

The Knowledge Need of the College Students on Sexual Health and Their Attitude Towards Sexual Education

Üniversite Öğrencilerinin Cinsel Sağlıkla İlgili Bilgi Gereksinimi ve Cinsel Eğitime Yönelik Tutumları

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ABSTRACT

Objective: In this study it is aimed to determine the information needs of university students about sexual health and their attitudes towards sexual education.

Methods: This study is a descriptive cross-sectional study from quantitative research methods. The research was carried out with the participation of 989 students between September 2021 and January 2022. The data were collected by the researchers using the personal information form, sexual health form, and Attitude towards Sex Education Scale, which were prepared online by the researchers through the Office 365 program.

Results: It was determined that the mean age of the students participating in the study was 19.76±1.32 and 77.8% of them were female. It was found that the sociodemographic characteristics of the students, studying in the health department, the place of residence, the education and working status of their parents were found to have a statistically significant effect on their attitudes towards sexual education. Especially, 69.1% of the students wanted to have a sexual health counseling center in the university. It was determined that approximately one fourth of the students related to sexual health received training on this subject, and 58% stated that they wanted to receive training from the health personnel and 15.3% from the counseling center. It has been determined that students need family planning education. It was found statistically significant that students who had knowledge about family planning methods had higher attitudes towards sexual education.

Conclusion: It can be suggested to establish advisory boards that students can benefit from in cooperation with universities and health institutions.

Key words: Sexual health, sexual education, sexuality information, student

ÖZ

Amaç: Üniversite öğrencilerinin cinsel sağlıkla ilgili bilgi gereksinimi ve cinsel eğitime yönelik tutumları belirlemek amacıyla yapılan bir çalışmadır.

Yöntemler: Bu çalışma nicel araştırma yöntemlerinden tanımlayıcı kesitsel bir çalışmadır. Araştırma Eylül 2021 – Ocak 2022 tarihleri arasında 989 öğrencinin katılımıyla gerçekleştirilmiştir. Araştırmaya başlamadan önce etik kurul onayı alındı. Veriler araştırmacılar tarafından Office 365 programı aracılığıyla online olarak hazırlanan kişisel bilgi formu, cinsel sağlık formu ve Cinsel Eğitime Yönelik Tutum Ölçeği kullanılarak toplanmıştır.

Bulgular: Araştırmaya katılan öğrencilerin yaş ortalamasının 19,76±1,32 olduğu ve %77,8'inin kız olduğu belirlendi. Öğrencilerin sosyodemografik özelliklerinin, sağlık bölümünde öğrenim görmelerinin, yaşadıkları yerin, ebeveynlerinin eğitim ve çalışma durumlarının cinsel eğitime yönelik tutumları üzerinde istatistiksel olarak anlamlı olduğu tespit edilmiştir. Özellikle öğrencilerin %69,1'i üniversitede cinsel sağlık danışma merkezinin olmasını istiyordu. Cinsel sağlıkla ilgili öğrencilerin yaklaşık dörtte birinin bu konuda eğitim aldığı, %58,0'inin sağlık personelinin, %15,3'ünün danışma merkezinden eğitim almak istediğini belirttiği belirlendi. Öğrencilerin aile planlaması eğitimine ihtiyaç duydukları tespit edilmiştir. Aile planlaması yöntemleri konusunda bilgisi olan öğrencilerin cinsel eğitime yönelik tutumlarının daha yüksek olduğu istatistiksel olarak anlamlı bulunmuştur.

Sonuç: Üniversiteler ve sağlık kurumları ile iş birliği içinde öğrencilerin yararlanabileceği danışma kurullarının oluşturulması önerilebilir.

Anahtar Kelimeler: Cinsel sağlık, cinsel eğitim, cinsellik bilgisi, öğrenci

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Introduction

Sexuality, being one of the basic human needs, is a concept that includes gender identities, sexual roles, sexual orientation and breeding. Whereas, it is affected by biological, psychological, social, political, economic, historical, cultural, legal, religious and spiritual factors (World Health Organization, 2006). Adolescence, in which there is a transition from childhood to adulthood and the individual discovers herself/himself and her/his sexuality is a developmental process that includes many crises within. The combination of excitement seeking and impulsivity that accompanies this developmental process of adolescents can make them vulnerable to risky sexual behavior and therefore negative health consequences (Haskan Avci, 2014; Ergün and Çakır, 2015; Mouhanna et al., 2017; Doğan et al., 2022).

