RESEARCH ARTICLE

Funda Kocaay [1]
Hilal Melis Altintas [2]

[1] Department of Public Health, Faculty of Medicine, Ankara Medipol Unıversity, Ankara, Türkiye
[2] Department of Anatomy, Faculty of Medicine, Ankara Medipol Unıversity, Ankara, Türkiye

Corresponding Author:
Hilal Melis Altintas
mail: hilalmelisaltintas@gmail.com

Received: 18.07.2023
Acceptance: 20.09.2023
DOI: 10.18521/ktd.1347600

Konuralp Medical Journal
e-ISSN1309–3878
konuralptipdergi@duzce.edu.tr
konuralptipdergisi@gmail.com
www.konuralptipdergi.duzce.edu.tr

Analysis of the Relation Between the Students' Knowledge on Sexual Health, Opinions on Sexual Myths and Level of Health Literacy

ABSTRACT

Objective: From the public health perspective, young people are considered as a priority group in terms of sexually transmitted diseases and sexual habits. Sexual dimension among adolescents and young adults can be influenced by their overall and sexual health due to its impact on intellectual growth and development and their level of knowledge can significantly affect their reproductive health. The study aims to measure university students' health literacy, sexual health knowledge and sexual myths and in this way explore the relationship between these variables and among various demographic variables.

Methods: The sample of the study is comprised of 559 female and 282 male university students. In the first part, demographic information scale, in the second part sexual health knowledge test, in the third part sexual myths scale, in the fourth part health literacy in Turkey scale were implemented.

Results: In the analysis across the sexes, it was revealed that males have more sexual myths than females ($p<0,05$). In the analysis across the faculties, it was unearthed that students in medical and dental faculties obtained similar points from the scales, but medical faculty students received the highest point and social sciences students received the lowest point. Besides, it was observed that health literacy and sexual health knowledge significantly predicted sexual myths ($p<0,005$).

Conclusions: To this end, it is recommended that consulting services be provided for parents, educational programs be planned for all the departments at university, peer education and supporting programs be implemented and more scientific research be conducted.

Keywords: Health Literacy, Sexual Health Knowledge, Sexual Myths, University Student.

Öğrencilerin Cinsel Sağlık Bilgileri, Cinsel Mitler Hakkındaki Görüşleri ve Sağlık Okuryazarlığı Düzeyleri Arasındaki İlişkinin İncelenmesi

ÖZET

Amaç: Halk sağlığı açısından gençler, cinsel yolla bulaşan hastalıklar ve cinsel alışkanlıklar açısından öncelikli bir grup olarak kabul edilmektedir. Ergenler ve genç yetişkinler arasındaki cinsel boyut, entelektüel büyüme ve gelişme üzerindeki etkisi nedeniyle genel ve cinsel sağlıklarından etkilenebilir ve bilgi düzeyleri üreme sağlıklarını önemli ölçüde etkileyebilir. Çalışma, üniversite öğrencilerinin sağlık okuryazarlığı, cinsel sağlık bilgisi ve cinsel mitlerini ölçmeyi ve bu şekilde bu değişkenler ile çeşitli demografik değişkenler arasındaki ilişkiyi keşfetmeyi amaçlamaktadır.

Gereç ve Yöntem: Araştırmanın örneklemini üniversite öğrencilerinden 559 kadın ve 282 erkek oluşturmaktadır. Birinci bölümde demografik bilgi ölçeği, ikinci bölümde cinsel sağlık bilgisi testi, üçüncü bölümde cinsel mitler ölçeği, dördüncü bölümde Türkiye'de sağlık okuryazarlığı ölçeği uygulanmıştır.

Bulgular: Cinsiyetler arası analizde erkeklerin kadınlara göre daha fazla cinsel mite sahip olduğu ortaya çıktı. Fakülteler genelinde yapılan analizlerde tıp ve diş fakültesi öğrencilerinin ölçeklerden benzer puanlar aldıkları ancak en yüksek puanı tıp fakültesi öğrencilerinin, en düşük puanı ise sosyal bilimler öğrencilerinin aldığı ortaya çıktı. Ayrıca sağlık okuryazarlığı ve cinsel sağlık bilgisinin cinsel mitleri anlamlı düzeyde yordadığı görülmüştür.

Sonuç: Bu amaçla velilere yönelik danışmanlık hizmetlerinin verilmesi, üniversitedeki tüm bölümlere yönelik eğitim programlarının planlanması, akran eğitimi ve destekleyici programların uygulanması ve daha fazla bilimsel araştırma yapılması önerilmektedir.

Anahtar Kelimeler: Sağlık Okuryazarlığı, Cinsel Sağlık Bilgisi, Cinsel Mitler, Üniversite Öğrencisi.

