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Sexual Myths of Midwifery and Nursing Students and Their Attitude Regarding the Assessment of Sexual Health

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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

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This study was introduced as oral presentation in the 4th International and 8th National Midwifery Students Congress (April 20-22, Istanbul).

9 1. Introduction

10 Sexual health holds particular importance in general health, although it has become one of the most
 11 overlooked fields in today's healthcare system (Bates, 2011; Haboubi and Lincoln, 2003). Related
 12 researches indicate that, healthcare professionals have been neglecting the sexuality-related guidance
 13 and counseling requirements **4** individuals under their care (Haboubi and Lincoln, 2003; Quinn
 14 and Browne, 2009;Saunamaki et al., 2010; Jaarsma et al., 2010; Olsson et al., 2012; Aygin and Aslan,
 15 2005). Failure in meeting the guidance and counseling requirements of healthy individuals/patients
 16 as to sexuality and sexual health induces several biopsychosocial problems(Haboubi and Lincoln,
 17 2003; Magnan and Norris, 2008). There are numerous obstacles that impede the assessment of
 18 sexual health, which can be listed as; perceiving sexuality as a taboo, the uncomfortable feeling that
 19 arises while discussing sexuality related issues, embarrassment, lack of self-confidence, and lack of
 20 courses that provide students with skills for assessment of sexual health in **4** vocational education
 21 curricula (Haboubi and Lincoln, 2003; Quinn and Browne, 2009;Saunamaki et al., 2010; Jaarsma et
 22 al., 2010; Olsson et al., 2012). Also, personal attributes of healthcare professionals, their knowledge
 23 on sexuality, sexual myths, personal beliefs and attitudes, may pose a serious impediment during the
 24 assessment of sexuality of individuals under their care (Haboubi and Lincoln, 2003; Quinn and
 25 Browne, 2009; Aygin and Aslan, 2005).

26 Within the frame of general health, all healthcare professionals, particularly midwives and
 27 nurses, undertake key roles in assessment of sexual health of individuals, detection of sexual-health
 28 problems, and meeting the sexuality-related information requirements of individuals. Guidance and
 29 counseling services provided by nurses and midwives with up-to-date and evidence based
 30 knowledge, are effective on solution of sexual health problems and increasing sexual health
 31 quality(Quinn and Browne, 2009; Olsson et al., 2012; Byrne et al., 2010; Pinar, 2010). Detection of
 32 sexual myths of healthcare professionals and providing them with the training to free them of these
 33 myths is crucial for enabling an effective interaction with healthy individuals/patients regarding
 34 sexuality related issues. Also, equipping students with this approach holds particular importance to
 35 make health care professionals regard the assessment of sexual health as an important constituent
 36 of nursing and midwifery care. At this point, the primary goal should be obtaining objective data
 37 that enable an effective evaluation of students' sexual myths and **2** their attitude towards assessment
 38 of sexual health (Magnan and Norris, 2008; Verkuyl, 2000;Kong et al., 2009; Shindel et al., 2010;
 39 Tsai et al., 2013; Sung and Lin, 2013)

40 **2** 2. Method

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

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

45 **Research Population and Sample Selection:** 3rd and 4th grade students receiving education in a
 46 state university's Midwifery and Nursing Department as of 2016-2017 academic year were included
 47 in the present research. Neither of the departments' curriculum involve "Sexual Health and
 48 Reproductive Health" course; and reproductive systems, physiology of reproduction, sexuality,
 49 sexual health and reproductive health subjects are given with anatomy, physiology, mental health,
 50 reproductive health and other vocational courses. Students are required to receive these courses for
 51 raising awareness as to the subjects of sexual and reproductive health, and to make **9** them regard the
 52 assessment of sexuality as a constituent of general healthcare. **9** Accordingly, only 3rd and 4th grade
 53 students were included in the research. The registered number of 3rd and 4th grade students is 154

54 (3rd grade: 73, 4th grade: 81) in Midwifery Department, and 385 (3rd grade: 165, 4th grade: 220) in
55 Nursing Department as of 2016-2017 academic year. Total number of students registered in two
56 departments is 539 and these students constitute the research population. In the present research,
57 sample selection was not applied and whole research population was reached. 254 students that
58 participated in data collection by completing the related forms were included in the research.

