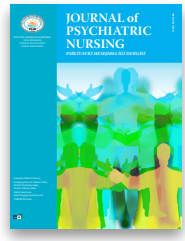
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2024.59376
J Psychiatric Nurs 2024;15(4):438-449



Original Article

The level of sexual embarrassment and the affecting factors in married women applying to the obstetrics and gynecology outpatient clinic, and the effect of sexual embarrassment on sexual self-confidence, sexual satisfaction, and dyadic adjustment

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Abstract

Objectives: It was aimed to investigate the level of sexual embarrassment and the affecting factors in married women applying to the obstetrics and gynecology outpatient clinic, and the effect of sexual embarrassment on sexual self-confidence, sexual satisfaction, and dyadic adjustment.

Methods: This descriptive cross-sectional study was conducted between August 9 and October 17, 2022, with 528 married women. Descriptive Information Form, Sexual Self-Consciousness Scale embarrassment subscale, Sexual Self-Confidence Scale, New Sexual Satisfaction Scale, and Revised Dyadic Adjustment Scale were used to collect data.

Results: It was determined that the mean score of sexual embarrassment was moderate. It was found that the place of residence for the longest period of time being a town/village, not having social security, and not working positively predicted the mean sexual embarrassment score of women, while the age of the spouse predicted it negatively ($p<0.01$). It was found that the mean score of sexual embarrassment negatively effected the mean score of sexual self-confidence, sexual courage, sexual awareness, sexual self-disclosure, self and partner-centered sexual satisfaction, dyadic adjustment, dyadic satisfaction, and dyadic consensus ($p<0.01$).

Conclusion: It is suggested that women who apply to obstetrics and gynecology outpatient clinics to receive health care services may frequently experience sexual shyness, sexual shyness in these women may negatively affect women's sexual life and couple harmony, therefore, sexual health education programs and effective sexual health counseling services should be provided to women by nurses together with their partners to maintain their sexual life, which is private and intimate for women, in a healthy way.

Keywords: Dyadic adjustment; sexual embarrassment; sexual satisfaction; sexual self-confidence; woman.

Sexuality is one of the basic human needs. The individual's view of sexuality is greatly influenced by family, environment, sociodemographic and obstetric characteristics, sociocultural structure, customs and traditions, religious beliefs, and moral values.[1,2] Concepts such as sexual embarrassment, timidity, or self-expression determine the characteristics of a person's sexual behavior. Sexual awareness or sexual self-consciousness includes components such as the tendency to think about the nature of sexuality, one's views about sexual life, and feelings about social pressure related to sexual behavior. Sex-

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Submitted Date: July 23, 2023 **Revised Date:** November 04, 2024 **Accepted Date:** November 25, 2024 **Available Online Date:** December 26, 2024
Journal of Psychiatric Nursing - Available online at www.phdergi.org

ual embarrassment is the inability to talk about sexual matters and express oneself in sexual terms.[3,4] In the literature, it is reported that women experience sexual shame more than men and tend to keep silent and hide their sexual problems instead of sharing their feelings and thoughts about sexuality.[2,5,6] This situation may negatively affect women's perspectives on sexuality, causing sexuality to be perceived as a private subject that should not be discussed and possible sexual problems not to be easily expressed by the individual. In Turkey, interest in concepts such as sexuality, sexual behavior, and dynamics affecting sexuality has increased in the past 10–15 years. The most important reason for this delay is the persistence of sexual problems due to the perception of sin and shame.[7,8]

Women's sexual shame is affected by many factors such as the society's view of sexuality, religious beliefs, age, gender, self-esteem, sexual attitudes and beliefs, low socioeconomic status, exposure to violence, psychological problems, and chronic diseases.[7–14] It has been reported that women often develop chronic diseases and conditions such as inability to orgasm, clitoral atrophy, vaginal enlargement, decreased sexual desire, uterine incontinence, and dyspareunia with advanced age and that these factors negatively affect sexual satisfaction and quality of life.[7,9–11] Exposure to violence also negatively affects women's self-awareness and self-confidence, while early marriage negatively affects marital adjustment.[7,9] Religious beliefs and teachings of the society in which the individual lives are one of the most important social factors affecting sexuality. The literature shows that the view of sexuality in religious and conservative societies differs significantly.[12] It has been reported that religiosity is strongly linked to sexual conservatism, especially in Muslim societies, that high-risk sexual behaviors are less common among religious youth, and that people find pre-marital sexual activity wrong according to religious belief and therefore postpone sexual intercourse until after marriage.[13,14] Although this situation consciously distances the individual from risky sexual behaviors, it may pave the way for not being able to talk about sexuality.

In the literature, it is reported that some false religious beliefs and teachings about sexuality in society can negatively affect women's view of sexuality, that existing contradictory ideas about sexuality limit women's access to accurate resources, that women experience intense shame when they need to ask questions about sexuality, that they cannot reach reliable sources when they try to access accurate information, and that the lack of accurate religious teachings leads to an increase in misinformation about sexuality, which negatively affects women's sexual agency, capacity and self-confidence and causes anxiety and depression in women.[7,9,11,13–15] It is thought that this situation may negatively affect women's sexual confidence, sexual courage, sexual awareness, and sexual satisfaction, especially their self and partner-centered sexual satisfaction and their dyadic harmony with their partners.