Negative sexual behaviors in adolescents can lead to a range of health problems. These problems include sexually transmitted infections, unwanted pregnancies, emotional trauma, social exclusion and psychosocial problems, as well as negative impacts on health and quality of life. Especially among adolescents, unprotected sexual intercourse results in early or unwanted pregnancy, human immunodeficiency virus (HIV) infection, hepatitis C, sexually transmitted diseases (e.g. syphilis, chlamydia) (Oğul 2021). In Turkey, 3,248 HIV-positive cases were detected in 2019; 83.6% of these cases were male, 16.4% were female and the majority were young people (TC Sağlık Bakanlığı, 2019). Sexual health has a critical role in preventing sexually transmitted infections, preventing unwanted pregnancies, establishing healthy sexual relationships, and supporting emotional well-being (Pinar et al., 2009).

World Health Organization (WHO) defined sexual health as a state of complete physical, emotional, mental and social well-being and not merely the absence of disease, dysfunction or infirmity in relation to sexuality. Although the safe and healthy continuation of sexuality is affected by many factors, it is possible with a quality Sexual Health Education (SHE) (Esencan ve Beji, 2015; Bishop et al., 2021; Centers for Disease Control, 2021). Quality SHE should include medically correct, age, developmental and culturally appropriate subjects and skills that target core behavioral outcomes and promote healthy sexual development (Centers for Disease Control, 2021). SHE is a life-long process that begins in early childhood. It is stated that due to the fact that sexuality is seen as a taboo in our country, young people cannot receive sexual education from their families, turn to different sources to obtain information, and as a result, they have incomplete or

incorrect sexual information (Yağcı et al., 2021). In the study of Bakir et al. (2019) it is stated that 72.3% of the students did not take SHE, and 47.5% of these students wanted to take SHE. Although studies show that young people need information about sexual health, conservative parental attitudes about sexuality delay the development of sexual behavior (Nair et al., 2012). Similarly, parents' perception of gender influences young people's attitudes towards sexual education (Yağcı et al., 2021). Other factors affecting the attitudes of young people towards sexual health education are stated as age, gender, culture, parental education level and employment status (Yağcı et al., 2021; Bakir et al., 2019; Turan, 2021). In case of not reaching a quality sexual health education, it can cause serious health problems such as sexually transmitted diseases (STD), unplanned pregnancies, miscarriage in unsafe and unhealthy environments (Aslan et al., 2014). In addition, it can lead to consequences such as violence and death due to the wrong perception of gender and honor (Turan, 2021).

It is known that young people have difficulty in accessing the information they need for cultural and social reasons. In this study, it is aimed to determine the information needs of university students about sexual health and their attitudes towards sexual education. In line with this general purpose, some sociodemographic data of university students; the parents' employment status and education, the place they live, the number of siblings and the department they study, and their attitudes towards sexual health education have been analyzed.

Methods

This study is a descriptive cross-sectional study from quantitative research methods.

Population and Sample

The population of the research consists of 17,920 students studying at a university between September 2021 and January 2022. By using the known sample calculation formula; with 5% margin of error, 99% confidence interval, prevalence frequency ($p=0.5$) and prevalence frequency ($q=0.5$) (<https://www.surveysystem.com/sscalc.htm>) inclusion of 642 students in the study has been determined to be sufficient. The study was carried out with the participation of 989 students who volunteered to participate in the research and gave complete answers to the data collection forms. The study was carried out with the participation of 989 students who volunteered to participate in the research and gave complete answers to the data collection forms.

Ethical Dimension of the Study

Bartın University ethics committee approval was obtained before starting the study (Number: 10840098-604.01.01-E.21639). In addition, an online consent form has been obtained from the participants who agreed to participate in the study before the data collection form.

Data Collection Method and Tools

The research data were collected online from the volunteers by two researchers, who are university students, in order for the sample group to be comfortable and to get the right information from them. The data were collected by the researchers using the personal information form, sexual health form, and Attitude towards Sex Education Scale (ATSES), which were prepared online by the researchers through the Office 365 program. Online data collection forms were delivered to the participants by the researcher peers via Whatsapp messaging application and e-mail.

Personal Information Form

The personal information form developed by the researchers includes sociodemographic characteristics such as age, gender, department of education, place of residence during education, mother's education status, mother's employment status, father's education level, and family income perception (Pinar et al., 2009; Özalp et al., 2012; Ergün et al., 2015; Bakır et al., 2019).

Sexual Health Form

This form examines the participants' sexual health knowledge and needs; it consists of questions prepared in line with the literature on getting sexual education, knowing family planning methods, questioning who gets education on what subjects or who wants to receive it, and how it solves sexual problems (Aslan et al., 2014; Ergün and Çakır, 2015; Bakır, 2019).