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

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

64 *Sexual Myths Scale (SMS):*Sexual Myths Scale is a 5 likert type assessment tool developed and tested
65 for validity and reliability by Gölbaşı, Evcili, Eroğlu and Bircan (2016) to determine as to whether
66 individuals have sexual myths and to assess their extend (17). The scale's total Cronbach's alpha
67 coefficient is 0.91. The scale involves 28 items and 8 sub-dimensions. Sub-dimensions and
68 corresponding number of items for each dimension are given below:

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

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

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

88 **Ethical Approval:** In order to administer the scales written permissions were obtained from the
89 Non-interventional Clinical Research Ethics Committee of Cumhuriyet University. All procedures
90 performed in studies involving human participants were in accordance with the ethical standards of
91 the institutional and/or national research committee and with the 1964 Helsinki declaration. Before
92 the questionnaire was administered, the volunteer information form was read to the students who
93 were to fill out the form, their verbal permissions were obtained, and they were told that the data
94 obtained would only be used for scientific purposes and that the participants' names would be kept
95 confidential.

96 3. Findings

97 The age average of the participants is 22,7±1,32'dir. 84,3% of the students consist of female
98 students, all students are single, 60,2% reside in the provincial center, and 51,2% live with their
99 parents. 63,8% of the mothers and 23,2% of the fathers of students are at least secondary school

100 graduates; and 23,2% of the mothers and 57,5% of the fathers have a permanent job. 69,3% of the
101 participants live in a nuclear family.
102

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

Attitudes	Midwifery Department		Nursing Department		Total		Test Statistics
	n	%	n	%	n	%	
Whether the student assesses the sexual health of individuals under his/her care							
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	
Whether the student regards the assessment of sexual health as a requirement of an holistic healthcare							
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	
Whether the student feels comfortable while discussing sexuality-related issues							
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	
Whether the student finds himself/herself sufficiently informed as to sexuality-related issues							
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	
Whether the vocational training as to the assessment of sexual health is deemed sufficient							
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	
Total	132	100,0	122	100,0	254	100,0	
Primary sources of information regarding sexuality-related issues*							
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	

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

105 According to Table 1, 89,4% of the students regards the assessment of sexual health of individuals
106 under their care as a requirement of their profession, whereas 57,1% do not assess the sexual health
107 of patients, and 69,3% feel uncomfortable while discussing sexuality-related issues. 69,3% of the
108 students find themselves partly well-informed as to the assessment of sexuality, and according to
109 59,1% the vocational training they received for assessment of sexual health is not sufficient. The
110 primary source of information for 92,5% of the students regarding sexuality related issues is their
111 "friends".

112

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

Sexual Myths Scales Sub-Dimensions	Min and Max Scores of the Scale	$\bar{X} \pm SD$	114 115
Gender	6-30	14,60±4,75	116
Sexual Orientation	5-25	16,07±4,84	117
Age and Sexuality	4-20	10,99±3,14	118
Sexual Behavior	3-15	7,12±3,28	119
Masturbation	2-10	5,92±1,85	120
Sexual Violence	4-20	8,71±2,97	121
Sexual Intercourse	2-10	6,70±2,01	122
Sexual Satisfaction	2-10	6,27±1,72	123
Total SMS score	28-140	76,43±17,09	123

124 As shown in Table 2, total SMS mean score of the students is 76,43±17,09. Their SMS sub-
 125 dimension mean scores are; Gender 14,60±4,75, Sexual Orientation 16,07±4,84, Age and Sexuality
 126 10,99±3,14, Sexual Behavior 7,12±3,28, Masturbation 5,92±1,85, Sexual Violence 8,71±2,97, Sexual
 127 Intercourse 6,70±2,01 and Sexual Satisfaction 6,27±1,72 (Table 2).
 128