INTRODUCTION

From the public health perspective, young people are considered as a priority group in terms of sexually transmitted diseases and sexual habits. Sexual dimension among adolescents and young adults can be influenced by their overall and sexual health due to its impact on intellectual growth and development and their level of knowledge can significantly affect their reproductive health (1). However, it is stated in the literature that health literacy among university students is poor, sexual myths are quite common and they have very limited and inaccurate sexual knowledge (2). Besides, it is recorded in some studies that sociodemographic factors like being religious, the sexual habits existing in the school, family members and peers shape sexual health knowledge, attitude and habits (3).

Sexual health and reproductivity health encompasses the subjects of being informed about and having access to the services of contraception and treatment methods, methods of contraception that individual use, sexually transmitted diseases, pregnancy, abortion and postpartum services (4). 500 million new cases of sexually transmitted diseases are detected every year. Besides, unplanned and unwanted pregnancies, which account for 60% of the total number of pregnancies, is one of the common health issues observed frequently (5). The young people whose level of knowledge on sexuality is poor are at a higher risk regarding this issue (6). Risky sexual acts or behaviour are frequently observed among university students both in developing and developed countries. The reasons underlying this phenomenon have multiple factors. Studies showed that individuals in this age group do not have sufficient knowledge on reproductivity health, symptoms and implications and probably have false beliefs which can influence their risk-taking behaviour (7–9). In addition, socio-economic change, along with the marrying-late trend, has led to an increase in sexual activity and number of partners before marriage, particularly in developed countries (10).

Sexual myths emerge along with the social values resulting from various factors such as not talking about or discussing the subjects related to sexuality in an explicit manner and inadequate amount of scientific research on this issue (11). Myths negatively influence the individuals' expectations about sexuality, their sexual activities and sexual identity growth. Sexual dysfunctions and psychological problems that emerge along with them develop due to the sexual myths. Sexual myths among young people are closely associated with their level of knowledge on sexual health and the reliability of their sources of information. Although parents and schools are crucial sources of information on sexuality, they both play quite a passive role in Turkey (12). It has been uncovered in several studies that because parents in Turkey are paternal and conservative in nature and the education given in the schools on this subject is not systematic and sufficient, young people in Turkey receive information about sexuality from their peers. The emergence of sexual myths in the case of parents' not having sufficient knowledge on sexuality has brought the significance of educating peers under the spotlight (13-18).

In summary, the data regarding the knowledge level that young people possess on sexual health and reproductive health is of vital importance to establish a healthy society with a higher awareness and to plan effective programs in the universities. The purpose of this study is to (1) identify and evaluate the sexual literacy of university students; (2) identify the experiences and knowledge of university students on sexual health and reproductive health and (3) explore the predictive effect of sexual myths on the university students' health literacy and their knowledge on sexual health.

MATERIAL AND METHODS

Ethics: This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of Ankara Medipol University (Date 15.08.2022 /No 153).

Research Design: Qualitative research-Correlational research method. The research was conducted in line with a "correlational scan model" as a general scan model.

Population-Sample: The study was carried out in the fall semester of 2022-2023 academic year including the students studying in minimum 4-year faculties in Ankara Medipol University.

The sample of our study constitutes the whole population in our study:

- Small number of students in our university
- The use of hybrid instructional model due to the pandemic
- Aiming to generalize the findings of our study

Data Collection: Face-to-face questionnaire method has been used for the present study to collect data. All the students were informed in detail prior to the study, and they signed the consent form. It was also stated that all the data was unique to the current study. The research is comprised of 4 parts. In the first part, demographic information scale, in the second part sexual health knowledge test, in the third part sexual myths scale, in the fourth part health literacy in Turkey scale were implemented.

Sexual Health Knowledge Test (SHKT): The test was developed by Evcili and Gölbaşı (2017). It involves 40 questions including 12 subdimensions. These dimensions include universal values about sexuality (items 1 and 2), sexual identity development (items 3, 4, 5 and 10), sexual tendencies (items 6, 7 and 14), gender-social gender

(items 8, 9 and 11), anatomy of reproductive system (items 12, 13 and 20), sexual intercourse/sexual satisfaction (items 15, 16, 17 and 21), physiology of reproduction (items 18, 19 and 22), contraception (items 23, 24, 25, 26, 27 and 28), sexually transmitted infections (29, 30, 31, 32, 33, 34 and 35), sexual violence (items 36, 37 and 38) and safe sexual behavior (items 39 and 40). The items that the participants answered correctly are coded as "1". The items that the participants answered incorrectly, and the missing responses are coded as "0". The lowers score possible in SHKT is 0 and the highest point is 40 points. It is accepted that the higher the score is, the more knowledge an individual has about sexual health. Cronbach alpha reliability coefficient was calculated as 0.88. It was shared that the test has high internal reliability. In our study, the Cronbach alpha coefficient of the test was calculated as 0.884.

