IJEPEM

International Journal of Environmental Pollution and Environmental Modelling,
Vol. 3(4): 134-143 (2020)
(Original Paper)

Determining of The Prejudices of Nursing Students About AIDS Disease

Assoc. Prof. Dr. Erhan Şensoy[1*]

[1]Karamanoglu Mehmetbey University, Faculty of Health Sciences, Midwifery Department, Karaman, Turkey

E-Mail: *sensoyerhan42@gmail.com*

Received 01.12.2020; Accepted 21.12.2020

Abstract: It is very important to determine and eliminate the prejudices of nurse candidates about AIDS disease, which has not been successful in its treatment yet, in the fight against AIDS disease. The aim is the determination of the prejudices of the nursing department students of the faculty of health sciences of a state university about AIDS disease. This investigation was held between 1 - 31 May 2019. Sample; 163 girls (79.5%), 42 boys (20.5%), a total of 205 students. The average age of the participants is 21.00 ± 1.76 (Min18 - Max26). The analysis of the data collected with the questionnaire was carried out in the SPSS - 21 program. Frequency and descriptive statistical analysis techniques were used for descriptive analysis. The relationship between propositions and variables was determined using the Chi-square test. Most of the students stated that they would not refrain from treating a patient with AIDS disease, if a person is tested for HIV (+), there will be no change in his behavior towards the patient and they will take special precautions while providing health care to a patient with AIDS. 39.1% of the students stated that they would volunteer to follow a patient with AIDS. In this investigation; the relationship between participation in the statements and gender, age and class variables was determined ($p < .05$). Considering the opinions of the students on the subject and their answers to the questions; it has been determined that the participants generally do not behave prejudiced against AIDS patients. However, it is a negative attitude for AIDS patients that some of the students state that they will stay away from AIDS patients. The results show that prejudice decreases with the increase in education and knowledge level. Great importance should be attached to the HIV / AIDS education of nursing students. In addition, the reasons for prejudice among healthcare professionals can be clarified and measures can be taken to eliminate it. In this context, it is recommended to add trainings for changing behavior and attitude to the education curriculum.
Keywords: AIDS, HIV, Sexually transmitted diseases, Nursing student, Education.

INTRODUCTION

Sexually transmitted diseases (STDs) are transmitted by partners. Therefore, it spreads rapidly in the society [1-4]. As a contagious disease, AIDS is an important public health problem [5-6]. Transmission ways of AIDS; unprotected intercourse, infected blood transfusion, contaminated needles and surgical equipment. Also from mother to baby; It is also transmitted through pregnancy, birth and breastfeeding [7]. The definition of HIV and the onset of AIDS-related deaths in the 1980s directed the attention of the whole world to AIDS. Although nearly 40 years have passed since HIV was identified, a vaccine has still not been found. Deaths from HIV continue to increase today. Worldwide, 74.9 million people were infected with HIV by 2018, and 32 million people died of AIDS-related diseases [8]. Turkey, HIV / AIDS is among the countries with less common. The number of cases has been increasing in recent years [9]. HIV (+) number of people in Turkey; It has been reported that 539 in 2010 and 3719 in 2018 [9]. There were 22345 HIV (+) people and 1864 AIDS cases between 1985 and 2018 in Turkey [9]. 80.4% of the cases are men and 19.6% are women. The most prevalent age group of cases is the 25-29 and 30-34 age group [9]. Risk of contracting AIDS; It is high in adolescence and youth when sexual activities come to the fore and family control decreases. Therefore, young people and university students are in the risk group [1]. Also, healthcare workers are at great risk [10, 11]. Nursing students who will become future healthcare professionals can be included in the high risk group.

Prejudice of healthcare professionals towards patients with AIDS prevents patients from reaching their basic right to health [12]. This situation delays the initiation of treatment in patients and facilitates the spread of the disease [5]. The prejudice of healthcare workers towards patients with AIDS / HIV is

[*] *Corresponding E-mail: sensoyerhan42@gmail.com*
Tel: 0505 0402140, 0338 2262000-4303. ORCID: 0000-0003-2989-459X.
This study was presented as an oral presentation at the 4th International 5th National Midwifery Congress in Ankara on 6-9 November 2019.

due to lack of education [6]. The most effective and reliable solution; nurses and nursing students are well educated [13, 14]. It is necessary to determine the attitudes of nursing students, who will provide health services in the future, to patients with AIDS and to eliminate their prejudices. Therefore, the purpose of our investigation; It is to determine the attitudes and prejudices of nursing students studying at a state university towards AIDS patients and to present solutions to the issue. Research question; nursing students' approaches to AIDS patients; Are the variables of class, age and gender effective? has been determined as.

