

## Determination of Nursing Students' Sexual Myths

### Hemşirelik Öğrencilerinde Cinsel Mitlerin Belirlenmesi

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#### ABSTRACT

**Objective:** This study was carried out to determine the levels and affecting factors of nursing students' belief in sexual myths.

**Materials and Methods:** This descriptive study included 376 students, that is, 190 freshman and 186 senior students, studying in a nursing department of a public university in the Mersin province between March, 20 and April 17, 2017. The study data were gathered using a questionnaire and the Sexual Myths Scale (SMS).

**Results:** The average age of 376 students was  $20.60 \pm 2.34$  years, and 66% of them were women. It was determined that the SMS total score average was  $65.86 \pm 22.11$ . A statistically significant difference was found between the SMS total score averages and student's gender, classes, place where the student lived the longest, parent's working status, and the place from which the first sexual information was received. A negative significant linear relation was detected between the SMS total scores and students' ages ( $r = -216$ ,  $p < 0.05$ ).

**Conclusion:** It was determined that nursing students who were women, who were senior class, who have lived in the city for a long time, whose parents work, and who received first sexual information from family members believe less in sexual myths, and these beliefs decreased with age. It is recommended that nursing educators who are experts in the field of sexuality add lessons and subjects related to sexuality and sexual myths from the 1<sup>st</sup> grade to the nursing curriculum and consult students according to their personal characteristics until the 4<sup>th</sup> grade.

**Keywords:** Nursing, student, sexual myth

#### ÖZ

**Amaç:** Bu çalışma, hemşirelik öğrencilerinde cinsel mitler ve etkili faktörlerin belirlenmesi için yapılmıştır.

**Gereç ve Yöntem:** Bu tanımlayıcı çalışma, 20 Mart-17 Nisan 2017 tarihleri arasında Mersin ilinde bulunan bir devlet üniversitesinin hemşirelik bölümünde öğrenim gören 190 birinci sınıf ve 186 son sınıf olmak üzere 376 öğrencinin katılımıyla gerçekleştirilmiştir. Araştırmanın verileri anket formu ve Cinsel Mitler Ölçeği (CMÖ) ile toplanmıştır.

**Bulgular:** Araştırmaya katılan birinci ve dördüncü sınıfta öğrenim gören 376 öğrencinin yaş ortalaması  $20,60 \pm 2,34$ , %66'sı kadındır. Öğrencilerin CMÖ toplam puan ortalamasının  $65,86 \pm 22,11$  olduğu saptanmıştır. Öğrencilerin cinsiyetlerine, sınıflarına, uzun süre yaşadıkları yere, anne ve babalarının çalışma durumlarına ve cinsellikle ilgili ilk bilgi aldıkları yere göre CMÖ toplam puan ortalamaları arasında istatistiksel olarak anlamlı bir fark bulunmuştur ( $p < 0,05$ ). Öğrencilerin yaşları ile CMÖ toplam puanları arasında zayıf negatif yönde anlamlı doğrusal bir ilişki olduğu saptanmıştır ( $r = -216$ ,  $p < 0,05$ ).

**Sonuç:** Kadın olan, son sınıfta öğrenim gören, uzun süre ilde yaşayan, anne ve babası çalışan, cinsellikle ilgili ilk bilgiyi aile bireylerinden alan hemşirelik öğrencilerinin daha az cinsel mite sahip oldukları ve yaşlarının artmasıyla bu mitlerin azaldığı belirlenmiştir. Cinsellik alanında uzman hemşirelik eğitimcilerin hemşirelik eğitim müfredatına 1. sınıftan itibaren cinsellik ve cinsel mitler ile ilgili ders ve konuları eklemeleri ve 4. sınıfa kadar öğrencilerin kişisel özelliklerine göre danışmanlık yapmaları önerilmektedir.