Sexual Myths Scale (SMS): It was developed by Gölbaşı et al. (2016) and it involves 28 likert scale items. The scale includes 8 sub-dimensions which aresexual tendency (item 15), social gender (items 6-11), age and sexuality (items 12-15), sexual behaviour (items 16-18), masturbation (items 19-20), sexual violence (items 21-24), sexual intercourse (items 25-26) and sexual satisfaction (items 27-28). Sexual myths scale involves the options of "Completely disagree (1), Disagree (2), Undecided (3), Agree (4), Completely agree (5). Cronbach alpha coefficient of the scale is 0.91 (18). In our study, Cronbach alpha coefficient is reported as 0.874.

Turkey Health Literacy Scale-32 (THLS-32): The adaptation of the Eropean Health Literacy Scale, developed using the integrated health literacy model by Ölçek Sorensen, into Turkish and its reliability and validity study was conducted by Pınar Okyay and Filiz Abacıgil. The reliability of the scale in Turkish was calculated as 0.927 (9). It has two dimensions of protection from illnesses and health improvement, three dimensions of having access to health-related information, understanding, evaluating and implemention and a matrix structure of 2x4. Index point calculation method was used to obtain a staard point. Index point refers to an individual's health literacy and its average is calculated based on the points an individual obtained from the items answered. In conclusion, every participant receives a point ranging from 0 and 50. For our study, Cronbach alpha coefficient of the scale was calculated as 0.914.

RESULTS

66.5% of the students included in the study are female and 33.5% of them are male. On a different note, 35.8% of the participants study in the Faculty of Medicine; 24.5% of them in the Faculty of Dentistry, 16.3% of them in the Faculty of Health sciences and 23.8% of them in the Faculty of Social sciences (Law+Faculty of Humanities). 34.4% of the students expressed that they had gained information about sexuality firstly from their friends and 51.4% of them stated that they did not find the information they had about sexuality sufficient (Table 1).

It was observed that the students participating in the study had insufficient health literacy in general and, in particular, they did not have adequate knowledge about health processes, treatments, services and protection (Fig. 1).

Table 1. Descriptive information about the participants

		n	%
Gender	Female	559	66.5
	Male	282	33.5
Faculty	Medicine	301	35.8
	Dentistry	203	24.1
	Social (Law+FOH)	200	23.8
	Faculty of health sciences	137	16.3
How did you learn about sexuality first?	Mother	116	13.8
	Father	20	2.4
	Sibling	47	5.6
	Friend	289	34.4
	TV	8	1.0
	Internet	224	26.6
	School	98	11.7
	Health personnel	5	.6
	Other	34	4.0
Do you find your knowledge about sexuality sufficient?	Yes	432	51.4
	No	407	48.4
Do you talk about sexual health and reproductive health with your family?	No	317	37.7
	Only with my father	294	35.0
	Only with my mother	35	4.2
	With my mother and father	92	10.9
	With my elder sister and brother	103	12.2

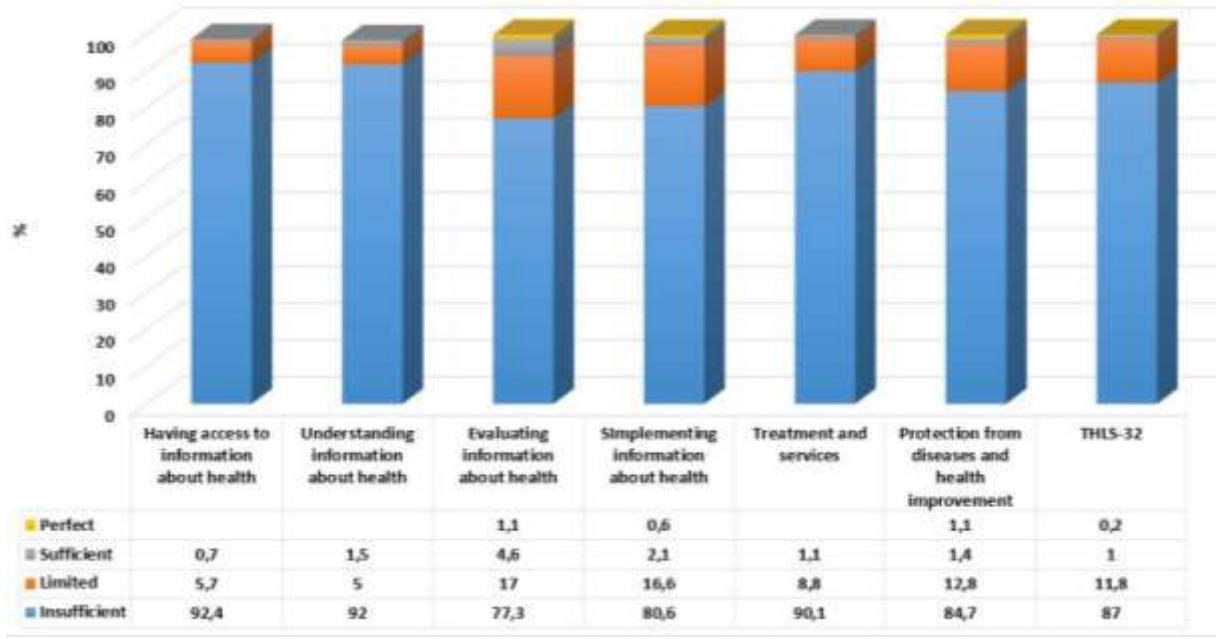

Figure 1. Health literacy levels of participants according to the processes and sub-dimensions in THLS-32 scale.

