



## Sexual myths of midwifery and nursing students and their attitude regarding the assessment of sexual health<sup>1</sup>

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### Abstract

**Aim:** This study was aimed out to determine the sexual myths and personal opinions of midwifery and nursing students regarding the assessment of sexual health of individuals under their care.

**Method:** This descriptive research was carried out with 254 students receiving education in the midwifery and nursing department of a state university. Research data was collected using Personal Information Form and Sexual Myths Scale (SMS).

**Findings:** 89,4% of the students regarded assessment of sexual health as a requirement of their profession, while 57,1% were found to make no assessment of individuals' sexual health, and 69,3% were found to feel uncomfortable while discussing sexual issues. 69,3% of the students deemed themselves partly sufficient as to their knowledge on sexuality, and 59,1% thought that the training on the assessment of sexual education they received during their vocational education was not sufficient. Students that do not inform individuals under their care regarding sexuality-related issues, regard the assessment of sexual health as a requirement of holistic care, and those that feel uncomfortable while discussing sexuality-related issues received higher SMS total mean scores ( $p < 0,05$ ).

**Conclusion:** Preparation and extended use of a vocational education curriculum and its integration with clinical practices, are recommended to minimize and eliminate sexual myths and provide the students with competences for assessment of sexual health.

**Keywords:** Sexuality; Sexual Health; Sexual Myth; Midwifery; Nursing.

### 1. Introduction

Sexual health holds particular importance in general health, although it has become one of the most overlooked fields in today's healthcare system (Bates, 2011; Haboubi and Lincoln, 2003). Related researches indicate that, healthcare professionals have been neglecting the sexuality-related guidance and counseling requirements of individuals under their care (Haboubi and Lincoln, 2003; Quinn and Browne, 2009; Saunamaki et al., 2010; Jaarsma et al., 2010; Olsson et al., 2012; Aygin and Aslan, 2005). Failure in meeting the guidance and counseling requirements of healthy individuals/patients as to sexuality and sexual health induces several biopsychosocial problems (Haboubi and Lincoln, 2003; Magnan and Norris, 2008). There are numerous obstacles that impede the assessment of sexual health, which can be listed as; perceiving sexuality as a taboo, the uncomfortable feeling that arises while discussing sexuality related issues, embarrassment, lack

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of self-confidence, and lack of courses that provide students with skills for assessment of sexual health in vocational education curricula (Haboubi and Lincoln, 2003; Quinn and Browne, 2009; Saunamaki et al., 2010; Jaarsma et al., 2010; Olsson et al., 2012). Also, personal attributes of healthcare professionals, their knowledge on sexuality, sexual myths, personal beliefs and attitudes, may pose a serious impediment during the assessment of sexuality of individuals under their care (Haboubi and Lincoln, 2003; Quinn and Browne, 2009; Aygin and Aslan, 2005).

Within the frame of general health, all healthcare professionals, particularly midwives and nurses, undertake key roles in assessment of sexual health of individuals, detection of sexual-health problems, and meeting the sexuality-related information requirements of individuals. Guidance and counseling services provided by nurses and midwives with up-to-date and evidence based knowledge, are effective on solution of sexual health problems and increasing sexual health quality (Quinn and Browne, 2009; Olsson et al., 2012; Byrne et al., 2010; Pinar, 2010). Detection of sexual myths of healthcare professionals and providing them with the training to free them of these myths is crucial for enabling an effective interaction with healthy individuals/patients regarding sexuality related issues. Also, equipping students with this approach holds particular importance to make health care professionals regard the assessment of sexual health as an important constituent of nursing and midwifery care. At this point, the primary goal should be obtaining objective data that enable an effective evaluation of students' sexual myths and their attitude towards assessment of sexual health (Magnan and Norris, 2008; Verkuyl, 2000; Kong et al., 2009; Shindel et al., 2010; Tsai et al., 2013; Sung and Lin, 2013)

## 2. Method

**The objective of research:** This research was carried out to determine midwifery and nursing students' attitudes regarding the assessment of sexual health and their sexual myths.