**Anahtar kelimeler:** Cinsel mit, hemşirelik, öğrenci

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## Introduction

Sexuality, which begins *in utero* and continues throughout life, is a multidimensional and complicated phenomenon including sexual desire and action, values and beliefs, and it develops throughout life by being influenced by psychological, physiological, and sociocultural factors (1, 2). The World Health Organization also defines sexuality as the combination of the enriching effects of physical, emotional, intellectual, and social aspects on personality, communication, and love (3).

Sexuality-related attitudes and behaviors are influenced by the environment where individuals grow up, the family, culture, social structure, traditions, religious beliefs, and moral attitudes (4, 5). Parents are the first trainers of their children on sexuality-related issues. Parents directly inform their children with this regard and also play an important role in the development of the attitudes and value judgments of their children toward sexuality (6, 7). In our society, where sexuality is regarded as a taboo, and sexual issues are not explicitly discussed by its social and cultural structure, parents themselves cannot have enough knowledge on this issue since they do not take part in formal education programs related to sexuality, and they transfer their own sexual misconceptions to new generations (8). The facts that masturbation causes physical and mental illnesses, men always ask for sexual intercourse and are always ready for it, that the man is the director in sexuality always initiating the sexual action, and that a man's penis is must be large can be considered as some of the examples of these taboos (9, 10). Sexuality has been an existential source of fear that is complex, wild, mysterious, and untamable for humankind throughout history. While the reproductive aspect of sexuality is supported, enjoyment- and pleasure-oriented sexuality is almost ignored in many cultures. This confusion leads to the formation of misinformation and expectations about sexuality and sexual myths (10, 11).

According to the Sexual Health Institute Association, sexual myths are exaggerated, and false beliefs that are not associated with the real scientific data regarding sexuality, are spread by the transfer of second-hand information by individuals, and are shaped by the imagination of the society (9). It is known that the lack of sexual education and information; inability to explicitly discuss and talk about sexuality-related issues in the family, in schools, or in society; and the inadequate use of scientific studies and publications are the most important factors that pave the way for sexual myths. The fact that the education process starting in the family continues with formal sexual education programs existing in schools is ideal to meet an individual's need to learn about sexuality. Studies show that information about sexuality is generally obtained through media, friends, environment, pornographic movies, and magazines and that participants state that they find this information adequate (12-14). Although there is a limited number of studies on this issue in the literature, men were usually included in the studies, and it was determined as a result of these studies that sexual myths are common in these individuals (15-17). Furthermore, in other studies carried out in our country, it was concluded that sexual myths are significantly high in groups with

a high educational level and even among health care workers (18, 19).

The improvement in the quality of life of individuals has always been the objective of nursing care. Therefore, nurses will also play a role in the adoption of a healthy sexual life, which directly affects the quality of life, in the society. Studies carried out show that nursing students and health personnel also have misconceptions about sexual myths in society (20). This study will shed some light to examine whether students who will become nursing professionals believe in sexual myths and on removing the stereotypes and judgments regarding this issue by increasing awareness. This will enable them to provide an effective training and guidance to a healthy sexual life and will make a significant contribution to the literature and studies, the number of which is quite limited in this field. Moreover, in this study, we also aimed to determine how the education that the student has received contributes to the levels and affecting factors of sexual myths in nursing students.

## Materials and Methods

### Study design

The purpose of a descriptive study is to provide new knowledge when little is known about the subject of interest and to reveal the meaning of the subject examined. As the name suggests, the aim of descriptive designs defines the situation or event being examined (21). This study was conducted as a descriptive study to determine the levels and factors affecting the belief of nursing students in sexual myths.

### Setting and sample

A total of 376 students participated in this descriptive study, including 190 freshman and 186 senior students studying in a nursing department of a public university in the Mersin province between March, 20 and April 17, 2017, who agreed to participate. Fifteen students who refused to participate in the study were not included. After obtaining permissions from the institution, the data were collected with the questionnaire prepared by the researchers based on the relevant literature, and the SMS. No pre-application was performed since the questions in the questionnaire were previously used by the researchers in various studies. The data were collected in approximately 10 minutes by obtaining the permission from the lecturer of the relevant course before students' courses.