Table 2 displays the relationship between gender and scales. According to the table, males are more knowledgeable about the processes of THLS 32, treatment and services. Besides, as for the SHK dimensions, the total score of males on sexual identity development, social gender, reproductive system anatomy and physiology is relatively higher than females and there is a statistically significant difference.

Table 2. The compare between gender and scales

		MEAN±SS	FEMALE	MALE	T	P
THLS-32 PROCESSES	Having access to health-related information	14.45±6.30	14.26±8.23	14.83±8.03	-.95	.34
	Understanding health-related information	14.56±5.29	14.31±8.12	15.07±8.59	1.25	.20
	Evaluating health-related information	19.85±4.51	19.84±9.90	19.88±8.70	-.06	.94
	Implementing health-related information	18.52±6.79	18.47±8.91	18.63±7.56	-.25	.79
THLS-32 DIMENSIONS	Treatment and Service	16.15±7.77	15.73±7.83	16.99±5.55	-2.21	**.02***
	Protection from illnesses and health improvement	17.76±5.21	17.68±7.04	17.91±6.53	-.06	.74
THLS-32 TOTAL		16.81±7.86	16.62±7.56	17.19±7.72	-.23	.79
SHK DIMENSIONS	Universal values related to sexuality	1.77±.48	1.76±.49	1.77±.34	-.10	.91
	Sexual identity development	2.16±.82	2.20±.65	2.06±.79	2.40	**.01***
	Sexual tendencies	2.23±.72	2.24±.70	2.22±.77	.34	.73
	Gender-social gender	2.39±.75	2.43±.74	2.30±.76	2.39	**.01***
	Anatomy of reproductive system	2.22±.68	2.26±.70	2.15±.64	2.10	**.03**
	Sexual intercourse/sexual satisfaction	3.34±.91	3.36±.92	3.24±.89	1.08	.29
	Reproductive physiology	2.58±.64	2.65±.60	2.45±.70	4.29	**.00***
	Contraception	4.50±1.38	4.52±1.32	3.34±1.01	.46	.64
	Sexually transmitted infections	4.32±1.07	4.32±1.42	4.33±1.09	-.15	.87
	Sexual violence	2.64±.69	2.66±.76	2.59±.75	1.43	.15
	Safe sexual behavior	1.41±.44	1.41±.64	1.42±.65	-.23	.82
SHK TOTAL		29.36±5.54	29.66±5.49	28.75±5.62	2.25	**.02***
SMS DIMENSIONS	Sexual tendency	10.92±3.86	10.33±4.47	12.09±5.43	-4.99	**.00***
	Social gender	9.27±3.26	8.38±3.44	11.04±5.90	-8.24	**.00***
	Age and sexuality	7.64±3.37	7.08±2.93	8.74±3.86	-6.90	**.00***
	Sexual behavior	4.63±2.55	4.23±2.17	5.41±3.02	-.65	**.00***
	Masturbation	5.80±2.96	4.37±2.20	4.71±2.38	-2.09	**.04***
	Sexual violence	5.80±2.96	5.47±2.55	6.47±3.55	-4.56	**.00***
	Sexual intercourse	4.26±1.99	4.11±1.93	4.54±2.07	-2.91	**.00***
	Sexual satisfaction	4.00±1.80	3.84±1.80	4.31±1.93	-3.45	**.00***
SMS TOTAL		50.60±18.21	47.35±10.09	57.04±12.78	-7.52	**.00***

Test: Independent t test. $p<0.05$

Considering the relationship between the scales and the faculties that participants study, it was observed that the students studying the faculties of Medicine and Dentistry have similar levels of knowledge. Howbeit, the students in the Faculty of Medicine receive relatively higher points in the scales and the students in the faculty of social sciences have the lowest points (p<0,05) (Table 3).

