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Men's Belief in Sexual Myths and Factors Effecting These Myths

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ABSTRACT

Men's belief in sexual myths and factors effecting these myths

Objective: Sexual myths are often exaggerated, incorrect and unscientific ideas on sexuality that people believe to be true. The aim of this study is to determine the acceptance rate of common sexual myths and related factors among men.

Method: Data was collected from 167 voluntary males (18-67 years). A structured interview including sociodemographic characteristics and sexual myth questionnaire investigating 30 common sexual myths was carried out with the participants.

Result: There are numerous myths regarding sexuality in our study population. It was found that marital status, educational level, region lived until adolescence (sub-district and village or province and district), first source for sexual information and result of the first sexual relationship influence rates of belief for sexual myths.

Conclusion: High levels of belief in sexual myths among males in our study group can be interpreted as a result of inadequate sexual education in the society. We believe that further larger scale population studies might be beneficial for planning sexual education in our society.

Key words: Sexuality, myths, sexual knowledge

ÖZET

Erkeklerde cinsel mitlere inanma oranları ve mitlere inanmayı etkileyen faktörler

Amaç: Cinsel mitler, kişilerin cinsel konularda doğru olduğunu düşündükleri, çoğu zaman abartılı, yanlış, bilimsel değeri bulunmayan inanışlardır. Bu araştırmanın amacı, erkeklerde sık görülen cinsel mitlere inanma yaygınlığının ve cinsel mitlere inanmayı etkileyen değişkenlerin belirlenmesidir.

Yöntem: Araştırmaya 167 erkek katılmıştır. Verilerin ilk bölümü sosyodemografik özellikler ve cinsel öykü ile ilgili soruları, ikinci bölümü ise 30 soruluk Cinsel Mit Değerlendirme Formunu içeren anket formunu kapsamaktadır.

Bulgular: Cinsel mitlere inanma yaygındır. Medeni durum, eğitim düzeyi, ergenlik öncesi yaşanılan bölge, ilk cinsel bilgi kaynağı ve ilk cinsel ilişki sonucunun cinsel mitlere inanmayı etkilediği saptanmıştır.

Sonuçlar: Bulgularımıza dayanarak, erkeklerde de cinsel mitlere inanmanın yüksek düzeylerde olmasını, toplumda var olan cinsellikle ilgili bilgilerin eksikliği ya da yanlışlığı ile açıklayabiliriz. Daha fazla katılımcı ile daha genellenebilir çalışmaların yapılması, toplum tabanlı cinsel eğitimlerin planlaması için yol gösterici olacaktır.

Anahtar kelimeler: Cinsellik, mitler, cinsel bilgi

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INTRODUCTION

Although sexuality does not have a vital function for the survival of human being, it has an important role among components which make up quality of life (1). World Health Organization defined sexual health as "somatic, emotional, intellectual and social aspects of sexuality which enriches life and endorsing integrity of personality, communication and love" (2). Although it was showed that sexual health directly affects relationships, happiness and quality of life in both men and women, sexuality is currently one of the leading taboos and people cannot talk about sexuality openly (3,4).

Sexuality is a basic instinct. Thoughts about sexuality and sexual behavior develop at every individual in childhood, adolescence and adulthood (5,6). Sexual behavior is a socialization process shaped by the interaction of individual (physiological and psychological), social and cultural factors (7). The most important factor in the development of individual sexual behavior is the point of view of the cultural structure of the society of that individual (8). Our society is one of the societies which sexuality is seen as a taboo and is not talked openly (9). Formal education also remains

inadequate to cover individual's learning needs about sexuality in our country. In a study done by Sexual Education, Therapy and Research Society (CETAD) in 2006, it was stated that main information sources about sexuality were found to be friends, environment, media such as newspapers and journals and pornographic material in general (10,11). Too much deficient, wrong and/or exaggerated information about sexuality are given in these informal sources. Due to this misleading information, several prejudices occur about sexuality in the public. One of the most frequently encountered consequences of misleading information is sexual myths (12). Sexual myths are beliefs about sexual subjects which are often exaggerated, wrong and non- scientific but thought to be true. These wrong beliefs and concepts affect individual's attitudes and behaviors about sexuality (13-15). Sexual myths may cause consequences which may affect sexual and consequently general public health. Popular beliefs and attitudes vary between different cultures. There also may be regional differences within the same culture. Moreover, beliefs and attitudes about sexual subjects vary between individuals, age, gender, education, family type etc. (16).

