male	87	28.2
I don't want to specify	2	7
Marital status		
Married	5	1.6
Single	302	98.4
Do you have a partner?		
Yes	121	39.4
No	186	60.6
Family Structure		
Nuclear Family	230	74.9
Extended Family	74	24.1
Broken Family	3	1
Class		
1. Class	92	30
2. Class	83	27
3. Class	70	22.8
4. Class	62	20.2
Father's education status		
Illiterate	22	7.2
Primary Scholl degree	107	34.9
Secondary school degree	80	26.1
High school degree	59	19.2
Undergraduate degree	39	12.7
Mother's education status		
Illiterate	104	33.9
Primary Scholl degree	130	42.3
Secondary school degree	36	11.7
High school degree	18	5.9
Undergraduate degree	19	6.2
Income Status		
Income is less than expenses	105	34.2
Income is equal to expenses	172	56
Income is more than expenses	30	9.8
Region of Birth		
East of Anatolia	228	74.3
South-east of Anatolia	67	21.8
Other (Central Anatolia, Aegean, Mediterranean, Marmara)	12	3.9
The place where s/he spent most of his/her life		
Metropolitan	76	24.8
City	89	29

District	84	27.4
Village	54	17.6
I don't want to specify	4	1.3
Place of residence during education		
Family home	218	71
Dormitory	84	27.4
Student home	1	0.3
Other	4	1.3
Employee status		
Unemployed	291	94.8
Employee	16	5.2
Having knowledge about homophobia		
Yes	191	62.2
No	116	37.8
Having received Sexual and Reproductive Health Education		
Yes	90	29.3
No	217	70.7
Having a homosexual acquaintance		
Yes	40	13
No	267	87
Having knowledge about sexual rights and freedoms		
Yes	227	73.9
No	80	26.1

Participants' sexual health knowledge levels were assessed using the SHRH scale. The total mean score of the SHRHS was found to be 30.71±9.23 (sufficient). It was determined that 51.9% (n: 160) of the students had sufficient knowledge.

Participants' sexual myths levels were assessed using the SMS scale. It was determined that the total score of the Sexual Myths Scale (SMI) was 69.15±18.17, the average score of the sexual orientation sub-dimension was 17.16±5.07, the average score of the gender sub-dimension was 11.98±5.85, the average score of the age and sexuality sub-dimension was 9.46±3.75, the average score of the sexual behavior sub-dimension was 6.00±3.48, the average score of the masturbation sub-dimension was 6.04±2.29, the average score of the sexual violence sub-dimension was 7.75±3.20, the average score of the sexual intercourse sub-dimension was 5.62±2.00 and the average score of the sexual satisfaction sub-dimension was 5.22±1.85.

Participants' homophobic attitudes levels were assessed using the ATS scale. It was determined that the students' ATS score average was 104.41±24.73. As the total score on the scale increases, the level of homophobic attitudes increases. Participants' scores were positively high (Table 2).

Table 2. The levels of sexual health knowledge, sexual myths and homophobic attitudes among nursing students (n=307)

Scales	M±SD	Min-Max
SHRHS Total Score	30.71±9.23	6-50
SMS Total Score	69.15±18.17	28-140

Sexual orientation	17.16±5.07	5-25
Gender	11.98±5.85	6-30
Age and sexuality	9.46±3.75	4-20
Sexual behavior	6.00±3.48	3-39
Masturbation	6.04±2.29	2-10
Sexual violence	7.75±3.20	4-20
Sexual intercourse	5.62±2.00	2-10
Sexual satisfaction	5.22±1.85	2-10
ATHS Total Score	104.41±24.73	39-139
SHRHS	**n**	**%**
Inadequate	122	39.6
Moderate	26	8.4
Sufficient	160	51.9

SHRHS: Sexual Health and Reproductive Health Knowledge Scale
SMS: Sexual Myths Scale
ATHS: Attitudes Towards Homosexuals Scale

The difference between the students' the mean score of the SHRHS; whether they have a homosexual acquaintance and whether they know sexual rights and freedoms was not statistically significant (p>0.05). It was determined that the the mean score of the SHRHS of female students, those who have a partner, those who know the concept of homophobia, and those who receive sexual and reproductive health education were significantly higher than the others (p<0.005). It was determined that the students' the mean score of the SHRHS differed significantly according to the grade they were in and their income level (p<0.05). In the post-hoc analysis; it was determined that those studying in the 4th grade were significantly higher than those studying in the 1st grade; those whose income was equal to their expenses were significantly higher than those whose income was less than their expenses (Table 3).