What is presently known on this subject?

- Sexuality is one of the basic elements of human life and it is very important to maintain it in a healthy way. In societies where sexuality cannot be discussed easily, sexuality becomes a subject of curiosity and causes sexual shame, especially in women. This situation also negatively affects the sexual life of the woman and her partner.

What does this article add to the existing knowledge?

- In this study, it was found that sexual shame levels of married women were at a moderate level; place of residence, social security, employment, and age of the spouse affected sexual shyness of women; sexual shyness in women negatively affected sexual self-confidence, sexual satisfaction, and dyadic adjustment.

What are the implications for practice?

- In terms of reproductive and sexual health, women may hide existing or detected possible sexual health problems that they have difficulty in expressing due to sexual shyness; therefore, nurses should be aware of women's sexual shyness and be able to identify the factors affecting sexual shyness in these women; since sexual shyness can negatively affect women's sexual life with their partners, planning and implementing appropriate interventions to reduce sexual shyness in women in a holistic manner, including the partner, will enable women to have a healthy sexual life experience with their partners.

When women experience any urogynecological health problem, they frequently apply to health institutions to receive urogynecological health services and they want to consult nurses about reproductive health problems in the institution.[16] However, in societies, such as our country where sexuality is not discussed freely enough, especially women may hesitate to ask questions about their sexual life, reproduction and sexual health due to shame, and perception of privacy.[7,8] Individuals who experience sexual shame have difficulty expressing themselves sexually to their partners, they cannot have the information they need because they cannot access sufficient information on sexual issues due to shame, they try to keep themselves away from sexual intercourse and other sexual experiences, they feel sexually inadequate. Having never had sexual experience before due to shame, not having developed communication skills in communicating with the opposite sex, experiencing negative evaluation anxiety due to shame, and having unsuccessful experiences in sexual relationships due to shame can cause an increase in sexual shame and negatively predict the individual's sexual self-confidence.[1,3,17,18] In addition, individuals with physical illnesses, sexual dysfunction, sexual aversion, and other sexual disorders may find it difficult to express these and may be embarrassed to have sexual intercourse with their partner. All of these can cause individuals to experience sexual shame and as a result of shame, women's sexual self-confidence, sexual satisfaction, and harmony with their partners can be negatively affected.[1] The literature indicates that individuals, particularly young people, have concerns about being identified when accessing sexual health information, such as emergency contraception when using sexual health clinics.[19] Access to testing and treatment on a range of issues such as sexually transmitted infections, human immunodeficiency virus, human papillomavirus screenings, and vaccinations is also a significant barrier.[1] Importantly,

shame is also thought to reduce testing and treatment for sexually transmitted infections, human immunodeficiency virus, cervical cancer screenings, and human papillomavirus vaccines.[1,18,20] Feelings of shame and embarrassment that may surround the giving and receiving of sexual health information, and concerns about judgment by others, may also cause individuals to change their sources of referral for relationships and sexuality and sexual health education, particularly to the internet and digital-based confidential online sexual health resources.[2,21] Moreover, individuals with low socioeconomic status have more difficulties in this regard. This situation may cause women not to be able to express their reproductive and sexual health problems easily, cause acute or chronic negative health consequences of existing health problems, and negatively affect their relationships with their partners. Moreover, considering all these situations, women who experience sexual shyness may be prone to stress, anxiety, and depression, and their relationship and family dynamics may be affected, causing all biopsychosocial and behavioral life areas of women to be negatively affected.[1,7,9] Nurses are the health professionals to whom women frequently consult for their opinions and suggestions on reproductive and sexual health problems. Nurses are responsible for providing accurate and understandable information about sexual health and sexual well-being to women who experience intense sexual shyness, without judgment, with open communication, respecting the cultural beliefs and values of individuals.[16] Especially gynecology and obstetrics nurses and psychiatric nurses have a key role in this regard. Therefore, the aim of this study was to investigate the level of sexual embarrassment and the factors affecting it and the effect of sexual embarrassment on sexual self-confidence, sexual satisfaction, and dyadic adjustment in married women who applied to gynecology and obstetrics outpatient clinics.

The research questions are:

- What are the sociodemographic characteristics of women?
- What are the mean scores of married women on Sexual Self-Consciousness Scale (Sexual-SCS) embarrassment subscale, Sexual Self-Confidence Scale (SSCS), New Sexual Satisfaction Scale (NSSS), Revised Dyadic Adjustment Scale (RDAS) and subscales?
- Does the mean score of sexual embarrassment differ significantly according to the sociodemographic characteristics of women?
- What are the factors affecting sexual embarrassment?
- Is there a significant relationship between sexual embarrassment and sexual self-confidence, sexual satisfaction, dyadic adjustment, and scale subscale mean scores?
- How does the mean score of sexual embarrassment affect the mean scores of sexual self-confidence, sexual satisfaction, dyadic adjustment, and scale subscale mean scores?

Materials and Method

Design

This is a descriptive, cross-sectional study.

Variables

Dependent Variables

The mean score of the Sexual Self-Confidence Scale (SSCS), New Sexual Satisfaction Scale (NSSS), Revised Dyadic Adjustment Scale (RDAS) and subscales.

Independent Variables

Sociodemographic characteristics and the mean score of the Sexual Self-Consciousness Scale (Sexual-SCS) embarrassment subscale.

