





Predictors of Belief in Sexual Myths: An Examination in Terms of Gender, Demographic Characteristics, Religiosity, and Childhood Trauma

Menşure Alkış Küçükaydın  and Elif Sayıcı 

Eregli Faculty of Education, Necmettin Erbakan University, Konya, Turkey

ABSTRACT

Objectives: Sexual myths are exaggerated beliefs that have no scientific basis. Buying into these beliefs can lead to any number of sexual dysfunctions and decreased quality of life. Therefore, it is necessary to uncover the factors associated with sexual myths and to provide remedial services for anyone struggling with them. **Methods:** This study was conducted to determine the variables affecting sexual myths. Gender, demographic variables (family type, region of residence, and talking about sexuality with parents), religiosity, and childhood trauma were included as independent variables in the study. A total of 375 teacher candidates participated in the study. Data was collected using a personal information form, Sexual Myths Scale, Religiosity Scale, and Childhood Trauma Questionnaire. **Results:** Descriptive analyses and linear multiple regression analysis were used in the study, and both adherence to sexual myths and experienced childhood trauma were found to be high in the teacher candidates who did not talk about sexuality with their families. **Conclusions:** The results of the analysis showed that gender and religiosity were significant predictors of sexual myths. The findings were discussed in light of the literature.

ARTICLE HISTORY

Received 26 June 2023
Revised 16 August 2023
Accepted 21 August 2023

KEYWORDS

childhood trauma;
religiosity; sexual myths

Introduction

Human sexuality is linked to components such as personal desires and needs, emotions, behaviors, and identities (Marcinechová & Záhorcová, 2020). While openly discussing sexuality is suppressed and restricted in some societies because it is considered shameful, forbidden, and an embarrassing subject, people are able to address it more freely in others (Aker et al., 2019; Ejder-Apay et al., 2013; Özkardeş et al., 2017). In Arab society, for example, issues such as women's clothing, multiple marriages, and divorce are discussed in relation to sexuality (Shaw & Silverio, 2021), while in the West, different sexual behaviors including homosexuality, flirtation, oral-main sex are open topics (Rees et al., 2021). The perspective of Turkey is more restrictive on sexuality (Yılmaz & Karataş, 2018). However, research shows that suppressing sexuality and conversations about sexuality is not healthy (Kukulu et al., 2009) because false beliefs may emerge as a result of this censorship. These false beliefs are called sexual myths

and make life difficult for individuals (Özkardeş et al., 2017). Statements such as “it is a woman's duty to please her partner during sexual intercourse”, “boys cannot be rape victims”, “sexual intercourse is the only way for spouses to experience sexual pleasure” and “the man should be dominant during every stage of sexual intercourse” are some examples of sexual myths (Gölbaşı et al., 2016). Accordingly, sexual myths are often seen as a predisposing, triggering, or sustaining factor for sexual dysfunction (Uludağ et al., 2021). In addition, the observance of sexual myths not only causes dysfunction, but also prevents the individual from recognizing the characteristics of the opposite gender, leading to a lack of self-confidence and low quality of life (Evcili & Golbasi, 2019).

Family type, upbringing, and social environment are social factors that lead to the development of these myths (Gonenc et al., 2021; Kuborn et al., 2023). At the same time, individual factors also play a role (Tetik et al., 2020). The individual nature of religiosity and childhood traumas is

thought to be related to sexual myths (Şahbal, 2020; Topuz, 2022). In studies where religiosity and sexuality issues are discussed together, it has been reported that religiosity is suppressive in the face of sexuality (Hatipoğlu Sümer, 2015). Beckwith and Morrow (2005) reported that individuals who identified themselves as being religious had fewer sexual experiences. Similarly, in a study conducted with university students, it was reported that individuals who identified themselves as not being very religious were more sexually active than religious individuals (Zaleski & Schiaffino, 2000). This situation shows that the rituals required by religiosity put sexuality on the back burner (Luquis et al., 2012).

It has also been pointed out that there may be a relationship between sexual myths and childhood traumas. Muammar et al. (2015) reported in their study conducted in Muslim communities that those who experienced childhood trauma had problems with sexuality. Accordingly women who were sexually abused in their childhood often experience pain during marital sexual intercourse. This past abuse can lead to such women developing abnormal and inaccurate perceptions of sex. Also in the study of Tetik et al. (2020), it was shown that those who had undergone childhood trauma had negative perceptions of sexuality later in life. Vaginismus was reported to be more common in individuals who had been emotionally abused by their mothers in childhood, and a large proportion of those with vaginismus had problems talking about sex. It has also been reported that sexual miscommunication problems can be caused due to false information about sexuality. Despite these reports, as far as we know, the direct relationship between sexual myths, religiosity, and childhood traumas has not yet been addressed. Therefore, this study sought to investigate the relationship between these variables.

Purpose of the study

In the Turkish education system, teachers and the information they provide are highly valued. Therefore, the great importance attached to teachers in Turkish culture can be useful in dealing with sexual myths (Akdemir & Gölge, 2022). However, future teachers who are troubled by

their own sexual myths cannot be expected to provide realistic information. In fact, future students of teacher candidates who believe in sexual myths may be in danger of receiving a low-quality health education (Ünal Toprak & Turan, 2021). Therefore, it is necessary to elucidate the myths that teacher candidates believe and the reasons underlying these myths. There are some studies on the sexual myths believed by teacher candidates in the literature (Kahraman, 2017) but these studies do not generally associate sexual myths with childhood traumas or religiosity, which have a sizeable impact on a person's life. That said, other studies have found that childhood neglect and/or abuse affects the future sexual life of individuals (Muammar et al., 2015; Tetik et al., 2020). In addition, studies on religiosity conducted in Western societies have established a link between sexual myths and religiosity (Dreier et al., 2020; Martyniuk et al., 2015). In contrast, there are no studies on the relationship between the religiosity of and the sexual myths believed by Turkish teacher candidates, who are generally "religious". This study set out to investigate the predictors of Turkish teacher candidates' belief in sexual myths. The research question prepared for this purpose is as follows:

RQ1- What is the relationship between teacher candidates' gender, demographic characteristics, religiosity, childhood traumas, and their belief in sexual myths?

Theoretical background

Sexual myths

Sexual myths are defined as either exaggerated or false beliefs originating from hearsay not based in scientific fact (Koc & Kartal, 2021). Sexual myths, which exist in cultures all around the world, can be developing out of the inability of individuals to speak openly about the subject in their family and social circles. This means they struggle to access accurate sources of information, thus developing a warped perspective on sexuality (Kaya & Boz, 2019). The World Health Organization (World Health Organization, 2020) pointed out that societies need to develop socially and economically in order to ensure the health and well-being of

individuals and families in terms of sexual health. For this development to take place, it is necessary to eradicate misconceptions of sexuality, provide common access to accurate information, and encourage healthy sexual relationships (Evcili & Golbasi, 2017). Many studies conducted on this subject have also emphasized the importance of education for a healthy sexuality (Evcili & Golbasi, 2019; Fernández-Rouco et al., 2019; Ünal Toprak & Turan, 2021).