Attitude Scale Towards Sexual Education (ATSES)

It is a 5-point Likert-type scale consisting of 15 items with 2 factors, developed by Turhan (2015) to measure attitudes towards sexual education. The scale has 2 sub-dimensions, including views on the benefits of sexual education and general views on sexual health. Items 2, 5, 8, 9, 10, 11, 12, 13, 14, 15 measure views on the benefits of sexual education, and 1, 3, 4, 6, 7 measure views on sexual health. The total score that can be obtained from the scale is between 15-75. The high total score obtained from the scale indicates that individuals' attitudes towards sexual education are positive. The Cronbach alpha reliability coefficient of the scale is 0.865. In our study, the Cronbach

alpha reliability coefficient of the scale was found to be 0.721.

Data Analysis

The analysis of the data was made using the SPSS 24 statistical package program. Skewness-kurtosis and Z techniques were used to determine whether the data obtained from the scale score for sexual education were normally distributed. The Student T test was used to compare two independent groups, and the One-Way ANOVA test was used to test whether there was a statistically significant difference between the means of more than two independent groups.

Results

It was determined that the mean age of the students participating in the study was 19.76 ± 1.32 (min=19, max=25) and 77.8% of them were female. About 60% of them studied in a health department, 36.6% had two siblings, 75.7% grew up in a nuclear family, 47.1% lived in the city center, 46.8% had income. Status was found to be moderate. In addition, it was determined that the mothers of 70% of the participants and the fathers of 58% were primary school graduates, the mothers of approximately 78% and the fathers of 14.6% were unemployed. The total mean score of ATSES of the participants was determined as 54.40 ± 3.82 .

It was found that the sociodemographic characteristics of the students, studying in the health department, the place of residence, the education and working status of their parents were found to have a statistically significant effect on their attitudes towards sexual education (Table 1). Post hoc analysis was conducted to investigate where this effect originates from. As a result of the analysis, the ATSES scale mean scores of those living in the city center are higher than those living in towns and villages. It was determined that the ATSES scores of those whose mother's education level was literate were significantly lower than those of other education levels, but there was no significant difference between those who had education at primary, high school and university levels (Table 1).

Approximately 25% of the students stated that the family had an effect on their sexual health behaviors and 35% had no idea about this issue. It has been determined that 31.4% of the students find the health institutions providing services related to sexual health accessible and 23.5% sufficient. Especially, 69.1% of the students wanted to have a sexual health counseling center in the university. It was determined that approximately one fourth of the students related to sexual health received training on this subject,

and 58.0% stated that they wanted to receive training from the health personnel and 15.3% from the counseling center. Family culture about sexual health, accessibility to health institutions, finding the health institutions sufficient, the desire to have a counseling center at the university, the status of receiving education on sexual health and the desire to receive education were found to differ statistically significantly (Table 2).

The students were asked the question 'What is sexual health' and they were told that they could tick more than one option. 49.8% of the students answered the question as having a healthy sexual life, 67% of them answered as sexually psychological, physical and social well-being, 36.2% of them answered as cleaning the reproductive organs, about 25% answered as the regulation of fertility, 37.9% answered as sexually active and reproductive health problems, 44.9% of them answered as prevention of STD and 19.6% of them answered as prevention from pregnancy. In addition, it was found statistically significant that students who marked these statements had higher attitudes towards sexual education (Table 3).

The students stated that they wanted to receive sexual health education from the internet with 57.2%, the second rate stands as 43.4% from health personnel, and then 21.6% from friends. Statistically, it was found that the attitudes of friends, health personnel, internet, visual media, print media, partner, school-teacher, those who want to receive education and those who have experience are higher towards sexual education (Table 4).

Among the family planning methods, it was found that 54.9% of the students knew condom, 51.2% pills and 30.4% withdrawal methods. 86.1% of the students were implanted, 85.5% suppository gel foam, 83.6% diaphragm, 81.1% monthly or quarterly injection, 80.1% vasectomy, 78%, It was determined that 9 of them did not know about IUD and 69.0% of them did not know about tubal ligation. In addition, it was found that 55.5% did not use any method. It has been determined that students need family planning education. It was found statistically significant that students who had knowledge about family planning methods had higher attitudes towards sexual education (Table 5).