Table 3. The mean score of the Sexual and Reproductive Health Knowledge Scale (SRHRS) according to sociodemographic characteristics (n=307)

		SHRHS Total Score	
		M±SD	**Test statistics**
Gender[1]	Female	33.10±7.94	**t=5.485**
	Male	25.12±9.67	**p<0.001***
Class[2]	1.Class	26.68±7.06	**F=20.396**
	2. Class	28.00±8.35	**p<0.001***
	3. Class	30.14±9.82	**4>1**
	4. Class	38.79±6.44	
Income Level	Income is less than expenses	28.85±9.80	**F=3.446**
	Income is equal to expenses	32.32±8.64	**p=0.034**
	Income is more than expenses	28.77±8.95	**b>a**
Having partner	Yes	29.35±10.67	**t=12.336**
	No	31.70±7.93	**p=0.049**

Do you know the concept of homophobia?	Yes	32.60±9.00	**t=4.128 p<0.001**
	No	26.98±8.59	
Have you received Sexual and Reproductive Health Education?	Yes	33.44±10.22	**t=2.931 p=0.004**
	No	29.35±8.42	
Do you know anyone who is homosexual?	Yes	29.53±9.42	-.696 0.488
	No	30.89±9.22	
Do you know about Sexual Rights and Freedoms?	Yes	31.35±9.05	t=1.500 p=0.135
	No	29.16±9.55	

In the analyses made according to the socio-demographic characteristics of the students, the difference between the mean total scores of the SMS; whether they have a partner, whether they know the concept of homophobia, whether they have received sexual and reproductive health education, and whether they know sexual rights and freedoms were not statistically significant (p>0.05) (Tablo 4).

It was determined that the difference between the means score of SMS of male students was statistically significant and higher than that of female students (p<0.001). Similarly, it was determined that the the means score of SMS of students differed significantly according to the grade they were in and their income level (p<0.05). In the post-hoc analysis it was determined that the SMS score average of students studying in the 1st grade was significantly higher than that of students studying in the 4th grade; and that those whose income was less than their expenses were significantly higher than those whose income was equal to their expenses. It was also determined that the means score of SMS of students who did not have homosexual acquaintances was significantly higher than that of students who had homosexual acquaintances (p=0.027).

Table 4. The Mean Score of the Sexual Myth Scale (SMS) according to sociodemographic characteristics (n=307)

		SMS Total Score	
		M±SD	**Test statistics**
Gender[1]	Female	63.94±15.84	**t= -8.697 p<0.001***
	Male	82.35±17.06	
Class[2]	1.Class	74.78±20.41	**F=4.612 p=0.004 1>4**
	2. Class	67.62±17.24	
	3. Class	69.62±17.27	
	4. Class	63.79±12.90	
Income Level	Income is less than expenses	72.28±17.67	**F=3.865 p=0.022 a>b**
	Income is equal to expenses	66.52±16.90	
	Income is more than expenses	73.03±24.52	
Having partner	Yes	68.07±19.38	t=-.807 p=0.210
	No	69.84±17.38	
Do you know the concept of homophobia?	Yes	67.84±18.67	t=-1.641 p=0.102
	No	71.50±17.09	
Have you received Sexual	Yes	68.17±18.51	t=-609

and Reproductive Health Education?	No	69.59±18.05	p=0.543
Do you know anyone who is homosexual?	Yes	62.18±20.60	**t=-2.280**
	No	70.21±17.58	**p=0.027**
Do you know about Sexual Rights and Freedoms?	Yes	68.38±18.78	t=-1.187
	No	71.25±16.33	p=0.236

The difference between the students' means scores of the ATS, such as gender, income level, whether they have a partner, whether they have received sexual and reproductive health education, and whether they know about sexual rights and freedoms was not statistically significant (p>0.05). It was determined that the students' mean scores of the ATS differed significantly according to the grade they were in (p=0.035). In the post-hoc analysis; it was determined that the students' mean scores of the ATS studying in the 1st grade was significantly higher than the students studying in the 4th grade. In addition, it was determined that the students' mean scores of the ATS who knew the concept of homophobia and had homosexual acquaintances were significantly lower than the EITÖ score averages of the students who did not know the concept of homophobia and did not have homosexual acquaintances (p<0,005) (Table 5).