However, misinformation and missing information on sexuality in Turkey is not entirely linked to education (Aker et al., 2019). It is often seen as a "forbidden and shameful" topic that goes undiscussed in the household, leading to the formation of myths (Ünal Toprak & Turan, 2021). Even at different levels of education and culture, many Turkish parents continue to maintain traditional attitudes on this issue (Gonenc et al., 2021). Consequently, young people have myths about sexual issues and may tend toward different behaviors (Aker et al., 2019; Uyar Ekmen et al., 2017). However, beliefs on sexual issues certainly affect young people's future sexual lives, family life, and fertility behaviors (Milesi et al., 2020). Moreover, the fact that sexuality is seen as a forbidden subject within the framework of social norms has unfortunately led to limited education, services, and research on this subject in many countries (Kuborn et al., 2023). In order to rectify this, the sources that feed myths ought first to be identified. Therefore, in this study, we associate sexual myths with religiosity and childhood traumas in addition to gender and demographic characteristics.

Religiosity

Being religious is an important part of Turkish culture (Özmen, 2011). The impact and depth of religiosity in organizing social and cultural life is quite significant. Among the attitudes and behaviors influenced by religion is the perspective on sexuality (Vasilenko & Espinosa-Hernández, 2019). Rostosky et al. (2003) found that religiosity delayed sexual intercourse even when demographic characteristics such as age, race, parental education, and availability of partners were controlled. This shows that individuals who define

themselves as religious have more self-restraint on this issue (Marcinechová & Záhorcová, 2020; Yılmaz & Karataş, 2018).

Throughout history, many religions have tried to draw the boundaries of sexuality, stating that sex is only for reproductive purposes and that they strongly disapprove of any behavior for pleasure (Ashdown et al., 2011). Religious doctrine portrays sexual pleasure as wrong and encourages its adherents to see sexuality as evil, demonic, and shameful (Dreier et al., 2020). However, despite this, sexuality has always been interesting (Liboro, 2015). If the interest is not met, curiosity is triggered (Luquis et al., 2012). However, since satisfying curiosity can also be considered shameful, the tendency to believe inaccurate information may increase (Efrati, 2019). This is where myths on sexuality begin to become prevalent (Aker et al., 2019; Evcili & Golbasi, 2019).

Despite a large volume of literature on religiosity, the subject has been mostly associated with rape and violence myths in studies conducted to date (Barnett et al., 2018; Prina & Schatz-Stevens, 2020). The number of studies examining the direct relationship of religiosity with sexual myths is quite limited (Martyniuk et al., 2015). No studies conducted in Turkey have been located on the relationship between religiosity and sexual myths. This gap in the literature is surprising given the fact that religiosity is a prominent aspect of Turkish culture. For example, prayers and offerings made on sacred places (e.g. tombs and graves of prominent religious figures), are it women praying for children or other people praying to make up with their spouse, and are an important part of Turkish culture and "Turkish folk religiosity" (Ak, 2018). "Language religiosity" can easily be observed in Turkish daily life (Odabaşı, 2014). As prayers, wishes and dhikr containing the word "Allah" are frequently used in Turkey to express daily feelings and thoughts, it can be said that religiosity is integrally intertwined with Turkish culture (Özmen, 2011). To date, no detailed information has been located about the place of sexual myths in this influential structure has been published. In this study, religiosity was examined in terms of whether it is a variable related to teacher candidates' sexual

myths. Therefore, the findings were expected to contribute to the spectrum of sexual myths and religiosity.

Childhood trauma

Childhood trauma refers to childhood events that occur between the birth of individuals and the age of 17, including neglect, abuse, and negativity within the family (Felitti et al., 2019). Exposure to traumatic experiences is quite common regardless of religion, race, gender, age, and sexual orientation (Dye, 2018). World Health Organization (2022) reported that approximately 300 million children between the ages of two and four have been exposed to some form of abuse by their parents and caregivers. Unfortunately, these negative experiences leave a lasting impact on the adult lives of the abused in serious ways (Cheung et al., 2021; Vanderzee et al., 2019).

One of the negative effects of childhood traumas is the problems individuals experience in their sexual lives (Sansone et al., 2009). Accordingly, random sexual intercourse (i.e. having casual sex with relative strangers instead of having a regular sexual partner) and sexual intercourse at an early age have been reported as consequences of trauma (Wingo et al., 2010). In addition, it has been reported that individuals who had negative experiences in childhood avoid sexual intercourse in adulthood (Szanto et al., 2012). At this point, we think that individuals who are exposed to negative experiences in childhood will also have intense beliefs in sexual myths in adulthood. However, the number of studies directly associating childhood traumas with sexual myths is quite limited (Şahbal, 2020; Topuz, 2022). And as far as we know, no study has been conducted on this subject with the participation of teacher candidates. So, we examined the relationship between childhood traumas of teacher candidates and sexual myths.

Present study

Through the study, we sought to determine the variables that predict the sexual myths of Turkish teacher candidates. The gender variable was addressed first. In studies conducted specifically

on Turkish society, it has been reported that men have more misinformation on sexual issues (Gonenç et al., 2021). According to Ajmal et al. (2011), porn movies and the internet are frequently used by young men to access information about sexuality. These sources often provide false information (Evcili & Golbasi, 2019). In addition, it has been reported that Turkish social structure is also a factor in men having a stronger belief in sexual myths (Sexual Education, Therapy and Research Society, 2006). In their study, Torun et al. (2011) reported that Turkish males commonly believe that males are always ready for sex and should be the ones initiating sex. Accordingly, adequate sexual function is perceived as a sign of masculinity in Turkish society, which leads to an ideal “male schema” (Özmen, 1999). The fact that this schema involves control and performance is a sign of sexuality being perceived as being merely a physical act completed under great pressure for men (Kayır, 2001). At this point, we estimate that male candidates have a stronger belief in sexual myths. Based on this, the hypothesis we tested in the study is as follows:

H1 = The gender of teacher candidates is a significant predictor of belief in sexual myths.

Related literature has pointed to some social and cultural factors in the formation of sexual myths. Accordingly, the family type of the individual, the region where the individual lives, and whether the family spoke about sexuality are related to myths (Koc & Kartal, 2021; Kuborn et al., 2023; Kukulcu et al., 2009). The patriarchal nature of the Turkish family structure, oppressive upbringing, regional traditions, and intra-family relations can create a basis for the formation of sexual myths (Özkardeş et al., 2017). Based on this, it was decided to test the following hypothesis in the study:

H2 = Teacher candidates' demographic characteristics (region of residence, family type, and talking about sexuality with parents) are significant predictors of belief in sexual myths.