Table 3. The relationship between scales and faculties

		MEDICINE (I)	DENTISTRY (II)	HEALTH SCIENCES	SOCIAL (LAW+FOH)	F	P
THLS-32 PROCESSES	Having access to health-related information	14.94±8.58	15.25±8.20	13.98±7.67	13.32±7.70	2.30	.07
	Understanding health-related information	14.78±8.34	15.45±8.38	14.32±8.33	13.51±8.01	1.94	.12
	Evaluating health-related information	20.29±9.61	20.78±9.31	19.26±9.68	18.67±9.36	2.07	.10
	Implementing health-related information	19.50±8.94	19.92±9.11	17.18±7.94	16.56±8.36	**7.94**	**.00 (I-III. IV; II-**
THLS-32 DIMENSIONS	Treatment and Service	16.95±7.89	16.83±8.14	15.13±7.26	15.02±7.25	**3.69**	**.01 (I-III. IV; II-III.IV)**
	Protection from illnesses and health improvement	18.04±9.25	18.89±9.68	17.20±8.71	16.56±8.72	2.43	.06
THLS-32 TOTAL		18.32±6.21	17.42±8.04	16.15±7.23	15.23±7.58	**5.01**	**.00 (I-III. IV. II-IV)**
SHK DIMENSIONS	Universal values related to sexuality	1.77±.49	1.81±.48	1.82±.41	1.68±.40	**3.44**	**.01 (I-IV. II-IV. III-IV)**
	Sexual identity development	2.22±.82	2.21±.79	2.34±.81	1.88±.82	**10.82**	**.00 (I-IV. II-IV. III-IV)**
	Sexual tendencies	2.35±.69	2.29±.70	2.16±.74	2.02±.76	**7.66**	**.00 (I-IV. II-IV)**
	Gender-social gender	2.41±.72	2.40±.72	2.40±.77	2.32±.81	.70	.54
	Anatomy of reproductive system	2.26±.66	2.24±.66	2.13±.70	2.21±.70	1.05	.35
	Sexual intercourse/sexual	3.42±.87	3.38±.89	3.29±.90	3.21±.58	2.31	.07
	Reproductive physiology	2.66±.58	2.65±.68	2.51±.65	2.41±.73	**6.15**	**.00 (I-III.IV; II-IV)**
	Contraception	4.63±1.41	4.64±1.21	4.37±1.43	4.26±1.21	3.92	**.00 (I-IV. II-IV)**
	Sexually transmitted infections	4.49±1.38	4.58±1.38	4.07±1.56	3.93±1.51	8.97	**.00 (I-III.IV; II-III.IV)**
	Sexual violence	2.68±.67	2.68±.64	2.53±.77	2.60±.72	1.93	.12
	Safe sexual behavior	1.39±.65	1.43±.64	1.42±.62	1.43±.54	.21	.88
SHK TOTAL		30.33±4.87	30.33±4.51	28.89±5.21	27.33±5.65	**15.42**	**.00 (I-IV. II-IV)**
SMS DIMENSIONS	Sexual tendency	9.25±3.63	11.49±5.20	11.03±5.21	12.27±4.63	**12.77**	**.00 (I-III. IV; II-IV)**
	Social gender	8.34±3.10	9.07±2.79	9.69±5.12	9.70±5.29	**4.30**	**.00 (I-IV. II-IV)**
	Age and sexuality	7.01±2.83	7.53±2.99	7.77±3.49	7.97±2.72	**2.93**	**.00 I-IV. II-IV)**
	Sexual behavior	4.32±1.99	4.83±2.82	4.72±2.79	4.57±2.27	1.52	.20
	Masturbation	4.31±2.26	4.40±2.32	4.00±2.19	4.99±2.14	.78	.50
	Sexual violence	5.77±3.25	5.58±3.25	6.10±2.56	5.61±2.31	.46	.70
	Sexual intercourse	4.21±2.03	4.20±2.01	4.28±1.21	4.26±1.92	.89	.65
	Sexual satisfaction	3.91±1.87	3.89±1.87	4.07±1.12	4.24±1.12	1.28	.25
SMS TOTAL		46.05±14.12	48.76±19.54	51.66±20.16	53.12±12.34	**5.82**	**.00 I-IV. II-IV**

Test: One-way Anova. Bonferroni p<0.05

There is a very weak positive correlation between SHKT total score and THLS-32 but a weak positive correlation between SMS total score and THLS-32 and a moderate negative correlation between SHKT and SMS total scores (p<0,05). In the model developed based on Sexual Health

Knowledge scores, it was identified that they significantly predict sexual myths (F (1,106)= 94,709, p<.05). In this model, Sexual Myths scores account for the 10% of the variance (R2adj=.100). Considering the regression coefficients, Sexual Health Knowledge scores (β= -1.04, p< .05) negatively predict Sexual Myths scores (Table 4).

In the model developed based on health literacy scores, it was witnessed that these scores significantly predict Sexual Myths scores (F (1,113)= 24,345, p<.05). In this model, Sexual Myths account for the 5% of the variance in the scores (R2adj=.057). Considering the regression coefficients, it was observed that health literacy knowledge (β= -,389, p< .05) positively predict Sexual Myths (Table 4).