Location and Time

This study was conducted between August 9 and October 17, 2022, in Muş State Hospital Obstetrics and Gynecology Outpatient Clinic.

Inclusion and Exclusion Criteria

Inclusion Criteria

Women aged 18 years and over, married, living with their husbands, not pregnant, not suffering from any chronic disease and who volunteered to participate in the study were included.

Exclusion Criteria

Women who were younger than 18 years of age, single, unmarried, married but living separately from their spouses, pregnant, suffering from any chronic disease and not volunteering to participate in the study were excluded.

Population and Sample

Women aged 18 years and over who applied to the Gynecology and Obstetrics Outpatient Clinic of Muş State Hospital between August 9 and October 17, 2022, constituted the population. The sample size was calculated using GPower 3.1.9.2 software. Using a two-tailed test with 95% confidence interval, type I error alpha=0.05, 95% power, and effect size (d) 0.16, it was determined that at least 497 individuals should be included for association analysis.[22] Women who applied to the outpatient clinic and met the inclusion criteria were selected by simple random sampling and a total of 564 women were invited to participate in the study. Of these, 36 (6.3%) were excluded from the study; 11 women (1.9%) refused to participate, 9 (1.5%) stated that they did not have time, and 16 women (2.8%) did not want to answer a questionnaire about sexuality because they were

ashamed and perceived sexuality as private/embarrassing. Thus, the study sample consisted of 528 women.

Data Collection Tools

Descriptive Information Form, Sexual Self-Consciousness Scale (Sexual-SCS) embarrassment subscale, Sexual Self-Confidence Scale (SSCS), New Sexual Satisfaction Scale (NSSS), Revised Dyadic Adjustment Scale (RDAS).

Descriptive Information Form

This form was created by the researchers and consisted of 11 questions in total, including 8 questions about the women's sociodemographic characteristics and 3 questions about spouse characteristics.[4,23–26]

Sexual Self-Consciousness Scale (Sexual-SCS) Embarrassment Subscale

It was developed by van Lankveld et al.[4] to determine sexual embarrassment in the individual and adapted to Turkish by Çelik.[3] Sexual Self-Consciousness Scale (Sexual-SCS) embarrassment subscale is the Sexual SCS's subscale. It contains a total of six items. The items are rated on a 5-point Likert scale (0 strongly disagree - 4 strongly agree). None of the items are reverse-coded. A score between 0 and 24 can be obtained from the scale, with higher scores indicating higher sexual embarrassment.[3,4] Cronbach's alpha value of the scale was determined as 0.84 by van Lankveld et al.,[4] and 0.83 by Çelik.[3] In this study sexual embarrassment subscale's Cronbach's alpha value was found as 0.82.

Sexual Self-Confidence Scale (SSCS)

It was developed by Çelik to measure sexual self-confidence.[26] The 4-point Likert-type scale (1: Never - 4: All the time) consists of 13 items in three dimensions (sexual self-disclosure, sexual courage, and sexual awareness). The total score ranges from 13 to 52 points. Scale items for sexual self-disclosure subscale are between 1 and 7 and a minimum score of 0 and a maximum score of 28 can be obtained. Scale items for the sexual courage subscale are between 8 and 10 and a minimum of 0 maximum of 12 points can be taken. Scale items for the sexual awareness subscale are between 11 and 13 and minimum 0 maximum 12 points can be taken. There are no reverse items in the scale. Higher scores indicate higher levels of sexual self-confidence.[26] Cronbach's alpha value of the scale was determined as 0.88 by Çelik.[26] This study found Cronbach's alpha value as 0.90 for the SSCS total score, 0.92 for sexual self-disclosure, 0.82 for sexual courage, and 0.66 for sexual awareness.

New Sexual Satisfaction Scale (NSSS)

It was created to scale the sexual satisfaction of the individual. The scale was developed by Stulhofer et al.[25] and adapted to Turkish by Tuğut.[27] It is a 5-point Likert-type scale (1: Not satisfied at all - 5: Extremely satisfied) with 20 items in two domains (self-centered and spousal/partner sexual activity centered), resulting in a score from 20 to 100. Scale items for self-centered sexual satisfaction subscale are between 1 and 10 and a minimum score of 0 and a maximum score of 50 can be obtained. Scale items for spousal/partner sexual activity-centered sexual satisfaction subscale are between 11 and 20 and a minimum score of 0 and a maximum score of 50 can be obtained. Higher scores indicate greater sexual satisfaction.[25,27] Cronbach's alpha value of the scale was determined as 0.95 by Stulhofer et al.[25] and 0.94 by Tuğut.[27] This study found Cronbach's alpha value as 0.96 for the total scale, 0.94 for self-centered sexual satisfaction, and 0.94 for spousal/partner sexual activity-centered sexual satisfaction.

