

Original Article

Comparison of Nursing Students' Sexual Myths and Some Attitudes about Sexuality

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Abstract

Background: Various problems can arise when patients talk about their sexual problems and ask nurses and other health professionals to address them. This is one of the most important obstacles in providing comprehensive care to patients.

Method: This study was carried out to compare nursing students' sexual myths and some attitudes about sexuality. 332 undergraduate students of a nursing department in Turkey. Ethics Committee approval, institutional permission and the verbal consent of the students were obtained in order to carry out the study. The data were collected using the Personal Information Form and the Sexual Myths Scale (SMS). In evaluating the data, descriptive statistics (percentage, mean, and standard deviation) were used. Conformity of the data to the normal distribution was tested using the Kolmogorov-Smirnov test and the t-test and One-Way Analysis of Variance (ANOVA) were used in the comparative analyses. The Cronbach's alpha value of the scale used in the study was 0.884.

Findings: It was determined that of the students, 35.5% encountered patients with sexual problems in clinical practice, 92.5% did not want to work in a clinic where sexual problems were frequently encountered, 32.5% were not able to comfortably explain family planning methods to the patient, and 59.6% did not feel comfortable when giving perineal care to the patient. The sexual myth perception score of the students was found to be 73.37 ± 15.37 . It was determined that the scale score was higher in male students, in those who had not encountered patients with sexual problems in clinical practice, who stated that they were not able to comfortably explain family planning methods to the patient, who stated that they did not feel comfortable when giving perineal care to the patient, who stated that patients should not be consulted about sexual issues, and who were not able to ask their patients about sexual issues, and this was statistically significant ($p < 0.05$).

Conclusion: Sexual myth scores of students with some negative attitudes about sexuality were also found high.

Key Words: Sexual perception, Sexual myths, Nursing student

Introduction

According to the World Health Organization, sexual health is defined as "complete physical, spiritual and social well-being in relation to sexuality"

(https://www.who.int/topics/sexual_health/en/).

Sexual myth; They are exaggerated and false beliefs that are not linked to real scientific data about sexuality, spread by individuals transferring information from ear to ear, shaped

by the imagination of society (Ejder Apay et al., 2013).

Sexuality is not only a physiological aspect of the individual but a concept encompassing the wholeness of existence. It allows an individual to recognize how they perceive themselves, their interaction with other people, and all the characteristics that make a person a man or a woman (Kahyaoglu Sut et al., 2015; Erenoglu and Bayraktar 2017). According to Abraham Maslow's hierarchy of needs and theorists of

nursing needs, sexuality is among the basic human needs such as respiration, nutrition, excretion, sleep, rest, and freedom from pain (Birol, 2015). Sexuality is an important issue in nursing care and is included in the North American Nursing Diagnosis Association (NANDA) criteria as “Sexual Dysfunction” and “Ineffective Sexuality Pattern” (Ackley et al., 2017).

Changes in physical integrity due to the surgical operations and diseases affect body image negatively, regardless of their magnitude. Body image has an important impact on the expression of sexuality. Nurses encounter many patients whose sexual life is threatened by disease, trauma, surgical intervention, or for psychological reasons (Akca Ay, 2015). Various problems can arise in the process of patients expressing their sexual problems and expecting nurses and other health professionals to address them. It has been found that nurses are not sufficiently able to evaluate their patients’ sexual problems due to lack of knowledge, inadequate assessment of sexual information, personal values, cultural characteristics and lack of time (Nalbant, 2000; Earle, 2001; Evans, 2001; Bahar et al., 2007; Torun et al, 2011). Many nurses do not feel comfortable talking with their patients about sexuality. Nurses have a number of fears and beliefs that prevent them from having these conversations. The negative beliefs and attitudes of future health workers and current health personnel toward sexuality have been found to constitute an obstacle to providing a professional service (Ejder Apayet al., 2013; Golbası et al., 2016). Several other studies have shown that the attitudes of nursing students toward sexuality are influenced by various factors (Kahyaoglu Sut et al., 2015; Aksoy Derya et al, 2017).