Religiosity seemingly always imposes some moral standards on individuals (Efrati, 2019). Accordingly, sexuality is recognized as a source of “impure” thoughts (Grubbs et al., 2017) by many

religious adherents, so it is left unaddressed or condemned (Marcinechová & Záhorcová, 2020). However, the literature suggests that religiosity is a strong predictor of online pornography engagement (Bradley et al., 2016). Therefore, we can say that religiosity is a trigger of sexual myths. To test this hypothesis, the following hypothesis was formulated:

H3 = Religiosity is a significant predictor of belief in sexual myths.

Finally, the effect of childhood traumas on sexual myths was investigated. According to Topuz (2022), childhood experiences have an important place in the formation of sexual myths. The family's approach, attitude, and perspective on sexuality during childhood can support the formation of myths (Cheung et al., 2021). The final hypothesis tested in the study is as follows:

H4 = Teacher candidates' childhood traumas are a significant predictor of belief in sexual myths.

Method

This study investigated the relationship between Turkish teacher candidates' belief in sexual myths and demographic characteristics, religiosity, and childhood traumas. The survey model was used for the study, in which the degree of change between variables is analyzed (Creswell, 2012). The hypotheses determined within the scope of the research and their relationship with the variables is presented in Figure 1.

Participants

The participants of this study consisted of 375 teacher candidates studying at the faculty of education of a large university in Turkey during the 2022-2023 academic year. A total of 288 (76.3%) of them were female and 89 (23.7%) were male. The age range was 17-42 ($M = 20.59$, $SD = 2.45$). When it came to dating relationships, 321 (85.6%) of the candidates stated that they were not in any romantic relationship, while 54 (14.4%) were in the dating or engagement phase. As far as their fields were concerned, 162 (43.2%) of the candidates reported studying in the Department of Classroom Teaching, 47 (12.5%) were in Preschool Education, 57 (15.2%) Turkish Language Teaching, 73 (19.4%) in Elementary Mathematics Teaching, and 36 (9.6%) in Guidance and Psychological Counseling. Geographically speaking, 146 (38.9%) of the candidates lived in the east, 45 (12%) in the west, 97 (27.2%) in the north, and 82 (21.9%) in the south of Turkey. And a total of 291 (77.6%) of the participants claimed to have a nuclear family. In addition, 78 (20.8%) of the candidates stated that they could talk to their parents about sexuality (Table 1).

Instruments

Personal information form

A personal information form was used to obtain the demographic information of teacher candidates. The candidates were asked about their

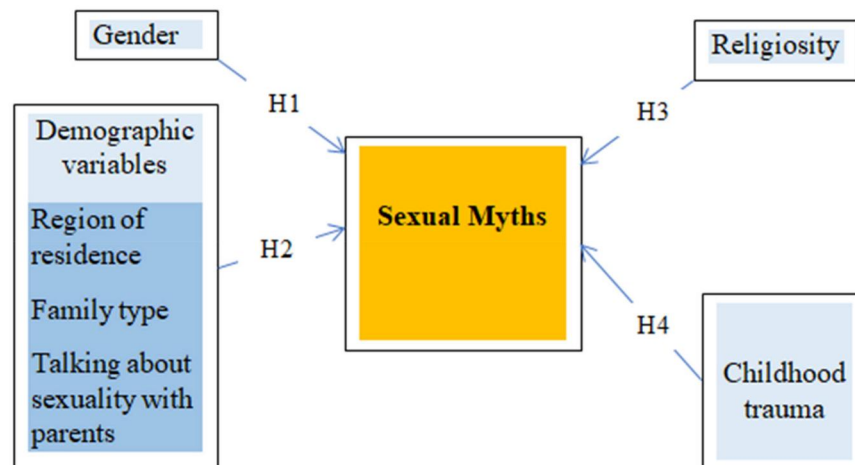


Figure 1. Default model.

Table 1. Information on participants.

Variables	Options	n	%
Gender	Female	286	76.3
	Male	98	23.7
Age	M = 20.59, SD = 2.45		
In romantic relationship	Yes	54	14.4
	No	321	85.6
Program	Primary school teacher	162	43.2
	Preschool education	47	12.5
	Turkish language teaching	57	15.2
	Primary mathematics teacher education	73	19.4
	Guidance and psychological counseling	36	9.6
Region of residence	East	146	38.9
	West	45	12
	North	102	27.2
	South	82	21.9
Family type	Nuclear family	291	77.6
	Extended family	84	22.4
Talking about sexuality with parents	Yes	78	20.8
	No	297	79.2

gender, age, romantic relationship status, program of study, region of residence, family type, and whether they talked about sex with their parents. In addition to the questions in the form, the scale items introduced below were used and all questions were applied to the candidates within a single document.

Sexual myths scale (SMS)

Developed by Gölbaşı et al. (2016) for Turkish university students, the scale consists of 28 items and eight sub-dimensions (sexual orientation, gender, age and sexuality, sexual violence, sexual behavior, masturbation, sexual intercourse, and sexual satisfaction). The Cronbach's alpha coefficient of the 5-point Likert-type scale (1- strongly agree ... 5- strongly disagree) was reported as .91 and the test-retest reliability coefficient was .81. The Cronbach's alpha coefficient calculated in the study was .91. The lowest score that can be obtained from the scale is 28 and the highest score is 140. The higher the scores on the scale, the higher the likelihood of adherence to sexual myths.

Religiosity scale (RS)

The scale developed by Özer et al. (2015) consists of 11 items and three sub-dimensions (affect, behavior, and effect). Developed with the data collected from university students, it is a 5-point Likert-type scale (1- strongly agree ... 5- strongly disagree). The Cronbach's alpha coefficient of the

scale varies between .80 – .89. The Cronbach's alpha coefficient calculated in this study was .94. The lowest score that can be obtained from the scale, which does not include negative statements, is 11 and the highest score is 55. The higher the scores obtained from the scale, the higher the level of religiosity.

Childhood trauma questionnaire (CTQ)

The CTQ scale developed by Bernstein et al. (1994) for the retrospective survey of abuse and neglect experiences in childhood and adolescence was used for the study as well. The scale is a 5-point Likert-type (1- Never ... 5- Every time). The short form of the scale was adapted into Turkish by Şar et al. (2012). In the adaptation, Cronbach's alpha coefficient of the scale was calculated as .89. The Cronbach's alpha value calculated in this study was .87. The scale consists of emotional abuse, physical abuse, physical neglect, emotional neglect, and sexual abuse sub-dimensions. The total score obtained from the scale varies between 25 and 125. A high score on the scale indicates a significant level of trauma.

