

Determining the effect of sexual and reproductive health education on nursing students' views on sexual myths: a qualitative study

Cinsel sağlık ve üreme sağlığı eğitiminin hemşirelik öğrencilerinin cinsel mitlere ilişkin görüşleri üzerindeki etkisinin belirlenmesi: nitel bir çalışma

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ABSTRACT

OBJECTIVE: The aim of this study was to determine individuals' perspectives on sexual myths using pre-interview and post-interview methods collected to evaluate the impact of sexual and reproductive health education on nursing students.

MATERIALS and METHODS: In the study, a pre-test - post-test design was determined using qualitative research method and the dates of May-July 2023 were collected. The sample of the study consisted of 33 first-year nursing students taking the Sexual and Reproductive Health course. In the study, pre-test data were collected from the students through a semi-structured interview form before any training was given on the first day of the course. Ten weeks later, after the course topics were completed, post-test data were collected.

RESULTS: Based on the pre-interview findings of the students' opinions on the 9 questions in the study, it is possible to classify them into 2 themes: positive and negative opinions. When the themes are evaluated, it is seen that the students did not have a negative opinion only for the myth presented in question 4, while they had both positive and negative opinions for all other sexual myth questions. After the training, it was determined that the students developed positive views towards sexual myths in the post-test data.

CONCLUSION: Regular and effective education given to students will be effective in eliminating misconceptions about sexuality and establishing the concept of safe sexuality.

Keywords: sexual health, reproductive health, education, nursing students, sexual myths

ÖZ

AMAÇ: Bu çalışma, cinsel sağlık ve üreme sağlığı eğitiminin hemşirelik öğrencilerindeki etkisini değerlendirmek amacıyla toplanan ön görüşme ve son görüşme yöntemleriyle bireylerin cinsel mitlere bakış açılarını belirlemektir.

GEREÇ ve YÖNTEMLER: Çalışmada nitel araştırma yöntemi kullanılarak ön test - son test deseni belirlenerek Mayıs-Temmuz 2023 tarihleri toplanmıştır. Araştırmanın örneklemini Cinsel Sağlık ve Üreme Sağlığı dersini alan 33 birinci sınıf hemşirelik öğrencisi oluşturmuştur. Araştırmada, dersin ilk günü herhangi bir eğitim verilmeden önce öğrencilerden yarı yapılandırılmış görüşme formu aracılığıyla ön test verileri toplanmıştır. Son hafta ders konuları bittikten sonra, son test verileri toplanmıştır.

BULGULAR: Öğrencilerin araştırmada yer alan dokuz soruya ilişkin görüşlerinin ön görüşme bulgularına dayanarak, bunları olumlu ve olumsuz görüşler olmak üzere iki temada sınıflandırmak mümkündür. Temalar değerlendirildiğinde, öğrencilerin sadece 4. soruda sunulan mite ilişkin olumsuz bir görüşe sahip olmadıkları, diğer tüm cinsel mit soruları için ise hem olumlu hem de olumsuz görüşlere sahip oldukları görülmektedir. Eğitim sonrası öğrencilerin son test verilerinde cinsel mitlere yönelik olumlu görüş geliştirdikleri belirlenmiştir.

SONUÇ: Öğrencilere verilen düzenli ve etkili eğitim, cinsellikle ilgili yanlış inanışların giderilmesinde ve güvenli cinsellik kavramının oluşturulmasında etkili olacaktır.

Anahtar Kelimeler: cinsel sağlık, üreme sağlığı, eğitim, hemşirelik öğrencileri, cinsel mitler

BACKGROUND

Throughout the existence of humanity, sexuality, which has existed with different definitions and perceptions, has continued to be researched up to the present day without losing its significance over the ages. Although sexuality does not hold vital importance for the individual's personal survival, it is a dynamic and crucial concept in shaping the quality of life.^[1-3]

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The concept of Sexual Health and Reproductive Health (SHRH) should be approached as sexual health being a part of reproductive health, although often used interchangeably in the literature.^[4] The assessment of sexual health is influenced by numerous variables. Therefore, there are several barriers to evaluating sexual health. One of these barriers is sexual myths. Sexual myth refers to exaggerated and incorrect beliefs that are not connected to genuine scientific data about sexuality, propagated through individuals sharing anecdotal information, and shaped by societal imagination.^[5-8] These sexual myths, showing significant similarities across different cultures and societies, gain acceptance within communities. Sexual myths prevent individuals from discussing, debating, and expressing their problems related to sexual matters within families and society. Research indicates that individuals' values, attitudes, and beliefs influence their behaviors.^[9-11]