Revised Dyadic Adjustment Scale (RDAS)

The scale was created to assess the relationship quality of married or cohabiting couples in spousal or similar dyadic relationships. It was developed by Spanier and revised by Busby et al.[28,29] Turkish adaptation and psychometric study was conducted by Bayraktaroğlu and Çakıcı.[23] It is a 5-point Likert-type scale (1: Never - 5: Always). It consists of 14 items in three dimensions (satisfaction, consensus, and conflict). Items 7, 8, 9, and 10 are reverse-scored. Total score ranges from 14 to 70, with higher scores indicating better relationship quality. Satisfaction subscale items are items 7, 9, 11, 12 and 13. A minimum score of 5 and a maximum score of 25 can be obtained. Consensus subscale items are items 8, 10, and 14. A minimum score of 3 and a maximum score of 15 can be obtained. Conflict subscale items are items between 1 and 6. A minimum score of 6 and a maximum score of 30 can be obtained. Cronbach's alpha value of the scale was determined as 0.87 by Busby et al.[29] and 0.88 by Bayraktaroğlu and Çakıcı.[23] This study found Cronbach's alpha value as 0.85 for total scale, 0.67 for satisfaction, 0.76 for consensus, and 0.88 for conflict.

Data Analysis

SPSS 26.0 (IBM SPSS Statistics Version 26, SPSS Inc., Chicago, Illinois, USA, 2019) package program was used to analyze the data. The number, percentage, mean±standard deviation, minimum, maximum and median values were calculated for descriptive statistics. Multivariate linear regression analysis was performed to determine the effect of sociodemographic characteristics on the mean score of the Sexual SCS Embarrassment Subscale. Simple linear regression analysis was performed to determine the mean score of Sexual SCS Embarrassment Subscale on the SSCS and subscales, the NSSS and subscales, and the RDAS and subscales. The statistical significance level of the research was accepted as $p<.05$ with a 95% confidence interval.

Ethical Considerations

Ethics committee approval was obtained from Muş Alparslan University Scientific Research and Publication Ethics Committee (Date: July 07, 2022, No: 9/17), institutional approval was obtained from Muş Provincial Health Directorate (Date: August 08, 2022, No: E-35465298-619), and written informed consent was obtained from all participating women. This study was conducted in accordance with the Declaration of Helsinki.

Results

When the sociodemographic characteristics of women were examined; women's mean age was 31.7±9.5, 24.6% were aged 36 and above, 66.9% had a nuclear family, 42.2% lived in city center, 40.3% had elementary school education or lower, 38.1% had no social security, 69.3% were not working, and 53.6% reported their income was lower than expenses. When the sociodemographic characteristics of the husbands of the women were analyzed, the mean age was 35.7±9.9 years, 24.8% were 41 years or older, 22.5% were high school graduates, and 19.1% were not working (Table 1).

The mean Sexual-SCS embarrassment subscale score of the women was 12.6±6.0. The mean SSCS score of the women was 34.0±7.8, the mean SSCS self-disclosure subscale score was 18.3±5.3, the mean SSCS courage subscale score was 7.2±2.3, the mean SSCS awareness subscale score was 8.5±1.8. The mean NSSS score of the women was 66.0±15.6, the mean NSSS self-centered subscale score was 32.1±8.2, and the mean NSSS spousal/partner sexual activity-centered subscale score was 33.9±8.3. The mean RDAS score of the women was 49.8±7.7, the mean RDAS satisfaction subscale score was 17.5±3.1, the mean RDAS consensus subscale score was 9.9±1.7 and the mean RDAS conflict subscale score was 22.3±4.5 (Table 2).

The mean Sexual-SCS embarrassment subscale score of women differed significantly according to age group, family type, place of residence for the longest time, education level, social security status, employment status, income level, spouse's education level, and spouse's employment status (Table 1).

Multivariate linear regression analysis was performed using women's sociodemographic characteristics to predict the mean Sexual-SCS embarrassment subscale score. A resulting regression model was significant, and independent variables explained 17.5% of the variance in the dependent variable ($F_{(10,517)}$=12.189, p<0.01, R=0.437, $R^2_{adjusted}$=0.175, Durbin and Watson=1.578). It was found that women's longest residence in the town/village, women's lack of social security, and women's not working at any job positively predicted the mean Sexual-SCS embarrassment subscale score (p<0.01). It was found that the age of the spouses of the women predicted the mean Sexual-SCS embarrassment subscale score negatively (p<0.01) (Table 3).

A negative correlation was found between the mean Sexual-SCS embarrassment subscale score of the women and the mean SSCS score (r=-0.491), SSCS self-disclosure subscale score (r=-0.472), SSCS courage subscale score (r=-0.367), and SSCS awareness subscale score (r=-0.201) (p<0.01; Table 4).

A negative correlation was found between the mean Sexual-SCS embarrassment subscale score of the women and the mean NSSS score (r=-0.365), NSSS self-centered subscale score (r=-0.396), and NSSS spousal/partner sexual activity-centered subscale score (r=-0.283) (p<0.01; Table 4).

A negative correlation was found between the mean Sexual-SCS embarrassment subscale score of the women and the mean RDAS score (r=-0.145), RDAS satisfaction subscale score (r=-0.186), and RDAS consensus subscale score (r=-0.141) (p<0.01; Table 4). However, no significant correlation was found between the mean Sexual-SCS embarrassment subscale score and the mean RDAS conflict subscale score in the research (p>0.05; Table 4).