Data collection and analysis

The personal information form and the scales used in the study were combined in Google Forms and applied to the teacher candidates. The forms were sent to the candidates via e-mail and social media accounts and data was collected on a voluntary basis between May and June of 2023.

In the analysis of the data, descriptive statistics were first used and normal distribution parameters were checked. No missing values were observed at this stage. All analyses were conducted with SPSS version 27 (IBM Corp, 2021). Frequency, percentage, means and standard deviation values were calculated for demographic information. Then, skewness, kurtosis, and correlation coefficients were examined for preliminary analysis. In order to answer the research questions, independent sample t-test, one-way ANOVA, and linear multiple regression analyses were applied. SMS, RS, and CTQ scales are all rated between 1 and 5 points. Accordingly, the item-level interval value in all scales is .80 (Tekin, 2002). This interval value was taken into consideration in the item-level analyses.

In the regression analysis, categorical variables such as gender, region of residence, family type, and conversations on sexuality with parents were transformed into dummy variables. Accordingly, the answer "no" was coded as "0" in the gender category of female, the western region of residence, nuclear family in the family type, and talking about sexuality with parents and converted into a dummy variable. Then, the assumption of multicollinearity between the dependent and independent variables was verified. Accordingly, it was determined that the VIF value was between 1.13 and 1.00, the tolerance value was between .87 and .96, and the correlation value between variables was between .01 and .55. There appeared to be no multicollinearity problem (Field, 2013). Based on this, a linear multiple hierarchical regression analysis was conducted. Each independent variable that was thought to be related to the dependent variable was included in the regression in blocks. The order of inclusion of the variables in the regression was decided according to the relevant literature. First was gender, then demographic variables, then religiosity, and finally childhood traumas were added to the model. With the addition

of the variables, the change in each model (ΔR^2 and ΔF) was calculated.

Results

Firstly, the descriptive statistical analysis results of the data are presented in the study (Table 2). According to the analysis results, the data is within the range of ± 1.5 and show a normal distribution (Tabachnick & Fidell, 2013).

According to the findings, the participants' SMS ($M/k = 2.32$, $SD = 2.80$) and CTQ scores ($M/k = 1.46$, $SD = 1.57$) were low. This means that the belief in sexual myths is not high in general. Similarly, it can be interpreted that the participants did not score high in terms of childhood traumas.

In the next step of the study, the scores obtained from SMS, RS, and CTQ were analyzed according to the demographic characteristics of the participants. In the analysis of the variables of gender, family type, and conversations on sexuality with parents, an independent sample t-test was used, while one-way ANOVA was used in the analysis of the region of residence variable. The test results obtained in this context are presented in Table 3.

According to the parametric test results, the level of Turkish male teacher candidates' belief in sexual myths was higher than that of female teacher candidates ($t(373) = -12.95$, $p < .05$, $d = 1.49$). Childhood trauma levels differ according to the region where the candidates lived. Those living in the east of Turkey reported more childhood trauma than those from other regions ($F(3, 471) = 4.31$, $p < .05$, $\eta^2 = .34$). In terms of family type, it was observed that the traumas of the candidates with extended families were higher ($t(373) = -1.68$, $p < .05$, $d = .22$). On the other hand, it was found that both the level of belief in sexual myths ($t(373) = -2.71$, $p < .05$, $d = .35$) and childhood traumas of the candidates who did not talk about sexuality with their families was higher ($t(373) = -3.18$, $p < .05$, $d = .35$).

Table 2. Descriptive statistics analysis.

Scales	Number of items (<i>k</i>)	Min	Max	<i>M</i>	<i>M/k</i>	<i>SD</i>	Skewness (<i>S.E.</i> =.126)	Kurtosis (<i>S.E.</i> =.251)
SMS	28	28.00	139.00	65.06	2.32	2.80	.446	.353
RS	11	11.00	55.00	45.54	4.14	2.22	-1.359	1.099
CTQ	25	25.00	103.00	36.72	1.46	1.57	1.000	1.458

Table 3. Analysis results according to demographic characteristics.

Variables	SMS						RS						CTQ									
	M	SD	df	F/t	95% CI	p	d/η ²	M	SD	df	F/t	95% CI	p	d/η ²	M	SD	df	F/t	95% CI	p	d/η ²	
Gender	59.41	14.34	373	-12.95	-27.41/-20.19	.00*	1.49	45.60	9.33	373	.22	-1.95/2.45	.82	-	36.49	10.50	373	-.74	-3.48/1.56	.45	-	-
Region of residence	83.22	17.72		.00	-7.64/8.44	.99	-	45.35	8.91		.17	-3.37/4.37	.91	-	37.44	10.83		4.31	-2.09/7.09	.00*	.34	
	65.17	18.42	Between Groups = 3		-5.84/6.32			45.15	9.75	Between Groups = 3		-2.32/3.87			39.03	12.57	Within Groups = 371		1.02/7.98			
	64.77	15.79	Within Groups = 371		-6.52/6.49			45.09	8.62	Within Groups = 371		-3.22/3.37			34.52	7.35			-1.17/7.03			
Family type	64.94	19.98		1.82	-6.41/6.44	.07	-	45.78	9.81		.09	-3.37/3.22	.92	-	35.42	9.41		-1.68	-3.27/1.11	.04*	.22	
	65.19	16.98	Nuclear family		-3.17/8.52			45.57	8.88			-2.14/2.35			36.12	9.54			-5.21/-0.8			
	65.98	17.94	Extended family					45.46	10.87						38.77	13.43						
Talking about sexuality with parents	60.14	17.06	373	-2.71	-10.73/-1.70	.00*	.35	46.53	7.13	373	1.06	-1.05/3.55	.28	-	34.03	7.44	373	-3.18	-6.01/-7.5	.01*	.35	
	66.36	18.29						45.28	9.64						37.42	11.16						

* $p < .05$.

In the last step of the study, linear multiple hierarchical regression analysis was used. In the analysis, belief in sexual myths was implemented as the dependent variable. Gender, demographic variables, religiosity, and childhood traumas were independent variables. In the first step of the regression analysis, only gender was included in the model. Then, demographic variables, religiosity, and childhood trauma variables were added respectively. The change in R^2 and F at each step of the analysis is shown in Table 4.

As seen in Table 4, there are five steps in the analysis. Accordingly, Step 1 ($R^2 = .31$, $F = 167.91$, $p < .05$) is statistically significant. Therefore, gender is a significant predictor of belief in sexual myths. However, Step 2 ($R^2 = .31$, $\Delta R^2 = .00$, $\Delta F = 1.48$, $p > .05$) and Step 4 ($R^2 = .42$, $\Delta R^2 = .00$, $\Delta F = 1.08$, $p > .05$) are not statistically significant. Accordingly, demographic variables and childhood traumas were not significant predictors of belief in sexual myths. However, according to the analysis results, Step 3 ($R^2 = .42$, $\Delta R^2 = .10$, $\Delta F = 68.01$, $p < .05$) is statistically significant. Accordingly, religiosity is a significant predictor of believing in sexual myths.