Table 4. Predictive Level of Sexual Health Knowledge and value of health literacy scale for Sexual Myths

Dependent variable	Predictive variable	B	SE	*β*	T	P
Sexual myths	Fixed	81.262	3.202	-.318	25.364	.000
	SHK	-1.040	.101		-9.237	.000
R==.318; R^2=.101; Adj R^2=.100. p<0.05						
Sexual myths	Fixed	44.071	1.462	.168	30.140	.000
	THLS-32	.389	.079		4.934	.000

R==.128; R^2=.058; Adj R^2=.057. p<0.05

DISCUSSION

This study was designated so as to be able to measure university students' health literacy, sexual health knowledge and sexual myths and explore the relationship between these and other demographic variables.

The findings of the present study are in line with the prior studies in terms of sociodemographic factors (14–16). It was found out that university students, influenced by various sociodemographic factors, gain health and sexual knowledge primarily from their friends at school and the internet. These students obtained their knowledge mainly from their peers or mass communication tools rather than their teachers and parents. A great deal of research in the literature casted light on that especially young people studying at university prefer to learn about health and sexuality from their friends and social media, not from their teachers and family (15,17). Having similar findings, the present study showed that young people do not often prefer parents as parties to communicate with since they can interact with others more easily and comfortably without being judged, feeling embarrassed or any kind of prejudice.

A study conducted on health literacy among adults unveiled perfect scores of 19.9% for treatment and service subdimension, perfect scores of 15.6% on health improvement subdimension and poor scores of 19.1% on THLS-32 (18). Our study revealed that the rate of students having perfect literacy on both subdimensions is quite low. 80-90% of them are 'incompetent' on both of the subdimensions. In the Turkey health literacy study, it was declared that 27.1% of the individuals are not competent in treatment and service subdimension, and 37.4% of them are not competent in the subdimension of protection from illnesses and health improvement (19). In many studies done in foreign countries, it was reported that young people have a lot of gaps in their health literacy and sexuality knowledge compared to adults and they have quite false beliefs and attitudes (3,20). In a cross-sectional study done in Pekin, it was revealed that the university students having high-risk sexual behavior and attitude tend to have limited knowledge and methods (21,22). It has been announced that in most of the developing countries, people have limited knowledge on sexual health and reproductive health (23,24). Insufficient knowledge among young people on sexual health may lead to risky behavior, unsafe sexual practices, sexually transmitted diseases, and unwanted pregnancies. In summary, the study revealed that undergraduate students have poor knowledge level of sexual health and reproductive health, and their health literacy knowledge level is incomplete and not adequate.

Considering health literacy processes, it was observed that the most incompetent process is 'having access to health-related information' and the most competent process, compared to the others, is 'evaluating the health-related information'. In the studies conducted by (18,25–27) it was stated that the most incompetent process is 'evaluating health-related information'. A limitation that draws attention is that the studies conducted on the health literacy based on processes were generally university theses and this topic has not been investigated in other studies. The process of evaluating health-related information requires reasoning ability and comes after having access to health-related information and understanding it. For an individual to do evaluation, he first needs to have comprehensive knowledge on a certain subject and then the ability to make a decision suitable for himself. Higher incompetence in evaluation process may be accounted for its being relatively difficult compared to the other processes. In our view, the most important reason why we obtained different results in our study is that our sample is mainly comprised of Medical and Dental students. Although the students are freshmen and sophomores, they may have more competence in

evaluating health-related information as they gained a certain level of knowledge, and we think this may have affected the mean.

Among the processes in THLS-32, it was observed that men are more knowledgeable than women about treatment and service. Similarly, it was revealed that men's total scores and their scores on sexual identity development, social gender, the anatomy, and physiology of reproductive system, as the SHK processes, are higher than women and show a statistically significant difference. Besides, it was also observed that men have more sexual myths than women in all the subdimensions. While there are studies in the literature underpinning that there is no difference across genders in terms of health literacy, sexual knowledge and sexual myths (28), there also studies reporting that women have greater and more accurate knowledge health knowledge and sexual knowledge, but men have more sexual myth beliefs (29,30). Therefore, these differences in health and sexuality may vary depending on the population.

One of the most valuable aspects of this study is that it aims to explore health literacy, sexual health knowledge and perspectives on sexual myths with reference to the faculty that participants study. The reason behind this is that, as a common belief, the health knowledge of the students studying in Medicine and other branches of health is expected to be significantly different from other students. That being said, the findings of the studies revealed that the knowledge of medical/dental students differ from social and health sciences only in certain areas. The difference can be observed in various subdimensions including implementing health-related information, treatment and service, universal values related to sexuality, sexual identity, social gender, sexual satisfaction, physiology of reproduction, infectious diseases, and sexual myths. Medical and dental students received relatively higher scores on these subdimensions compared to the students studying in the fields of health and social sciences and they have a smaller number of sexual myths. The results showed that students in Medicine and Dentistry do have similar knowledge; medical students received high score in the scales and students in the faculties of social sciences received the lowest grades. Soleymani et al. (31) and Regmi et al. (23) emphasized that the students studying in the health-related faculties possess greater knowledge on health literacy and sexual health compared to the students studying in other faculties, but their knowledge level is still not at the desired level. Apparently, university students do not have sufficient knowledge on sexual health and sexual myths. Besides, it is thought that there are other factors like religious values and cultural sensitivities which may affect sexual knowledge level. Topics related to sexuality are still considered as a taboo in the society and students have a great deal of false and incomplete knowledge about these topics as they are not exposed to them in a healthy way.

