

Young Men's Perceptions about Sexual Health and Sexual Education: A Qualitative Study

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ABSTRACT

Objective: For healthy sexuality and effective sexual health education, it is important to know the sexual health perception of individuals, their sexual education needs, and the affecting factors. The purpose of this research is to learn in-depth the perceptions of young men about sexual health and sexual education.

Methods: This study was carried out in a health vocational school of a foundation university. The study was constituted using an in-depth interview method, and interviews were conducted with 16 students, 2 of whom were pilots. Content analysis was used to assess the obtained data.

Results: Sexual education with sexual behavior and health were determined as the main themes. The male students indicated level of sexual knowledge was insufficient, and they needed to receive comprehensive sexual education from a qualified specialist.

In addition, they stated that education should be given to men and women separately, and in small groups. It was also found that friends, religious and cultural values were important factors in sexual knowledge and behavior.

Conclusion: As a result, it has been revealed that male university students need sexual education, and the correct information can only be learned through a comprehensive and socio-cultural norms-sensitive education.

Keywords: Young men, perceptions, sexual health, sexual education

1. INTRODUCTION

Sexuality is defined as an integrated state of a series of emotions that provides the individual with physiological, spiritual, and positive emotions, as well as ensuring his/her integration with society and contributing to his/her personality development (1,2). Sexual health (SH) is a process that begins before the birth of an individual and continues until death, however, it has an impact on an individual's life and its significance can only be recognized with appropriate education (3). SH and sexuality-related subjects are limited presence in Turkey's educational curriculum (4). When the sexual information sources of the youth are examined, it can be seen that the internet, media and friends are at the top of the list (5,6). It is stated that this condition can lead to young people receiving incorrect information from improper sources which can lead to early pregnancies, sexually transmitted infections (STIs), and a variety of sociological and psychological issues (7). There are differences between genders in sexual interest and knowledge. Studies have shown that men are less aware than women in practically every issue related to sexuality and are more reluctant to

receive education from reliable sources (8,9). There are few studies examining SH and influencing factors among young males in Turkey (10).

In order for SH education to be effective, it is important to know the factors that affect SH and to integrate them into the education program (11). In studies conducted in Turkey, the factors affecting men's SH are expressed as the age of first sexual intercourse, age of first marriage (12), and contraceptive use (13). Although studies reveal some of the factors affecting SH, an in-depth examination of the subject will provide detailed data for SH promotion programs and interventional studies (14). Most of the studies on sexuality in our country were conducted with women. In this respect, we believe that this study, which reveals the thoughts of males on sexual health and sexual education, will contribute to a more detailed understanding of the subject. The goal of this qualitative study is to ensure a deeper understanding about the perception of young males on SH and sex education.

2. METHODS

2.1. Research Design and Participants

This research was conducted with male students who are studying first and second years at the Vocational School of Health Services of a University in Istanbul and gave consent to participate in the research. The sample was chosen using the purposive sampling method (15). The sampling approach must be the continuous accumulation of data until the ideas and processes that could be the reply to the study question began to appear on a regular basis (16). The researchers agreed that they had collected sufficient data when the ideas and processes began to appear over and over. At this point, the sample consisted of 16 male students, 2 of whom were pilots. No one refused to participate in the study. There is no relationship that would create a conflict of interest between the participants and the authors.

2.2. Data Collection

Semi-structured interview questions and the conceptual framework of the study were created as a result of discussions with professionals and literature review (17). Before this study first author took a course in qualitative research.

The data were collected by the first researcher using the "Individual Interview Form" with face-to-face in-depth interview technique between January and March 2020. In-depth interview technique was used to obtain more detailed data based on feelings, ideas, and experiences (18).

The following four questions were contained in the interview form:

- *Can you tell me a little bit about yourself, your family, and your surroundings?*
- *When, where, and by whom do you think sexual education (SE) should be done?*
- *What topics should be included in SE programs? Why?*
- *What do you think about sexuality, sexual act, and SH? How does our culture or environment guide us in terms of sexuality?*

A pilot study of the form was implemented with two students. The results of the pilot study were used to make the necessary changes to the form. Individual in-depth interviews were held in a private room with the researcher and the student seated across a table from each other. There was no one else in the room during the interview.

Necessary permissions for audio recording were obtained from all participants, and the conversations during the interviews were recorded on a voice recorder by the researcher. All of the information collected from the students was kept private. The interviews lasted approximately 28 minutes to 52 minutes, with an average duration of 38

minutes. Since the COVID-19 pandemic broke out right after the interviews were completed, transcripts could not be returned to participants for comment and/or correction.