**The type of research:** The study was performed as a descriptive research in midwifery and nursing departments.

**Research Population and Sample Selection:** 3rd and 4th grade students receiving education in a state university's Midwifery and Nursing Department as of 2016-2017 academic year were included in the present research. Neither of the departments' curriculum involve "Sexual Health and Reproductive Health" course; and reproductive systems, physiology of reproduction, sexuality, sexual health and reproductive health subjects are given with anatomy, physiology, mental health, reproductive health and other vocational courses. Students are required to receive these courses for raising awareness as to the subjects of sexual and reproductive health, and to make them regard the assessment of sexuality as a constituent of general healthcare. Accordingly, only 3rd and 4th grade students were included in the research. The registered number of 3rd and 4th grade students is 154 (3rd grade: 73, 4th grade: 81) in Midwifery Department, and 385 (3rd grade: 165, 4th grade: 220) in Nursing Department as of 2016-2017 academic year. Total number of students registered in two departments is 539 and these students constitute the research population. In the present research, sample selection was not applied and whole research population was reached. 254 students that participated in data collection by completing the related forms were included in the research.

**Data Collection Tools:** Research data were collected using Personal Information Form and Sexual Myths Scale.

*Personal Information Form:* The form includes some of the socio-demographic attributes of the students in addition to 19 questions prepared to determine their attitudes towards the assessment of patients' sexuality.

*Sexual Myths Scale (SMS):* Sexual Myths Scale is a 5 likert type assessment tool developed and tested for validity and reliability by Gölbaşı, Evcili, Eroğlu and Bircan (2016) to determine as to whether

individuals have sexual myths and to assess their extend (17). The scale's total Cronbach's alpha coefficient is 0.91. The scale involves 28 items and 8 sub-dimensions. Sub-dimensions and corresponding number of items for each dimension are given below:

- Gender (m1, m2, m3, m4, m5, m6),
- Sexual orientation( m7, m8, m9, m10, m11),
- Age and sexuality (m12, m13, m14, m15),
- Sexual behavior (m16, m17, m18),
- Masturbation (m19, m20),
- Sexual violence (m21, m22, m23, m24),
- Sexual intercourse (m25, m26),
- Sexual satisfaction (m27, m28).

*Assessment of SMS:* During the implementation of the scale, the participants were asked to read each item carefully and choose among the following alternatives without leaving blank: "1= completely disagree", "2=disagree", "3= indecisive", "4= partly agree", "5=completely agree". In all items, the expression "completely agree", indicates the presence of myths, and "completely disagree" indicates not having that specific myth. In the scale, the lowes possible score is 28 and the highest possible score is 140. Increasing score is an indication of an increase in likelihood of having that specific myth (Golbasi et al., 2016).

**Evaluation of Data:** Research data were analyzed using SPSS 22.0 software. During the evaluation process, Chi-square test, significance test for the difference between the mean scores of two groups (t-test), and ANOVA test were used in addition to descriptive statistical methods. The results were evaluated with 95% reliability and at  $p < 0.05$  significance level.

**Ethical Approval:** In order to administer the scales written permissions were obtained from the Non-interventional Clinical Research Ethics Committee of Cumhuriyet University. 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. Before the questionnaire was administered, the volunteer information form was read to the students who were to fill out the form, their verbal permissions were obtained, and they were told that the data obtained would only be used for scientific purposes and that the participants' names would be kept confidential.

### 3. Findings

The age average of the participants is  $22,7 \pm 1,32$  dir. 84,3% of the students consist of female students, all students are single, 60,2% reside in the provincial center, and 51,2% live with their parents. 63,8% of the mothers and 23,2% of the fathers of students are at least secondary school graduates; and 23,2% of the mothers and 57,5% of the fathers have a permanent job. 69,3% of the participants live in a nuclear family.