Table 5. The Mean Score of the Attitudes Towards Homosexuals Scale (ATHS) according to sociodemographic characteristics (n=307)

		ATHS Total Score	
		M±SD	**Test statistics**
Gender[1]	Female	103.68±25.36	t=-0.834
	Male	106.41±23.15	p=0.405
Class[2]	1.Class	110.83±21.78	**F=2.902**
	2. Class	103.11±24.92	**p=0.035**
	3. Class	102.28±25.08	**1>4**
	4. Class	99.44±26.77	
Income Level	Income is less than expenses	104.97±22.68	F=0.048
	Income is equal to expenses	103.98±25.52	p=0.953
	Income is more than expenses	104.30±28.05	
Having partner	Yes	101.51±24.97	t=0.065
	No	106.30±24.49	p=0.055
Do you know the concept of homophobia?	Yes	100.40±25.97	**t=-3.790**
	No	111.10±20.98	**p<0.001**
Have you received Sexual and Reproductive Health Education?	Yes	100.51±25.61	t=-1.746
	No	106.06±24.24	p=0.082
Do you know anyone who is homosexual?	Yes	85.77±30.39	**-5.368**
	No	107.40±22.35	**<0.001**
Do you know about Sexual Rights and Freedoms?	Yes	103.49±25.36	t=-0.995
	No	106.82±22.94	p=0.321

The correlations between the variables are given Table 6. The level of sexual health knowledge was found to have a weak negative significant relationship with sexual myths (r=-.391, p<.01). Moreover, there was no significant relation between sexual health knowledge and homophobic attitudes among nursing students (p>.05). It was also found that there was a moderate positive significant relation between the level of sexual myths and homophobic attitudes.

Table 6. The Relation between sexual health knowledge, sexual myths and homophobic attitudes among nursing students

	1	2	3
1- The Total Score of the Sexual Myths Scale (SMS)	1		
2- The Total Score of Attitudes Towards Homosexuals Scale (ATHS)	0.457**	1	
3- The Total Score of Sexual Health and Reproductive Health Knowledge Scale (SHRHS)	-0.391**	-0.096	1

One of the assumptions for performing regression analyzes is that there are significant correlations between the independent variables and the dependent variable. Therefore, in the proposed model, regression analysis was conducted to determine whether sexual and reproductive health knowledge predicts sexual myths, and sexual myths predict attitudes towards homosexuals. The results of the simple linear regression analysis conducted to predict sexual and reproductive health knowledge on sexual myths are given in Table 7. As a result of the simple linear regression analysis, it is seen that the model created is statistically significant (p<.001). Accordingly, the level of knowledge about sexual and reproductive health explains approximately 14% of the change in sexual myths (β=-.391, p<.001).

Table 7. The regression analysis for sexual and reproductive health knowledge predicting the sexual myths

Variable	**B**	**95%CI**	**β**	**t**	**P**	**F**	**p**
(Constant)	92.553	84.171-100.936		21.784	<0.001	33.166	<0.001
SHRHS Total Score	-0.761	-1.021-.500	-0.391	-5.759	<0.001		
Dependent Variable: Sexual Myth R: .153; R^2_{Adj}:.148							

The results of the simple linear regression analysis conducted to predict sexual myths' attitudes towards homosexuals are given in Table 8. As a result of the simple linear regression analysis, it is seen that the model created is statistically significant (p<.001). Accordingly, the sexual myths that the individual has explain approximately 20% of the change in attitudes towards homosexuals (β=,457, p<.001).

Table 8. The regression analysis for sexual myths predicting the attitudes towards homosexuals

Variable	B	95%CI	β	t	P	F	p
(Constant)	60.911	50.458-71.363		11.473	<0.001	70.897	<0.001
SMS Total Score	0.625	0.479-0.771	0.457	8.420	<0.001		
Dependent Variable: *Attitudes towards homosexuals* R: .457; R^2_{Adj}:.206							

DISCUSSION

This study, which was conducted to evaluate the relationship between sexual and reproductive health knowledge among nursing students and sexual myths and homophobic behaviors, revealed several key findings:

- As the level of sexual health knowledge increases in nursing students, the level of sexual myths decreases.
- As sexual myths increase among nursing students, homophobic attitudes increase.
- As sexual myths increase among nursing students, homophobic attitudes increase.
- There is no relationship between sexual health knowledge level and homophobic attitudes among nursing students.
- The level of sexual health knowledge varies according to the participants' characteristics such as gender, class, income level, whether they have a partner or not, knowing the concept of homophobia and receiving sexual health education.
- The level of sexual myths varies according to the participants' characteristics such as gender, class, income level, and having a homosexual acquaintance.
- The level of homophobic attitude varies according to the participants' characteristics such as class, knowledge of the concept of homophobia, and having a homosexual acquaintance.

