

## Views of Young People About Sexual Health; Corum/ Turkey Sample



### Medical Science

**KEYWORDS :** sexual health, sexual development, education, young people.

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### ABSTRACT

*With this study it was aimed to determine the information, attitude and behavior of young people in Colleges regarding sexual health, their expectations from health services and to give sexual health education according to their expectations. The population of study was formed in Corum/Turkey. While male students wanted more that health centres, where they shall get information about sexual health, were in an easy reachable place, female students wanted that in these centres shall be given treatment and consulting services. According to genders it was determined that the answers "treatment and consulting services shall be given" were statistically significant ( $p$ -value<0.01).*

### INTRODUCTION

The World Health Organization is defining sexual health as the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love (World Health Organization, 2006). According to the definition of the World Health Organization; it is important to live sexuality in a healthy way in order that the individuals are in a well bio-psycho-social state (Kirana et al., 2009; Higgins, Mullinax, Trussell, Davidson, & Moore, 2011).

Healthy sexual development is beginning in the childhood and decisions about sexual activities are given in the youth. As the attitudes of the young people are influencing his/her sexual health (Ege, Akin, & Koçoğlu, 2014), it is very important to teach the young regarding sexual health. Giving educations about sexual health to young people shall provide that they are acting in a mature and responsible way and are making the rightest selection and shall also improve sexual health in society. Due to that it is very important to determine youths' requirements regarding sexual health and prepare education programs about sexuality according to the needs of the group (Mmari & Sabherwal, 2013).

After having analysed available literature; it was seen that there were a lot of studies (Agardh, Cantor-Graae, & Ostergren, 2012; Black, McGough, Fargie, & Brown, 2012; Ekşi & Kömürçü, 2014) concerning knowledge, attitude and behaviors of young people about sexual health, but the studies about young people were insufficient. With this study it was aimed to determine the knowledge, attitude and behavior of young people in Health Schools regarding sexual health, their expectations from health services and to give sexual health education according to their expectations.

### METHOD

#### Participants

This study was planned as descriptive. It was carried out the study with students continuing to visit the Health School (N=300) in Corum city of Turkey. The study was not based on sample test. The students (n=266), receiving education between the dates of the study and who have participated the study voluntarily have constituted the sample. Before the study was started, an approval (07.03.2014/17950373-51) of local authority and Ankara Numune Education and Research Hospital ethics committee approval (18.08.2014/ E-14-277) were taken. Additionally the volunteer students were informed about the purpose of the study and their written approval was obtained.

#### Instruments

The questionnaire, which was developed in accordance with the researchers and expert views, consists of two parts. In the first part; are the defining characteristics of the youth and in the second part are the questions in order to determine the knowledge and attitude of the youth regarding sexual health. The pre-application of the questionnaire was applied on 10 students at the Health School and in accordance with the answers the necessary corrections were made and the final form was given to the questionnaire. The students who made the pre-application of the questionnaire were excluded from the study. Study data was obtained after the students have filled out the questionnaires in 10 minutes under the observation of the researchers.

#### Statistical analysis

The data obtained from the study was evaluated with appropriate statistical methods. Quantitative variables were expressed as average and standard deviation; Qualitative variables as numbers and percentages. As statistical method chi-square analysis was used.  $p$ -value<0.05 was accepted as statistically significant.

### RESULTS

266 students from Health School participated in the study. The average age of students included in the study was  $21 \pm 2.5$  and 49.2% (n=131) of them were between 21-23 years old. 27.4% (n=73) of these students were male, 88.7% (n=236) have an elementary family and 10.2% (n=27) have more than 5 siblings. It was seen that the income of 60.5% (n=161) are equal to their expenses, more than the half (52.6%) stay in the student hostel and that whereas most of the mothers (90.2%; n=240) does not work, the fathers work (64.3%; n=171). When examining the educational status of the parents; it was determined that the rate of primary school is very high in both groups, but the rate of university graduate of fathers (20.3%; n=54) are higher than of mothers (3%; n=8).