**Table 1:** Students' attitudes towards the assessment of sexual health

Attitudes	Midwifery Department		Nursing Department		Total		Test Statistics
	n	%	n	%	n	%	
<b>Whether the student assesses the sexual health of individuals under his/her care</b>							
Yes, i do.	58	43,9	51	41,8	109	42,9	$\chi^2=0,118$ p=0,800
No, i do not.	74	56,1	71	58,2	145	57,1	
<b>Whether the student regards the assessment of sexual health as a requirement of an holistic healthcare</b>							
Yes,	112	84,8	105	91,3	227	89,4	$\chi^2=5,914$ p=0,024
No	20	15,2	17	8,7	27	10,4	
<b>Whether the student feels comfortable while discussing sexuality-related issues</b>							
I feel uncomfortable	32	24,2	35	28,7	67	26,4	$\chi^2=0,947$ p=0,623
I partly feel uncomfortable	95	72,0	81	66,4	176	69,3	
I do not feel uncomfortable	5	3,8	6	4,9	11	4,3	
<b>Whether the student finds himself/herself sufficiently informed as to sexuality-related issues</b>							
Insufficient	42	31,8	18	14,8	60	23,6	$\chi^2=14,113$ p=0,001
Partly insufficient	56	42,4	50	41,0	106	69,3	
Sufficient	34	25,8	54	44,3	88	34,6	
<b>Whether the vocational training as to the assessment of sexual health is deemed sufficient</b>							
Insufficient	79	59,8	71	58,2	150	59,1	$\chi^2=0,072$ p=0,800
Sufficient	53	40,2	51	58,2	104	40,9	
<b>Total</b>	<b>132</b>	<b>100,0</b>	<b>122</b>	<b>100,0</b>	<b>254</b>	<b>100,0</b>	
<b>Primary sources of information regarding sexuality-related issues*</b>							
Friends	124	93,9	111	91,0	235	92,5	
Healthcare personnel	122	92,4	110	90,2	232	91,3	
Internet	108	81,8	102	83,6	210	82,7	
Teacher	107	81,1	101	82,8	208	81,9	
Books/newspapers/magazines	105	79,5	98	80,3	203	79,9	
Mother	100	75,8	72	59,0	172	67,7	
Radio/television	90	68,2	81	66,4	171	67,3	

Pearson Chi-Square Test, \*Multiple alternatives were marked; the percentages were calculated based on n.

According to Table 1, 89,4% of the students regards the assessment of sexual health of individuals under their care as a requirement of their profession, whereas 57,1% do not assess the sexual health of patients, and 69,3% feel uncomfortable while discussing sexuality-related issues. 69,3% of the students find themselves partly well-informed as to the assessment of sexuality, and according to 59,1% the vocational training they received for assessment of sexual health is not sufficient. The primary source of information for 92,5% of the students regarding sexuality related issues is their "friends".

**Table2:** Sexual Myths Scale Mean Scores of the Students

Sexual Myths Scales Sub-Dimensions	Min and Max Scores of the Scale	$\bar{x} \pm SD$
Gender	6-30	14,60±4,75
Sexual Orientation	5-25	16,07±4,84
Age and Sexuality	4-20	10,99±3,14
Sexual Behavior	3-15	7,12±3,28
Masturbation	2-10	5,92±1,85
Sexual Violence	4-20	8,71±2,97
Sexual Intercourse	2-10	6,70±2,01
Sexual Satisfaction	2-10	6,27±1,72
<b>Total SMS score</b>	28-140	76,43±17,09

As shown in Table 2, total SMS mean score of the students is 76,43±17,09. Their SMS sub-dimension mean scores are; Gender 14,60±4,75, Sexual Orientation 16,07±4,84, Age and Sexuality 10,99±3,14, Sexual Behavior 7,12±3,28, Masturbation 5,92±1,85, Sexual Violence 8,71±2,97, Sexual Intercourse 6,70±2,01 and Sexual Satisfaction 6,27±1,72 (Table 2).