MATERIAL- METHOD

Type of the research

The research was descriptive.

Date and place of the research

The research has been carried out at a state university between 1 - 31 May 2019.

The universe and sample of the research

The universe of the research is the nursing department students of a state university. Sampling method; convenience sampling method. The convenience sampling method is a non-coincidental method in which the section to be selected from the sample is determined by the researcher's judgments [15, 16]. Sample; it consists of first, second, third and fourth class students. In the nursing depatment; there are 433 students, 324 girls and 109 boys. Although it is aimed to reach all students; since some students were in internship at the time of the research and some did not want to participate, a total of 205 students were reached, 163 female and 42 male.

Data collection form

The questionnaire form used in collecting the data consists of two parts. In the first part, there are five items aiming to determine the socio-demographic characteristics of the participants. The second part consists of 10 questions originally prepared by the researcher by taking the opinions of experts on the subject [4, 17-24].

Collection of the data

The data has been collected by face to face interview technique. The average time for completing the questionnaire by the participants is 10-15 minutes. Participation was voluntary. The names of the students has not been included in the data collection forms.

Ethical principles

In order for the research to be carried out; verbal consent of the participants and permission from the researcher's institution has been obtained. Permission has been obtained from the Non-Invasive Clinical Research Ethics Committee of the Faculty of Health Sciences of a state university (Decision No: 04-2019 / 21).

Analysis of the data

Data for analysis has been transferred to SPSS 21 program. Frequency, percentage, mean and standard deviation has been used for descriptive analysis. Chi-square test has been used to determine the differences between groups. $p < .05$ has been considered significant. Kaiser-Meyer-Olkin (KMO) test has been used to measure sampling adequacy. The Cronbach's alpha reliability coefficient has been calculated for reliability analysis [23, 24]. The data has not been used beyond the purpose of the research.

RESULTS

A total of 205 students attended: 45 from the first grade, 65 from the second grade, 51 from the third grade, and 44 from the fourth grade has been joined to research. The average age of the participants, consisting of 163 female (79.5%) and 42 male students (20.5%), is 21.00 ± 1.76 (Min 18 - Max 26). 69% of the students were between the ages of 19-21 (Figure 1).

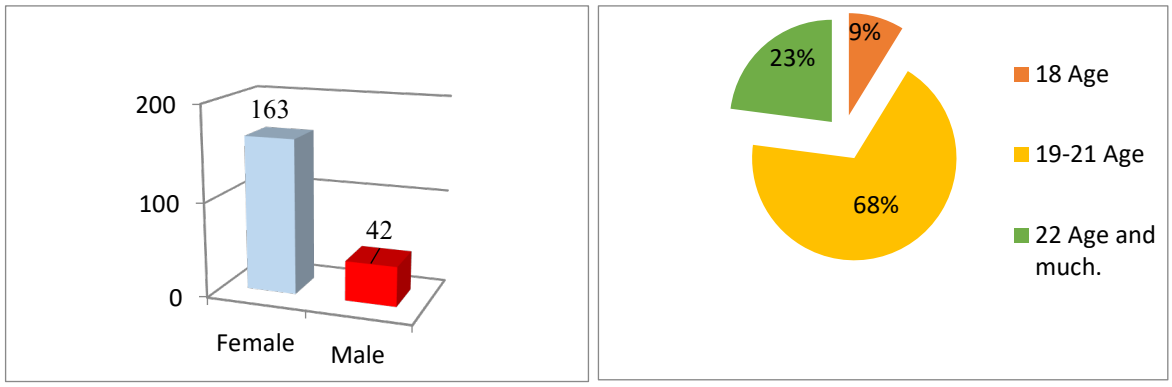

Figure 1. Gender and Age Ranges of the Students

Kaiser-Meyer-Olkin (KMO) sample value was: .756 (Table 1). Cronbach Alpha value was: .658 (Table 1). If the KMO value is above .50, it means that the questionnaire provides the validity status [25, 26]. The fact that the Cronbach Alpha value is close to a value indicates that the reliability of the questionnaire is at an acceptable level [23, 24].