2.3. Data Analysis

After all the interviews were completed, the raw data was written using the Microsoft Word software (Microsoft Office Professional Plus 2019). To ensure credibility, raw data were analyzed by four experts 2 of whom were article authors. Codes and themes were predetermined in line with the conceptual framework created before starting the research. Consensus was formed with the discussions made by the authors and experts on the extracted codes and results. A content analysis was carried out while doing a qualitative analysis of the data recorded in an electronic environment. The similarity of the explanations in the answers, the number of participants who made the same explanation and used similar words, the real purposes of the explanations and the originality of the answers were taken into consideration. The answers given by the students to each topic discussed were interpreted one by one. The answers given by the students to the same questions were classified according to their differences and similarities. Following each author's careful reading of the raw data, coding was done according to the main concepts. The generated codes were grouped according to the themes created before the interview. The themes that emerged as a result of this study were SE along with sexual behavior and health. After the study data was written with the Microsoft Word program and analyzed according to the themes, the data was sent to two independent persons experienced in qualitative studies to control the process. The implementation of all the steps related to this stage of the study was carried out in accordance with the relevant literature (15,19). Conduct and assessment of the study were evaluated with the COREQ qualitative design checklist.

2.4. Ethical Considerations

Before beginning the study in a state University's scientific research evaluation ethics committee provided written approval (approval number: 09.2019.727, 26/07/2019), as well as institutional approval from the university where the study was conducted. The purpose of the research and other relevant details were explained to the students, and their verbal and written consents were obtained.

3. RESULTS

According to the findings, 11 of the students were between the ages of 19-21, 12 of them had a girlfriend before, and 11 of them had previously received sexual education (Table 1).

Two main themes emerged in this study, namely SE and sexual behavior and health.

Table 1. Socio-Demographic characteristics of the participants(n=14)

Age	n	%
19-21	11	78.6
22 and above	3	21.4
Longest lived place		
Provincial center	7	50.0
District center	7	50.0
Marital status		
Married	1	7.1
Single	13	92.9
Does he currently have a girlfriend?		
Yes	2	14.3
No	12	85.7
Has he had a girlfriend before?		
Yes	8	57.1
No	6	42.9
Has he received sex education before?		
Yes	3	21.4
No	11	78.6

3.1. Theme 1. Sexual Education

The majority of students stated that SE should be given by a specialist, that it would be more appropriate to teach women and men separately and in small groups, and that teaching in a classroom would be more effective. The SE theme in the study is consists of two sub-themes: educator, location, time, method, and content of SE, and the impact of the student's department on his or her level of sexual knowledge.

3.1.1. Place, Time, Content, and Educator of SE

Most of the students stated that SE is necessary. Three students claimed that they received SE in high school, but that it was not sufficient and appropriate for their needs. According to the majority of students, SE should be given by experts. Students generally think that SE should be given during or after adolescence. They stated that it would be reasonable to provide education during high school years. In addition, most of the students stated that it was appropriate to conduct the training in small groups separately for women and men. They emphasized that the education should cover the issues such as male-female relations, STIs, birth control methods, infertility, sexual abuse, and violence against women. The statements of two students on this subject are as follows:

"People without SH education should not have sexual intercourse. We studied reproduction in biology class, but we did not receive a clear education on sexual diseases or sexual intercourse. I think it should be given in schools, when should it be? After puberty, in the first or second year of high school, it can be provided." (P2)

"Considering that there are women between the ages of 17-18 who have abortions in our country, students should be made aware of this issue. I think SE can be given in schools, but it should not be given to women and men together

because this will prevent students from receiving an effective education. In my opinion, the male and female reproductive system, sexual diseases and methods of protection from sexual diseases should be explained in education." (P6)

3.1.2. The Effect of the Department He Studied on the Level of Sexual Knowledge

The students indicated that have more information about SH issues due to the studied at health department and have learned anatomical structures, contraception methods and infectious diseases in the lessons. However, students stated this was not enough. The following are three students' opinions on the matter.

"We may be better equipped about sexuality since we have studied in a health school. For example, in a physiology and anatomy lesson, the lecturer inevitably brought up such topics." (P14)

"In our department, basic topics related to sexuality were explained, but we also learned them in high school. It covered organs, their functions and protection methods. They do not go beyond these topics, so it is extremely limited. In my opinion, this is not enough to explain it in this way, it should be more comprehensive." (P7)

"I believe the issues discussed were not about sexuality; just its anatomy was mentioned, which we were already familiar with." (P8)

3.2. Theme 2. Sexual Behaviors and Health

The theme of sexual behaviors and health is consists of three sub themes: The meaning of sexuality and the relationship between sexuality and health, The effect of religion, socio-cultural environment on sexual behavior and the attitudes towards extramarital affairs and the red light district, brothel, and masturbation. In this theme sexual behaviors and health, the influence of religion and socio-cultural environment on sexual decision-making, sexual satisfaction without sexual intercourse, and attitudes towards sexual harassment and brothels were mentioned.