In the study, simple linear regression analyses were performed for those who were found to have a significant relationship between the mean Sexual-SCS embarrassment subscale score and other scales and subscale mean scores, respectively, one by one. It was found that the mean Sexual-SCS embarrassment subscale score predicted women's mean SSCS score (β=-0.600), the mean SSCS self-disclosure subscale score (β=-0.408), the mean SSCS courage subscale score (β=-0.148), the mean SSCS awareness subscale score (β=-0.043), the mean NSSS score (β=-0.884), the mean NSSS self-centered subscale score (β=-0.511), the mean NSSS spousal/partner sexual activity centered subscale score (β=-0.373), the mean RDAS score (β=-0.147), the mean RDAS satisfaction subscale score (β=-0.091), and the mean RDAS consensus subscale score (β=-0.041) negatively (p<0.01; Table 4).

Discussion

The aim of this study was to investigate the level of sexual embarrassment and its influencing factors and the effect of sexual embarrassment on sexual self-confidence, sexual satisfaction, and dyadic adjustment in married women who applied to gynecology and obstetrics outpatient clinics. In this study, the majority of the participants were married women with low socioeconomic status. The mean scores of Sexual Self-Consciousness Scale (Sexual-SCS) embarrassment subscale, Sexual Self-Confidence Scale (SSCS), New Sexual Satisfaction Scale (NSSS), Revised Dyadic Adjustment Scale (RDAS) and their subscales were found to be at a moderate level. It was determined that women's longest residence in town/village, lack of social security, and not working in any job increased their sexual embarrassment, whereas an increase in the age of the spouse decreased sexual embarrassment in women. It was also found that sexual embarrassment nega-

Table 1. Findings related to the sociodemographic characteristics of women

Sociodemographic characteristics (n=528)	n	%	Sexual-SCS embarrassment subscale Mean±SD
Age			
18–20	46	8.7	11.4±6.5
21–25	109	20.6	13.5±5.6
26–30	121	22.9	13.4±5.0
31–35	122	23.1	11.7±6.4
≥36	130	24.6	12.2±6.5
Statistical test and p-value			H=9.561 p=0.049
Family type			
Nuclear	353	66.9	11.7±6.0
Extended	175	33.1	14.3±5.7
Statistical test and p-value			U=23221.5 p=0.000
Place of longest residence			
City center	223	42.2	10.3±6.3
Town	119	22.5	13.6±5.8
Village	186	35.2	14.6±4.8
Statistical test and p-value			H=52.357 p=0.000
Education			
Elementary school or lower	213	40.3	14.2±5.7
Middle school	71	13.4	13.8±5.0
High school	97	18.4	11.6±6.3
Associate's degree	55	10.4	11.2±6.6
Bachelor's degree or higher	92	17.4	9.7±5.5
Statistical test and p-value			H=46.020 p=0.000
Social security			
Yes	327	61.9	11.1±6.0
No	201	38.1	14.9±5.4
Statistical test and p-value			U=20807 p=0.000
Employment			
Working	162	30.7	9.8±6.6
Not working	366	69.3	13.8±5.3
Statistical test and p-value			U=19302.5 p=0.000
Income			
Income<Expenses	283	53.6	13.5±5.8
Income=Expenses	180	34.1	12.5±5.9
Income>Expenses	65	12.3	8.5±5.5
Statistical test and p-value			H=34.204 p=0.000
Spouse age			
20–25	71	13.4	12.6±6.7
26–30	119	22.5	12.6±5.6
31–35	118	22.3	14.0±5.4
36–40	89	16.9	11.9±6.3
≥41	131	24.8	11.8±6.2
Statistical test and p-value			H=8.847 p=0.065
Spouse education			
Elementary school or lower	112	21.2	14.3±5.6
Middle school	126	23.9	13.7±5.6
High school	119	22.5	11.7±6.4
Associate's degree	56	10.6	13.1±4.9
Bachelor's degree or higher	115	21.8	10.3±6.2
Statistical test and p-value			H=33.457 p=0.000
Spouse employment			
Working	427	80.9	12.1±6.2
Not working	101	19.1	14.7±4.4
Statistical test and p-value			U=16286 p=0.000
Sociodemographic characteristics (n=528)			
Age			31.7±9.5
Spouse age			35.7±9.9

p<0.05 is statistically significance value. SCS: Sexual Self-Consciousness Scale; SD: Standard deviation; U: Mann-Whitney U test; H: Kruskal-Wallis H test.

Table 2. Findings related to the Sexual Self-Consciousness Scale embarrassment subscale, Sexual Self-Confidence Scale, New Sexual Satisfaction Scale, Revised Dyadic Adjustment Scale mean scores of women

Scales and subscales (n=528)	Mean±SD	Min-max	Median
Sexual-SCS-embarrassment	12.6±6.0	0–24	13
SSCS	34.0±7.8	13–52	34
SSCS-self-disclosure	18.3±5.3	7–28	18
SSCS-courage	7.2±2.3	3–12	7
SSCS-awareness	8.5±1.8	3–12	9
NSSS	66.0±15.6	20–100	66.5
NSSS-self-centered	32.1±8.2	10–50	32
NSSS-spousal/Partner sexual activity centered	33.9±8.3	10–50	33.5
RDAS	49.8±7.7	23–68	51
RDAS-satisfaction	17.5±3.1	7–25	17.5
RDAS-consensus	9.9±1.7	5–14	10
RDAS-conflict	22.3±4.5	6–30	23

SD: Standart deviation; Min: Minimum; Max: Maximum; SCS: Sexual Self-Consciousness Scale; SSCS: Sexual Self-Confidence Scale; NSSS: New Sexual Satisfaction Scale; RDAS: Revised Dyadic Adjustment Scale.

tively affected women's sexual self-confidence, sexual courage, sexual awareness, sexual self-disclosure, self-centered and partner-centered sexual satisfaction, dyadic adjustment, dyadic satisfaction, and dyadic consensus.