The findings show that the contribution of Step 2 to the explained variance is 31% and the contribution of Step 3 and Step 4 to the explained variance is 42%. Considering the regression coefficient, the relative order of importance of the predictor variables on the attitude toward reporting sexual abuse is gender and religiosity.

Discussion

In the study, the gender, demographic characteristics, religiosity, and childhood traumas of teacher candidates' were evaluated in relation to sexual myths. The findings are discussed below.

Gender

In Turkish society, sexuality is both a taboo subject and has a structure that is more restrictive of females. Sexual intercourse before marriage is seen as a great shame and sexual function is considered a symbol of male power (Civil & Yıldız, 2010). The concept that the male should always initiate a sexual relationship and the tendency of

Table 4. Hierarchical regression analysis.

Variables	Step 1			Step 2			Step 3			Step 4		
	B	t	β	B	t	β	B	t	β	B	t	β
Gender	23.80	12.95*	.55	23.42	12.56	.54	23.47	13.68	.54	23.45	13.67	1.71
<i>Demographic variables</i>												
Region of residence				.47	.72	.03	.56	.92	.03	.66	1.07	.61
Family type				-2.83	-1.49	-.06	-2.71	-1.55	-.06	-2.87	-1.64	1.75
Talking about sexuality with parents				2.30	1.18	.05	3.11	1.73	.07	2.91	1.61	1.80
Religiosity							.64	8.24*	.32	.66	8.21	.08
<i>Childhood trauma</i>												
R ²		.31			.31			.42			.42	
ΔR^2		-			.00			.10			.00	
F		167.91			43.25			54.47			45.58	
ΔF		-			1.48			68.01			1.08	

* $p < .05$.

the male to have experienced a sexual relationship before marriage is considered proof of masculinity (Aker et al., 2019). However, these ideas are essentially myths (Kukulu et al., 2009). The acceptance of these myths creates serious pressure on males (Ejder-Apay et al., 2013). Moreover, it is easy for males who do not talk about sexuality within the family to be misinformed about sexuality through the internet, peer circles, movies, etc. (Yılmaz & Karataş, 2018). Noting the multiplicity of unhelpful influences, it seems inevitable that the belief in sexual myths is high in males who feel the responsibility of sexuality. As a matter of fact, the effect size between the scores of male and female teacher candidates is also a serious indicator of this.

Demographic variables

Results from the linear regression analysis on sexual myths based off the relationship between region of residence, family type, and conversations on sexuality in the family showed that these variables were not significant predictors of sexual myths. However, according to descriptive analysis, there are significant differences between the variables. There does appear to be a significant relationship between the region where the candidates live and childhood traumas. ANOVA analysis showed that candidates from the eastern part of Turkey had higher levels of childhood trauma. Turkey has different cultural experiences and traditions, and the eastern part of the country has a more traditional and closed lifestyle. In this region, physical violence for "child discipline" is generally not considered wrong (Bilge et al., 2013). Similarly, actions such as name-calling,

yelling at the child, and sarcasm are considered normal in this region (Sanberk et al., 2017; Zeren et al., 2012). Therefore, it is possible to say that all these negativities mentioned above are factors that cause childhood trauma in candidates.

The results of the analysis showed that candidates with extended family types had higher levels of childhood trauma. In line with Turkish traditions in the region, it is generally accepted to take care of grandparents in their old age. Close relatives who are not yet married (e.g. uncles or aunts) may also live in this family. In this case, there are likely to be problems in meeting the emotional and relational needs of the child when so many others are also in the household. For the mother meeting the needs of her child takes a back seat to taking care of the elders of the family (Özkan, 2022). In Turkey, it is even considered shameful for parents to love and kiss their children in the presence of their elders. Therefore, the primary needs of the child are not met. The absence of affection likely helps to facilitate childhood traumas.

Another important result obtained from the descriptive analysis results was that the candidates who did not talk about sexuality with their parents had high beliefs in sexual myths and had childhood trauma. Bilge et al. (2013) emphasized the importance of parental communication and suggested that communication within the family prevents myths from developing. Similarly, Aker et al. (2019) stated that young people who talk to their parents obtain accurate information with confidence and their belief in myths is low. It is also seen that this is related to childhood traumas. Based on this, we can say that candidates

who talk to their parents easily feel safe both in terms of sexuality and childhood experiences.

Religiosity

Religious affiliation has a significant influence, guiding many political, cultural, and social attitudes (Barnett et al., 2018). According to the Report on Faith and Religiosity in Turkey (2023), more than half of the Turkish people (62%) define themselves as religious or very religious. The rate of those who define themselves as not religious at all or not religious is 14%. Even if they do not identify themselves as religious, 94% of the society stated that they believe in God. These results show that religion, and Islam in particular, has a considerable impact on Turkish society.

The combination of religion's view of sexuality and the patriarchal structure of Turkish society may also strengthen the belief in sexual myths (Civil & Yıldız, 2010). Features such as the fact that women do not initiate a sexual relationship due to chastity and that they are not the desiring party (Ejder-Apay et al., 2013), and especially the dominant role of the mother rather than sexuality in Turkish society (Evcili & Golbasi, 2017) seem to have opened a suitable door for myths. In addition, the idea that women should act according to the wishes of their husbands in sexual intercourse in Islam also supports the patriarchal structure of Turkish society. Being a man is considered more valuable than being a woman in Turkish society (Şahbal, 2020). Therefore, the high level of religious Turks' belief in sexual myths can be explained both by the requirements of Islam and the structure of the society.

Childhood traumas

Dye (2018) reported that individuals who experienced trauma in childhood are more likely to have physical and psychological problems in later life. The source of childhood traumas can be based on physical, emotional, psychological, or sexual negligence (Şar et al., 2012). The experiencing of trauma at a young age interrupts the development of individual according to the research (Tetik et al., 2020). Based on this evidence, this study

tested the effect of childhood traumas as a predictor of sexual myths. However, the findings showed that there was no significant relationship between sexual myths and childhood traumas. This situation can be explained in different ways. According to Turner et al. (2012), having nurturing parents, stable family relationships, adequate housing, and meeting basic needs can serve as protective factors against trauma. These factors contribute to the development of a sense of physical, emotional, sexual, and mental well-being for individuals. Therefore, these factors may have been provided for the candidates.

However, even if the candidates had experienced a particular trauma, they may have overcome it and this may have influenced their belief in myths. Wingo et al. (2010) investigated how some children and young people overcome traumatic events and live healthy and fulfilling lives as adults. Accordingly, protective factors were found to be effective, but the importance of resilience was emphasized. Based on this, it may be possible for candidates to overcome traumas and gain resilience in overcoming sexual problems. In addition, related research shows that individuals can live healthy lives and avoid the negative physical, emotional, sexual, and behavioral consequences of traumatic experiences if appropriate supports are provided (Gonenc et al., 2021; Dye, 2018).