### Ethical consideration

Approval was granted by the Mersin University Social Sciences Ethics Board on March 15<sup>th</sup>, 2017, to conduct the study (Approval No. 2017/17), and the verbal and written consent of the participants was obtained.

### Measurements/instruments

The questionnaire included 16 questions related to the descriptive information of students (age, gender, marital status, grade level) and the characteristics that are considered to affect the belief in sexual myths (the income status of the family, family structure, completed high school, longest-lived place, parents' educational background and working status, the age of acquiring the first information about sex, the person from whom it

was acquired, the place where it is acquired, and the sexual intercourse experience) (4, 10, 12-14, 17, 18, 22-24).

The Sexual Myths Scale (SMS), which was developed by Zilbergerd in 1997, and the Turkish validity and reliability studies carried out by Gölbaşı et al. (25), was used to determine the belief in sexual myths of university students. The SMS consisting of a total of 28 items is a 5-point Likert-type scale with the options of "Strongly Disagree," "Disagree," "Undecided," "Partially Agree," and "Strongly Agree." The sub-dimensions of the scale were related to "Sexual Orientation" in Items 1 through 5, "Gender" in Items 6 through 11, "Age and Sexuality" in Items 12 through 15, "Sexual Behavior" in items 16 through 18, "Masturbation" in Items 19 and 20, "Sexual Violence" in Items 21 through 24, "Sexual Intercourse" in Items 25 and 26, and "Sexual Satisfaction" in Items 27 and 28. The answers given to the scale are evaluated over the total scores given to each item. The total score of the scale varied between 28, the lowest score, and 140, the highest score. The level of having sexual myths increases as the total scale score increases. The highest value obtained from the scale indicates that the student believes in

sexual myths, and the lowest value indicates that the student does not believe in sexual myths. It was determined that the Cronbach alpha internal consistency coefficient of the scale was 0.91, and the test-retest reliability coefficient was  $r=0.814$  (25). In this study, it was determined that the Cronbach alpha internal consistency coefficient of the scale was 0.93.

#### Data collection

The study data were collected between March 20, and April 17, 2017, from students who volunteered to participate in the study. The data were collected using the questionnaire prepared by the researchers based on the relevant literature, and the SMS. No pre-application was performed since the questions in the questionnaire were previously used by the researchers in various studies. Data were collected in approximately 10 minutes by obtaining the permission from the lecturer of the relevant course before prior to students' courses.

#### Statistical analysis

In statistical analyses, the independent two-group t-test was used for the comparison of two groups, and the one-way analysis of variance was used for the comparison of three or more groups. The relationship between two continuous variables was evaluated by the Pearson correlation coefficient. Descriptive statistics are presented as mean±standard deviation, number, and frequency (percentage %). A p-value <0.05 was accepted as the level of significance.

#### Results

In the study, the average age of students was found to be  $20.60\pm 2.34$  years. It was determined that 66% of students were women, 96.8% of them were single, 52.9% of them were Anatolian high school graduates, 81.6% of them had a nuclear family, and 39.6% of them lived in a province and district for the longest period (Table 1).

The distribution of students' characteristics related to the acquisition of information about sex and student sexual experiences is presented here. As a result of the study, it was determined that all the students received information about sex. It was determined that 60.1% of the students stated their friends were the first source of information about sex. It was observed that 52.7% of the students acquired information about sex for the first time between 11 and 14 years of ages. It was determined that only 12.5% of the students experienced sexual intercourse (Table 2).