Women's Level of Sexual Embarrassment

In this study, it was determined that the mean Sexual-SCS embarrassment scale score of married women was 12.6±6.0 and at a moderate level. In our country, Çelik and Arıcı reported that the mean sexual embarrassment score of women was 10.65±6.30 and 8.45±6.49 for men. They also reported that sexual embarrassment in individuals was at a moderate level, but women had a higher mean score than men.[30] Alan Dikmen et al.[31] reported that the level of sexual embarrassment of pregnant women was moderate (11.33±5.4) in a study conducted on pregnant women. Çankaya and Aslantaş reported in their case-control study on women with and without vaginismus that women with vaginismus experienced more sexual embarrassment.[32] When the studies conducted abroad were examined, Sara et al.[33] reported that the mean sexual embarrassment score of women was 6.71±5.93 and at a moderate level in their study conducted on Iranian women. Similarly, van Lankveld et al.[4] reported that the mean score of sexual embarrassment was approximately 7.5 and sexual embarrassment was higher in women than in men in their study conducted on the general population. This shows that although sexual embarrassment is at a moderate level in our country, it is higher than in other countries and is seen at a higher level in women than in men.

Factors Affecting Sexual Embarrassment

In this study, it was determined that the place where women lived for the longest time was town/village, lack of social security, and not working in any job increased their sexual embarrassment, while the increase in the age of the spouse decreased sexual embarrassment in women. Else-Quest et al.,[6] and Wolak et al.,[34] have reported that women experience more sexual shame than men and that sexual shame is nega-

Table 3. Findings on the multivariate linear regression analysis of the effect of some sociodemographic variables on the mean score of Sexual Self-Consciousness Scale embarrassment subscale

Model	Sexual-SCS-embarrassment subscale		
	β	t	p
Age	0.153	1.906	0.05
Family type (extended family)	0.054	1.230	0.2
Longest place of residence (town/village)	0.137	2.635	0.009
Education level (middle school or lower)	0.020	0.345	0.7
Social security status (no)	0.179	3.810	0.000
Employment status (no)	0.125	2.609	0.009
Economic level (income<expenses)	0.065	1.406	0.1
Spouse age	-0.215	-2.788	0.006
Spouse education level (middle school or lower)	0.049	0.902	0.3
Spouse employment status (no)	-0.008	-0.165	0.8
Constant		6.882	<0.01

Statistical analysis R=0.437, Adjusted R^2=0.175, $F_{(10,517)}$=12.189, p<0.01, DW=1.578. *: p<0.05 is statistically significance value. SCS: Sexual Self-Consciousness Scale; β: Tandardized coefficients beta; t: Test statistic value (multiple linear regresyon model); R: Correlation coefficient; R^2: Explained rate of variance; F: Model statistics; DW: Durbin and Watson.

Table 4. Findings related to the effects of the mean score of the Sexual Self-Consciousness Scale embarrassment subscale on the mean scores of the Sexual Self-Confidence Scale, New Sexual Satisfaction Scale, Revised Dyadic Adjustment Scale, and subscales in women

Dependent variable	Sexual-SCS-embarrassment subscale	Independent variable=Sexual-SCS embarrassment subscale				
	r	β	F	p	R^2	DW
SSCS	r=-0.491*	-0.600*	142.695	<0.01	0.213	1.508
SSCS-self-disclosure	r=-0.472*	-0.408*	142.830	<0.01	0.214	1.631
SSCS-courage	r=-0.367*	-0.148*	92.700	<0.01	0.150	1.527
SSCS-awareness	r=-0.201*	-0.043*	10.980	<0.01	0.020	1.663
NSSS	r=-0.365*	-0.884*	69.779	<0.01	0.117	1.512
NSSS-self-centered	r=-0.396*	-0.511*	87.729	<0.01	0.143	1.507
NSSS-Spousal/Partner sexual activity centered	r=-0.283*	-0.373*	41.324	<0.01	0.073	1.565
RDAS	r=-0.145*	-0.147*	7.215	<0.01	0.014	1.726
RDAS-satisfaction	r=-0.186*	-0.091*	17.208	<0.01	0.032	1.779
RDAS-consensus	r=-0.141*	-0.041*	10.629	<0.01	0.020	1.724
RDAS-conflict	r=-0.08	-0.015	0.218	0.6	0.000	1.604

*: p<0.01 is statistical significance value. SCS: Sexual Self-Consciousness Scale; r: Spearman correlation analysis; β: Unstandardized Coefficient Beta; F: Model statistics (simple linear regression analysis was applied); R^2: Explained rate of variance; DW: Durbin and Watson; SSCS: Sexual Self-Confidence Scale; NSSS: New Sexual Satisfaction Scale; RDAS: Revised Dyadic Adjustment Scale.