**Table3:** Sexual Myths Scale Mean Scores of the Students Based on Some of Their Characteristics

Characteristics	Sexual Myths Scale □ ±SD
<b>Department</b>	
Midwifery Department	79,26±14,86
Nursing Department	73,36±18,79
<b>t/p</b>	<b>2,78/0,006</b>
<b>Gender</b>	
Female	75,33±16,70
Male	82,48±18,13
<b>t/p</b>	<b>2,42/0,016</b>
<b>Main Place of Residence</b>	
Province	74,49±16,90
District/Village	78,43±17,45
<b>t/p</b>	<b>2,73/0,042</b>
<b>Mother's Educational Status</b>	
Primary school and lower	82,72±17,28
At least secondary school	74,15±16,60
<b>t/p</b>	<b>1,608/0,019</b>
<b>Father's Educational Status</b>	
Primary school and lower	76,70±17,21
At least secondary school	75,17±16,65
<b>t/p</b>	<b>0,542/0,588</b>
<b>Whether the student assesses the sexual health of individuals under his/her care</b>	
Yes, I do.	74,44±16,37
No, I do not.	87,92±17,51
<b>t/p</b>	<b>1,609/0,010</b>
<b>Whether the student regards the assessment of sexual health as a requirement of an holistic healthcare</b>	
Yes	75,50±17,32
No	77,85±15,26
<b>t/p</b>	<b>0,187/0,048</b>
<b>Whether the student feels comfortable while discussing sexuality-related issues</b>	
I feel uncomfortable	77,33±17,79
I partly feel uncomfortable	74,44±16,04
I feel comfortable	73,09±10,26
<b>F/p</b>	<b>0,799/0,041</b>
<b>Whether the student finds himself/herself sufficiently informed as to sexuality-related issues</b>	
Insufficient	74,56±16,47
Partly sufficient	76,10±16,60
Sufficient	78,10±18,09
<b>F/p</b>	<b>0,796/0,045</b>
<b>Whether the vocational training as to the assessment of sexual health is deemed sufficient</b>	
Insufficient	77,43±17,90
Sufficient	75,74±16,53
<b>t/p</b>	<b>0,775/0,439</b>



According to Table 3, the students in midwifery department and male students have higher total Sexual Myths Scale mean scores as compared to the students in nursing department and female students, respectively. The students mainly living in districts/villages and those whose mother's educational status is lower than or equal to primary school, have higher Sexual Myths Scale total mean scores than those living in provincial centers and those with mothers graduated from at least a secondary school, respectively ( $p < 0,05$ ). The students that do not assess the sexual health of individuals under their care, that do not regard the assessment of sexual health as a requirement of their profession, and those that feel uncomfortable while discussing sexuality-related issues have higher Sexual Myths Scale total mean scores ( $p < 0,05$ ). SMS mean scores of the students that deem themselves well-informed about sexuality have higher SMS total mean score than those that feel insufficiently-informed (Table 3).