The mean score of the nursing students participating in the study on the sexual and reproductive health knowledge scale (SRHIS) is 30.71±9.23. The maximum score that can be obtained from the scale is 55, and the minimum value is 0. Moreover 70.7% (n: 217) of the students stated that they did not receive sexual or reproductive health education. Accordingly, although most of the students participating in the study did not receive sexual and reproductive health education, it is seen that the level of sexual and reproductive health knowledge is above average. Courses such as obstetrics and gynecology nursing in nursing education can form the basis for sexual and reproductive health. The fact that the sample group in the current study consisted of nursing students may have caused the SRHIS score to be higher than the average (Topal et al.,2024).

It was observed that the mean score of the nursing students on the sexual myths scale (SMS) was 69.15±18.17, and the highest mean score among the sub-dimensions was obtained from the sexual orientation sub-dimension (17.16±5.07). It is thought that in conservative societies like Turkey, homosexuality is still seen as abnormal and an illness, and that the prejudices against homosexuals have an impact on this situation (Çavdar & Çok, 2016; Metin Orta, 2018; Mumcu, 2023).

In addition, studies conducted with nursing students have found that male nursing students have a higher level of belief in sexual myths; male students approve of premarital sexual intercourse more and have experienced sexual intercourse more than girls; as the mother's level of education increases, the level of belief in sexual myths decreases in both genders; the level of belief in sexual myths decreases in nuclear families compared to extended families; and as the age and grade levels of nursing students increase, the level of belief in sexual myths decreases (Erenoğlu & Bayraktar, 2017; Aker et al., 2018; Karabulutlu, 2018; Gürel & Taşkın, 2020; Kartal, 2020; Öz et al., 2020; Aşçı & Gökdemir, 2021; Öz et al., 2021; Örüklü et al., 2020; Duman et al., 2023). In this study, consistent with the literature, the level of believing in sexual myths was found to be significantly higher among male, first-year students, students with less income than expenses, and students who did not have a homosexual acquaintance.

In the current study, a negative significant relationship was found between the level of sexual health knowledge and the level of belief in sexual myths, and the students with higher levels of sexual and reproductive health knowledge were found to have lower levels of belief in sexual myths. Studies show that education or courses in the field of sexual or reproductive health increase the level of sexual knowledge and reduce the level of belief in sexual myths and taboos (Gürsoy & Gençalp, 2010; Karabulutlu & Kılıç, 2011; Büyükkayacı Duman ve ark., 2015; Aşçı ve ark., 2016; Özcan ve ark., 2016; Özsoy & Bulut, 2017; Üstündağ, 2017; Yanıkkerem & Üstgörül, 2019; Özkan ve ark., 2020; Turan, 2021; Doğan ve ark., 2022; Çulha & Afşin, 2023).

The assertion that the level of knowledge about sexual and reproductive health explains approximately 14% of the change in sexual myths among nursing students is supported by a range of studies that highlight the relationship between knowledge, attitudes, and beliefs regarding sexual health. A systematic review by emphasizes that a higher level of knowledge among nurses correlates with more positive attitudes and increased comfort in discussing sexual health issues with patients, indicating that education plays a crucial role in shaping perceptions and reducing myths related to sexuality (Fennell & Grant, 2019). Moreover, 's study illustrates that nursing students often enter their training with low sexual health knowledge and prevalent sexual myths. Their findings indicate that structured sexual health education significantly enhances knowledge and concurrently reduces the prevalence of sexual myths among students (Toprak & Turan, 2020). This aligns with the observations made by, who reported that nursing students with relevant education in sexuality exhibited more comfort in discussing sexual health, thereby reducing the likelihood of holding onto sexual myths (Sung et al., 2015). Additionally, highlight that students who engage with reproductive health services tend to have a better understanding of sexual and reproductive rights, which is crucial in dispelling myths (Adinew et al., 2013). The findings of also support this, showing that midwifery and nursing students often hold significant sexual myths, which can be

mitigated through targeted education (Evcılı & Demirel, 2018). The relationship between knowledge and belief in sexual myths is further emphasized by, who found that nursing students with insufficient knowledge had significantly higher levels of belief in sexual myths compared to their more knowledgeable peers (Rashid et al., 2022). In summary, the evidence suggests that the level of knowledge about sexual and reproductive health is a significant predictor of the prevalence of sexual myths among nursing students. The studies collectively indicate that enhancing educational interventions can lead to a notable decrease in the endorsement of these myths, thereby supporting the claim that knowledge accounts for a meaningful portion of the variance in sexual myth beliefs.