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

Characteristics	Sexual Myths Scale $\bar{X} \pm SD$	
Department		130
Midwifery Department	79,26±14,86	131
Nursing Department	73,36±18,79	
t/p	2,78/0,006	132
Gender		
Female	75,33±16,70	133
Male	82,48±18,13	
t/p	2,42/0,016	134
Main Place of Residence		
Province	74,49±16,90	135
District/Village	78,43±17,45	
t/p	2,73/0,042	136
Mother's Educational Status		
Primary school and lower	82,72±17,28	137
At least secondary school	74,15±16,60	
t/p	1,608/0,019	138
Father's Educational Status		
Primary school and lower	76,70±17,21	139
At least secondary school	75,17±16,65	
t/p	0,542/0,588	140
Whether the student assesses the sexual health of individuals under his/her care		
Yes, I do.	74,44±16,37	141
No, I do not.	87,92±17,51	
t/p	1,609/0,010	142
Whether the student regards the assessment of sexual health as a requirement of an holistic healthcare		143
Yes	75,50±17,32	
No	77,85±15,26	144
t/p	0,187/0,048	145
Whether the student feels comfortable while discussing sexuality-related issues		
I feel uncomfortable	77,33±17,79	146
I partly feel uncomfortable	74,44±16,04	
I feel uncomfortable	73,09±10,26	147
F/p	0,799/0,041	148
Whether the student finds himself/herself sufficiently informed as to sexuality-related issues		
Insufficient	74,56±16,47	149
Partly sufficient	76,10±16,60	
Sufficient	78,10±18,09	150
F/p	0,796/0,045	151
Whether the vocational training as to the assessment of sexual health is deemed sufficient		
Insufficient	77,43±17,90	152
Sufficient	75,74±16,53	
t/p	0,775/0,439	153

154 According to Table 3, the students in midwifery department and male students have higher total
 155 Sexual Myths Scale mean scores as compared to the students in nursing department and female

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

165 4. Discussion

166 Sexual health-related concerns of individuals are primarily affected by the life period they undergo
167 (adolescence, senility, gestation, postnatal, etc.), disease and treatment periods as well as psycho-
168 social factors (Jaarsma et al., 2010; Magnan and Reynolds, 2006). Assessment of health requirement
169 of healthy individuals/patients is an important constituent of holistic and humanistic care, and an
170 important responsibility of healthcare professionals (Jaarsma et al., 2010; Olsson et al., 2012;
171 Higgins et al., 2006). However, a vast number of healthcare professionals find themselves
172 insufficiently-informed regarding sexuality-related issues (Magnan et al., 2005; Zeng et al., 2011). At
173 this very point, healthcare providers should extend their knowledge on sexual health and initiatives
174 should be taken for gaining competences to assess the sexual health of individuals under their care.
175 Among these initiatives, revision of vocational education curricula holds particular importance. The
176 primary and perhaps most important strategy should be raising students with the capability to
177 assess the sexuality of healthy individuals/patients, that have sufficient level of theoretical
178 knowledge, that are aware of their own personal attitudes and beliefs, and capable of establishing
179 effective communication regarding sexuality-related issues (Shindel et al., 2010; Tsai et al., 2013;
180 Parish and Clayton, 2007). Findings of the present research indicate that the majority of the
181 participating students regard the assessment of sexual health of individuals under their care as a
182 requirement of their profession, however, more than half do not inform individuals under their care
183 as to sexuality-related issues, and about 2/3 of them feel uncomfortable while discussing such
184 issues (Table 1). Several studies on students receiving education in midwifery, nursing, and medical
185 education show that, these students encounter the following obstacles even though they regard the
186 assessment of patients' sexuality as a major part of healthcare: lack of courses in curricula that equip
187 students with the ability to assess sexual health, uncomfortable feeling while discussing sexual-
188 related issues with patients, lack of time, the notion that patients do not expect such counseling
189 from healthcare professionals, and not knowing how to initiate communication (Verkuyt, 2000;
190 Shindel et al., 2010; Tsai et al., 2013; Walker and Davis, 2014; Apay et al., 2013; Magnan and Norris,
191 2008).