In Table 1 it was determined that 73.7% of students participated in the study have received information about sexual health earlier and the students (19.2%) who did not get any information about sexual health expressed that they had no need for it. The highest rate with 60.9% consists of students wanting to receive information about sexual health from health personnel. Furthermore it was stated that most of the students want to receive information about sexual health during university period and have defined sexual health as "healthy sexuality" and sexuality as "vaginal or anal sexual intercourse". Most of the students do not have a regular sex life and they think that the first sexual experience should be between the ages 20-25. According to the expectations in health centres regarding sexual health, it was seen that most (61.7%) of the thoughts like "treatment and consulting services shall be given", "application and conversations shall be confiden-

tial” and “shall be in an easy reachable place” are close to each other Table 1

Sexual Health-Related Knowledge and Attitudes States	Yes		No	
	N	% <sup>1</sup>	N	% <sup>1</sup>
Received information about sexual health earlier	196	73.7	70	26.3
I think my knowledge about sexual health sufficient	143	53.8	123	46.2
I have received information about sexual health respectively from...				
Teachers	77	28.9	189	71.1
Instructor	69	25.9	197	74.1
Health Personnel	58	21.8	208	78.2
Press-Media-Book	65	24.4	201	75.6
Upper Classes	8	3.0	258	97.0
Internet	52	19.5	214	80.5
I did not get any information about sexual health because...				
I do not need for it	51	19.2	215	80.8
I'm ashamed of	5	1.9	261	98.1
There is no place I can go	19	7.1	247	92.9
I trust in institutions providing such services	0	0	266	100
I think this service will not be given to unmarried	0	0	266	100
These kinds of issues that I share with myfriends	9	3.4	257	96.6
Want to receive information about sexual health from...				
Family	24	9.0	242	91.0
Health personnel	162	60.9	104	39.1
Inpress/internet	20	7.5	246	92.5
Books/pamphlets	33	12.4	233	87.6
Courses	41	15.4	225	84.6
Guidance centres	62	23.3	204	76.7
I want to receive information about sexual health during ...period.				
Secondary education	64	24.1	202	75.9
Senior high school	92	34.6	174	65.4
University	110	41.4	156	58.6
I have defined sexual health as...				
Healthy sexuality	189	71.1	77	28.9
Prevention of sexually transmitted diseases	115	43.2	151	56.8
Reproductive organs are healthy	66	24.8	200	75.2
Reproductive organs must be clean	28	10.5	238	89.5
I have defined sexuality as...				
Kissing	34	12.8	232	87.2
Patting	19	7.1	247	92.9
Vaginal or anal sexual intercourse	219	82.3	47	17.7
Oral sexual intercourse	19	7.1	247	92.9
I have a regular sex life.	11	4.1	255	95.9
The first sexual experience should be between the ages...				
20 years old	57	21.4	209	78.6
20-25 years	184	69.2	82	30.8
25 years later	25	9.4	241	90.6
My expectations in health centres regarding sexual health;				
Treatment and consulting services shall be given	164	61.7	102	38.3
Assist in the selection of protection methods	95	35.7	171	64.3
Application and conversations shall be confidential	123	46.2	143	53.8
Shall be in an easy reachable place	118	44.4	148	55.6
Both individual and group services should be	64	24.1	202	75.9
Male wanted service from male experts, female wanted service from female experts	86	32.3	180	67.7
Campus and go often to places where young people should be made announcements	51	19.2	215	80.8
<sup>1</sup> Column percentage				

In Table 2, 53.8% of the students think that their knowledge about sexual health is sufficient, it was ascertained that the rate

of male students were higher than the female students. Students have received information about sexual health respectively from teacher, instructor, press-media-book (28.9%; 25.9%; 24.4%). It was determined that 34.2% of males and 14% of females have used the internet service. According to their genders the difference of seeing the knowledge that they have about sexual health sufficient and of getting the information about sexual health from the internet source is statistically significant (p-value<0.01).

63% of males and 60.1% of females in the study have indicated that they want to receive information about sexual health from health personnel, 5.5% of males and 10.4% of females wanted to receive the information from their families. The distribution of students who wanted to receive information from press-media/ internet according to genders was statistically significant (p-value<0.05; Table 2).

The rate of students, who do not have a regular sex life is 95.9% and it was determined that the distribution of regular sex life according to genders is statistically significant (p-value<0.05). It was seen that most of the students (69.2%) stated that the first sexual experience shall be between the ages of 20-25. The first sexual experience age distribution according to genders is statistically significant (p-value<0.05; Table 2).

While in Table 2 male students (54.8%) wanted more that health centres, where they shall get information about sexual health, were in an easy reachable place, female students (66.3%) wanted that in these centres shall be given treatment and consulting services. According to genders it was determined that the answers “treatment and consulting services shall be given” and “shall be in an easy place” were statistically significant (respectively; p-value<0.05, p-value<0.05; Table 2).