Table 1. Measurement of the Sampling Adequacy, Sphericity Test and Reliability Analysis of the Questionnaire *

Kaiser-Meyer-Olkin test value:		.756
Bartlett test	**Chi-Square:**	498.61
	***df*:**	45
	Sig:	.000
Cronbach alpha value:		.658
n=		10

*These values were created using the Kaiser-Meyer-Olkin (KMO), Bartlett and Cronbach alpha test.

Table 2. Responses to the propositions and their frequency distribution*

Proposition	**Decidedly No**	**No**	**Occasionally**	**Decidedly Yes**	**Yes**
I avoid that treating a patient with AIDS.	25.9	29.3	30.2	12.7	2.00
AIDS patients should not stay in the same room with other patients.	17.6	21.5	15.1	30.2	15.6
I don't want someone with AIDS to touch me.	18.0	32.7	24.9	16.6	7.8
I avoid and stay away from people with AIDS.	22.0	38.5	22.9	11.7	4.9
It doesn't concern me that the patient has AIDS.	49.3	31.2	5.9	9.3	4.0
I take special precautions while providing healthcare services to a patient with AIDS.	7.8	5.9	6.8	23.9	55.6
I inform other inpatients that there are patients with AIDS in the hospital.	39.5	28.8	11.7	13.7	6.0
I do not communicate with a patient with AIDS.	63.4	26.8	5.9	1.5	2.4
When a hospitalized patient is diagnosed with AIDS, there is a change in my behavior and attitude towards the patient.	40.5	29.3	19.0	10.2	1.0
I volunteer to follow a patient with AIDS.	13.2	25.9	36.6	20.5	3.9

* These values were created using the frequency analysis.

The propositions and rates that the students answered as decidedly no and no: 55.2% ″I avoid treating a patient with AIDS.″ 50.7% ″I don't want someone with AIDS to touch me.″ 60.5% ″I avoid people with AIDS, I stay away.″ 80.5% ″It doesn't concern me that the patient is AIDS.″ 68.3% ″I inform other inpatients that there is AIDS patient in the hospital.″ 90.2% ″I don't communicate with AIDS patient.″ 69.8% ″When a patient in the hospital is diagnosed with AIDS, the patient there is a change in my behavior and attitude towards others.″

The propositions and rates that the students answered as yes and yes decidedly: 45.8% ″AIDS patients shouldn't stay in the same room with other patients.″ 79.5% ″I take special precautions while providing healthcare services to a patient with AIDS patients.″ 39.1% ″I volunteer to follow a patient with AIDS.″

With the class variable; ″I inform other inpatients that there is a patient with AIDS in the hospital.″ Significant relationship has been found between the proposition (p = .030). No significant relationship has been found between the other propositions and the class variable (Table 3).

Table 3. The Relationship Between Class Variable and Propositions

Proposition	Class	*n*	*dF*	Relationship	*p**
I avoid that treating a patient with AIDS.	1.st class	45	12	No	.469
	2.st class	65			
	3.st class	51			
	4.st class	44			
AIDS patients should not stay in the same room with other patients.	1.st class	45	12	No	.141
	2.st class	65			
	3.st class	51			
	4.st class	44			
I don't want someone with AIDS to touch me.	1.st class	45	12	No	.674
	2.st class	65			
	3.st class	51			
	4.st class	44			
I avoid and stay away from people with AIDS.	1.st class	45	12	No	.217
	2.st class	65			
	3.st class	51			
	4.st class	44			
It doesn't concern me that the patient has AIDS.	1.st class	45	15	No	.723
	2.st class	65			
	3.st class	51			
	4.st class	44			
I take special precautions while providing healthcare services to a patient with AIDS.	1.st class	45	12	No	.491
	2.st class	65			
	3.st class	51			
	4.st class	44			
I inform other inpatients that there are patients with AIDS in the hospital.	1.st class	45	15	Yes	.030
	2.st class	65			
	3.st class	51			
	4.st class	44			
I do not communicate with a patient with AIDS.	1.st class	45	12	No	.448
	2.st class	65			
	3.st class	51			
	4.st class	44			
When a hospitalized patient is diagnosed with AIDS, there is a change in my behavior and attitude towards the patient.	1.st class	45	12	No	.901
	2.st class	65			
	3.st class	51			
	4.st class	44			

I volunteer to follow a patient with AIDS.	1.st class 2.st class 3.st class 4.st class	45 65 51 44	15	No	.572

* *p* values were obtained by Chi-square test.