The aim of this study is to determine the frequency of believing sexual myths and effects of some socio-demographic variables (age, marital status, education, residence up to 12 years of age, first source of sexual information, masturbation experience, person of first sexual experience and its consequence) on believing sexual myths.

METHOD

This descriptive study was conducted in Istanbul province, Umraniye district, Kazım Karabekir neighborhood. At the time of the study, Kazım Karabekir neighborhood was an area with a population of 70,000 which had received intense immigration. At the time of the study, first level health services of the neighborhood was being given by Islambey Health Center (one of the investigators was working in) which is a branch of Umraniye Health Group Directorate. By the help of elected-head of the neighborhood, 14 local coffee houses which fellow countrymen migrated from same region (Tokat, Muş, Sivas, Bitlis, Ağrı, Bingöl, Bayburt, Trabzon, Rize) were visited and aim of the study was explained to regular customers. Questionnaires were given to people who accepted to participate in the study and required to answer it individually and without giving their names according to research ethics. Questionnaires completed by the participants were re-collected with the front of the sheet to be upside down. No data were collected from people who were present in the coffee houses at the time of research but did not give consent to participate in the study.

First part of the questionnaire which was prepared by the investigators consisted of questions of socio-demographic characteristics and sexual history; second part consisted of Sexual Myth Evaluation Form. Sexual Myth Evaluation Form was developed by Zilbergeld and consisted of 30 sexual myths which was previously used in our country to investigate sexual myths (6,14,17). In the sexual myth evaluation form it was required from every participant to tick one of the choices of "I agree", "I disagree" and "I have no idea".

Statistical analyses were done by SPSS package software. For categorical variables, chi-square test and if expected value was less than 5, Fisher's exact chi-square test and for the comparison of continuous variables, t test (in independent groups) was used. Statistical significance was taken as $p<0.05$.

RESULTS

A total of 167 men between 18 and 67 years of age participated in the study that 103 of them (61.7%) were married and 64 of them (38.3%) were single. Mean age of the participants was 36.74±11.79. Nearly half of them (44.9%) declared that they have no regular employment with a regular income. 37.7% of participants were graduated from or left primary school, 20.4% were graduated from secondary school and 41.9% graduated from high school or more.

Majority (68.9%) of men participated in the study stated their first source of information as their friends independent of their educational level, residence of living till 12 years old, marital status and age at the time of the study. Other first sexual information sources

Table 1: Socio-demographic characteristics of participants of the study (N=167)

	Number	%
Marital Status		
Single	64	38.3
Married	103	61.7
Age		
≤24	34	20.4
25-34	50	29.9
35-44	31	18.6
≥45	52	31.1
Education		
Primary school (≤5 years)	63	37.7
Secondary school (5-8 years)	34	20.4
High school (8-11 years)	62	37.1
University	8	4.8
Job with stable income		
Present	92	55.1
None	75	44.9
Residence of up to 12 years of age		
City-big town	90	53.9
Village-town	77	46.1
First source of sexual information		
Friend	115	68.9
Erotic-Pornographic film/journal	27	16.1
Media (newspaper- television)	22	13.2
Parent (father)	3	1.8

were erotic/pornographic films and journals (16.1%), newspapers and television (13.2%) and parents (1.8%). Mean age of first information about sexual subjects was 12.59 ± 2.46 for the all group. Mean age of first information about sexual subjects was higher at participants whom lived in villages or towns up to 12 years of age (pre-pubertal) compared to participants whom lived in bigger towns and cities (13.60±2.71 and 12.15±2.22, consecutively; t=-3,323, p<0.05). Socio-demographic distribution of the study group was given in table 1 (Table 1).