Table 2. Comparison of The Knowledge and Attitudes About Sexual Health According to Genders

	Gender				Total	
	Male		Female			
	N	%	N	%	N	%
I think my knowledge about sexual health is sufficient*	143	53.8	123	46.2	266	100
Yes	20	48.5	93	48.2	143	53.8
No	23	31.5	100	51.8	123	46.2
They received information about sexual health						
Teachers	15	20.5	62	32.1	77	28.9
Instructor	13	17.8	56	29.0	69	25.9
Health personnel	11	15.1	47	24.4	58	21.8
Press-media-book	14	19.2	51	26.4	65	24.4
Upper classes	3	4.1	5	2.6	8	3.0
Internet**	25	34.2	27	14.0	52	19.5
Getting the information about sexual health from...						
Family	4	3.5	20	10.4	24	9.0
Health personnel	48	63.0	118	60.1	162	60.9
Inpress/internet*	10	13.7	10	5.2	20	7.5
Books / pamphlets	7	9.6	26	13.5	33	12.4
Courses	8	11.0	33	17.1	41	15.4
Guidance centres	18	24.7	44	22.8	62	23.3
Regular sexual experience *						
Yes	7	9.6	4	2.1	11	37.4
No	66	90.4	189	97.9	255	95.9
The first sexual experience should be between the ages of: ...*						
20 years old	33	45.2	24	12.4	57	21.4
20-25 years	37	50.7	147	76.2	184	69.2
25 years later	3	4.1	22	11.4	25	9.4
Experiences in health centres regarding sexual health						
Treatment and consulting services shall be given*	16	49.3	128	66.3	164	61.7
Assist in the selection of protection methods	26	35.6	69	35.8	95	35.7
Application and conversations shall be confidential	30	41.1	93	48.2	123	46.2
Shall be in an easy reachable place*	43	54.8	78	40.4	118	44.4
Both individual and group services should be	15	17.8	51	26.4	64	24.1
Male wanted service from male experts, female wanted service from female	26	35.6	60	31.1	86	32.3
Campus and go often to places where young people should be made announcements	14	19.2	37	19.2	51	19.2

\*Column percentage, \*\*p-value<0.05

DISCUSSION

Obtained findings in this study; determined that most of the young receive information about sexual health but they see the information as insufficient and they need education about sexual health.

Discussion about the findings concerning socio-demographic characteristics of the students; 72.6% of the students included in the study were female. The average age of the students was 21±2.5. Approximately half of these students were in the 21-23 age groups and within the age limit of the youth definition according to World Health Organization Koluçak, Güneş, & Pehlivan, 2010. In the adolescent and youth period reproductive health related problems are commonly experienced (Masatu, Kvale, & Klepp, 2003), especially AIDS and other sexually transmitted diseases, unwanted pregnancies and abortions, risky behaviors are often seen (Masatu et al., 2003; Pai & Lee, 2012; Evcli, Cesur, Altun,

Güçtaş, & Sümer, 2013; Ege et al., 2014). Due to these reasons the research group constitutes an important section of the society and it is required to focus in particular on sexual health issues.

*Discussion about the knowledge and attitude status of the students regarding sexual health;* in a conducted survey it was observed that 47.7% of "sexual health" students make generally appropriate connotations to the concept of reproductive health (Mmari & Sabherwal, 2013). In the study "sexual health" of Kolucaık, Güneş and Pehlivan (2010), they have reported that by saying reproductive health the first thought, which came to the mind of students are "healthy sexuality" and "sexually transmitted diseases". In the conducted studies and in our study was seen that the rate of hearing something about sexual health and knowing something about sexual health is close to each other. It was determined that 73.7% of students included in the study have received information about sexual health. The high rate of seeing sexual health as "healthy sexuality" and that most have responded correctly to the definition of "sexual intercourse" is showing that the students has more or less knowledge about sexual health (Table 1). This result is supported by literature (Masatu et al., 2003; Kolucaık et al., 2010; Black et al, 2012; Pai & Lee, 2012).

In the studies (Noar, Carlyle, & Cole, 2006; Moore & Smith 2012; Ege et al., 2014; Gündüz & Albayrak, 2014) it was observed that the female and male students did not have sufficient knowledge about sexuality, that they did not receive during their school life the required sexual education and that they need a systematic education program regarding sexuality. Today, whereas in many western countries, information about sexuality and reproduction are starting to be taught from primary education on till university as mandatory or elective courses, in Turkey, information about sexuality and reproduction is contained only in relevant units of some courses in a limited way (Beydağ, Uğur, Sonakin, & Yürügen, 2014; Gündüz & Albayrak, 2014). This situation can be considered as one of the reasons why the students have so insufficient knowledge about this subject. According to the surveyed students male students see their knowledge about sexual health more sufficient than the female students. In our study most of the females (51.8%) reported that they find their knowledge about sexual health insufficient. According to the students' genders the view of seeing their knowledge about sexual health sufficient was found statistically significant (p-value<0.01; Table 2). As a conclusion the findings of our study are similar with the literature.