In our study, it was identified that sexual health knowledge accounts for 10% of sexual myths and health literacy accounts for 5% of sexual myth variance. It was also seen that although sexual health knowledge level and health literacy knowledge level do not have a strong predictive power on sexual myths and beliefs, they do influence these myths to a certain extent. The reason behind this is that knowledge and attitude are two parameters that are closely linked to each other. The more an individual becomes knowledgeable on a certain topic, the less prejudices, false information, and myths he will have. Our study showed a positive correlation between health literacy and sexual health knowledge but a negative correlation between sexual health knowledge and sexual myths. In other words, the higher sexual health knowledge one has, the less sexual myths and myth beliefs on sexual tendencies he will have. Related to this, Evcili and Gölbaşı (13) and Kocagöz (32) pinpointed in their study that there is a positive correlation between health literacy and sexual health knowledge and a negative correlation between sexual health knowledge level and sexual myths

Limitations

The limited sample size of the study group is the biggest limitation of the study. In addition, the study can be repeated with different samples.

CONCLUSION

In conclusion, it was observed that health literacy among university students, sexual health knowledge and sexual myths are closely linked to each other. On a different note, the predictive effects of health literacy and sexual health knowledge on sexual myths was confirmed in the present study. In the case of a strong connection between sexual knowledge level and sexual myths, providing sexual health knowledge for the young people has an influential role in reducing sexual myths. Therefore, ultimate attention should be paid to exploring the factors which cause the prejudgments resulting from sexual myths in the society and limitations of the healthcare system.

REFERENCES

1. Govender D, Naidoo S, Taylor M. Knowledge, attitudes and peer influences related to pregnancy, sexual and reproductive health among adolescents using maternal health services in Ugu, KwaZulu-Natal, South Africa. BMC Public Health. 2019;19(1):1–16.