While all other questions in the questionnaire were completely answered, 26.8% of the participants did not want to answer the question which masturbation experiences were asked, 27.5% did not want to answer the question about with whom their first sexual experience was, 34.7% did not want to answer their first sexual relationship and 3.6% did not want to answer their age of first sexual intercourse.

Mean age of first sexual relationship experience of

Table 2: Frequency of believing in sexual myths (N=167)

Sexual myths	n	%
Men always want sex and are always ready for sex.	122	73.1
Sexual relationship should always be started by men.	81	48.5
It is immoral for women to start sex.	57	34.1
In a sexual relationship men should carry the responsibility and manage it.	87	52.1
Making love means sexual intercourse.	100	59.9
Aim of good sex is sexual intercourse.	117	70.1
Making love should always be natural and spontaneous; talking and thinking about making love spoils it.	79	47.3
All physical contacts should go into sexual intercourse.	64	38.3
Men should not show all of their feelings (such as crying)	60	35.9
Dimensions of male sexual organ is the indication of sexual power.	80	47.9
A big, erected penis is the key to good love making.	104	62.3
Bigger male sexual organ arouses women more.	94	56.3
Erection is always the sign of arousal with sexual desire.	111	66.5
When male sexual organ erects, it should ejaculate as soon as possible.	62	37.1
Loss of erection of male sexual organ means that the partner was not found attractive.	67	40.1
Every man should know how to give pleasure to women.	130	77.8
Women should have orgasm by penile movements without hands are being used.	53	31.7
Making love is nice only by orgasm of each partner.	107	64.1
When partners love each other, they know how to get pleasure from making love.	107	64.1
Sex is natural, cannot be learned.	44	26.3
Masturbation is dirty and harmful.	66	39.5
Masturbation during sexual relationship is wrong.	26	15.6
Having sexual fantasies is wrong.	45	26.9
Mature men lose their interest to fantasies and masturbation.	62	37.1
Man or woman cannot say no to making love.	30	18.0
There are certain and strict rules saying which is normal in making love.	50	29.9
Oral sex is dirty.	33	19.8
Oral sex is an indication of immaturity.	63	37.7
Women are responsible from sexual problems of men; medical help or treatment do not work at all.	92	55.1
If wife rejects sexual relationship, husband has right to hit her.	62	37.1

Table 3: Comparison of sexual myths according to marital status, educational level and residence of living up to 12 years of age (N=167)