3.2.1. The Meaning of Sexuality, and the Relationship Between Sexuality and Health

The majority of the students participating in the study defined sexuality as reproduction, need and pleasure and stated that sexuality and health had a connection. Furthermore, it was noted that the students avoided using the word sexuality during the interview.

When asked "what should be done to protect SH?" the majority of the students replied as monogamy, abstinence from sex, and the use of condoms. The statements of two students on the subject are as follows:

"I would like to explain the relationship between sexuality and health by giving an example. When we greet someone,

even with our hands, we may still face the risk of getting a germ. On the other hand, because there is such close contact, if someone with herpes on their lips has sexual intercourse with a healthy person, the disease is spread to the other one immediately.” (P7)

“In my opinion, to protect human health, one should not have intercourse with anyone until they get married or choose their life partner. Something like this is so wrong when you spend the weekend with one woman and the following week with another.” (P13)

3.2.2. The Effect of Religion, Socio-Cultural Environment on Sexual Behavior and the Attitudes Towards Extramarital Affairs

Almost all the male students admitted to having limited knowledge on religious issues, and that the religious part of sexuality should be emphasized in education. Furthermore, the majority of students believe that there is too much misinformation and prejudice regarding sexual matters in society, that discussing sexual matters in the family is considered embarrassing, and that there is a lot of social pressure on this issue. According to the students, there are remarkable differences in the society's view of men and women who have extramarital affairs. While women are expected to abstain from sex until marriage, men are not expected to do so. Students stated that the media has a deterrent effect on sexual harassment and rape but the punishments are insufficient. The statements from three students on this subject are as follows:

“Religion says fornication is haram, but a man has a desire to have sexual intercourse during adolescence which is hard to deal with it. Instead of obeying the religious rules, prefers to do something more enjoying for himself.” (P11)

“When you open the wallets of most young men in Turkey, you'll find at least one condom, and when you consider that they're separated from their families, I believe that environmental elements and their social surroundings have an impact.” (P14)

“I think it's important for people to be able to restrain themselves when it comes to rape. There are also those who do it not only for the opposite sex, but also for their fellows. Such incidents should not go unpunished, as they do most of the time. In order to improve awareness in our society, I believe there should be more sexual harassment and rape news in the media.”(P6)

3.2.3. Red Light District, Brothel, and Masturbation

The students who participated in the study stated that places such as brothels should be, although they are not recommended places. Most of the students specified that this is a religious sin, and the risk of infection is high in such places they were also asked what they thought about masturbation, pornographic web pages, and erotic movies. Most of the students stated that they were aware that these

activities were prohibited by religion and that their culture did not consider them reasonable, but such a thing can be done instead of sexually damaging someone else.

The statements of two students on this subject are as follows:

“In my opinion, such places should not be used, who knows how many people have sexual intercourse with a woman there every day. Therefore, the probability of getting an infection is very high. Why would anyone want to be ill?” (P7)

I think a person can decide where to go and what to watch or not with his own free will. However, those who want to see such movies can do so through different banned sites and channels.” (P2)

4. DISCUSSION

It was observed that the students participating in the research were reluctant to use the word sexuality, and defined the concept of sexuality as reproduction, and enjoyment. SH was perceived by the students to mean protection against infectious illnesses and using condoms. According to WHO, SH is an extremely broad concept and includes safe abortion, prevention and control of infectious diseases, fertility care, prevention of gender-based violence, contraception counselling and comprehensive education (20). In the literature, the concept of sexuality is discussed as gender, sexual preference, gender identities and roles, intimacy, pleasure, reproduction, and eroticism (3,21). The students' limited responses to the questions are regarded to be a result of their lack of knowledge as well as the social pressure they felt on them.