192 ² Sexual Myths Scale total mean score of the students is $76,43 \pm 17,09$ in the present research
193 (Table 2). Students that do not assess the sexual health of individuals under their care, that do not
194 regard the assessment of sexual health as a requirement of holistic healthcare and that feel
195 uncomfortable while discussing sexuality-related issues, were found to have more sexual myths
196 (Table 3). In a research carried out by Apay et al. (2013) in a vocational health school, students were
197 found to have sexual myths at high rates, 4th grade students being the ones with the highest
198 number of myths (Apay et al., 2013). Studies on evaluation of sexual attitudes and beliefs of
199 healthcare professionals show that, healthcare professionals' own attitudes and beliefs have a
200 negative effect on assessment of sexual health with varying levels of obstruction (Magnan et al.,
201 2005; Magnan and Reynolds, 2006; Magnan and Norris, 2008; Ayhan et al., 2010) According to
202 such research data, attitudes, beliefs and myths that are likely to impede the assessment of sexual
203 health, may cause healthcare professionals to neglect and ignore the requirements of individuals

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

218 **5. Conclusion and Recommendations**

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

227 **Limitations of the Research**

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

232 **Extented English Abstract**

233 Sexual health holds particular importance in general health, although it has become one of the most
234 overlooked fields in today's healthcare system. Sexual health-related concerns of individuals are
235 primarily affected by the life period they undergo (adolescence, senility, gestation, postnatal, etc.),
236 disease and treatment periods as well as psycho-social factors Assessment of health requirement of
237 healthy individuals/patients is an important constituent of holistic and humanistic care, and an
238 important responsibility of healthcare professionals Related researches indicate that, healthcare
239 professionals have been neglecting the sexuality-related guidance and counseling requirements of
240 individuals under their care. However, a vast number of healthcare professionals find themselves
241 insufficiently-informed regarding sexuality-related issues. Failure in meeting the guidance and
242 counseling requirements of healthy individuals/patients as to sexuality and sexual health induces
243 several biopsychosocial problems. Healthcare professionals, particularly midwives and nurses,
244 undertake key roles in assessment of sexual health of individuals, detection of sexual-health
245 problems, and meeting the sexuality-related information requirements of individuals. Nurses and
246 midwives should extend their knowledge on sexual health and initiatives should be taken for
247 gaining competences to assess the sexual health of individuals under their care. Among these
248 initiatives, revision of vocational education curricula holds particular importance. The primary and

249 perhaps most important strategy should be raising students with the capability to assess the
250 sexuality of healthy individuals/patients, that have sufficient level of theoretical knowledge, that are
251 aware of their own personal attitudes and beliefs, and capable of establishing effective
252 communication regarding sexuality-related issues. Guidance and counseling services provided by
253 nurses and midwives with up-to-date and evidence based knowledge, are effective on solution of
254 sexual health problems and increasing sexual health quality.

255 Findings of the present research indicate that the majority of the participating students regard
256 the assessment of sexual health of individuals under their care as a requirement of their profession,
257 however, more than half do not inform individuals under their care as to sexuality-related issues,
258 and about 2/3 of them feel uncomfortable while discussing such issues. Several studies on students
259 receiving education in midwifery, nursing, and medical education show that, these students
260 encounter the following obstacles even though they regard the assessment of patients' sexuality as a
261 major part of healthcare: lack of courses in curricula that equip students with the ability to assess
262 sexual health, uncomfortable feeling while discussing sexual-related issues with patients, lack of
263 time, the notion that patients do not expect such counseling from healthcare professionals, and not
264 knowing how to initiate communication. In this study 89,4% of the students regarded assessment
265 of sexual health as a requirement of their profession, while 57,1% were found to make no
266 assessment of individuals' sexual health, and 69,3% were found to feel uncomfortable while
267 discussing sexual issues. 69,3% of the students deemed themselves partly sufficient as to their
268 knowledge on sexuality, and 59,1% thought that the training on the assessment of sexual education
269 they received during their vocational education was not sufficient. Male students received higher
270 SMS total mean scores compared to female students. SMS total mean scores of students mostly
271 resident in districts received higher mean scores than those mostly resident in provinces, and
272 students whose mothers' educational status is primary school or lower received higher total mean
273 scores than those whose mothers' educational status is secondary school or higher ($p < 0,05$).
274 Students that do not inform individuals under their care regarding sexuality-related issues, regard
275 the assessment of sexual health as a requirement of holistic care, and those that feel uncomfortable
276 while discussing sexuality-related issues received higher SMS total mean scores ($p < 0,05$). The
277 students with opinions that constitute an impediment for assessment of individuals' sexual health
278 were found to have more sexual myths.

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

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