The distribution of the averages of the scores that students obtained from the SMS and its sub-dimensions is presented. It was determined that the total score average of the SMS of students was  $65.86\pm 22.11$  and that students believed in sexual myths according to the total score averages. When the score averages obtained from the sub-dimensions of the SMS were examined, it was determined that the score average of the sexual orientation sub-dimension was  $14.86\pm 5.57$ , the score average of the gender sub-dimension was  $12.74\pm 5.83$ , the score average of the age and sexuality sub-dimension was  $8.98\pm 3.97$ , the score average of the sexual behavior sub-dimension was  $6.22\pm 3.31$ , the score average of the masturbation sub-dimen-

**Table 1. Distribution of sociodemographic characteristics (n=376)**

Age	$\bar{X}\pm SD$	
	20.60±2.34	
	n	%
16–18 years	82	21.8
19–21 years	157	41.8
≥22 years	137	36.4
<b>Gender</b>		
Female	248	66.0
Male	128	34.0
<b>Marital status</b>		
Married	12	3.2
Single	364	96.8
<b>Graduated high school</b>		
Anatolian High School	107	28.5
Science High School/Private School	199	52.9
Imam Hatip High School	30	8.0
Vocational/Technical High School	40	10.6
<b>Grade</b>		
Freshman	190	50.5
Senior	186	49.5
<b>Income status of the family</b>		
Income is less than expenses	90	23.9
Income is equal to expenses	258	68.6
Income is greater than expenses	28	7.4
<b>Family type</b>		
Nuclear	307	81.6
Extended	69	18.4
<b>The place where the student lived the longest</b>		
Village/town	81	21.5
District	146	38.8
Province	149	39.6

SD: standard deviation

sion was  $5.18 \pm 2.26$ , the score average of the sexual violence sub-dimension was  $7.96 \pm 3.56$ , the score average of the sexual intercourse sub-dimension was  $4.98 \pm 2.72$ , and the score average of the sexual satisfaction sub-dimension was  $4.92 \pm 2.11$ . Students' belief in sexual myths was determined according to the score averages they obtained from the sub-dimension of their characteristics related to sexual orientation, gender, sexual violence, age, and sexuality and sexual behavior (Table 3).

The distribution of the averages of the scores that students obtained from the SMS according to some characteristics is presented. It was determined that there was a statistically significant difference between the total score averages obtained by students from the SMS with respect to age, gender, grade, long-lived place, mother's working status, father's working status, and the source of acquiring information about sex ( $p < 0.05$ ). Accordingly, it was observed that men had more sexual misconceptions than women. Similarly, it was also determined that freshman students had more sexual misconceptions than

senior students. When they were examined in terms of the long-lived place, it was determined that students living in the village/town had more sexual misconceptions than students living in the province and district. On the other hand, it was observed that students whose mother and father did not work had more sexual misconceptions than students whose mother and father worked. Finally, it was determined that students who received information about sexuality from their families first had fewer beliefs in sexual myths compared to those who received information from other sources first (Table 4).

## Discussion

In our study, nursing students were found to believe in sexual myths (Table 3). Similarly, other studies have found that students have sexual myths (15-19, 26). It can be said that these findings are caused by the stereotypes and beliefs of students raised in the Turkish society. However, when we reviewed the worldwide literature, we found very few studies on sexual myths. Martyniuk et al. (27) carried out a study to compare religiousness, sexual myths, sexual taboo, and use of pornography between German and Polish students. In the study, it was determined that the Polish students were more religious, accepted more of the sexual myths, and the sexual taboos of the families of these students were higher. In addition, Polish students used pornography at an earlier age, but German students used pornography more frequently. It is thought that the results obtained in our study are due to sociocultural differences.

In this present study, it was determined that freshman students had more sexual misconceptions than senior students (Table 4). In the study carried out by Ejder Apay et al. (28) only with female students, different from the findings of this study, it was stated that senior students had more sexual myths. In addition, another study carried out by Yılmaz and Karatas (29) found that senior nursing students had more sexual myths. However, the results by Özan et al. (14) and Oğur et al. (19) support the current study and show that freshman students have more sexual myths than senior students. It can be concluded that students have a more positive view of this issue as a result of their sexual maturation with increasing age and that campus life reduces their sexual myths.