With the variable age; ″It doesn't concern me that the patient has AIDS.″ (p = .019), ″I take special precautions while providing healthcare to a patient with AIDS.″ (p = .000) proposition and no relationship has been determined between the other proposition and the gender variable (Table 5).

Table 4. The Relationship Between Age Variable and Propositions *

Proposition	Age	*n*	*dF*	Relationship	*p**
I avoid that treating a patient with AIDS.	18 age 19-21 age 22 age	18 140 47	12	No	.599
AIDS patients should not stay in the same room with other patients.	18 age 19-21 age 22 age and more	18 140 47	12	No	.354
I don't want someone with AIDS to touch me.	18 age 19-21 age 22 age and more	18 140 47	12	No	.782
I avoid and stay away from people with AIDS.	18 age 19-21 age 22 age and more	18 140 47	12	No	.522
It doesn't concern me that the patient has AIDS.	18 age 19-21 age 22 age and more	18 140 47	15	Yes	.019
I take special precautions while providing healthcare services to a patient with AIDS.	18 age 19-21 age 22 age and more	18 140 47	12	Yes	.041
I inform other inpatients that there are patients with AIDS in the hospital.	18 age 19-21 age 22 age and more	18 140 47	15	No	.177
I do not communicate with a patient with AIDS.	18 age 19-21 age 22 age and more	18 140 47	12	Yes	.000
When a hospitalized patient is diagnosed with AIDS, there is a change in my behavior and attitude towards the patient.	18 age 19-21 age 22 age and more	18 140 47	12	No	.203
I volunteer to follow a patient with AIDS.	18 age 19-21 age 22 age and more	18 140 47	15	No	.664

* *p* values were obtained by Chi-square test.

Propositions related to the gender variable: ″It doesn't concern me that the patient has AIDS.″ (p = .000), ″I take special precautions while providing healthcare services to a patient with AIDS.″ (p = .000), ″I inform other inpatients that there is a patient with AIDS in the hospital.″ (P = .041), ″I don't communicate with a patient with AIDS.″ (P = .000). No relationship has been founded between the other propositions and the age variable (Table 4).

Table 5. The Relationship Between Gender Variable and Propositions *

Proposition	Gender	*n*	*dF*	Relationship	*p**
I avoid that treating a patient with AIDS.	Female	163	8	No	.078
	Male	42			
AIDS patients should not stay in the same room with other patients.	Female	163	8	No	.373
	Male	42			
I don't want someone with AIDS to touch me.	Female	163	8	No	.050
	Male	42			
I avoid and stay away from people with AIDS.	Female	163	8	No	.275
	Male	42			
It doesn't concern me that the patient has AIDS.	Female	163	10	Yes	.000
	Male	42			
I take special precautions while providing healthcare services to a patient with AIDS.	Female	163	8	Yes	.000
	Male	42			
I inform other inpatients that there are patients with AIDS in the hospital.	Female	163	10	Yes	.041
	Male	42			
I do not communicate with a patient with AIDS.	Female	163	8	Yes	.000
	Male	42			
When a hospitalized patient is diagnosed with AIDS, there is a change in my behavior and attitude towards the patient.	Female	163	8	No	.433
	Male	42			
I volunteer to follow a patient with AIDS.	Female	163	10	No	.416
	Male	42			

* *p* values were obtained by Chi-square test.

Relationship has been determined between the variables and correct answers to the propositions (p <.05). In this case; our research question is ″The approaches of nursing students to patients with AIDS; class, age and gender variables are effective? ″ hypothesis, nursing students' attitudes towards patients with AIDS; It was determined that the class, age and gender variables were effective. Since most of the nursing students consist of female students, the rate of agreement with the proposals increases in favor of women. Increasing correct answers with age means that advanced students in upper classes answered the propositions correctly. Consistent with this, it was determined that as the class level increased, the rate of correct answers to the propositions increased.