In order to ensure holism in nursing care, patients’ sexual problems should not be ignored. Therefore, it is important that patients are not negatively affected by nurses’ and other health professionals’ perceptions of sex and sexuality. Determining the beliefs that students, who are at the beginning of their careers, have about sex is important in terms of ensuring holistic care for their patients. This will allow the nursing curriculum to be revised.

Methods

Design, Participants and Data Collection: This study was carried out to compare nursing

students' sexual myths and some attitudes about sexuality. The universe of the research consisted of all students who were studying in the Nursing Department in a Faculty of Health Sciences (n=410). No sample selection was made and students who wanted to participate in the study were included. 332 students agreed to participate in the study. The ratio of participation was 80.9%.

Data Collection Tools: The data in this study were collected using the Personal Information Form and the Sexual Myths Scale (SMS).

Personal Information Form: This contains 24 introductory questions about the students and their parents and their opinions about sex and sexuality.

Sexual Myths Scale (SMS): The scale was developed and its validity and reliability was tested by Golbası et al. (2016). The respondents were asked to read each item carefully and to choose one of the options. Each item is rated using a 5-point Likert type scale: “totally agree” (5 points), “somewhat agree” (4 points), “unsure” (3 points), “disagree” (2 points), “totally disagree” (1 point). The statement “totally agree” refers to the fact that the respondent believes the myth while the statement “totally disagree” refers to the fact that the respondent does not believe the myth. The lowest and highest possible scores to be obtained from the scale were 28 and 140 respectively. The higher the score, the higher the possibility of believing in myths about sex. The Cronbach's alpha reliability coefficient of the scale is 0.91 (Nalbant, 2000). In this study, the Cronbach's Alpha value was found to be 0.88.

Ethical considerations: For the research, ethics committee approval was obtained from the Clinical Research Ethics Committee (No:17-KAEK-057). In order to carry out the study, institutional permission was obtained and verbal consent was taken from all of the students to participate in the study after they had been verbally informed about the purpose of the study.

Data Analysis: The SPSS 20 package program was used to evaluate the research data. Descriptive statistics (percentage, mean, standard deviation) were used in the analysis of the data. The conformity of the data to the normal distribution was tested using the Kolmogorov Smirnov test and the t-test and One-Way

Analysis of Variance (ANOVA) were used in comparative analyses.

Results

In the study, of the students, 83.7% stated that information about sex and sexuality was included in their lectures, 54.5% stated that the source of information was their friends and 35.5% stated that they encountered patients with sexual problems in clinical practice. 92.5% of the students stated that they did not want to work in a clinic where sexual problems were frequently encountered, 32.5% stated that they were not able to comfortably explain family planning methods to the patient, 59.6% stated that they did not feel comfortable when giving perineal care to the patient. In addition, 95.5% of the students stated that patients should be consulted about sexual issues, 38.8% stated they were not able to ask questions about sexual issues, and 85.2% stated that patients were not able to comfortably express their feelings and thoughts on sexual issues (Table 1).

The total scale score was determined to be 73.37 ± 15.37 (Table 2). It was found that the score was higher in those who did not encounter patients with sexual problems in clinical practice, who stated that they were not able to comfortably explain family planning methods to the patient, who stated that they did not feel comfortable when giving perineal care to the patient, who stated that patients should not be consulted on sexual issues, and who were not able to ask questions to their patients about sexual issues and this was statistically significant (Table 3).

Moreover, the score of male students (81.31 ± 16.78) was found to be higher than that of female students (70.47 ± 13.76) and the intergroup difference was statistically significant. It was determined that the score decreased as the time spent at university increased and that the score was higher in those who had lived in villages and subdistricts for the longest amount of time ($p < 0.05$; Table 4).