Limitations and implications

There are some limitations in this study during which the variables affecting Turkish teacher candidates' belief in sexual myths were examined. First of all, the fact that participation was voluntary may have been particularly inviting to candidates who were interested and less reserved about the topic. In addition, the findings obtained with the data collected only from teacher candidates cannot be expected to be generalized to the entire Turkish society. Nevertheless, we believe that this study will contribute to the related literature.

However, the fact that only self-report scales were used in the study increases the possibility of biased responses in terms of social desirability. This situation necessitates the confirmation of the findings with other studies. In addition, the

findings may differ depending on the religiosity scale used in the study. For this reason, multidimensional religiosity scales covering different contexts can be used in future studies.

Since belief in sexual myths is common in Turkish society (Aker et al., 2019; Uyar Ekmen et al., 2017; Topuz, 2022; Yılmaz & Karataş, 2018), it would be useful to address other variables traumas as well. It seems especially meaningful to act on the patriarchy and male-dominated structure of Turkish society. In addition, since sexual health and sexuality education is not formalized even at the university level, we suggest that educational activities on the subject should be launched. This may contribute to reducing or eliminating myths.

Finally, the overall low mean SMS score seen in the study can be considered as a limitation since there was a significant difference between the SMS scores of males and females. This difference was also explained with a high impact factor. It is recommended that this situation be taken into account for future studies. Such studies should contain a sample which has a strong belief in sexual myths, and the study should examine the relationship between sexual myths and other variables.

Conclusion

The findings of the study showed that sexual myths were highly correlated with gender and religiosity. This is associated with the structure of Turkish society and is important in terms of revealing the factors related to myths in a conservative and male-dominated society. These factors should be taken into consideration in the teaching of sexuality. In addition, it is important to review the existing curricula for the training of future teachers. Religious aspects of sexuality can be included in sexuality education programs after furthering researching their potential effects.

Ethical approval

The study was 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.

Informed consent

Informed consent was obtained from all individual.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

The author(s) reported there is no funding associated with the work featured in this article.

ORCID

Menşure Alkış Küçükaydın  <http://orcid.org/0000-0003-4410-1279>

Elif Sayıcı  <http://orcid.org/0000-0003-3414-7150>

Data availability statement

The datasets created during and/or analyzed during the current study are available from the corresponding author on reasonable request.

References

- Ajmal, F., Agha, A., Zareen, N., & Karim, M. (2011). Knowledge, attitudes and practices (KAP) regarding sexuality, sexual behaviors and contraceptives among college/university students in Karachi, Pakistan. *Journal of the College of Physicians and Surgeons*, 21(3), 164–168.
- Ak, M. (2018). Türk halk dindarlığı ve evliya inancı: Sosyolojik bir yaklaşım [Turkish folk religion and saint belief: A sociological approach]. *Turkish Culture and Haci Bektas Veli Research Quartely*, (86), 95–110.
- Akdemir, S., & Gölge, Z. B. (2022). The role of gender stereotypes, sexual myths, and professional experience on the attitudes toward female-perpetrated sexual abuse among Turkish professionals. *International Journal of Offender Therapy and Comparative Criminology*, 306624X221086571. <https://doi.org/10.1177/0306624X221086571>
- Aker, S., Şahin, M., & Oğuz, G. (2019). Sexual myth beliefs and associated factors in university students. *Turkish Journal of Family Medicine and Primary Care*, 13(4), 472–480. <https://doi.org/10.21763/tjfm.653462>
- Ashdown, B. K., Hackhorton, J., & Clark, E. M. (2011). In and out of the bedroom: Sexual satisfaction in the marital relationship. *Journal of Integrated Social Sciences*, 2(1), 40–57.
- Barnett, M. D., Sligar, K. B., & Wang, C. D. (2018). Religious affiliation, religiosity, gender, and rape myth acceptance: Feminist theory and rape culture. *Journal of Interpersonal Violence*, 33(8), 1219–1235. <https://doi.org/10.1177/0886260516665110>