DISCUSSION

There is need for healthcare professionals who are well educated in the fight against AIDS and who are well versed in transmission and prevention of the disease. Lack of education; it causes healthcare workers to behave prejudiced against AIDS patients. This situation causes the patients not to benefit from health services. It is necessary for healthcare professionals to behave without prejudice not only against AIDS patients, but also to provide equal health care to each patient.

In this study, it was determined that the participants generally did not treat patients with AIDS prejudicedly. AIDS in some of the students study in Turkey is seen to exhibit a positive attitude towards patients [14, 27-29]. It has been stated that Danish nursing students' attitudes towards individuals with HIV / AIDS are more positive than Turkish nursing students [30]. There are studies in the literature indicating that nursing students display a negative attitude towards patients with AIDS [31, 32]. In some studies, it has been reported that nurses avoid physical contact with patients with AIDS [33, 34]. In another study; It was stated that 77.7% of the students had a negative attitude towards people with AIDS [35]. It has been reported that 5.6% of health school students showed the behavior of rejecting patients with AIDS [36]. In another study; It has been stated that university students can show both positive and negative attitudes towards AIDS patients together [37]. In this study, 55.2% of the participants stated that they would not avoid treating a patient with AIDS. This rate has been reported to be 66% in nurses [10]. In another study, it was reported that 41.3% of nursing students stated that they would not work in the same environment with someone with AIDS / HIV [38]. In this study, the rate of those who stated that they would not inform

other inpatients that they had AIDS patients in the hospital was 68.3%. In a research conducted; it has been reported that 70.8% of the nurses think that the identity information of patients with AIDS / HIV should be kept [10]. In our study, 45.8% agreed with the statement "Patients with AIDS should not stay in the same room with other patients." In a research conducted; It has been reported that 55.2% of the nurses think that the rooms of patients with AIDS should be separate [10]. In our study, the rate of those who said that they could volunteer to follow a patient with AIDS is 39.1%. It has been reported that 34% of the nurses do not want to serve patients with AIDS[10].

In this study, the rate of those who don't want a patient with AIDS to touch them is 50.7%. This rate has been reported to be 52.7% among nursing students [14]. Stating that some of our students will stay away from AIDS patients is a negative attitude for patients with AIDS. This situation means that although the participants are students studying in the nursing department, they have some prejudiced and contradictory attitudes, and it is compatible with the literature. In this study, the rate of those who stated that they would not refrain from providing service to patients with AIDS is 60.5%. This ratio in the literature; it was reported as 59.4% [14] and 65% [39] among nursing students. In a research conducted; It was stated that 50% of healthcare workers would not prefer to follow up patients with AIDS / HIV, 19% would avoid treating patients with AIDS, and 26% would not want to work in the same place with someone with AIDS [6]. In our study, the agreement with the statement "The patient's having AIDS doesn't concern me at all." was 80.5%. This rate has been reported to be 85.8% among nursing students [14]. In our study, the rate of those who stated that they could easily communicate with the AIDS patient is 90.2%. This rate has been reported to be 61.1% among nursing students [14]. In this study; the relationship between participation in the statements and gender, age and class variables has been determined. Female students compared to male students, older students in upper classes have less prejudice than younger students in lower classes. The fact that most of the nursing students consist of female students may be sufficient in explaining the gender variable. With the age and class of students, the profession lessons and applications are also increasing. It was observed that this situation caused an increase in the knowledge level of the students. Increasing education level causes prejudices to be eliminated and correct behaviors to be formed. It is thought that as the age increases, the sexual experience increases and the level of knowledge increases as a result of the need for research. Similar to the results of our study; it has been reported that the higher the knowledge level of the German nursing students, the higher the positive attitude towards AIDS patients [40]. In another study; it has been reported that knowledge scores of nursing students increase with age and grade level [39]. However; it has been reported that the knowledge level of nursing students increases in proportion to their class level, but the gender variable is not effective on this situation [14]. There are studies in the literature reporting that there is no significant relationship between gender and level of knowledge [27, 41]. The difference between the results of our study and the results presented in some literature; it is thought to reason from the number of participants, gender ratios and regional differences.

Fear of AIDS and prejudice against AIDS patients prevail in the society. In our study, the low level of prejudice among students in upper classes shows the benefit of education. Decreasing prejudice against AIDS patients can only be achieved with correct education strategies. Nurses should be defined as basic manpower in programs developed for this purpose [42].