Table 1. Some attitudes of students towards sexuality

Attitudes towards sexuality	n	%
Encountering patients with sexual problems in practices		
Yes	118	35.5
No	214	64.5
Wanting to work in a clinic where sexual problems are intensively experienced		
Yes	25	7.5
No	307	92.5
Comfortably explaining family planning methods to the patient		
Yes	224	67.5
No	108	32.5
Feeling comfortable while giving perineal care to the patient		
Yes	134	40.4
No	198	59.6
Status of consulting patients on sexual issues		
Yes	317	95.5
No	15	4.5
Status of asking/being able to ask questions to the patients on sexual issues		
Yes	200	60.2
No	132	39.8
Status of patients' expressing feelings/opinions on sexual issues		
Yes	49	14.8
No	283	85.2

Table 2. Distribution of students according to the total sexual myths scale score and subscale scores

Scale score	$\bar{X} \pm SD$
Total score	73.37 \pm 15.37
Sexual orientation	17.73 \pm 4.40
Gender	13.17 \pm 4.94
Age and sex	9.68 \pm 3.12
Sexual behavior	6.67 \pm 2.81
Masturbation	6.04 \pm 2.03
Sexual violence	8.38 \pm 2.70
Sexual intercourse	5.86 \pm 1.61
Sexual satisfaction	5.82 \pm 1.60

Table 3. Comparing students' attitudes towards sexuality with their sexual myths

Variables	$\bar{X} \pm SD$	U	p
Encountering patients with sexual problems in practices			
I encountered	70.88 \pm 15.66	10888.5	.038
I did not encounter	74.75 \pm 15.07		
Wanting to work in a clinic where sexual problems are intensively experienced			
I want	67.68 \pm 20.50	2964.5	.058
I do not want	73.84 \pm 14.83		
Comfortably explaining family planning methods to the patient			
Yes	70.93 \pm 15.23	8277.0	.000
No	78.44 \pm 14.47		
Feeling comfortable while giving perineal care to the patient			
Yes	69.02 \pm 15.77	9522.5	.000
No	76.32 \pm 14.41		
On sexual issues. patients			
Should be consulted	73.01 \pm 15.06	1525.0	.019
Should not be consulted	81.06 \pm 20.10		
Asking/being able to ask questions to the patients on sexual issues			
Yes	71.08 \pm 15.89	10236.0	.001
No	76.85 \pm 13.91		
By patients, feelings/opinions on sexual issues are			
Can be comfortably expressed	73.40 \pm 16.36	6914.0	.975
Cannot be comfortably expressed	73.37 \pm 15.23		

Table 4. Distribution of students' socio-demographic characteristics according to the sexual myths scale score

Socio-demographic characteristics	$\bar{X} \pm SD$	t/F	p
Sex			
Female	70.47 ± 13.76	6077.0	.000
Male	81.31 ± 16.78		
What grade are you in?			
1st	78.06±13.01	F=11.092	.000
2nd	76.94±15.52		
3rd	69.86±13.06		
4 th	66.80±17.30		
Marital status			
Married	71.80±16.94	748.500	.746
Single	73.40 ±15.38		
Place of living for the longest time			
City center	70.45±14.47	6.751	.001
District center	75.93±15.55		
Village/sub-district	77.31±16.10		

Discussion

Sexual problems can be encountered in any period of human life; moreover, impairments in sexual functioning may be experienced as a result of chronic diseases, surgeries, and mental disorders. Nurses play a role in the diagnosis and treatment of patients' sexual problems throughout their education and professional lives. Nursing students should have knowledge about sex and sexuality, which are important parts of human life, in order to provide holistic care to the patients, as well as being aware of myths about sex (Yılmaz and Karatas, 2018).