Promoting and sustaining a safe sexual health involves educating children and adolescents so that they make informed choices and avoid entering into potentially harmful relationships unknowingly. Contrary to the approach being taken, the covert learning of the subject leads to young individuals and society being misinformed through false narratives, hearsay, and exaggerated tales, resulting in detrimental myths.^[12,13] Therefore, it is essential for individuals to receive systematic education tailored to their life stages using scientific methods.^[12]

In the literature, there are numerous studies assessing the emotions, thoughts, and opinions of students regarding sexual myths, as well as the impact of sexual health education. However, no study has been found that employs a qualitative approach, specifically utilizing pre-interview and post-interview assessments, to evaluate the effects of sexual and reproductive health education on students' views concerning sexual myths. In addition, considering the ever-changing social environment and the misconceptions about sexuality, conducting such studies is deemed necessary to determine how erroneous beliefs and value judgments related to sexuality are influenced. Based on this premise, the study was designed to examine the effect of sexual and reproductive health education on nursing students' perspectives regarding sexual myths, using a qualitative method with pre-interviews and post-interviews.

MATERIALS and METHODS

Study Design

In this study, a pre-test-post-test design was adopted using qualitative research method. This design involves collecting

data from participants before and after the intervention in order to evaluate the effect of a particular intervention or practice.

Sample Size

The study was conducted with first-year nursing students studying at the Faculty of Health Sciences, Department of Nursing of a university located in the southern region of Türkiye in the spring semester of the 2022–2023 academic year. The population of the study consisted of 37 students enrolled in the Sexual and Reproductive Health course. Since the study aimed to evaluate the effectiveness of the training, all students were included in the study without sample selection. Students who volunteered to participate in the study were included. However, since there were 4 students who did not attend the course, the study was completed with 33 students. Some of the topics included in the content of the Sexual and Reproductive Health course are also included in some of the courses in the 2nd, 3rd and 4th grades of the courses carried out in the department. In order to fully determine the effectiveness of the training, only 1st year students were included and other classes were excluded from the study.

Sexual Health Education and Course Content

Sexual health education has been offered as an elective course during the spring semester. The course is scheduled for 2 hours per week, totaling 14 weeks. However, due to a recent earthquake in the region, the course has been completed in 10 weeks. The course content includes fundamental concepts related to anatomy and physiology of reproductive organs, sexual health/reproductive health, sexual and reproductive health issues globally and in Türkiye, violence against women, sexual dysfunction, gender identity, sexual health education, sexuality in societies, and sexuality in specific situations. Trainings were given by the same researcher every week.

Data Collection Procedures

For the purpose of data collection, a structured interview form was prepared in accordance with the aim and scope of the research. This form consisted of open-ended questions related to predetermined topics. The research aimed to obtain information about the gender and age of the participants. In line with the literature concerning certain prevalent sexual myths in society, a structured interview form consisting of 9 questions was developed (I will attach the source).^[12-14] To ensure the content validity of the form, the opinions of experts (a faculty member in the field of educational sciences and two faculty members in the field

of obstetrics and women's health nursing) were sought initially regarding the content, sequence of questions, and comprehensibility of the statements. Following the expert opinions, two of the interview questions were modified. The study focused on students' opinions regarding prevalent sexual myths in society through a series of survey questions. Informed consent was obtained from the participants before the interview. The interview took place in an empty classroom in the faculty. No one other than the participants and the researcher was present during the interview. Each interview lasted 20–25 minutes and was audio recorded with the consent of the participants. These questions were presented and discussed separately to each participant in face-to-face interviews.^[15] The pre-test data were collected by interviewing the students after meeting them in the lesson and before starting the lectures. Post-test data were collected by conducting interviews at the end of the last lesson after all the topics were covered. Additionally, one more question that wasn't included in the initial questionnaire was added in the final survey. Students were requested to express their opinions about the course.

Data Analysis

Given the study's inductive nature, predefined categories were deliberately omitted. In the initial phase, the interviews were transcribed, and two researchers independently and repeatedly reviewed the interview transcripts to comprehend the content within the data. Key statements within the interview transcripts were chosen, restructured, and presented in a more generalized format. Subsequently, the data encompassed within these statements were identified and subjected to analysis. Through discussion and consensus among the researchers, the meanings were formulated and validated. The researchers then classified these meanings into primary themes and sub-themes, ensuring a well-defined structure for the study's outcomes. Additionally, participants' statements were included to offer readers a means of corroborating the data interpretation and analysis. When quoting the participants, it was stated as "Student" and the numbers given to the participants (for example, S1) were added to the end of the quotations. For the quantitative findings of the study, number and percentage values were used to show the changes in students' views on sexual myths before and after the training.