Table 1.
The Effect of Sociodemographic Characteristics on Attitudes Towards Sexual Education

	n	%	Mean± SD
Gender			
Woman	769	77.8	54.29±3.77
Male	220	22.2	54.78±3.95
Test and p value t: -1.675 p: .094			
Faculty			
Health related departments	533	53.9	54.64±3.34
Non-health related departments	456	46.1	54.12±4.29
Test and p value t: 2.115 p: .034			
Number of siblings			
1 sibling	51	5.2	54.80±3.75
2 siblings	362	36.6	54.74±3.68
3 siblings	323	32.7	54.31±3.71
4 or more	253	25.6	53.71±4.11
Test and p value F: 2,417 p: .065			
Family type			
Nuclear family	749	75.7	54.32±3.93
Extended family	169	17.1	54.41±3.54
Broken family	71	7.2	55.28±3.08
Test and p value F: 2,055 p: 0.129			
Longest living place			
Province center	466	47.1	54.90±3.79
County	320	32.4	54.20±3.69
Village	203	20.5	53.58±3.91
Test and p value F: 9,283 p: .000			
Monthly income			
Bad	388	39.2	54.42±3.86
Middle	463	46.8	54.45±3.66
Good	138	14.0	54.17±4.18
Test and p value F: 0,304 P: .758			
Mother Education			
Illiterate	64	6.5	53.04±4.78
Primary education	701	70.9	54.41±3.64
High school	174	17.6	54.59±4.02
University and above	50	5.1	55.32±3.72
Test and p value F: 3,832 p: .042			
Father Education			
Illiterate	11	1.1	52.54±3.14
Primary education	577	58.3	54.15±3.81
High school	276	27.9	54.60±3.99
University and above	125	12.6	55.29±3.26
Test and p value F: 4,243 p: .005			
Mother working status			
Working	221	22.3	54.96±3.68
Not working	768	77.7	54.26±3.84
Test and p value t: 2,725 p: .007			
Father working status			
Working	630	63.7	54.54±3.80
Not working	144	14.6	53.54±4.11
Retired	215	21.7	54.58±3.59
Test and p value F: 2,469 p: .014			
t (Independent two samples t-test). F (One-way ANOVA test)			

Table 2.
The Effect of Sexual Health-Related Characteristics on Attitudes Towards Sexual Education

	n	%	Mean± SD
The influence of your family's culture on SH behavior			
Very important	178	18.0	54.01±3.92
Important	244	24.07	55.15±3.14
Little	106	10.07	55.08±3.43
Never important	118	11.09	54.72±3.82
No idea	343	34.7	53.75±4.16
Test and p value	F:6.447	p: .000	
Accessibility to health institutions providing services related to SH			
Yes	311	31.4	55.18±3.13
No	118	11.09	55.66±2.57
No idea	560	56.6	53.70±4.21
Test and p value	F: 23.244	p: .000	
Finding adequate health institutions			
Yes	232	23.05	55.23±3.07
No	230	23.03	55.58±2.90
No idea	527	53.3	53.52±4.22
Test and p value	F: 32.295	p: .000	
Requesting SH related counseling center at university			
Yes	683	69.1	55.23±3.18
No	306	30.09	52.55±4.42
Test and p value	t/F: 10.784	p: .000	
SH related education status			
Yes	211	21.03	55.48±2.91
No	778	78.7	54.11±3.97
Test and p value	t: 4.668	p: .000	
Where to want training in CS			
No idea / I don't want to get information	8	0.8	51.37±5.99
Mobile phone program	55	5.06	54.92±3.29
Internet	59	6.0	51.79±5.36
Health personnel	574	58.0	54.17±3.75
Information center	151	15.03	55.11±3.07
School/friend/partner	142	14.04	55.63±3.34
Test and p value	F: 11.710	p: .000	

t (Independent two samples t-test). F (One-way ANOVA test)

Discussion

University students, who are in the adolescence period, where physical and mental development continues, are a special group at risk in terms of sexual and reproductive health (Aslan et al., 2014). For this reason, it is very important to raise awareness of university students about reproductive health and sexual health and to determine their attitudes towards sexual education (Bakır et al., 2019). In this study, students' sociodemographic characteristics, their views on sexual health and family planning, and their attitudes towards sexual health education were examined. In the study, it was found that there was no difference in ATSE between male and female participants. In some studies, female students have higher

ATSE than male students (Özpulat, 2017; Bakır et al., 2019). In some studies, there was no difference in the examination of the difference between the ATSE and gender of the students, similar to the study (Turhan 2015; Yağcı et al., 2021). These variable results in studies may be due to regional differences.

The ATSEs of the students who spend most of their lives in the city centers are higher than the attitudes of the students living in the districts and villages. Similarly, Bakır et al. (2019) found that students living in villages and towns were lower than those living in ATSE districts and cities. However, Bakır et al., (2019) did not detect a significant difference between the education levels of the parents in terms of ATSE, but in our study, it was determined that the ATSE average increased as the education level of the parents increased and the participants with parents who had any level of education exhibited positive ATSE compared to the participants with illiterate parents. However, in our study, it was determined that the working status of the parents affected the students' ATSE and that the children of working parents exhibited more positive ATSE than the children of non-working parents. Bakır et al., (2019), on the other hand, stated that the working status of the fathers did not affect the ATSE of the students, whereas the attitudes of the students whose mothers were working were significantly higher. The reasons for the significantly higher attitudes of students whose mothers work may be based on factors such as contributing to the economic needs of families, gaining a sense of independence and responsibility, and increasing awareness of education.