	Marital Status			Educational Level			Residence of Living Till 12 Years of Age		
Sexual myths	Married (n=103) %	Single X±SD %	p and χ^2	Secondary school and lower (n=97) %	High school and over (n=70) %	p and χ^2	City-big town (n=90) %	Village-town (n=77) %	p and χ^2
Men always want sex and are always ready for sex.	69.9	78.1	>0.05 1.356	77.3	67.1	>0.05 2.139	67.8	79.2	>0.05 2.760
Sexual relationship should always be started by men.	55.3	37.5	0.027 5.030	68.0	21.4	<0.001 35.368	36.7	62.3	<0.001 11.993
It is immoral for women to start sex.	44.7	17.2	<0.001 13.252	49.5	12.9	<0.001 24.262	21.1	49.4	<0.001 14.720
In a sexual relationship men should carry the responsibility and manage it.	59.2	40.6	0.026 5.471	68.0	30.0	<0.001 23.577	34.4	72.7	<0.001 24.370
Making love means sexual intercourse.	74.8	35.9	<0.001 24.761	78.4	34.3	<0.001 32.862	40.0	83.1	<0.001 32.112
Aim of good sex is sexual intercourse.	80.6	53.1	<0.001 14.187	80.4	55.7	<0.001 11.824	56.7	85.7	<0.001 16.692
Making love should always be natural and spontaneous; talking and thinking about making love spoils it.	62.1	23.4	<0.001 23.714	68.0	18.6	<0.001 39.917	30.0	67.5	<0.001 23.451
All physical contacts should go into sexual intercourse.	50.5	18.8	<0.001 16.819	49.5	22.9	<0.001 12.196	26.7	51.9	<0.001 12.080
Men should not show all of their feelings (such as crying).	41.7	26.6	0.049 3.954	42.3	27.1	0.051 4.041	20.0	54.5	<0.001 21.513
Dimensions of male sexual organ is the indication of sexual power.	61.2	26.6	<0.001 18.938	63.9	25.7	<0.001 23.778	28.9	70.1	<0.001 28.281
A big, erected penis is the key to good love making.	70.9	48.4	0.005 8.458	73.2	47.1	0.005 11.747	44.4	83.1	<0.001 26.417
Bigger male sexual organ arouses women more.	65.0	42.2	0.006 8.384	73.2	32.9	0.006 26.889	40.0	75.3	<0.001 21.045
Erection is always the sign of arousal with sexual desire.	78.6	46.9	<0.001 17.871	79.4	48.6	<0.001 17.316	52.2	83.1	<0.001 17.771
When male sexual organ erects, it should ejaculate as soon as possible.	47.6	20.3	<0.001 12.567	48.5	21.4	<0.001 12.721	21.1	55.8	<0.001 21.446
Loss of erection of male sexual organ means that the partner was not found attractive.	46.6	29.7	0.035 4.701	51.5	24.3	<0.001 12.577	26.7	55.8	<0.001 14.705
Every man should know how to give pleasure to women.	82.5	70.3	>0.05 3.413	82.5	71.4	>0.05 2.876	73.3	83.1	>0.05 2.203
Women should have orgasm by penile movements without hands are being used.	38.8	20.3	0.016 6.251	32.0	31.4	>0.05 0.005	22.2	42.9	0.005 8.156
Making love is nice only by orgasm of each partner.	67.2	62.1	>0.05 0.987	63.9	64.3	>0.05 0.141	58.9	70.1	>0.05 2.278
When partners love each other, they know how to get pleasure from making love.	68.9	56.2	>0.05 2.758	71.1	54.3	0.033 5.014	56.7	72.7	0.036 4.650
Sex is natural, cannot be learned.	28.2	23.4	>0.05 0.453	33.0	17.1	0.032 5.262	16.7	37.7	0.003 9.427
Masturbation is dirty and harmful.	52.4	18.8	<0.001 18.730	57.7	14.3	<0.001 32.109	28.9	51.9	0.003 9.231
Masturbation during sexual relationship is wrong.	19.4	9.4	>0.05 3.028	22.7	5.7	0.002 8.903	6.7	26.0	<0.001 11.768
Having sexual fantasies is wrong.	27.2	26.6	>0.05 0.008	33.0	18.6	0.051 4.294	20.0	35.1	0.036 4.784
Mature men lose their interest to fantasies and masturbation.	42.7	28.1	>0.05 3.601	49.5	20.0	<0.001 15.142	23.3	53.2	<0.001 15.907
Man or woman cannot say no to making love.	18.4	12.7	>0.05 0.042	19.6	15.7	>0.05 0.414	11.1	26.0	0.015 6.220
There are certain and strict rules saying which is normal in making love.	42.7	9.4	<0.001 20.922	47.4	5.7	<0.001 33.719	11.1	51.9	<0.001 32.991
Oral sex is dirty.	21.4	17.2	>0.05 0.433	27.8	8.6	<0.001 9.516	11.1	29.9	0.003 9.210
Oral sex is an indication of immaturity.	51.5	15.6	<0.001 21.572	56.7	11.4	<0.001 35.472	20.0	58.4	<0.001 26.102
Women are responsible from sexual problems of men; medical help or treatment do not work at all.	63.1	42.2	0.010 6.982	63.9	42.9	0.008 7.289	47.8	63.6	0.044 4.218
If wife rejects sexual relationship, husband has right to hit her.	43.7	26.6	0.032 4.960	48.5	21.4	<0.001 12.721	26.7	49.4	0.004 9.148

men whom were participated in the study and answered this question was 17.8±2.1. Out of 121 men (62%) who answered the question about with whom they had their first sexual intercourse experience, 62% stated that they had this experience with a prostitute, 20.7% with their wives after getting married, 17.4% with their girl friends. Out of 109 men (65.3%) whom were asked whether they had any problems with this first sexual intercourse and answered, 14 (12.8%) stated that they had erection or ejaculation problems.