Sexual education is a lifelong learning process and that begins in the family and continues through teachers, peer groups, consultants, health professionals and media (Aygün et al., 2017). Although 83.7% of the students in our study stated that subjects about sex and sexuality were included in their lectures, it was found that the source of information for 54.5% of the students was their friends, followed by the internet, written sources, family and the media. In parallel with our findings, in the study conducted by Evcili and Golbasi with university students 59.1% of students received sexuality-related information from friends, 42.5% through the internet, and 31.5% through written sources (Evcili and Golbasi, 2017); in the study

conducted by Aygün, Acil, Yaman and Yılmaz with 157 university female students 51.6% received information from friends, and 7.6% through the internet, television and newspapers (Aygün et al., 2017). Karabulutlu and Kilic (2011) stated in their study that 91.9% of the students had received information about sexual health and 47.6% of them had received information from printed sources. In the study conducted by Sevil et al. (2004), it was found that the first source of sexual knowledge was largely friends, while in the study conducted by Kapamadzija et al. (2000) with 520 students, the sources of sexual information were visual media (63.7%) and friends (50.6%). The acquisition of accurate knowledge about sex and sexuality is very important in the diagnosis and treatment of the sexual health problems of both the young people themselves and the individuals they provide care to. It is thus important that information about sexual health from accurate sources be accessible to all.

Due to the impact of communal, cultural, social factors and religious beliefs, sex and sexuality remain subjects that are not easy to discuss and are often still considered taboo (Kaya et al., 2007). Aygün et al. (2017) found in their study that 87.3% of the students had difficulty in discussing sex and sexuality. In the study conducted by Kaya et al. (2007) with 340

university students, it was stated that only 13.8% of the students were able to easily talk about sexual matters with their family. In the study conducted by Yılmaz and Karatas (2018) with nursing students, it was found that discussion about sex was seen as taboo. Karabulutlu and Kilic (2011) found in their study that 50.8% of the students talked to their mothers about sexual health and that the topic most discussed with their mother was reproductive health (30.6%). Ogur et al. (2016) reported that 54.1% of the students did not talk about sex with their family. Studies have emphasized that the lack of information about sexual matters was due to receiving inadequate information from incorrect sources in private (Kukulu et al., 2009; Civil and Yıldız, 2011). In our study, in parallel with the findings in the literature, 38.8% of the students stated that they were not able to ask patients questions about sex and 85.2% stated that the patients could not comfortably express their feelings and opinions about sexual issues. It was found that 35.5% of the students had encountered patients with sexual problems in clinical practice and almost all of them stated that patients should be consulted about sexual issues. However, almost all of the students did not want to work in a clinic where sexual problems were frequently encountered. This may have been due to students' perceptions of sexual myth. It is suggested to further discuss the question of how to approach patients' sexual problems in lessons.

Perineal care involves the cleaning of and individual's external genital organs and surrounding skin and is included among the personal hygiene practices required in nursing (Karabag Aydın, 2011). Cleaning the genital region can lead feelings of shame and boredom in both the patient and nurse (Unsal, 2012). In the study, 59.6% of the students stated that they did not feel comfortable giving perineal care. Students who did not feel comfortable while giving perineal care were found to have a greater belief in sexual myths. This may suggest that students with these kind of beliefs will not be sufficiently able to treat their patients' sexual problems. Training to develop positive and correct beliefs about sex and sexuality should be planned for nursing education.

Providing advices about family planning is among the duties of nurses (National family lanning service guide, 2005). However, since family planning-related issues are intimate,

patients may have problems in asking questions and listening to answers, and nurses may also feel uncomfortable. This has a negative effect on the patient and their ability to seek help is affected. Indeed, 32.5% of the participants in the study stated that they were not able to explain family planning methods comfortably.