In the current study, the students' mean score of the ATHS was found to be 104.41±24.73. The lowest score that can be obtained from the scale is 39, and the highest score is 139. Accordingly, it can be said that the students' attitudes towards homosexuals are negative. In a study conducted with nursing students in Korea, the average homophobia score was found to be 74.5; 92.9% of the participants were classified as homophobic and 42.3% as extremely homophobic. In the study, it was found that being male, religion, not having a family member or acquaintance belonging to a sexual minority group, and low self-esteem were among the factors affecting homophobia (Kwak et al. 2019). In a similar study conducted with nursing students in Turkey, the mean score of the EITÖ was found to be 98.44±23.19 and it was stated that the students had high homophobic attitudes (Çiçekoğlu Öztürk & Duran, 2022). In the current study, it was found that students who were in the 4th grade, knew the concept of homophobia, and had homosexual acquaintances had more positive attitudes towards homosexual individuals. Similarly, in a study conducted by Yüksel et al. (2020) with nursing students, it was found that being female, having higher levels of education in the mother and father, and knowing a homosexual individual positively affected attitudes towards homosexual individuals (Yüksel et al., 2020). In the same study, it was emphasized that nurse students, who will be the health care providers of the future, should have positive attitudes towards homosexual individuals and their knowledge should be based on scientific sources in order to provide care without prejudice to the individuals they will care for (Yüksel et al., 2020).

In the current study, no significant relationship was found between sexual health knowledge level and homophobic attitudes. However, a positive significant relationship was found between the participants' level of believing in sexual myths and their homophobic attitudes. However, it can be said that students with low levels of sexual health knowledge believe in sexual myths, while students with high levels of believing in sexual myths have negative attitudes towards homosexuals. In this context, it can be said that there is an indirect relationship between SRH knowledge and attitudes towards homosexuals.

The relationship between sexual myths and attitudes towards homosexuals among nursing students is a critical area of study, particularly as these attitudes can significantly influence the quality of care provided to LGBTQ+ patients. Research suggests that sexual myths account for a notable portion of the variance in attitudes towards homosexuals within this demographic, indicating that misconceptions about sexuality play a substantial role in shaping nursing students' perceptions and behaviors. One of the key sexual myths that contributes to negative attitudes is the belief that sexual orientation is a choice rather than an inherent aspect of an individual’s identity. This belief is often linked to

higher levels of homophobia, as individuals who subscribe to the idea that sexual orientation is a choice may also hold prejudiced views towards those who identify as LGBTQ+ (Malo-Juvera, 2016). Studies have shown that adherence to biological determinism—the belief that sexual orientation is predominantly determined by immutable biological factors—correlates with lower levels of homophobia (Malo-Juvera, 2016). This suggests that educational interventions aimed at dispelling the myth of choice could potentially reduce homophobic attitudes among nursing students. In conclusion, sexual myths contribute significantly to the attitudes of nursing students towards homosexuals. Addressing these myths through comprehensive sexual health education, promoting inclusive environments, and challenging societal stereotypes are essential steps in fostering a more accepting and competent healthcare workforce. By equipping nursing students with accurate information and encouraging open discussions about sexuality, we can work towards reducing homophobia and improving the quality of care for LGBTQ+ patients.

CONCLUSION

The relationship between sexual health knowledge, sexual myths, and homophobic attitudes among nursing students is a critical area of concern in nursing education. Research indicates that inadequate sexual health education contributes significantly to the persistence of sexual myths and negative attitudes towards sexual orientation among nursing students. This lack of knowledge not only affects their ability to provide comprehensive care but also fosters an environment where homophobic attitudes can thrive. This suggests that without targeted education, nursing students may internalize these myths, leading to a cycle of misinformation and bias in clinical practice. Educational intervention is crucial, as it equips students with the necessary tools to challenge their preconceived notions and biases, thereby fostering a more inclusive and supportive healthcare environment. Additionally, the findings of support the notion that sufficient knowledge is essential for reducing challenges in providing sexual health care. By enhancing sexual health education, nursing programs can effectively reduce the prevalence of sexual myths and foster more inclusive attitudes towards all patients, regardless of their sexual orientation. This approach not only benefits nursing students in their professional development but also significantly improves the quality of care provided to diverse patient populations.

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