Out of 139 men (83.2%) whom answered the question which their first masturbation experiences were asked, 81.3% stated they masturbated before. Mean age of first masturbation of participants whom stated they masturbated was 12.90±1.87.

Most of the men participated in the study agreed with following myths: "every men should know how to satisfy every women" (77.8%); "men always want sex and always ready for sex" (73.1%), "sexual intercourse is the main goal of good sex" (70.1%), "erection is always a sign of sexual arousal" (66.5%). Proportion of agreement to other myths was given in Table 2 (Table 2).

When myths were evaluated separately, agreement to almost every myth was statistically significantly higher in married men compared to single men, men with up to educational level of secondary school compared to men graduated from high school or higher, men lived in villages or towns in pre-pubertal period compared to men lived in bigger towns and cities ($p<0.05$) (Table 3).

None of the men who stated problems at their first sexual intercourse (n=14) agreed with the myth of "loss of erection in male sexual organ means he did not find his partner attractive", however, almost all of them agreed with the myth "women are responsible from sexual problems of men, medical help or treatment will not work". Men who experienced problems at their first sexual relationship agreed with the three myths statistically significantly less than men who stated no problem ($p<0.05$): "All physical contacts should go into sexual intercourse" (50.5% and 14.3%), "When erection occurs in male sexual organ, he should ejaculate as soon as possible" (34.7% and 7.1%) and "Bigger male sexual organ arouses women more" (53.7% and 7.1%). Although no statistical difference was found in statistical analyses, frequency of believing in other sexual myths among men who experienced problems in their first sexual relationships was lower than men who did not have problems.

DISCUSSSION

There are some limitations of our study which aimed to investigate beliefs in sexual myths and factors affecting them. Not selecting a sample which does not have a representative value is an important limitation for not generalizing the results. Voluntary participation might have caused people who were interested in the subject of the study and feel less reluctant to participate. Lower number of participants might have affected the coverage ability of our study. All of these limitations might have been reflected in the study results. Despite all these limitations, we believe that our study will contribute to related literature in a subject which population-based data collection is difficult.

In our study we found that education, residence of living in pre-pubertal period, source of sexual information, partner of first sexual experience and its consequences affect believing in sexual myths.

Point of view of the society which individual is living in, is the most important factor affecting that individual's sexual beliefs (8). Although society which individual is living in disregards the need to be informed about sexuality, natural instincts force every person to learn about sexuality beginning from childhood and puberty. When family, formal education and mass media are not correct information sources, every source around such as friends and erotic-pornographic material become learning source of sexual information. In our country where families and formal education are inadequate to eliminate the curiosity and lack of information, circle of friends and erotic-pornographic material become an important source of sexual information (10,18,19). In our group, friends were stated as the first source of information by two-thirds of (68.9%) of the group. First sexual information source stated in the second line were erotic-pornographic journals and films (16.1%). In our study, prevalence of

believing in sexual myths was found to be 45%. In a study done by CETAD in 1500 people nationwide about sexual and reproductive health, in the section which sexual myths were evaluated, it was reported that believing in sexual myths were frequent in men (10). In our study, significantly higher prevalence of sexual myths which were believed by participants who stated their first source of sexual information as pornographic-erotic material than other groups (i.e., friends-newspapers-parents) supports that erotic-pornographic material contain inadequate and even misleading/exaggerated information about sexuality and this may cause wrong beliefs in people (11,12). Higher number of myths believed by participants whom obtained their first sexual information from erotic/pornographic material than from participants obtained these information from newspaper-television or parents may indicate the probably misleading and exaggerated content of the erotic material as the source of information. Statement of parents (father) as the first source of sexual information by only three participants suggests that sexual subjects are not spoken in families of men in the study group.