Rigor and Trustworthiness

To ensure study rigor, the Lincoln and Guba Framework of trustworthiness was followed.^[16] The researcher engaged in prolonged interactions with the students during in-depth interviews to ensure credibility, while dependability was

maintained by crosschecking the data with audiotaped interviews. An independent peer researcher reviewed the data to ensure their conformability.

Ethical Considerations

Approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Çukurova University Faculty of Medicine (date: May 05, 2023:133/49) to conduct the study. Additionally, the necessary permissions were obtained from the relevant institution to conduct the study. Informed consent was obtained from the students who agreed to participate in the study, and they were informed that they were free to participate in the study and that they could withdraw at any time.

RESULTS

A total of 33 students, 23 of whom were female and 8 of whom were male, participated in the study. The average age for female students was found to be 19.38, while for males, it was 20.0

The students' opinions on sexual myths presented in the preliminary interview are provided in Table 1. When examining the students' opinions on the 9 questions included in the study, it is possible to categorize them into 2 themes: positive and negative views. Upon evaluating the themes, it can be observed that students only lack a negative view regarding the myth presented in the 4th question, whereas for all other sexual myth questions, students hold both positive and negative views.

Figure 1. Interview form

1. Who should be more dominant during a sexual act? Please state your opinions.
2. What does it mean to you for women to initiate sexual intercourse?
3. How should sexual intercourse be approached during pregnancy?
4. Do all physical intimacies have to lead to sexual intercourse? Please express your opinions.
5. Share your views on the statement that the first sexual intercourse is very dangerous for women?
6. Is masturbation unclean and harmful? Share your thoughts.
7. Is the size of the male sexual organ an indicator of sexual potency? Share your opinions.
8. What are your thoughts on the idea that intimacy is enjoyable when both parties achieve orgasm together?
9. Should with different orientations be treated? Please state your opinions.
10. Share your thoughts on the conduct of the course and all the topics covered.

Table 1. The students' pre-test views on sexual myths

Questions	Themes	Theme sets	f
1. question: Who should be more dominant during a sexual act?	Positive views	Whoever wants, should be equal Peace is important not who you are	19 13
	Negative views	Male should be dominant	13
2. question: What does it mean to you for women to initiate sexual intercourse?	Positive views	Men would be happier Equality should be situation-dependent	15 18
	Negative views	Men become unhappy	2
3. question: How should sexual intercourse be approached during pregnancy?	Positive views	Mother's health should be taken care of Baby's health should be taken care of Masturbation should be done	9 14 5
	Negative views	I don't know It should be prohibited	5 7
4. question: Do all physical intimacies have to lead to sexual intercourse?	Positive views	Emotional sharing is important. It can't be concluded. There should be correct choices	4 16 13
	Positive views	It's not correct Emotionality is important The goal is to frighten	4 11 3
	Negative views	Societal and religious influence First night, hymen, virginity are important	9 19
6. question: Is masturbation unclean and harmful?	Positive views	Compulsory, physiological need Should be done in moderation There should be no addiction	18 15 7
	Negative views	Dirty Causes sexual dysfunction I don't know	3 4 8
7. question: Is the size of the male sexual organ an indicator of sexual potency?	Positive views	Orgasm and satisfaction point are important Functionality is important	24 5
	Negative views	It needs to be big It's a sign of power I don't know	8 2 4
8. question: What are your thoughts on the idea that intimacy is enjoyable when both parties achieve orgasm together?	Positive views	I do not agree It may not always be possible, but it would be better if it were	16 15
	Negative views	It's always necessary, it should be I don't know	17 2
9. question: Should individuals with different orientations be treated?	Positive views	Preferences should be respected, not treated	23
	Negative views	It should be treated It's contagious It occurs through anal intercourse I don't know	12 1 2 4

Regarding the question about who should be dominant during a sexual act, it was determined that out of the students, 19 have positive views that anyone who desires can initiate the relationship, while 13 students expressed negative views that favor male dominance (question 1).