2. Hamdanieh M, Ftouni L, Al Jardali B, Ftouni R, Rawas C, Ghotmi M, et al. Assessment of sexual and reproductive health knowledge and awareness among single unmarried women living in Lebanon: a cross-sectional study. Reprod Health. 2021;18(1):1–12.
3. Guan M. Sexual and reproductive health knowledge, sexual attitudes, and sexual behaviour of university students: Findings of a Beijing-Based Survey in 2010-2011. Archives of Public Health. 2021;79(1):1–17.
4. Dabiri F, Hajian S, Ebadi A, Zayeri F, Abedini S. Sexual and reproductive health literacy of the youth in Bandar Abbas. AIMS Med Sci. 2019;6(4):318–25.
5. Vongxay V, Thongmixay S, Stoltenborg L, Inthapanyo A, Sychareun V, Chaleunvong K, et al. Validation of the Questionnaire on Sexual and Reproductive Health Literacy for Adolescents Age 15 to 19 Years in Lao People's Democratic Republic. Health Lit Res Pract. 2022;6(1):e37–50.
6. Soleymani S, Abdul Rahman H, Lekhraj R, Mohd Zulkefli NA, Matinnia N. A cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia. Reprod Health. 2015;12(1):1–7.
7. Finer LB, Philbin JM. Sexual initiation, contraceptive use, and pregnancy among young adolescents. Pediatrics. 2013;131(5):886–91.
8. Daniels K, Jones J, Abma JC. Use of emergency contraception among women aged 15-44, United States, 2006-2010. US Department of Health and Human Services, Centers for Disease Control and Prevention; 2013. [Cited 2023 May 4]. Available from: https://www.cdc.gov/nchs/products/databriefs/db112.htm#:~:text=In%202006%E2%80%932010%2C%20among%20sexually,%25)%20or%20twice%20(24%25).
9. Abacıgil F Harlak H, Okyay P. Avrupa Sağlık Okuryazarlığı Ölçeği Türkçe uyarlaması. Okyay, P. ve Abacıgil, F. (Ed.) Türkiye Sağlık Okuryazarlığı Ölçekleri güvenilirlik ve geçerlilik çalışması. Ankara: T.C. Sağlık Bakanlığı Yayın No: 1025. 2016; 21-41.
10. Gil-García E, Martini JG, Porcel-Gálvez AM. Alcohol consumption and risky sexual practices: the pattern of nursing students from the Spanish University. Rev Lat Am Enfermagem. 2013;21:941–7.
11. Ünal Toprak F, Turan Z. 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. Perspect Psychiatr Care. 2021;57(2):667–74.
12. Farih M, Khan K, Freeth D, Meads C. Protocol study: Sexual and reproductive health knowledge, information-seeking behaviour and attitudes among Saudi women: A questionnaire survey of university students. Reprod Health. 2014;11(1):1–5.
13. Evcili F, Golbasi Z. The effect of peer education model on sexual myths of Turkish university students: An interventional study. Perspect Psychiatr Care. 2019;55(2):239–48.
14. Villanueva LA, Campos R, del Milagro Pérez-Fajardo M. Contraception knowledge and practices in pregnant adolescents. Ginecol Obstet Mex. 2001;69:239–42.
15. Long L, Yuan T, Wang M, Xu C, Yin J, Xiong C, et al. Factors associated with condom use among male college students in Wuhan, China. PLoS One. 2012;7(12):e51782.
16. Feng W, Ren P, Shaokang Z, Anan S. Reproductive health status, knowledge, and access to health care among female migrants in Shanghai, China. J Biosoc Sci. 2005;37(5):603.
17. Sørensen K, van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, et al. Health literacy and public health: a systematic review and integration of definitions and models. BMC Public Health. 2012;12(1):1–13.
18. Durusu Tanrıöver, M Yıldırım, HH, Demiray Ready N, Çakır B, Akalın, EH. Türkiye sağlık okuryazarlığı araştırması, 2012, http://www.sagliksen.org.tr/ MediaContent/vYcK-1419245270-mA5r.pdf. Availeble from: 21 May 2023.
19. Bora Başara B, Soytutan Çağlar İ, Aygün A, Özdemir Ta, Kulali B. Sağlık istatistikleri yıllığı [Internet]. Available from: https://sbsgm.saglik.gov.tr/Eklenti/40564/0/saglik-istatistikleri-yilligi-2019pdf.pdf.
20. Zhang L, Gao X, Dong Z, Tan Y, Wu Z. Premarital sexual activities among students in a university in Beijing, China. Sex Transm Dis. 2002;29(4):212–5.
21. Zhou X, Wildschut T, Sedikides C, Chen X, Vingerhoets AJJM. Heartwarming memories: Nostalgia maintains physiological comfort. Emotion. 2012;12(4):678.
22. Zhou H, Wang X ye, Ye F, Gu H hua, Zeng X pei L, Wang Y. Contraceptive knowledge, attitudes and behavior about sexuality among college students in Beijing, China. Chin Med J (Engl). 2012;125(06):1153–7.
23. Regmi P, Simkhada P, van Teijlingen E. "Boys remain prestigious, girls become prostitutes": Socio-cultural context of relationships and sex among young people in Nepal. Glob J Health Sci. 2010;2(1):60–72.
24. Williamson LM, Parkes A, Wight D, Petticrew M, Hart GJ. Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research. Reprod Health. 2009;6(1):1–12.
25. Aytepe, UE, Donmez, E. Türkiye'de Kolorektal Kanser Tarama Davranışları, Etkileyen Faktörler ve Taramaya Katılmama Nedenleri: Sistematik Derleme . Halk Sağlığı Hemşireliği Dergisi. 2022;4(1): 56-76.

26. Berberoğlu U, Öztürk O, İnci MB, Ekerbiçer HÇ. Bir Aile Sağlığı Merkezine Kayıtlı 18-65 Yaş Grubu Bireylerdeki Sağlık Okuryazarlığı Durumunun Değerlendirilmesi. Sakarya Tıp Dergisi. 2018;8(3):575-81.
27. Navarro M, Nicolas A, Ferrandez A, Lanas A. Colorectal cancer population screening programs worldwide in 2016: An update. World Jounal of Gastroenterology. 2017; 23(20):3632-42.
28. Yılmaz M, Karataş B. Opinions of student nurses on sexual myths; a phenomenological study. Sex Disabil. 2018;36(3):277–89.
29. Lohrmann C, Välimäki M, Suominen T, Muinonen U, Dassen T, Peate I. German nursing students' knowledge of and attitudes to HIV and AIDS: two decades after the first AIDS cases. J Adv Nurs. 2000;31(3):696–703.
30. Özcan H, Kızılkaya Beji N, Karadağ A, Emlik K. Üniversite öğrencilerinin üreme ve cinsel sağlığa yönelik bilgi düzeyleri. Uluslararası Hakemli Hemşirelik Araştırmaları Dergisi. 2016;7(6):83-97.
31. Soleymani S, Abdul Rahman H, Lekhraj R, Mohd Zulkefli NA, Matinnia N. A cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia. Reprod Health. 2015;12(1):1–7.
32. Kocagöz SZ. Cinsel işlev bozukluğu tipleri ve cinsel mitler arasındaki ilişki. [Yayınlanmamış uzmanlık tezi]. Uludağ Üniversitesi Tıp Fakültesi Bursa;2008. [Cited 2023 May 4]. Available from: https://acikerisim.uludag.edu.tr/handle/11452/2710..