According to our study results, living in a village or a town in the pre-pubertal period significantly increases the probability of believing in sexual myths compared to living in big towns or cities. According to Freud, sexual interest begins in small ages. Although sexual interest begins in childhood, sexual learning generally begins in pubertal period. Incomplete or misleading sexual information and wrong and exaggerated expectations about sexuality in psychosexual development period of childhood and puberty are reflected in the sexual beliefs and behaviors of adulthood and cause sexual problems (20). Moreover, in our study, mean age of first sexual information were found to be higher in participants lived in villages and towns in the pre-pubertal period than participants lived in big towns and cities. These two findings suggest that sexuality is less and later talked among people living in villages and towns than people living in big towns and cities. Bulut and Ortaylı (19) reported that sexuality is talked very little in villages and asking questions about sexuality is criticized and perceived as knowing nothing. Turkish society generally went in to a fast transformation period by the effect of immigration from rural to urban areas started in 1950's. Currently, nearly 70% of Turkish society live in urban areas (21). Although our society mostly transformed from a traditional, conservative and patriarchal structure to more modern and egalitarian type of society, effects of traditional conservative approaches are still maintained especially in rural areas. An important proportion of people living in urban areas was born and spent their childhood in rural areas or they are children of parents who were grown up in rural areas and then migrated to urban areas. In this dynamic group, effects of traditional beliefs and approaches in rural areas are still maintained in their urban life (22-24). Under these circumstances sexuality remains a subject which is little talked but is highly curious about. Higher prevalence of believing sexual myths in people living in villages and towns support the continuity of information and attitudes of individuals obtained within the community they lived in the pre-pubertal period though living in urban areas (25).

Men with educational level of secondary school or less believe in more sexual myths than men with educational level of high school or more. This finding is consistent with the results of the study of CETAD which represents the whole country and reported that belief in sexual myths decrease by the increasing level of education (10). We can say that, although it does not contain sexual education, formal education of a certain amount of time is important to have access to correct information about sexuality as well as many other subjects.

In our society, adequate sexual function is perceived as the proof of masculinity and a "male scheme" is formed. Tendency of control and performance in this scheme showed that sexuality is limited to a physical action completed by great pressure from men's points of view (6). Especially believing in certain sexual myths among our findings, support this hypothesis. In table 2, when myths were analyzed, "male" scheme of an important proportion (more than half) of the study group can be summarized as follows: A man should carry the control in a sexual relationship and manage it, should always be ready for it, his penis should be hard and big, should know how to satisfy every woman and

should terminate the relationship with sexual intercourse. Less believing to most of the myths by participants whom experienced problems (erection or ejaculation) at their first sexual experience than participants whom did not experience any problem may be due to inconsistency of their individual experience and expressions in sexual myths (loss of erection means not finding the partner attractive, all contacts should terminate with sexual intercourse, penile erection should terminate with absolute ejaculation).

Another interesting finding of our study is the lower response rate of questions about the personal experiences of participants (masturbation, person whom first sexual experience was with, result of the first sexual relationship) compared to other questions. Tendency to not responding these questions was higher among men who were married, lived in rural areas till 12 years of age and had education at secondary school level or less than men who were single, lived in urban areas till 12 years of age ($p<0.05$). When the perception of adequate sexual function is taken as proof of masculinity in our society, any negativity at first sexual experience (both for the person and its consequence) might have limited the responses of participants due to anxiety of personalization.

Sexuality which is a sensitive subject and interests everybody and having important effects on both physical and mental health is one of the most fundamental facts of our healthy well-being (2). It cannot be denied that to be informed about sexuality from correct sources is an important predictor of living a healthy sexual life. Sexual education should be a part of formal education. However, for healthy and accurate sexual education of adults whom were informed inadequately or wrong during formal education like in our study group, health professionals, media corporations, society leaders and government officials have great responsibility. The more accurate the sexual knowledge of adults the lower number of beliefs to sexual myths there are. Accuracy of the sexual knowledge of an adult is important not only for their children to be informed accurately but also it may have an effect to correct wrong and misleading beliefs and information about sexuality in their circle of friends.
Doing studies with higher number of participants and more generalizable to our country will guide us to plan population-based sexual education programs.

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