In the study, about half of the students stated that family culture affected their sexual health behaviors, and it was seen that this situation affected their ATSE. It is stated in studies that when family and community dimensions are taken into consideration in sexual education practices, attitude change will be more (Lefkowitz et al., 2000; Mobray and Labouev, 2002). Our study supports the literature findings in this respect. Sexual behaviors and attitudes are most shaped at an early age in the process of interaction with the family. In adolescence, peer relations and social environment can be more effective (Pinar et al., 2009).

In the study, about one-fourth of the students related to sexual health stated that they had received training on this subject before, and 58% of them stated that they wanted to receive training from the health personnel and 15.3% from the counseling center. Pinar et al (2009) determined

Table 3.
The Effect of Level of Knowledge About Sexual Health on Attitude Towards Sexual Education

	n	%	Mean± SD
Having healthy sexuality			
Yes	493	49.8	55.17±3.48
No	496	50.2	53.64±3.98
Test and p value	t: 6.435	p: .000	
Sexual psychological physical and social well-being			
Yes	663	67.0	54.92±3.37
No	326	33.0	53.34±4.40
Test and p value	t:6.257	p: .000	
Cleaning of the reproductive organs			
Yes	358	36.2	54.77±3.56
No	631	63.8	54.19±3.94
Test and p value	t:2.284	p: .023	
Health of the reproductive organs			
Yes	483	48.8	54.64±3.69
No	506	51.2	54.18±3.92
Test and p value	t:1,897	P: .058	
Regulation of fertility			
Yes	246	24.09	55.11±3.64
No	743	75.1	54.17±3.84
Test and p value	t:3.370	p: .001	
Problems related to sexual and reproductive health			
Yes	375	37.9	54.81±3.61
No	614	62.1	54.15±3.91
Test and p value	t:2.662	p: .008	
Protection from sexually transmitted diseases			
Yes	444	44.9	54.82±3.44
No	545	55.1	54.06±4.07
Test and p value	t:3.103	p: .002	
Methods of contraception			
Yes	194	19.06	55.53±3.28
No	795	80.4	54.13±3.88
Test and p value	t:4.644	p: .000	
Sharing sexual health issues or problems with your family			
Yes	369	37.3	54.68±3.55
No	620	62.7	54.24±3.95
Test and p value	t:1.759	P: .079	
Having a sexual experience			
Yes	150	15.02	55.75±3.73
No	839	84.8	54.16±3.78
Test and p value	t:4.742	p: .000	
The state of using the method of protection			
Yes	116	11.1em	55.77±3.75
No	34	3.04	55.67±3.70
Test and p value	t:0.136	P: .892	
Having a problem with sexual health			
Yes	40	4.0	56.10±3.28
No	949	96.0	54.33±3.82
Test and p value	t:2.875	p: .004	
Ignoring a sexual health issue			
I care so much	319	32.3	55.38±3.30
I care	515	52.1	54.65±3.34
I don't care	155	15.07	52.25±5.69
Test and p value	F:40.945	p: .000	

t (Independent two samples t-test). F (One-way ANOVA test)

in their study that students obtain information about sexual health mostly from the media.

In similar studies conducted within the scope of the subject, it has been stated that adolescents obtain information about sexual health from sources such as friends, books, internet, television, newspapers and magazines (Orçin et al., 2003; Nordin et al., 2002; Aras et al., 2004). In another study, it was found that 58.14% of the students obtained information about sexuality from the written/visual media, 50% from the school, 44.19% from the health personnel and 18.6% from the family (Mavi Aydoğdu et al., 2019).

In the study, it was determined that 31.4% of the students found the health institutions providing services related to sexual health accessible and 23.5% found sufficient. 69.1% of the students stated that they especially wanted the university to have a sexual health counseling center. The circle of friends, the media and the internet may be sources where they can obtain false and insufficient information (Pınar et al., 2009). For this reason, opening a counseling center on sexual health in universities is important for students to reach accessible and accurate information. In addition, in the study, the students stated the place where they would like to receive sexual health education as the internet with 57.2%, health personnel with 43.4%, and friends with 21.6%. Our study supports the literature with the finding that the ATSE's of those who want to receive education from friends, health personnel, internet, visual media, print media, partners, school-teacher and those who have sexual experience are more positive.