It was determined for the SMS that the total score decreased as the age of nursing students increased (Table 4). In the studies carried out by Torun et al. (17) and Aygin et al. (20), age did not affect the level of sexual myths. The studies by Özan et al. (14), Çivil and Yıldız (15), and Akın and Özvarış (30) also support the result of the present study. As seen in the literature, there are studies that obtain different findings. This difference is probably due to the individual characteristics of the participants. In our study, students may have less sexual myths because of reaching mental maturity with increasing age, taking sexual health lessons, and flirting.

When students' sexual myths scores are associated with gender, it is remarkable that men have more sexual misconceptions than women (Table 4). In a limited number of studies in the literature, it has been determined, similarly to this study, that sexual myths are more common in men (14-17, 19, 31, 32). The

**Table 2. Distribution of some sexual characteristics of students (n=376)**

Characteristics related to the acquisition of information about sex and student sexual experiences	n	%
<b>Acquisition of information about sex</b>		
Acquired	376	100
Not acquired	0	0
<b>The first source of information about sex</b>		
Friend	226	60.1
Media/erotic or pornographic movie/magazine	47	12.5
Internet	43	11.4
Parent (mother/father/sibling)	60	16.0
<b>The age of acquiring the first information about sex</b>		
7–10 years	31	8.2
11–14 years	198	52.7
≥15 years	147	39.1
<b>Experience of sexual intercourse</b>		
Yes	47	12.5
No	329	87.5

**Table 3. Distribution of students' averages regarding the SMS and its Sub-dimensions (n=376)**

SMS and its sub-dimensions	$\bar{X} \pm SD$	Min–Max
Sexual orientation	$14.86 \pm 5.57$	5–25
Gender	$12.74 \pm 5.83$	6–30
Age and sexuality	$8.98 \pm 3.97$	4–20
Sexual behavior	$6.22 \pm 3.31$	3–15
Masturbation	$5.18 \pm 2.26$	2–10
Sexual violence	$7.96 \pm 3.56$	4–20
Sexual intercourse	$4.98 \pm 2.72$	2–36
Sexual satisfaction	$4.92 \pm 2.11$	2–10
Total score	$65.86 \pm 22.11$	28–140

SMS: Sexual Myths Scale; SD: standard deviation; Min: minimum; Max: maximum

**Table 4. Distribution of the SMS score averages according to some characteristics of students**

Sociodemographic characteristics	n	SMS total score $\bar{X} \pm SD$	p
<b>Age</b>			
16–18 years	82	73.18±22.36	<0.001*
19–21 years	157	66.59±22.79	
≥22 years	137	60.64±19.85	
<b>Gender</b>			
Female	248	58.80±18.41	<0.001**
Male	128	79.54±22.32	
<b>Marital status</b>			
Married	12	66.83±22.08	0.878**
Single	364	65.83±22.14	
<b>Graduated high school</b>			
Anatolian High School	107	64.26±20.75	0.824*
Science High School/Private School	199	66.78±22.38	
Imam Hatip High School	30	65.56±25.60	
Vocational/Technical High School	40	65.82±22.10	
<b>Grade</b>			
Freshman	190	73.12±22.91	<0.001**
Senior	186	58.45±18.59	
<b>Income status of the family</b>			
Income is less than expenses	90	67.02±22.00	0.654*
Income is equal to expenses	258	65.18±21.64	
Income is greater than expenses	28	68.39±26.81	
<b>Family type</b>			
Nuclear	307	65.10±22.09	0.159**
Extended	69	69.26±22.03	
<b>Long-lived place</b>			
Village/town	81	72.95±21.80	0.001*
District	146	65.99±21.41	
Province	149	61.89±22.12	
<b>Mother's level of education</b>			
Illiterate	87	69.89±24.66	0.196*
Primary school graduate	193	64.41±20.12	
Secondary or high school graduate	82	66.00±23.48	
Associate degree/university graduate	14	60.07±22.13	
<b>Mother's working status</b>			
Employed	76	60.50±22.94	0.018**
Unemployed	300	67.22±21.72	
<b>Father's level of education</b>			
Illiterate	24	71.04±24.13	0.289*
Primary school graduate	186	65.66±21.66	
Secondary or high school graduate	130	66.73±22.21	
Associate degree/university graduate	36	60.36±22.39	
<b>Father's working status</b>			
Employed	349	64.83±21.86	0.001**
Unemployed	27	79.14±21.42	
<b>Age of acquiring the first information about sex</b>			
7–10 years	31	69.51±21.52	0.230*
11–14 years	198	67.00±22.85	
15 years and above	147	63.57±21.12	
<b>The first source of information about sex*</b>			
Friend	24	67.78±21.73	0.003*
Media/erotic or pornographic movie/magazine	186	71.19±21.36	
Internet	130	60.81±23.33	
Family (mother/father/sibling)	36	58.10±21.12	
<b>First experience of sexual intercourse</b>			
Yes	47	65.89±24.26	0.993**
No	329	65.86±21.83	