Patients; they need therapeutic and educational interventions by nurses to regain or maintain sexual health (Townsend, 2008). However, the beliefs that nurses have about sexual matters may adversely affect how they care for their patients' sexual health. In this study, the nursing students' total score on the SMS was determined to be 73.37 ± 15.37 . In the study conducted by Evçili and Golbası (2017) with 1379 university students, the score was found to be 82.21 ± 17.37 and this was higher than in our study. The sample of our study consisted of nursing students and this group take courses related to sexual health throughout their education and work on subjects such as diagnosing their patients sexual problems, planning solutions and carrying out treatment. This may be the reason why attitudes about sex and sexuality were more positive in our study. In the study conducted by Ozsoy and Bulut (2017) to investigate the effect of a sexual health course on students' belief in myths about sex, it was found that the number of myths believed in decreased after the course. In studies conducted with students in different departments of universities, students were found to have a high level of belief in various sexual myths (Yazici et al., 2012; Ejder Apay et al., 2013; Ogur et al., 2016). The inclusion of a sexual health education course in national education and higher education curricula will be important in helping students maintain their own sexual health as well as being aware of the environment in which they function. Thus, student nurses will be able to provide holistic care to their patients.

It was found that the SMS score was higher in those who did not encounter patients with sexual problems in clinical practice, who stated that they were not able to comfortably explain family planning methods to the patient, who stated that they did not feel comfortable giving perineal care to the patient, who stated that patients should not be consulted about sexual issues, and who were not able to ask questions to their patients about sexual issues, and this was statistically significant (Table 3). This result is important because students who have a high belief in sexual myths

may not be able to provide holistic care to their patients in the future.

The score of male students (81.31 ± 16.78) for the scale was found to be higher than that of female students (70.47 ± 13.76) and the intergroup difference was statistically significant. Other similar studies have found that male sexual myths are higher than female students (McMahon, 2010; Torun et al., 2011; Evcili and Golbasi, 2017; Yılmaz and Karatas, 2018). The findings of our study are consistent with the literature. This result of our study is important because it shows that male nursing students may negatively affect patient care in the holistic in future.

In our study, it was found that the scale scores of the students living in villages and sub-districts were higher than those living in urban areas for a long time. In other studies, the scale score of those living in rural areas was found to be higher than those living in urban areas (Torun et al., 2011; Evcili and Golbasi, 2017). These finding may result from the fact that sexual matters cannot comfortably discussed in rural regions for social reasons and that correct sources of information cannot be easily accessed.

In our study, it was determined that the score for the scale decreased as the time spent at university increased. In the study conducted by Dag et al. (2012), it was found that the knowledge of 81.3% of 331 students about sexual issues increased after the education given. Ogur et al. (2016) found in their study that being in the upper classes reduced the degree of belief in sexual myths. However, in the literature, it is also stated that the degree of beliefs in myths about sex is high among people with a high educational level and even among health care workers (Aygin et al., 2017). In our study, this may have been the result of the fact that as information about sexual health was included in the lectures, attitudes towards sexuality developed positively.

Limitations: The major limitation of this study was its single-center design and convenience sampling, which could limit sample representativeness and generalisability of findings to other institutions and countries, considering that each institution is to some extent educationally unique.

Conclusions: In conclusion, it was determined that more than one-third (35.5%) of the students encountered patients with sexual problems in

clinical practice, that the majority of them (92.5%) did not want to work in a clinic where sexual problems were frequently encountered, that 32.5% of them were not able to comfortably explain family planning methods to the patient, and that 59.6% of them did not feel comfortable giving perineal care to the patient. It was determined that the score for the scale was higher in those who had not encountered patients with sexual problems in clinical practice, who stated that they were not able to comfortably explain family planning methods to the patient, who stated that they did not feel comfortable giving perineal care to the patient, who stated that patients should not be consulted about sexual issues, and who were not able to ask their patients questions about sexual issues and this was statistically significant. In light of these results, it can be said that the students' beliefs in sexual myths are and will be reflected in their nursing care, that care may be negatively affected, and that holistic care cannot be given.

It can recommended that sexual health education courses be included in the curricula, that the contents of the current courses be reviewed, that training on how to approach and handle sexual health problems be planned, and that similar studies be conducted with nurses.

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Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

For the research, ethics committee approval was obtained from the Clinical Research Ethics Committee (No:17-KAEK-057). In order to carry out the study, institutional permission was obtained and verbal consent was taken from all of the students to participate in the study after they had been verbally informed about the purpose of the study.

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