tively related to age. San Martín et al.[35] reported that sexual confidence is influenced by age and gender. As long as there is no health or developmental problem in the individual, mental and physical maturity is realized in the individual with increasing age. In particular, individuals who have been married for a long time and therefore are older are more likely to have more sexual experiences while married.[35] Petronio et al. [36] reported that increasing relationship duration decreased the level of embarrassment in individuals. Therefore, it can be said that increasing sexual experience with increasing age in marriage reduces the feeling of embarrassment in individuals. Brand and Waterink reported that women have more sexual shame and lower self-focus compared to men.[5] They attributed this to the fact that women's sexual drives are mostly related to physical appearance and body image, and that shame has a negative impact on sexual self-consciousness in women.[5] Similarly, Çelik and Arıcı reported that sexual embarrassment and sexual courage differed significantly according to gender and that women experienced more sexual embarrassment than men. [30] They also reported that sexual embarrassment is inversely related to educational level that individuals with higher educational levels are more likely to have higher self-esteem due to the increased likelihood of having a higher socioeconomic level, and that this situation reduces sexual embarrassment in individuals.[30] In this study, no significant difference was found between educational level and sexual embarrassment. However, it can be said that as the level of education increases, individuals' sexual embarrassment decreases due to their higher self-esteem, their ability to communicate more easily, and to be more socially active. The place/region of residence for a long period of time is also an important factor in sexual embarrassment. In this study, it was determined that living in a town/village increased sexual embarrassment. Similarly, in a study conducted on adolescent girls living in rural areas in Nepal, Tiwari et al.[37] have reported that girls were not informed by their parents about sexuality and sexual health issues and that sexuality is the primary right of men in society, and that this situation caused girls to experience more embarrassment as a result of lack of adequate information on sexuality, and that they were exposed to stigmatization, shame, and oppression if they demanded it. In another study, Tlou has reported that living in a city center can decrease sexual embarrassment and increase sexual self-confidence because it offers more communication and interaction opportunities to individuals and individuals have more options in choosing sexual partners.[38] Living in remote and rural areas lacking sociocultural, health, educational, and economic living conditions can negatively affect an individual's individual development in general and sexual development in particular. Having social security and being employed is an important factor affecting the individual's sexual life. In this study, it was determined that not having social security and not working in a job increased sexual embarrassment. In the literature, there is no study directly examining the effect of not having social security and not working in any job on sexual embarrassment. However, Walker and Chase[39] and Barreiros[40] have reported that poverty, lack of employment, and lack of social security increase the sense of embarrassment and internal stigmatization in the individual and negatively affect the individual biopsychosocially. Therefore, low socioeconomic status may negatively affect

an individual's whole life and sexual life in particular, and may indirectly contribute to the increase in sexual embarrassment in individuals. The findings of this study are in line with the literature and show that low socioeconomic status increases women's sexual embarrassment.

The effect of Sexual Embarrassment on Sexual Self-Confidence and Its Subscales

The mean scores of women's sexual self-confidence and its sub-dimensions were found to be at a moderate level. It was also found that sexual embarrassment negatively affected their sexual courage, sexual awareness, sexual self-disclosure, and sexual self-confidence. Similarly, Çelik and Arıcı reported that sexual shame and sexual courage differed significantly according to gender and that women experienced more embarrassment than men.[30] They also reported that the sexual shame of married individuals was inversely related to their level of education and that as the level of education increased, both the individual's embarrassment decreased and their sexual self-confidence, sexual courage, sexual awareness, and sexual self-confidence increased.[30] San Martín et al.[35] also reported that sexual self-confidence is negatively affected by sexual shame. In Turkish society, the sexual act for women is expected to take place within marriage, and it is frowned upon for single women or girls to express themselves sexually. Even in formal curricula, sex health education is limited in terms of content and it is frowned upon even in schools. Therefore, this issue, which is adopted in society as an intimate and unspeakable subject for women outside of marriage, causes an increase in sexual embarrassment in individuals, especially in women. Increased sexual embarrassment negatively affects their sexual courage, sexual awareness, ability to express themselves sexually, and sexual self-confidence in marriage.

The effect of Sexual Embarrassment on Sexual Satisfaction and Its Subscales

In this study, the mean scores of sexual satisfaction and sub-dimension scores were found to be moderate in women with low socioeconomic status. In addition, it was determined that sexual embarrassment negatively affected women's self-centered and partner sexual activity-centered sexual satisfaction. In the literature, there is no study examining the effect of sexual embarrassment on self-centered and partner-centered sexual satisfaction. However, the effect of sexual self-confidence on sexual satisfaction has been examined more frequently. Tynes reported that couples with higher education levels had more marital satisfaction than couples with lower education levels, and attributed this to the fact that the increase in the level of education positively affected the sexual satisfaction of the individual as a result of the increase in the ability and self-confidence of the individual to express himself/herself biopsychosocially and sexually.[41] Similarly, Shick et al.[42] also reported a positive relationship between sexual self-confidence and satisfaction. MacNeil and Byers[43] reported that sexual disclosure in women was associated with increased relationship satisfaction and sexual satisfaction. Petronio et al.[36] investigated embarrassment in the context of romantic relationships and reported that individuals have an embarrassment arising from their romantic partners and that the satisfaction obtained from talking about the relationship positively affects the relationship quality. Dönmez et al.[44] reported that the fact that the spouses feel themselves both emotionally and physically comfortable with each other and that they can communicate about sexuality in their relationships is a possible reason why sexuality in relationships is satisfying. MacNeil and Byers and Montesi et al.[45] reported that the ability of spouses to discuss their sexual views with their spouses in the relationship is an important factor that increases sexual satisfaction.[43] The findings of this study are similar to the findings in the literature.[43,45] In addition, in traditional and low socioeconomic societies, there is an increase in women's sexual embarrassment levels due to cultural beliefs and values such as sexual roles attributed to women by society, lack of sexual education, and the perception that sexual satisfaction is primarily the right of men and that pre-marital sex is a religious sin. It can be said that individuals with increased sexual embarrassment have decreased sexual satisfaction due to all these.