It is a remarkable finding that the family culture related to sexual health, accessibility to health institutions, finding the health institutions sufficient, the desire to have a counseling center in the university, having received sexual health education before and the desire to receive education affect ATSE. University youth, as of the development period they are in, constitute the period most open to risks in society. In studies on sexual health and attitudes, it is stated that risky sexual behaviors, polygamy, the age of onset of sexual intercourse are delayed, STDs and unplanned pregnancies decrease in young people who receive information and services (Arnett, 2001). It is important to establish educational practices related to sexual health.

In the study, it was determined that the students mostly knew the condom, pill and withdrawal methods (54.9%, 51.2%, 30.4%) of the FP methods. Similarly, Aydın et al. in a study they conducted with students they found that 63.7% of the students knew the oral contraceptive method, 58% knew the intrauterine device, 53.3% knew the condom, and 20% knew the calendar method.

Table 4.
The Effect of The Place Where They Want to Receive Sexual Health Education on Attitudes Towards Sexual Education

		n	%	Mean± SD	t	p
Family	Yes	257	26.0	54.66±3.52	1.283	.200
	No	732	74.0	54.31±3.91		
Relative	Yes	35	3.5	55.68±3.67	2.022	.043
	No	954	96.5	54.35±3.81		
Friend	Yes	214	21.6	56.07±2.84	7.394	.000
	No	775	78.4	53.94±3.92		
Health Personnel	Yes	429	43.4	54.85±3.35	3.236	.001
	No	560	56.6	54.06±4.11		
Internet	Yes	566	57.2	55.30±3.07	8.844	.000
	No	423	42.8	53.21±4.35		
Visual Media	Yes	94	9.5	55.55±2.86	3.074	.002
	No	895	90.5	54.28±3.88		
Printed Media	Yes	168	17.0	55.47±3.11	4.016	.000
	No	821	83.0	54.18±3.91		
Partner	Yes	57	5.8	56.70±2.29	4.726	.000
	No	932	94.2	54.26±3.84		
School-Teacher	Yes	108	10.9	55.68±2.66	3.712	.000
	No	881	89.1	54.24±3.90		
Experience	Yes	41	4.1	56.92±2.28	4.357	.000
	No	948	95.9	54.29±3.83		
I don't receive information	Yes	127	12.8	51.97±4.31	7.920	.000
	No	862	87.2	54.76±3.60		
I don't need it	Yes	121	12.2	51.41±4.87	9.623	.000
	No	868	87.8	54.82±3.44		

t (Independent two samples t-test)

Table 5.
The Effect of Knowledge of Family Planning Methods on Attitudes Towards Sexual Education

		n	%	Mean± SD	t	p
Contraceptive	Yes	506	51.2	55.35±2.96	8.290	0.000
	No	483	48.8	53.40±4.32		
Monthly or quarterly injection	Yes	187	18.9	55.25±2.98	3.400	0.001
	No	802	81.1	54.20±3.96		
Tubal ligation	Yes	307	31.0	55.43±2.73	5.766	0.000
	No	682	69.0	53.94±4.13		
Vasectomy	Yes	197	19.9	55.46±2.92	4.397	0.000
	No	792	80.1	54.14±3.96		
IUD	Yes	209	21.1	55.36±2.87	4.117	0.000
	No	780	78.9	54.15±3.99		
Suppository. gel. foam	Yes	143	14.5	55.73±2.76	4.541	0.000
	No	846	85.5	54.18±3.92		
Coitus interruptus	Yes	301	30.4	55.71±2.94	7.293	0.000
	No	688	69.6	53.83±4.01		
Diyafram	Yes	162	16.4	55.60±2.62	4.410	0.000
	No	827	83.6	54.17±3.96		
Calendar method	Yes	254	25.7	55.61±2.75	5.929	0.000
	No	735	74.3	53.99±4.04		
Not used	Yes	549	55.5	53.85±2.76	5.163	0.000
	No	440	44.5	55.09±3.45		
Implants	Yes	137	13.9	55.61±2.50	4.016	0.000
	No	852	86.1	54.21±3.95		
Condom	Yes	543	54.9	55.43±2.96	9.821	0.000
	No	446	45.1	53.15±4.32		

*t (Independent two samples t-test)

Moreover; Ozalp et al. (2012) found that the most known method by students as FP method was oral contraceptives with 93.8%, condom with 70.7% and intrauterine device with 66.0%. Similar results have been reported in other studies on the subject (Kapamadzija et al., 2001; İlgün et al., 2005; Canan et al., 2023). However, in the study, most of the students did not know about implant, suppositories, gel foam, diaphragm, monthly or quarterly injection, vasectomy, intrauterine device and tubal ligation, it was also found remarkable that the method, such as condom, which is very important in protection from both FP and STDs, is not known by nearly half of the youth (45.1%). The findings of the study show that students need family planning education. For this reason, it is meaningful that students who have knowledge about family planning methods have higher ATSE. The desire to have a sexual health counseling center in the university where students can get accurate information about FP methods becomes prominent.