\*One-way variance analysis; \*\*Independent two-sample t-test. SMS: Sexual Myths Scale; SD: standard deviation

reason for this difference between genders can be associated with the values attributed to male sexuality as a result of the patriarchal structure in the Turkish society and the sociocultural structure of the society.

Although peer education is defined as the cooperative learning and learning strategy of the same age group, it cannot always bring along positive consequences. In particular, in the event when peer educators do not have enough knowledge, harmful effects such as misinformation and non-professional suggestions are likely to be observed (33). In this study, it is observed that students mostly get information about sexuality from their friends first, and it is remarkable that the sexual myths score of these students is higher (Table 4). In the studies carried out by Torun et al. (17) and Evçili and Gölbaşı (31), similarly to this study, it was emphasized that individuals who state that their first source of information about sex was from their friends have more sexual myths. As it is seen, the acquisition of information about sexuality from second-hand, non-scientific, and unreliable sources through friends may increase the prevalence of sexual myths. The fact that the information students get from their friends greatly affects the formation of their beliefs and attitudes can be explained by the fact that the issues related to sexuality cannot be explicitly discussed with families and that adequate sexual education is not provided at universities.

In this study, the level of believing in sexual myths was significantly different according to the long-lived place; it was determined that people living in a village/town had higher sexual myths scores compared to those living in a province and district (Table 4). It is observed that similar studies also support the results of this study (17, 31, 34). This situation is thought to be due to the facts that social pressure is felt more in rural areas, where taboos on sexuality are widespread, and issues related to sexuality cannot be discussed.

In the present study, it was determined that students whose mother/father were employed had a lower score of belief in sexual myths (Table 4). As far as the literature is concerned, no such association has been found in studies on sexual myths, to the best of our knowledge. Our study's result can be explained by the fact that this parents interact with people from different cultures in the workplace.

## Conclusion

It was determined that nursing students who are women, who are senior class, who have lived in the city for a long time, whose parents work, and who received sexual information from family members first have less sexual misconceptions, and these misconceptions decreased with age.

According to these results, sexual education is a lifelong learning process. Learning begins in the family and continues with teachers, peer groups, health professionals, and the media. It is thought that the transfer of healthy and adequate sexual information in nursing education will be effective both in maintaining a healthy sexual life in society and in providing these services in a safe manner. For this reason, it is recommended

that the sexual health education should be further included in the nursing education curriculum as of the 1<sup>st</sup> grade.

It should be ensured that community education projects are realized and that the health personnel and teachers take a more active role in education for society to have full and accurate information about the issues related to sexuality.

It is thought that it would be beneficial to carry out such studies further and to ensure that the literature in this regard becomes widespread to determine how false beliefs and value judgments on sexuality are affected in a changing and ever-improving society.

The limitation of this study is that it included only the 1<sup>st</sup> and 4<sup>th</sup> grade nursing students studying in a university. Therefore, it is not applicable to all nursing students.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the ethics committee of Mersin University (Approval No. 2017/17).

**Informed Consent:** Verbal and written informed consent was obtained from participants who participated in this study.

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