The effect of Sexual Embarrassment on Dyadic Adjustment and Its Subscales

In this study, it was determined that women's scores on the couple adjustment scale and its sub-dimensions were at a moderate level and sexual embarrassment negatively affected dyadic adjustment, dyadic satisfaction, and dyadic consensus. In the literature, there is no study examining the effect of sexual embarrassment on couple adjustment. However, it was determined that the researches were frequently analyzed through sexual satisfaction. Dönmez et al.,[44] MacNeil and Byers,[43] and Montesi et al.[45] reported that the ability of spouses to communicate comfortably about sexuality in their relationships and the ability of spouses to discuss their sexual views with their spouses in the relationship made their relationships sexually satisfying. In a study conducted in Cambodia on individuals with similar sociodemographic characteristics, Yang et al.,[46] have reported that women were more forgiving and conciliatory toward their partners than men when couples experienced sexual embarrassment. In another study, Martins et al.,[47] have reported that acting in an accepting manner, exhibiting attitudes that support positive coping skills and being supported by the partner positively affect couple harmony, couple satisfaction, and couple consensus in couples' approaches to marital problems with their partners. Therefore, sexual life, which is

one of the basic processes of marriage, is to be sustainable in a mutually healthy way by couples. In Turkish society, the majority of women are Muslim and it is not considered appropriate for women to experience sexuality outside of marriage or before marriage, and women are expected to experience the sexual act only within the boundaries of marriage. It is difficult enough for women to talk about this difficult, less talked about and intimate subject, but it also increases their sexual embarrassment. Increased embarrassment negatively affects their social and sexual self-confidence, sexual courage, and ability to express themselves sexually to their partners comfortably and easily. Therefore, it can be said that all these situations may negatively affect the couple's harmony, satisfaction with marriage, and consensus with their partners.

Strengths and Limitations

There are several factors that prevent the generalization of the study results. The study was conducted in a specific time period, in a single center, and only on married women. In addition, as assessment tools are based on self-report and were completed in face-to-face interviews, the possibility of not answering survey questions sincerely and not reflecting on their current situation due to perception of privacy. Moreover, as the study was descriptive and cross-sectional, there is both a recall factor and the fact that women's responses were valid at the time of the study.

Conclusion

In this research, women in the study reported moderate levels of sexual embarrassment, sexual self-confidence, sexual satisfaction, and dyadic adjustment. It was found that the longest place of residence (town/village), no social security, and no employment predicted positively, spouse age predicted negatively women's sexual embarrassment. Furthermore, this study shows that sexual embarrassment negatively effects women's sexual self-confidence, sexual courage, sexual awareness, sexual self-disclosure, self and partner-centered sexual satisfaction, and dyadic adjustment. Therefore, nurses should evaluate both sexual embarrassment levels and influencing factors of women in detail. In this regard, women with low socioeconomic status should be prioritized. To identify possible sexual health problems that women have difficulty in expressing due to their sexual embarrassment, they should plan interventions and training to reduce women's sexual embarrassment levels. This initiative should be planned in a way to ensure the participation of partners in training. In-service training should also be organized to increase the awareness of healthcare professionals. In addition, it may be recommended to consider the sexual shyness levels of individuals and to provide comprehensive training together with the partner to provide web-based or face-to-face trainings on sexuality and sexual health. Based on the findings obtained from this study, which was conducted only on married women in a region with low socioeconomic level, it can be suggested that further research should be conducted on sexually active individuals from all age groups, male or female, married or single. In addition, clinician nurses, woman health nurses, and psychiatric nurses often take an active role in identifying women's problems related to sexuality, sexual shyness, sexual life, and sexual health, planning the necessary care and treatment services, monitoring and evaluation studies. Therefore, to increase the competencies of special branch nurses working in these areas, it is recommended to create specialized training, care service guidelines, and care plan algorithms for this field.

Acknowledgments: The authors thank the women who participated in the study, and Muş State Hospital Obstetrics and Gynecology Outpatient Clinic health professionals.

Ethics Committee Approval: The study was approved by the Muş Alparslan University Scientific Research and Publication Ethics Committee (No: 9/17, Date: 07/07/2022).

Authorship Contributions: Concept – A.K.; Design – A.K.; Supervision – A.K., S.Z.; Fundings - A.K.; Materials – A.K.; Data collection &/or processing – A.K.; Analysis and/or interpretation – A.K.; Literature search – A.K.; Writing – A.K.; Critical review – A.K., S.Z.

Conflict of Interest: There are no relevant conflicts of interest to disclose.

Use of AI for Writing Assistance: No AI technologies utilized.

Financial Disclosure: The authors declared that this study has received no financial support.

Peer-review: Externally peer-reviewed.

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