"It should be the man. Due to anatomy and the fact that women tend to be more reserved and expectant of attention." (S5) (F: 19)

In relation to the myth about women initiating sexual intercourse, 18 students have positive views that this

situation should be equal and context-dependent, while 2 students have views that suggest men would be unhappy in such a scenario (question 2).

"Women can initiate sexual intercourse as well. It's as natural as men initiating." (S18) (F: 21)

Regarding how sexuality during pregnancy should be, 23 students have opinions favoring attention to the health of both the mother and the baby, while 7 students have views suggesting a prohibition of sexual activity during pregnancy Findings on students' views regarding (question 3)

Table 2. The post-test views of students on sexual myths

Questions	Themes	Theme sets	f
1. question: Who should be more dominant during a sexual act?	Positive views	It should be equal	29
	Negative views	Male should be dominant	4
2. question: What does it mean to you for women to initiate sexual intercourse?	Positive views	It should be equal, whoever wants to initiate	24
		The woman is ready and shows that she is enjoying	23
3. question: How should sexual intercourse be approached during pregnancy?	Positive views	Pregnancy timing should be considered.	29
		They can have it freely as they wish	4
4. question: Do all physical intimacies have to lead to sexual intercourse?	Positive views	Emotional sharing is important.	11
		It cannot be concluded.	30
		The environment, individual, and timing are important	14
5. question: Share your views on the statement that the first sexual intercourse is very dangerous for women?	Positive views	Not dangerous.	25
		Emotionality and psychological preparation are important	11
		The goal is to scare	21
6. question: Is masturbation unclean and harmful?	Positive views	Compulsory, physiological need	20
		Should be done in moderation, should not be addictive	9
		Not dirty, not harmful	30
		Cleanliness/ablution is important	10
7. question: Is the size of the male sexual organ an indicator of sexual potency?	Positive views	Functionality is important.	27
		It's not a sign of power	12
8. question: What are your thoughts on the idea that intimacy is enjoyable when both parties achieve orgasm together?	Positive views	"It can be one-sided."	28
	Negative views	"It should be mutual and necessary."	5
9. question: Should individuals with different orientations be treated?	Positive views	Respect for preference.	17
		No need for treatment.	22
		If they want, hormones should be given	8
10. question: Please express your thoughts on the course structure and all topics.	Positive views	We learned a lot	26
		The most fun class	17
		Everyone should take it	11
		We corrected false information	8
		We expressed our opinions freely	9
		We should have taken it earlier	7

"Sexual intercourse should be avoided due to the possibility of miscarriage." (S15) (M: 19)

All students have positive views that not all closeness will result in sexual intercourse. Findings on students' views regarding (question 4)

"No. Not every closeness may involve sexuality. Some closeness is purely emotional." (S23) (F: 18)

In relation to the statement that the first sexual intercourse is very dangerous for women, 19 students have negative views suggesting that virginity, the first night, and the preservation of the hymen are important for society and therefore need to be protected, leading to the perception of danger (question 5)

"Not just the first time, it's risky and dangerous all the time." (S25) (F: 18)

Regarding the necessity and physiological need for masturbation, 18 students hold positive views, while 7 students express negative views stating that it's dirty and can lead to sexual dysfunction (question 6)

"No. If done in an appropriate and clean environment, it is necessary for a person to fulfill their sexual needs." (S24) (F: 17)

Regarding the myth that the size of the genital organ is related to a man's strength, 24 students have dominant views that emphasize the importance of satisfaction and pleasure, while 8 students hold the opinion that being large is important (question 7)

“. . . If both sides have reached satisfaction, the size doesn't matter.” (S12) (M: 20)

Students hold negative views suggesting that sex would be better if both parties orgasm together, and the numbers of students expressing this view are similar (question 8)

Regarding the treatment of individuals with different orientations, 23 students respect this situation and think that there is no need for treatment (question 6).

The opinions of students regarding sexual myths presented in the last interview are provided in Table 2. When examining the opinions of students regarding the 10 questions included in the study, it is possible to categorize them under two themes: positive and negative views.