Despite having received a university education in the realm of health, the participants stated that they did not have enough understanding regarding sexuality and SH. Similarly, studies conducted in Turkey demonstrates that students' sexual knowledge levels are not sufficient (22,23). Inadequate SH education may pose a risk for STIs (24), unwanted pregnancies (25) and problems between couples (26). SH education does not encourage early sexual intercourse, according to the literature, and individuals who acquire SH education protect themselves at higher rates (27). Students pointed out that it is better to provide SE during adolescence and high school years. According to the literature, SE should be given as a long-term program that contains specific information for each age period from birth (28). Since sexual development has the most evident phase in adolescence, preparation for this period is also important. In our study, the participants said that SE should be given by experts in their field. WHO also mentions SE among sexual rights, and states that accurate, age-appropriate and up-to-date information should be provided about sexuality as well as the physical, psychological and social aspects of reproductive and sexual diseases (29).

Systematic review and meta-analysis studies on SE emphasize that SE should be given as comprehensive SH education

(30,31). Nurses are health care professionals who are qualified to provide comprehensive health education (32).

Students in this study believe that it's better to provide sex education for women and men separately and in small groups. The underlying reason for this preference could be as the majority of the population in Turkey is Muslim, the SE is limited, and sexuality is an avoided issue to be discussed in the family. For the effectiveness of the education, it is necessary to consider the characteristics and demands of the target group. According to a study in the literature, it was mentioned that education on sexual issues should be given separately to men and women due to the preference of Muslims (33).

Most of the students in the research, indicated that the content of SH education is limited to STIs and contraception methods. In the literature, while age-related issues may vary, it has been reported that comprehensive SE during adolescence and beyond should cover the topics like dating, sexual online behavior, physical health, relationships, sexual pleasure, sexual coercion and contraception (35,36) as well as STIs, teen parenting, religious beliefs, abortion and birth control (37).

Moreover, in the present study, the students expressed that it would be beneficial if the education included religious rules and prohibitions about sexuality. Some of the students used expressions indicating that they were in dilemma between the religious prohibitions and their sexual desires. Incorporating religious rules and prohibitions in SE can be helpful in the prevention of risky behaviors. Because many religions emphasize the sacredness of marriage and forbid extramarital affairs, it can be expected that the students have this viewpoint (34). Extramarital affairs are considered a sin according to the Islamic religion. For this reason, it is seen that individuals belonging to the Islamic religion are less inclined to have premarital intercourse (35).

Most of the students mentioned that their living environment and their friends are effective in their sexual decision-making. They also pointed out that the environment is determinative in terms of facilitating and complicating risky behaviors. It can be clearly seen in the literature that friends are effective in many risky behaviors starting from adolescence (36). It is also noted that risky behaviors are related to each other (37). According to a study, factors such as tobacco or alcohol exposure, risky peer behaviors, flirting, intention to have sexual intercourse are effective in individuals' sexual decision-making and are characterized as facilitating elements for an individual's sexual life relationship (38).

Our research has shown that according to the perception of male students, society does not treat men and women equally in sexual matters, males can live their sexuality more freely, and religion is also effective in these issues. Men are freer and dominating than women in both sexual and many other social issues due to the fact that Turkey's social and political framework is male-dominated, which ranks 54th out of 189 countries in terms of gender equality (39). Similar to

our findings, it is stated that society in Turkey views men and women in premarital relationships quite differently, and that there is a double standard in this regard (40).

In the current study, another issue that should be taken into consideration is social desirability. Social desirability is the expression of the attitudes and behaviors that the individual thinks will be more accepted in the society, not what he/she did (41,42). The researchers were aware that the subject of sexuality was very sensitive, and that the participants were likely to state some thoughts and events that were not experienced and did not belong to them as if they were. In order to cope with this situation, it was suggested by the researchers to address the participants by code names, and the interview was held in a private room.

In this study, students stated that sexual harassment and sexual rape are unacceptable and there should be places such as brothels and red-light districts. Although these kinds of places are legal and individuals visit them to unwind sexually, some have claimed that going there is a religious sin. It is true that the state regulates the activities of brothel-style establishments, making them lawful under certain circumstances (such as being over 18 years old) (43). Even though brothels are legal and regulated, participants are aware that such places are risky for STIs. According to the WHO, sex workers are facing an increased burden of STIs and blood-borne infections. It is estimated that female sex workers are 30 times more likely to live with HIV than other women of reproductive age, and the average HIV prevalence among sex workers is 36% (44). In addition, the students emphasized that it would be beneficial for social awareness to publish the punishments for sexual harassment and rape in the media. According to a study, the rise in reports of sexual harassment and rape in the media and on social platforms has comprised a sense of solidarity among victims (45).

5. CONCLUSION

It was concluded that the students perceived the concept of sexual education and sexual health as incomplete. The sexual education to be given to students should be done to protect their privacy. It was also indicated that parents, friends, religious values and social culture are important factors in sexual knowledge and behavior. These factors should be considered when administering SE to individuals.

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