LIMITATIONS

In the study, absent students and students who did not want to participate in the study could not be reached. This situation can be expressed as the limitation of the study as it causes not generalization. The research is limited to the answers given by the participants.

CONCLUSION

Our results shows that prejudice decreases with the increase in education and knowledge level. Great importance should be attached to the HIV / AIDS education of healthcare professionals. The causes of prejudice in healthcare professionals can be determined and measures can be taken to eliminate this prejudice. The knowledge, attitudes and behaviors of nursing students will be decisive in preventing prejudices against HIV / AIDS in the society. Education and guidance for our students, who will be the future healthcare professionals, to fight against prejudices should be developed. In this context, it is recommended to add trainings for changing behavior and attitude to the education curriculum.

CONFLICT OF INTEREST

There is no personal or financial conflict of interest within the scope of the study.

SPECIAL THANKS

We thanks to our students who contributed to the study by answering the questions sincerely.

REFERENCES

[1] Koluaçık, S., Güneş, G., Pehlivan, E. 2015, İnönü Üniversitesi Öğrencilerinin Üreme Sağlığı Konularında Bilgi Düzeyleri Ve Hizmetten Beklentileri, İnönü Üniversitesi Tıp Fakültesi Derg, Vol. 17(1), 7-14.

[2] Bakır, N., Beji, K.N., 2015, Üniversite Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Konusundaki Bilgi Düzeyleri, DÜ Sağlık Bil Enst Derg, Vol. 5(3), 10-16.

[3] Akalpler, Ö., Eroğlu, K.. 2015, Kuzey Kıbrıs Türk Cumhuriyeti'nde Üniversite Öğrencilerinin Sık Görülen Cinsel Yolla Bulaşan Enfeksiyonlara İlişkin Bilgileri Ve Cinsel Davranışları, Hacettepe Üniversitesi Hemşirelik Fakültesi Derg, Vol. 2(2),1-19.

[4] Çalışkan, T., Çevik, C., Ergün, S., 2015, Üniversite Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Konusundaki Bilgi Düzeylerinin Değerlendirilmesi, Balıkesir Sağlık Bil Derg, Vol. 4(1), 27-31.

[5] Friedman, S.R., Downing, M.J., Jr, Smyrnov, P. 2014, Socially-İntegrated Transdisciplinary Hıv Prevention, AIDS Behav, Vol. 18(10), 1821-1834.

[6] Bayrak, B., Keten, S., Fincancı, M., 2014, Sağlık Çalışanlarının HIV/AIDS Olgularına Yaklaşımları, Klimik Derg, Vol. 27(3), 103-108.

[7] WHO., 2017, HIV / AIDS https://www.who.int/features/qa/71/en/ (02.03.2019)

[8] http://aidsinfo.unaids.org/ (12.12.2020).

[9] Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü Bulaşıcı Hastalıklar Dairesi Başkanlığı, 2018, HIV/AIDS İstatistik, https://hsgm.saglik.gov.tr/tr/bulasici-hastaliklar/862-hiv aids/1135-h%C4%B1v-aids-istatislik.html. (12.12.2020).

[10] Korkmaz, F., Aydın, M., Avcı, İ.A., 2019, Sağlık Çalışanlarının HIV/AIDS Hastaları Konusundaki Önyargı Ve Bilgi Düzeylerinin Belirlenmesi, 4. Uluslararası Kültür Sempozyumları: Uluslararası Sağlık Toplum Ve Kültür Sempozyumu, Sempozyum Bildirileri Tam Metin Kitabı, Vol. 1, 99-107.

[11] Pınar, G., Doğan, N., Ökdem, Ş., Algıer, L., Öksüz, E. 2009, Özel Bir Üniversitede Öğrenim Gören Öğrencilerin Cinsel Sağlıkla İlgili Bilgi Tutum Ve Davranışları, Tıp Araştırmaları Derg, Vol. 7(2), 105-113.

[12] Hossain, M.B., Kippax, S., 2011. Stigmatized Attitudes Toward People Living With Hıv İn Bangladesh: Health Care Workers' Perspectives, Asia Pac J Public Health, Vol. 23(2), 171-182.