- Beckwith, H. D., & Morrow, J. A. (2005). Sexual attitudes of college students: The impact of religiosity and spirituality. *College Student Journal*, 39(2), 357–366.
- Bernstein, D., Fink, L., Handelsman, L., Foote, J., Lovejoy, B. A., Wenzel, K., ... Ruggiero, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, 151(8), 1132–1138.
- Bilge, Y., Tasar, M., Kilincoglu, B., Ozmen, S., & Tiras, I. (2013). Socioeconomic status lower levels of parental knowledge about child abuse, neglect, experiences and discipline methods used. *Anatolian Journal of Psychiatry*, 14(1), 27–35. <https://doi.org/10.5455/apd.35949>
- Bradley, D. F., Grubbs, J. B., Uzdavines, A., Exline, J. J., & Pargament, K. I. (2016). Perceived addiction to internet pornography among religious believers and nonbelievers. *Sexual Addiction & Compulsivity*, 23(2–3), 225–243. <https://doi.org/10.1080/10720162.2016.1162237>
- Cheung, S., Huang, C. C., & Zhang, C. (2021). Passion and persistence: Investigating the relationship between adverse childhood experiences and grit in college students in China. *Frontiers in Psychology*, 12, 642956. <https://doi.org/10.3389/fpsyg.2021.642956>
- Civil, B., & Yıldız, H. (2010). Male students' opinions about sexual experience and social taboos related to sexuality. *E-Journal of Dokuz Eylul University Nursing Faculty*, 3, 58–64.
- Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Pearson.
- Dreier, S. K., Long, J. D., & Winkler, S. J. (2020). African, religious, and tolerant? How religious diversity shapes attitudes toward sexual minorities in Africa. *Politics and Religion*, 13(2), 273–303. <https://doi.org/10.1017/S1755048319000348>
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381–392. <https://doi.org/10.1080/10911359.2018.1435328>
- Efrati, Y. (2019). God, I can't stop thinking about sex! The rebound effect in unsuccessful suppression of sexual thoughts among religious adolescents. *Journal of Sex Research*, 56(2), 146–155. <https://doi.org/10.1080/00224499.2018.1461796>
- Ejder-Apay, S., Balcı-Akpınar, R., & Arslan, S. (2013). Öğrencilerin cinsel mitlerinin incelenmesi [Investigating sexual myths of students]. *Anatolian Journal of Nursing and Health Sciences*, 16(2), 96–102.
- Evcili, F., & Golbasi, Z. (2017). Sexual myths and sexual health knowledge levels of Turkish university students. *Sexuality & Culture*, 21(4), 976–990. <https://doi.org/10.1007/s12119-017-9436-8>
- Evcili, F., & Golbasi, Z. (2019). The effect of peer education model on sexual myths of Turkish university students: An interventional study. *Perspectives in Psychiatric Care*, 55(2), 239–248. <https://doi.org/10.1111/ppc.12344>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). Reprint of: relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 56(6), 774–786. <https://doi.org/10.1016/j.amepre.2019.04.001>
- Fernández-Rouco, N., Fernández-Fuertes, A. A., Martínez-Álvarez, J. L., Carcedo, R. J., & Orgaz, B. (2019). What do Spanish adolescents know (or not know) about sexuality? An exploratory study. *Journal of Youth Studies*, 22(9), 1238–1254. <https://doi.org/10.1080/13676261.2019.1571176>
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. SAGE.
- Gölbaşı, Z., Evcili, F., Eroğlu, K., & Bircan, H. (2016). Sexual myths scale (SMS): Development, validity and reliability in Turkey. *Sexuality and Disability*, 34, 75–87.
- Gonenc, I. M., Alan Dikmen, H., & Golbasi, Z. (2021). The effect of WhatsApp-based and conventional education methods on sexual myths and sexual health knowledge: A comparative intervention study in midwifery students. *International Journal of Sexual Health*, 33(3), 326–341. <https://doi.org/10.1080/19317611.2021.1913688>
- Grubbs, J. B., Exline, J. J., Pargament, K. I., Volk, F., & Lindberg, M. J. (2017). Internet pornography use, perceived addiction, and religious/spiritual struggles. *Archives of Sexual Behavior*, 46(6), 1733–1745. <https://doi.org/10.1007/s10508-016-0772-9>
- Hatipoğlu Sümer, Z. (2015). Gender, religiosity, sexual activity, sexual knowledge, and attitudes toward controversial aspects of sexuality. *Journal of Religion and Health*, 54(6), 2033–2044. <https://doi.org/10.1007/s10943-014-9831-5>
- IBM Corp. (2021). *IBM SPSS statistics for windows*. IBM Corp.
- Kahraman, H. (2017). Effects of a sexual health education programme on school psychological counsellor candidates' sexism tendencies in Turkey. *Sex Education*, 17(4), 399–412. <https://doi.org/10.1080/14681811.2017.1289909>
- Kaya, A., & Boz, İ. (2019). The development of the professional values model in nursing. *Nursing Ethics*, 26(3), 914–923. <https://doi.org/10.1177/0969733017730685>
- Kayır, A. (2001). Cinsellik kavramı ve cinsel mitler [The concept of sexuality and sexual myths]. In N. Yetkin & C. İncesu (Eds.), *Sexual dysfunctions monograph series* (pp. 34–39). Roche.
- Koc, M., & Kartal, B. (2021). Comparison of nursing students' sexual myths and some attitudes about sexuality. *International Journal of Caring Sciences*, 14(2), 1178–1186.
- Kuborn, S., Markham, M., & Astle, S. (2023). “I wish they would have a class for parents about talking to their kids about sex”: College women's parent-child sexual communication reflections and desires. *Sexuality Research and Social Policy*, 20(1), 230–241. <https://doi.org/10.1007/s13178-022-00723-w>
- Kukulu, K., Gürsoy, E., & Sözer, G. A. (2009). Turkish university students' beliefs in sexual myths. *Sexuality and Disability*, 27(1), 49–59. <https://doi.org/10.1007/s11195-009-9108-1>

- Liboro, R. M. (2015). Community-level interventions for reconciling conflicting religious and sexual domains in identity incongruity. *Journal of Religion and Health, 54*(4), 1206–1220. <https://doi.org/10.1007/s10943-014-9845-z>
- Luquis, R. R., Brelsford, G. M., & Rojas-Guyler, L. (2012). Religiosity, spirituality, sexual attitudes, and sexual behaviors among college students. *Journal of Religion and Health, 51*(3), 601–614. <https://doi.org/10.1007/s10943-011-9527-z>
- Marcinechová, D., & Záhorcová, L. (2020). Sexual satisfaction, sexual attitudes, and shame in relation to religiosity. *Sexuality & Culture, 24*(6), 1913–1928. <https://doi.org/10.1007/s12119-020-09727-3>
- Martyniuk, U., Dekker, A., Sehner, S., Richter-Appelt, H., & Briken, P. (2015). Religiosity, sexual myths, sex taboos, and pornography use: A cross-national comparison of Polish and German university students. *Cyber Psychology: Journal of Psychosocial Research on Cyberspace, 9*(2), 1–16.
- Milesi, P., Süssenbach, P., Bohner, G., & Megías, J. L. (2020). The interplay of modern myths about sexual aggression and moral foundations in the blaming of rape victims. *European Journal of Social Psychology, 50*(1), 111–123. <https://doi.org/10.1002/ejsp.2622>
- Muammar, T., McWalter, P., Alkhenizan, A., Shoukri, M., Gabr, A., & Muammar, A. A. B. (2015). Management of vaginal penetration phobia in Arab women: A retrospective study. *Annals of Saudi Medicine, 35*(2), 120–126. <https://doi.org/10.5144/0256-4947.2015.120>
- Odabaşı, F. (2014). Dindarlık göstergesi olarak dil dindarlığı [Language religiosity as an indicator of religiosity]. *Journal of Academic Research in Religious Studies, 14*(1), 123–154.
- Özer, G., Özbek, V., Elçi, M., & Aydın, K. (2015). Concurrent validity of different religiosity scales used in researches of marketing ethics and a proposal for a new religiosity scale. *Anadolu University Journal of Social Sciences, 13*(4), 15–28.
- Özkan, G. (2022). Ekolojik sistem yaklaşımı açısından çocuk ihmal ve istismarında bireysel, ailesel ve çevresel risk faktörlerinin değerlendirilmesi [Evaluation of individual, familial and environmental risk factors in child neglect and abuse in terms of ecological system approach]. *Uluslararası Sosyal Bilimler Akademisi Dergisi, 4*(8), 217–240. <https://doi.org/10.47994/usbad.1036593>
- Özkardeş, S. Ö., Özdemir, Ö., İncesu, C., & Şimşek, F. (2017). *Sexual myths in nurses as health workers*. <http://www.acibademhemsirelik.com/e-dergi/84/docs/bilimsel-calisma-1.pdf>
- Özmen, H. E. (1999). Cinsel mitler ve cinsel işlev bozuklukları [Sexual myths and sexual dysfunctions]. *Psychiatry World, 2*, 49–53.
- Özmen, N. (2011). Kültür ve din: Türk-İslam örneği [Culture and religion: Turkish-Islamic example]. *Manisa Celal Bayar University Journal of Social Sciences, 16*(1), 673–678.
- Prina, F., & Schatz-Stevens, J. N. (2020). Sexism and rape myth acceptance: The impact of culture, education, and religiosity. *Psychological Reports, 123*(3), 929–951. <https://doi.org/10.1177/0033294119826896>
- Rees, S. N., Crowe, M., & Harris, S. (2021). The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing, 28*(4), 578–589. <https://doi.org/10.1111/jpm.12720>
- Report on Faith and Religiosity in Turkey. (2023). *Sayılarla Türkiye'de inanç ve dindarlık [Faith and religiosity in Turkey in numbers]*. International Institute of Islamic Thought & Mahya Publish.
- Rostosky, S. S., Regnerus, M. D., & Wright, M. L. C. (2003). Coital debut: The role of religiosity and sex attitudes in the add health survey. *Journal of Sex Research, 40*(4), 358–367. <https://doi.org/10.1080/00224490209552202>
- Şahbal, Y. (2020). *Cinsel mitlerin çocukluk çağı travmaları ve dindarlık ile ilişkisi [Sexual myths in relation to childhood trauma and religiosity]* Unpublished master dissertation. Kafkas University.
- Sanberk, İ., Emen, M., & Kabakçı, D. (2017). An investigation of socially advantaged and disadvantaged Turkish mothers' views about training on preventing children from sexual abuse. *Journal of Child Sexual Abuse, 26*(3), 288–307. <https://doi.org/10.1080/10538712.2017.1292338>
- Sansone, R. A., Muennich, E., Barnes, J., & Wiederman, M. W. (2009). Childhood trauma and sexual behavior in adulthood among internal medicine outpatients. *International Journal of Psychiatry in Clinical Practice, 13*(4), 341–344. <https://doi.org/10.3109/13651500903145021>
- Şar, V., Öztürk, E., & İnikardeş, E. (2012). Validity and reliability of the Turkish version of the Childhood Trauma Questionnaire (CTQ). *Türkiye Klinikleri Journal of Medical Sciences, 32*(4), 1054–1063. <https://doi.org/10.5336/medsci.2011-26947>
- Sexual Education, Therapy and Research Society. (2006). *Cinsel sağlık ve üreme sağlığı araştırması [Sexual and reproductive health research]*. Organizasyon.
- Shaw, S. H., & Silverio, S. A. (2021). Transcending shame through rebellion: The modern Arab woman, sexual suppression, and the will to break free. In *Shame 4.0: Investigating an emotion in digital worlds and the fourth industrial revolution* (pp. 475–494).
- Szanto, L., Lyons, J. S., & Kisiel, C. (2012). Childhood trauma experience and the expression of problematic sexual behavior in children and adolescents in state custody. *Residential Treatment For Children & Youth, 29*(3), 231–249. <https://doi.org/10.1080/0886571X.2012.702519>
- Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics*. Pearson.
- Tekin, H. (2002). *Measurement and evaluation in education*. Yargı Publish.
- Tetik, S., Unlubilgin, E., Kayıkcıoğlu, F., Bolat Meric, N., Boran, N., & Moralıoğlu Tekin, O. (2020). The role of anxiety and childhood trauma on vaginismus and its comorbidity with other female sexual dysfunctions.