In questions 1 and 8, students had negative and positive opinions; in all other questions, students had only positive opinions (Table). *“The man should be dominant because I believe that the dominance and performance of the man will take the relationship to its best points.”* (S2) (Participant: 21)

“It's normal for both sides to initiate it. I believe anyone claiming otherwise is narrow-minded.” (S3) (Participant: 20)

“If the doctor approves and there are no fears as parents, an active sexual relationship can exist.” (S7) (Participant: 20)

“There is no danger in the first sexual intercourse. It's a societal superstition. Women are frightened. . . .” (S11) (Participant: 19)

DISCUSSION

In our study, it is possible to categorize the students' pre-interview and post-interview findings on sexual myths into two subthemes: positive and negative. Themes clusters indicating the students' belief in sexual myths were also observed in the findings. As a result of the education, students' views on sexual myths have changed, and they have reported positive views in the study by recognizing sexual myths as false beliefs. The change in students' views on sexual myths is considered to be an effect of the planned sexual health/reproductive health education given in the course. In the research question concerning who is dominant in sexual intercourse, the presence of the sexual myth that only the man is dominant in sexual intercourse still exists in the post-education views of students. This finding is consistent with previous studies in the literature. [13,14,16-18] It is believed that the reason for this is closely related to students' upbringing styles, cultures, and societal values. Regarding whether couples can have simultaneous orgasms during sexual intercourse, it was observed that 5%

of students believed in this view. Avcıbay Vurgeç's (2020) study also aligns with our findings and identifies this as the sexual myth most widely accepted by students. [13]

There is a limited number of studies in the literature that assess the impact of sexual health and reproductive health education on sexual myths based on total scale scores. Our research findings are similar to the literature in terms of the effectiveness of education. In the study by Gudul, Balci Yangi, and Ak Sozer (2021) and Kartal's (2020) study, it was found that students who received education had decreased total scores on the sexual myth scale. [8,19] Özsoy and Bulut's (2017) study revealed that education was effective in reducing the number of myths students believed in. [20] Evçili and Gölbaşı's (2017) study found that a peer education program reduced sexual myths. In Esmeray and Yanikkerem's (2024) study, it was found that sexual health education given to nursing students had an effect on developing positive attitudes towards myths. [21] Emen and Avcı's (2024) study is similar to the literature. [22] Shariffi et al (2024) found that students studying in the psychology department decreased their belief in sexual myths as the number of courses they took increased. [23] Considering the study findings, it is an undeniable fact that planned sexual health education increases awareness, removes misconceptions, and enhances students' understanding of this topic. [24] When the studies conducted in the literature are examined, it is seen that sexual health trainings given to students are generally conducted with quantitative method. [25-27] In this context, we believe that the study will contribute to the literature because it was conducted with a different method. Since sexuality is a taboo subject, it is still one of the unspoken topics and sexual myths are formed as a result. It is thought to bring positive results because it encourages students to express their thoughts comfortably and encourage them to talk through interviews.

CONCLUSION and SUGGESTIONS

In this study, which aimed to determine the views of nursing students who took a sexual health/reproductive health course on sexual myths before and after the course, it was observed that the students commonly believed in the accuracy of sexual myths in their initial interviews. However, in the final interviews conducted after the provided education, it was observed that the students' views on myths had changed positively.

In order for nurses to provide holistic care without disregarding individuals' sexuality and sexual health while fulfilling their caregiving and educational roles, they need to gain awareness about misconceptions related to sexuality. School-based sexual health education will enable young

people to access accurate information about sexuality and reduce potential issues related to sexuality in their future lives. In nursing education, the fundamental goal should be to train students who possess adequate theoretical knowledge about sexuality, are aware of their own personal attitudes, beliefs, and judgments, have developed communication skills, and are capable of assessing an individual's/patient's sexuality. When students gather data related to sexual health in healthcare settings, they should collect information objectively without judgment, and it is essential to ensure that accurate and sufficient information is obtained while questioning this pattern. It is recommended that the courses enabling nurses to provide counseling services should be mandatory components of nursing education curricula rather than elective courses and should be conducted with larger sample groups.

Limitations

Since this research is a qualitative study, it has some limitations. As is common in qualitative research, there may be interpretive subjectivity as the data are analyzed in line with the researcher's interpretation. In addition, the level of students' ability to express their views openly and how comfortable they felt during the research process may affect the depth and accuracy of the data. Since the data collection process was limited to interviews, it should also be taken into consideration that there may be a difference between what students say and what they think. Finally, due to time and resource constraints, the data collection process covered a limited period of time, which may have limited the students' ability to fully reflect on their experiences.

Ethics Committee Approval

The study was approved by Non-Interventional Clinical Research of Çukurova University Faculty of Medicine Ethics Committee. (date and number of approval: 05.05.2023/133/49).

Peer-review

Externally peer-reviewed.

Conflict of Interest

No conflict of interest was declared by the authors.

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