[13] Kır, T., Kılıç, S., Oğur, R., Uçar, M., Hasde, M. 2004, Ankara'daki İki Askeri Birlikte Erlerde Hıv/Aıds Bilgi Düzeyinin Değerlendirilmesi, TAF Prev Med Bull, Vol. 3(5), 93-102.

[14] Kaya, M., Aylaz, R., Yağmur, Y., Güneş, G., 2007, Sağlık Yüksekokulu Öğrencilerinin Hıv/Aıds'le İlgili Bilgi Ve Tutumları, Turk Silahlı Kuvvetleri Koruyucu Hekim Bul, Vol. 6(3), 175-180.

[15] Benoot, C., Hannes, K., Bilsen, J. 2016, The Use Of Purposeful Sampling İn A Qualitative Evidence Synthesis: A Worked Example On Sexual Adjustment To A Cancer Trajectory, BMC Med Res Methodol, Vol. 16(1), 17-21.

[16] Yağar, F., Dökme, S. 2018, Niteliksel Araştırmaların Planlanması: Araştırma Soruları, Örneklem Seçimi, Geçerlik Ve Güvenirlik, Gazi Sağlık Bilimleri Derg, Vol. 3(3), 1-9.

[17] Karasu, F., Göllüce, A., Güvenç, E., Dadük, S., Tunçel, T. 2017, Hemşirelik Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Hakkındaki Bilgilerinin İncelenmesi, İÜ Sağlık Hizm MYO Derg, Vol. 5(1), 1-15.

[18] Yazganoğlu, K.D., Özarmağan, G., Tozeren, A., Özgülnar, N., 2012, Üniversite Öğrencilerinin Cinsel Yolla Bulaşan İnfeksiyonlar Hakkında Bilgi, Tutum Ve Davranışları, Turk Derm, Vol. 6(1), 20-25.

[19] Chao, J., Chang, E.T., So, S.K., 2010, Hepatitis B And Liver Cancer Knowledge And Practices Among Healthcare And Public Health Professionals İn China: A Cross-Sectional Study, BMC Public Health, Vol. 10(1), 98-109.