- International Journal of Sexual Health*, 32(3), 225–235. <https://doi.org/10.1080/19317611.2020.1791297>
- Topuz, İ. (2022). *Üniversite öğrencilerinin çocukluk çağı travma yaşantıları, cinsel mite inanma düzeyleri ve toplumsal cinsiyet rolü stresi düzeyleri arasındaki ilişki* [The relationship between childhood trauma experiences, sexual myth belief levels and gender role stress levels of university students] Unpublished master dissertation. Maltepe University.
- Torun, F., Torun, S. D., & Özaydın, A. N. (2011). Men's belief in sexual myths and factors effecting these myths. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences*, 24(1), 24–31. <https://doi.org/10.5350/DAJPN2011240103t>
- Turner, H. A., Finkelhor, D., Ormrod, R., Hamby, S., Leeb, R. T., Mercy, J. A., & Holt, M. (2012). Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships during early and middle childhood. *The American Journal of Orthopsychiatry*, 82(2), 209–219. <https://doi.org/10.1111/j.1939-0025.2012.01147.x>
- Uludağ, E., Tosun Güleroğlu, F., & Kul Uçtu, A. (2021). Effects of sexual behaviour, intercourse, satisfaction-related myths and perceived spirituality on sexual dysfunctions in Muslim pregnant women. *Journal of Religion and Health*, 60(6), 4249–4263. <https://doi.org/10.1007/s10943-021-01301-x>
- Ünal Toprak, F., & Turan, Z. (2021). The effect of sexual health courses on the level of nursing students' sexual/reproductive health knowledge and sexual myths beliefs in Turkey: A pretest-posttest control group design. *Perspectives in Psychiatric Care*, 57(2), 667–674. <https://doi.org/10.1111/ppc.12593>
- Uyar Ekmen, B., Özkan, M., & Gül, T. (2017). Level of belief in sexual myths women with infertility treatment. *Journal of Clinical Psychiatry*, 20(3), 209–217. <https://doi.org/10.5505/kpd.2017.33043>
- Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for early childhood trauma: Decision considerations for clinicians. *Journal of Child & Adolescent Trauma*, 12(4), 515–528. <https://doi.org/10.1007/s40653-018-0244-6>
- Vasilenko, S. A., & Espinosa-Hernández, G. (2019). Multidimensional profiles of religiosity among adolescents: Associations with sexual behaviors and romantic relationships. *Journal of Research on Adolescence: The Official Journal of the Society for Research on Adolescence*, 29(2), 414–428. <https://doi.org/10.1111/jora.12444>
- Wingo, A. P., Wrenn, G., Pelletier, T., Gutman, A. R., Bradley, B., & Ressler, K. J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorders*, 126(3), 411–414. <https://doi.org/10.1016/j.jad.2010.04.009>
- World Health Organization. (2020). *Sexual and reproductive health. Defining sexual health*. <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>
- World Health Organization. (2022). *Child maltreatment*. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>
- Yılmaz, M., & Karataş, B. (2018). Opinions of student nurses on sexual myths; a phenomenological study. *Sexuality and Disability*, 36(3), 277–289. <https://doi.org/10.1007/s11195-018-9517-0>
- Zaleski, E. H., & Schiaffino, K. M. (2000). Religiosity and sexual risk-taking behavior during the transition to college. *Journal of Adolescence*, 23(2), 223–227. <https://doi.org/10.1006/jado.2000.0309>
- Zeren, C., Yengil, E., Çelikel, A., Ayşegül, A. R. I. K., & Arslan, M. (2012). Üniversite öğrencilerinde çocukluk çağı istismarı sıklığı [Frequency of childhood abuse in university students]. *Dicle Medical Journal / Dicle Tıp Dergisi*, 39(4), 536–541. <https://doi.org/10.5798/diclemedj.0921.2012.04.0196>