Conclusion and Suggestions

University students have information needs on issues such as sexual health, family planning services, and reproductive health. In addition, there is a need for a counseling center where students can obtain information about sexual health and this information in healthy ways through professional people. It can be suggested to establish advisory boards that students can benefit from in cooperation with universities and health institutions. In addition to descriptive quantitative studies on the subject, it is among our suggestions to conduct qualitative studies in which the needs of young people and the reasons for their negative attitudes towards sexual education can be examined in depth.

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Genişletilmiş Özet

İnsanın temel ihtiyaçlarından biri olan cinsellik, cinsiyet kimlikleri, rolleri, cinsel yönelimi ve üremeyi kapsayan bir kavram olmakla birlikte biyolojik, psikolojik, sosyal, ekonomik, politik, kültürel, yasal, tarihi, manevi ve eğitim faktörlerden etkilenmektedir. Gençlerin cinselliğin güvenli ve sağlıklı olarak sürdürülebilmesi pek çok faktörden etkilense de kaliteli bir cinsel sağlık eğitimi ile mümkün olabilmektedir. Gençlerin cinsel sağlık eğitimine yönelik tutumlarını etkileyen diğer faktörler yaş, cinsiyet, kültür, ebeveyn eğitim seviyesi ve çalışma durumu olarak belirtilmektedir. Kaliteli bir cinsel sağlık eğitimine ulaşamama durumunda cinsel yolla bulaşan hastalıklar, istenmeyen gebelikler, güvensiz ve sağlıksız ortamlarda düşük gibi ciddi sağlık problemlerine neden olabileceği gibi, yanlış toplumsal cinsiyet algısı ve namus algısı nedeniyle şiddet ve ölüm gibi sonuçlar doğurabilmektedir. Gençlerin ihtiyaç duydukları bilgiye kültürel ve toplumsal nedenlerle ulaşmakta güçlük çektiği bilinmektedir. Üniversite öğrencilerinin cinsel sağlıkla ilgili bilgi gereksinimi ve cinsel eğitime yönelik tutumları belirlemek amacıyla yapılan bir çalışmadır. Bu genel amaç doğrultusunda üniversite öğrencilerinin bazı sosyodemografik verileri; ebeveyn çalışma durumu ve eğitimi, yaşadıkları yer, kardeş sayıları ve okudukları bölüm ile cinsel sağlık eğitimine yönelik tutumlarını incelemek araştırmanın alt amaçlarını oluşturmaktadır.

Araştırma Eylül 2021 – Ocak 2022 tarihleri arasında 989 öğrencinin katılımıyla gerçekleştirilmiştir. Veriler, Kişisel Bilgi Formu, Cinsel Sağlık Formu ve Cinsel Eğitime Yönelik Tutum Ölçeği kullanılarak araştırmacılar tarafından toplanmıştır. Araştırma verilerini, üniversite öğrencisi olan iki araştırmacı tarafından örneklem grubundan rahat olması ve doğru bilgiyi alabilmek için gönüllü olanlardan online olarak toplanmıştır. Veri analizinde Student T test ve One-Way ANOVA testi kullanılmıştır.

Çalışmaya katılan öğrencilerin yaş ortalaması $19,76 \pm 1,32$ (19,00-25,00), %77,8'i kadın, yaklaşık %60'ı sağlık ile ilgili bir bölümde okuduğu, %36,6'sı ise iki kardeşi, %75,7'si çekirdek ailede büyüdüğü, %47,1'i il merkezinde yaşadığı, %46,8'i gelir durumu orta düzeyde, %70'i annesi ve %58'i babasının ilköğretim mezunu, yaklaşık %78'i annesi ve %14,6'sının babasının çalışmadığı bulunmuştur. Katılımcıların Cinsel Eğitime Yönelik Tutum Ölçeği toplam puan ortalaması ise $54,40 \pm 3,82$ olarak tespit edilmiştir. Öğrencilerin sosyodemografik özelliklerin sağlıkla ilgili bölümde okuyan, yaşadığı yer, anne ve babasının öğrenim ve çalışma durumunun cinsel eğitime yönelik tutumuna istatistiksel olarak anlamlı düzeyde etkili olduğu bulunmuştur. Bu etkinin neyden kaynaklandığını araştırmak için yapılan post hoc analizinde, il merkezinde yaşayanların ilçe ve köylerde yaşayanlara göre ölçek puan ortalamaları daha yüksek olduğu, anne öğrenim düzeyi okur yazar olanların puanlarının diğer eğitim düzeylerine göre anlamlı derecede düşük olduğu ancak ilköğretim, lise ve üniversite düzeyinde eğitim görenler arasında anlamlı bir fark tespit edilmemiştir.