#### 4. Discussion

Sexual health-related concerns of individuals are primarily affected by the life period they undergo (adolescence, senility, gestation, postnatal, etc.), disease and treatment periods as well as psycho-social factors (Jaarsma et al., 2010; Magnan and Reynolds, 2006). Assessment of health requirement of healthy individuals/patients is an important constituent of holistic and humanistic care, and an important responsibility of healthcare professionals (Jaarsma et al., 2010; Olsson et al., 2012; Higgins et al., 2006). However, a vast number of healthcare professionals find themselves insufficiently-informed regarding sexuality-related issues (Magnan et al., 2005; Zeng et al., 2011). At this very point, healthcare providers should extend their knowledge on sexual health and initiatives should be taken for gaining competences to assess the sexual health of individuals under their care. Among these initiatives, revision of vocational education curricula holds particular importance. The primary and perhaps most important strategy should be raising students with the capability to assess the sexuality of healthy individuals/patients, that have sufficient level of theoretical knowledge, that are aware of their own personal attitudes and beliefs, and capable of establishing effective communication regarding sexuality-related issues (Shindel et al., 2010; Tsai et al., 2013; Parish and Clayton, 2007). Findings of the present research indicate that the majority of the participating students regard the assessment of sexual health of individuals under their care as a requirement of their profession, however, more than half do not inform individuals under their care as to sexuality-related issues, and about 2/3 of them feel uncomfortable while discussing such issues (Table 1). Several studies on students receiving education in midwifery, nursing, and medical education show that, these students encounter the following obstacles even though they regard the assessment of patients' sexuality as a major part of healthcare: lack of courses in curricula that equip students with the ability to assess sexual health, uncomfortable feeling while discussing sexual-related issues with patients, lack of time, the notion that patients do not expect such counseling from healthcare professionals, and not knowing how to initiate communication (Verkuyl, 2000; Shindel et al., 2010; Tsai et al., 2013; Walker and Davis, 2014; Apay et al., 2013; Magnan and Norris, 2008).

Sexual Myths Scale total mean score of the students is  $76,43 \pm 17,09$  in the present research (Table 2). Students that do not assess the sexual health of individuals under their care, that do not regard the assessment of sexual health as a requirement of holistic healthcare and that feel uncomfortable while discussing sexuality-related issues, were found to have more sexual myths (Table 3). In a research carried out by Apay et al. (2013) in a vocational health school, students were found to have sexual myths at high rates, 4th grade students being the ones with the highest number of myths (Apay et al., 2013). Studies on evaluation of sexual attitudes and beliefs of healthcare professionals show that, healthcare professionals' own attitudes and beliefs have a negative effect on assessment of sexual health with varying levels of obstruction (Magnan et al., 2005; Magnan and Reynolds, 2006; Magnan and Norris, 2008; Ayhan et al., 2010) According to such research data, attitudes, beliefs and myths that are likely to impede the assessment of sexual health, may cause healthcare professionals to neglect and ignore the requirements of individuals

under their care. However, healthcare providers can enable early diagnosis of sexual problems by assessing the sexuality of patients under their care within the frame of holistic healthcare. Students' considering themselves insufficiently informed as to sexuality-related issues is also a major obstacle that results with limited communication (Shindel et al., 2010; Tsai et al., 2013; Sung and Lin, 2013; Walker and Davis, 2014). Healthcare professionals are supposed to have a sufficient level of knowledge and a positive attitude towards the subject to sufficiently assess the sexual health of individuals under their care. In this research, the students that find themselves well-informed regarding sexuality were found to have more myths ( $p < 0,05$ ) (Table 3). This finding is also indicative of the fact that students are incapable of making an objective evaluation of the knowledge they have. A negative correlation is detected between the extent of the information on sexuality and the extent of sexual myths. Lack of sexuality-related knowledge can be regarded as a factor increasing the likelihood of having myths. Findings of this research also show that, the students that deem themselves well informed are limited to higher extents while assessing the sexual health of individuals under their care.

## 5. Conclusion and Recommendations

In this study, a major part of the participating students were found to be incapable of putting their knowledge on assessment of sexual health into practice, and feel uncomfortable while discussing sexuality related issues with patients, although they regard the assessment of sexuality as an important element of holistic healthcare. Increasing number of sexual myths were found to increase the extent of personal opinions that constitute an impediment for assessment of sexual health. In this context, vocational curricula should be revised to make students feel more comfortable while discussing sexuality, to eliminate their myths regarding sexual issues, and enable them to develop positive attitudes and beliefs regarding sexuality.

## Limitations of the Research

The present research was carried out with a small group of individuals receiving education a university located in a geographic region of Turkey. Involvement of medical faculty students in the research may provide insight as to vocational differences. Further studies on determination of the relation between the sexual-health knowledge and sexual myths of students are also needed.

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