[20] Alberta Health and Wellness and the Calgary Health Region, Studying STI: CALM: STI/HIV 2008, Lesson 1: STI/HIV Pre-test. http=//www.teachingsexualhealth. ca/media/lessons/CALM_STDLess1.pdf. (27.12.2019)
[21] Demir, G., Şahin, K.T., 2014, Selçuk Üniversitesi Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Konusundaki Bilgileri, DÜ Sağlık Bil Enst Derg, Vol. 4(3), 19-24.
[22] Elkin, N., 2015, Üniversite Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Konusundaki Bilgilerinin Araştırılması, Mersin Ün Sağlık Bil Derg, Vol. 8(1), 1-14.
[23] Evcili, F., Gölbaşı, Z., 2017, Cinsel Sağlık Bilgi Testi: Geliştirme, Geçerlik Ve Güvenirlik Çalışması, ACU Sağlık Bil Derg, Vol. 1(1), 29-33.
[24] Aydemir, N., Yakın, İ., Aslan, H.S.. 2018, AIDS Bilgi Ve Tutum Ölçeklerinin Geliştirilmesi Ve Psikometrik Özelliklerinin Sınanması, Psikoloji Çalışmaları, Vol. 38(1), 73-93.
[25] Balogun, J.A., Abiona, T.C., Lukobo-Durrell, M., Adefuye, A., Amosun, S., Frantz, J., et al. 2010, Evaluation Of The Content Validity, İnternal Consistency And Stability Of An İnstrument Designed To Assess The Hıv/Aıds Knowledge Of University Students, Health Education Journal, Vol. 23(3), 400-407.
[26] Najarkolaei, F.R., Niknami, S., Shokravi, F.A., Tavafian, S.S., Fesharaki, M.G., Jafari, M.R., 2014, Sexual Behavioral Abstine Hıv/Aıds Questionnaire: Validation Study Of An Iranian Questionnaire, J Edu Health Promot, Vol. 3(10), 1-5.
[27] Özdemir, L., Ayvaz, A., Poyraz, Ö., 2003, Cumhuriyet Üniversitesi Öğrencilerinin Cinsel Yolla Bulaşan Hastalıklar Konusundaki Bilgi Düzeyleri, Cumhuriyet Üniv Tıp Fak Derg, Vol. 25(1),10-14.
[28] Tunçel, E.K., Dündar, C., Pekşen, Y. 2006, Sağlık Hizmetleri Meslek Yüksekokulu Birinci Sınıf Öğrencilerinin Aıds Hakkında Bilgi Ve Tutumlarının Değerlendirilmesi, TAF Prev Med Bull, Vol. 5(5), 343-351.
[29] Avcıkurt, A.S., 2014, Balıkesir Üniversitesi Öğrencilerinin Hıv/Aıds Hakkındaki Bilgi Düzeyi Ve Tutumlarının Değerlendirilmesi, Balıkesir Saglık Bil Derg, Vol. 3(2),79-86.
[30] Çimen, S., Bahar, Z., Öztürk, C., Bektaş, M. 2013, Türk ve Danimarka'lı Hemşirelik Öğrencilerinin HIV/AIDS'li Bireylere Bakım Vermeye Yönelik Tutumlarının Karşılaştırılması, Deuhyo Ed, Vol. 6(3),139-143.
[31] Kılıç, S., Açıkel, C.H., Kır, T., Oğur, R., Uçar, M. 2004, Sağlık Astsubay Meslek Yüksekokulu Öğrencilerinin Hıv/Aıds Hakkındaki Bilgi Düzeyleri Ve Tutumları, TAF Prev Med Bull, 3(6), 111-118.
[32] Bulduk, S., Esin, M.N., Umut, N., 2006, Adölesanların HIV/AIDS Bilgi Düzeyleri Ve Hastalığa Karşı Sosyal Önyargıları, Sted Derg, Vol. 15(8),139-143.
[33] Petty, R., Caccioppo, J., 1986, The Elaboration Likelihood Model of persuasion. Advances in Experimental Social Psychology, Vol. 19, 179-182.
[34] Valois, P., Turgeon, H., Godin, G., Blondeau, D., Cote, F., Influence Of A Persuasive Strategy On Nursing Students' Beliefs And Attitudes Toward Provision Of Care To People Living With HIV/AIDS, J Nurs Educ, Vol. 40(8), 354-362.
[35] Dönmez, L., Yiğiter, Y., 1998, Antalya Çıraklık Eğitim Merkezindeki Berber Ve Kuaför Çıraklarının Hıv/Aıds Hakkındaki Bilgi Ve Tutumları. İst Tıp Fak Mecmuası, Vol. 61(4), 429-434.
[36] Soler, P., Carretero, M.D., Martin, C., Soler, M., Gazquez, J.A., Perez, E., et al. 1996, AIDS Related Knowledge And Attitudes Among Health Sciences Students And Students From Non-Health Related Sciences, Eur Psychiatry, Vol. 11(4), 331-333.
[37] Cok, F., Gray, L.A., Ersever, H. 2001, Turkish University Students' Sexual Behaviour, Knowledge, Attitudes And Perceptions Of Risk Related To HIV/AIDS, Culture Health and Sexuality, Vol. 3(1), 81-89.
[38] İnci, A. 2014, Knowledge Level and Attitude of Health Care Workers About HIV/AIDS, Journal of Clinical and Analytical Medicine, Vol. 5(5), 394-396.
[39] Babaoğlu, Ü.T., Demir, G., Biçer, S. 2018, Hemşirelik Bölümü Öğrencilerinin HIV/AIDS Hakkındaki Bilgi Düzeyleri Ve Tutumlarının Değerlendirilmesi, Bozok Tıp Derg, Vol. 8(1), 18-24.
[40] Lohrmann, C., Välimäki, M., Suominen, T., Muinonen, U., Dassen, T., Peate, I. 2000, German Nursing Students' Knowledge Of And Attitudes To HIV and AIDS: Two Decades After The First AIDS Cases, J Adv Nurs, Vol. 31(3), 696-703.

[41] Beydağ, K., 2007, Sağlık Yüksekokulunda Öğrenim Gören Bir Grup Üniversite Öğrencisinin HIV/AIDS Konusundaki Bilgi Düzeyleri, TAF Prev Med Bull, Vol. 6(1),59-68.
[42] Parker, R., Easton, D., Klein, C., 2000, Structural Barriers And Facilitators İn HIV Prevention: A Review Of İnternational Research, AIDS, Vol. 14(1), 22-32.