Öğrencilerin sosyodemografik özelliklerin sağlıkla ilgili bölümde okuyan, yaşadığı yer, anne ve babasının öğrenim ve çalışma durumunun cinsel eğitime yönelik tutumuna istatistiksel olarak anlamlı düzeyde etkili olduğu bulunmuştur. Öğrencilerin yaklaşık %25'i ailenin cinsel sağlık davranışlarına etkisi olduğunu ve %35 bu konuda bir fikrinin olmadığını ifade etmiştir. Cinsel sağlık ile ilgili hizmet veren sağlık kuruluşlarını %31,4'ü ulaşılabilir ve %23,5'i yeterli bulduğu tespit edilmiştir. Öğrenciler özellikle üniversitede %69,1'i cinsel sağlık ile ilgili danışmanlık merkezi olmasını istemiştir. Cinsel sağlıkla ilgili öğrencilerin yaklaşık dörtte biri bu konuda eğitim aldığı ve %58,0 sağlık personelinin, %15,3'ü ise danışmanlık merkezinden eğitim almak istediğini belirtmiştir. Cinsel sağlık ilgili aile kültürü, sağlık kuruluşlarına ulaşılabilirlik, sağlık kuruluşlarını yeterli bulma, üniversitede danışmanlık merkezinin olmasını istediği, eğitim alma ve eğitim almak istediğinin cinsel eğitime yönelik tutumlarının istatistiksel olarak anlamlı düzeyde farklılık gösterdiği bulunmuştur. Öğrencilere 'Cinsel sağlık nedir' sorusu sorulmuş ve birden fazla seçeneği işaretleyebilecekleri söylenmiştir. Öğrenciler bu soruya %49,8'i sağlıklı cinsellik yaşama, %67'si cinsel olarak psikolojik, fiziksel ve sosyal iyilik hali, %36,2'si üreme organlarının temizliği, yaklaşık %25'i doğurganlığın düzenlenmesi, %37,9'u cinsellik ve üreme sağlığına ilişkin problemler, %44,9'u cinsel yolla bulaşan hastalıklardan korunmak ve %19,6'sı gebelikten korunmak demişlerdir ve bu ifadeleri işaretleyen öğrencilerin cinsel eğitime yönelik tutumlarının daha yüksek olduğu istatistiksel olarak anlamlı bulunmuştur.

Öğrenciler, cinsel sağlık ile eğitimi en çok %57,2'si internet, ikinci %43,4'ü sağlık personeli, daha sonra %21,6'sı arkadaştan almak istediğini ifade etmiştir. Arkadaş, sağlık personeli, internet, görsel medya, yazılı medya, partner, okul-öğretmen eğitim almak isteyenler ve deneyim yaşayanların cinsel eğitime yönelik tutumları daha yüksek olduğu istatistiksel olarak fark bulunmuştur.

Öğrencilerin aile planlaması yöntemleri arasında en çok %54,9'u kondom, ikinci olarak %51,2'si hap ve %30,4'ü geri çekme yöntemini bildiği bulunmuştur. Öğrencilerin %86,1'i implant, %85,5'i fitil jel köpük, %83,6'sı diyafram, %81,1'i aylık veya üç aylık enjeksiyon, %80,1'i vazektomi, %78,9'u RİA ve %69,0'nun tüp ligasyonu bilmediği tespit edilmiştir.

Fiziksel ve ruhsal olarak gelişimin devam ettiği adolesan dönemde olan üniversite öğrencileri üreme sağlığı ve cinsel sağlık

açısından risk altında olan özellikli bir gruptur. Bu nedenle üniversite öğrencilerinin cinsel sağlık ve üreme sağlığına ilişkin bilinçlendirilmesi ve cinsel eğitime yönelik tutumlarının belirlenmesi oldukça önemlidir. Üniversite öğrencilerinin cinsel sağlık, aile planlaması hizmetleri, üreme sağlığı gibi konularda bilgi gereksinimleri vardır. Ayrıca öğrencilerin cinsel sağlıkla ilgili bilgileri ve bu bilgileri profesyonel kişiler aracılığıyla sağlıklı bir şekilde edinebilecekleri bir danışma merkezine ihtiyaç duymaktadır. Üniversiteler ve sağlık kurumları ile iş birliği içinde öğrencilerin yararlanabileceği danışma kurullarının oluşturulması önerilebilir. Konuyla ilgili betimsel nicel çalışmaların yanı sıra gençlerin ihtiyaçlarının ve cinsel eğitime yönelik olumsuz tutumlarının nedenlerinin derinlemesine incelenebileceği nitel araştırmaların yapılması önerilerimiz arasındadır.