In the studies regarding this subject conducted in Corum/Turkey and other countries it was identified that the youth obtained information about puberty more from sources like friend, book, television, internet, newspaper and magazines (Kolucaık et al., 2010; Agardh et al., 2012; Beydağ et al., 2014; Paraniala, Sarangapany, Begley, Coote & Kishore, 2014). In our study it was determined that students have received the information about sexual health respectively from teacher, instructor, 24.4% from press-media-book and 19.5% from internet. It was determined that 34.2% of males and 14% of females have used the internet service in order to obtain information about sexual health and this difference was found statistically significant (p-value<0.01; Table 2).

Sexual attitude and behaviors are mostly shaped at an early age during the interaction period with the family but in the progression of puberty social environment and peer relations can be more effective. As a result of this situation the young people can turn towards their friends easily in order to learn something about sexual topics. In a similar way media is seen as an important source of information among the youth (Hensel & Fortenberry, 2013; Mmari & Sabherwal, 2013; Paraniala et al., 2014). The fact that parents are not sure about their knowledge,

are ashamed or fear to lose their authority are reasons why they are reluctant to talk about these topics with their children. Due to that children are forced to consult sources outside family to obtain information about sexuality (Black et al., 2012; Ekşi & Kömürçü, 2014). In our study it was determined that most of students wanted to get their information about sexual health from sources outside family. *The fact that young people wanted to receive information about sexuality from sources outside family, like from health personnel or guidance centres, can be considered as an important finding regarding the determination of the sex education method that will be given to the students.* Furthermore it was stated that male students are more willing to receive information about sexuality from press-media and Internet in comparison to female students. The difference between the place where the students want to receive their information about sexual health is according to genders statistically significant (p-value<0.05; Table 2).

Premarital sex is in many parts of the world common and is gradually increasing (Evcili et al., 2013; Paraniala et al., 2014). In Turkey, although not so much as in developed countries, there is an increase in premarital sexual activity among young people in comparison to previous years (Beydağ et al., 2014). In our study was determined that approximately one-quarter of the students have a regular sex life and the sexual intercourse experience of males are significantly higher than females (p-value<0.01; Table 2). In various conducted studies on university students in our country similar results were obtained (Mmari & Sabherwal, 2013; Beydağ et al., 2014; Ekşi & Kömürçü, 2014; Paraniala et al., 2014). The increase of sexual intercourse of young population in our country reveals the importance of giving the youth sexual education, consulting and accurate information concerning the subject (Black et al., 2012; Mmari & Sabherwal, 2013; Ekşi & Kömürçü, 2014). More than the half in the study has answered the question "at what age should be the first sexual experience?" with 20-25 years. 45.2% of males think the first sexual experience shall be under 20 years, whereas the thought of the females are 3 times higher than 20 years. These results might indicate that males are in common experiencing sexuality more comfortable than females. The difference between the ages of first sexual experience is statistically significant (p-value<0.01; Table 2).

In Table 2 have been stated the expectations of the health services of students included in the study; in the first place it was determined that they want treatment and consulting services. After that has been stated that they want the application and conversations to be confidential and the place to be reached easily. According to genders 66.3% of females and 49.3% of males wanted to receive treatment and consulting services. The difference between the expectations from health services regarding sexuality and sexual health is statistically significant (treatment and consulting services, p-value<0.05; shall be in an easy place, p-value<0.05). Treatment and consulting service expectation compared to male is higher of females; whereas the expectation to be in an easily reached place is higher of males.

After analysing the expectations of youth concerning sexual health service quality, most of the young people wanted to have confidential conversations (Table 2). As reasons for that can be seen; they cannot talk in a relaxed way in their environment, worry about being blamed and think that they will be ashamed. The reason why males wanted service from male experts and females from female experts can be that they are able to express their problems more openly. Furthermore it was determined that they wanted to have the application centre in an easy accessible place in order to obtain information about sexual health. As in other studies (Black et al., 2012; Pai & Lee, 2012) the findings of this study are similar.

*In line with the results obtained from the study;* it was observed

that the students have a knowledge gap regarding sexual health and need service. The students who young people have a big knowledge gap concerning sexual/reproductive health and these gaps should be filled. Therefore the curriculum about sexual health should be revised and it is recommended to establish a unit under the name of youth consulting centre or “reproductive health centre” at the university. Thus shall provide the increase of the service purchase regarding sexual/reproductive health. This centre shall be easily accessible and free of charge. The staff working in this centre shall be well-trained, have sufficient and appropriate communication skills, shall follow the developments and shall be reliable. Furthermore he/she should focus on the issues which the young students require, take care about privacy and be consistent.

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Ozakar Akca and Selen; study design, manuscript preparation, data collection and analysis.

### Conflict of interest

The authors declare that there is no conflict of interest for this study.

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