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The Reasons of University Students for Selecting Sexual Health Course

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Abstract

Objective: The research was conducted to determine the reasons of university students taking "Sexual Health" course for choosing it.

Methods: The study was conducted at Karadeniz Technical University, Trabzon, Turkey. The research population consisted of all 64 sophomore students (10 male, 54 female) studying at Karadeniz Technical University, Faculty of Health Sciences Department of Nursing and taking "Sexual Health" lesson as an elective course. Developed by researchers, "Feedback Form on the Sexual Health Course" was used as a data collection tool. Data were analyzed using the number and percentage values.

Results: The findings indicate that the majority of the students had insufficient knowledge about sexual health (93.8%), wanted to get information about everything related to sexual health (35.9%), chose the course to be informed about sexuality and reproductive health (45.4%), hadn't received sexual health training before (58.7%), wanted education on sexual health (100%), wanted sexual health course to be 'compulsory' (96.9%) and should be given at secondary level (50.0%) and generalized across the country (96.9%).

Conclusion: The research findings were discussed in the light of relevant literature emphasizing the importance of sexual health course for university students and referring to the requirement of the comprehensive sexual health education.

Key words: Sexual health course, university students, sexual health education, nursing.

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Introduction

The period of youth is a period in which an individual gain social maturity, reach a level where he/she can make his/her own decisions, can act independently and establish a healthy relationship with the opposite sex (CETAD, 2006). During this period, since they cannot think over the results of the events thoroughly young people can easily exhibit risk taking behaviors (HÜKSAM, 2002), therefore increasingly face with risks such as sexual intercourse at an early age, early marriage, sexually transmitted diseases (STDs), unwanted or early pregnancy, and childbirth complications and remain vulnerable.

Also during this period, the lack of efficient distribution of information regarding health needs of young people lead them to tend towards risky behaviors (Alpua, 2006). Yet in the General Assembly of World Sexual Health Union in Sydney in 2007 and in Development plans, the requirement of young people's being informed about sexuality and health issues and providing universal access to information in order not to face any possible problems that might adversely affect their overall well-being are clearly indicated (Bozdemir and Özcan, 2011).

However, implementations show that sex education is not included in the education system and has very limited space in other courses (Çalışandemir et al., 2008; Çok and Kutlu, 2010). Existing health facilities are not sufficient enough for young people in terms of sexual health information, consultancy and service delivery (Nalbant and Bulut, 2001). Moreover, the fact that their families have not received formal education about sexual education, feel shy to talk about it and perceive sexuality as a taboo causes inability to talk about sexual issues comfortably (Gölbaşı, 2005; Pınar et al., 2009; Erbil et al., 2010; Bozdemir and Özcan, 2011). However, during the period of youth, also known as gender identity development period, young people are known to be in need of getting accurate and reliable information about sexual health (Biri et al., 2007). Because, the young develop their values related to sexuality and make decisions regarding their sexual behavior in the process of becoming adults (Civil and Yıldız, 2010). That is why training in sexual matters will contribute individuals to organize their sexual life consciously, develop positive attitudes and values towards sexuality in growth and maturing process and make smarter choices in sexual behavior (Güler and Yöntem, 2007). Studies suggest that young people have a low level of knowledge about sexual health, generally get information about sexuality from their friends and the internet, parents cannot give enough information because of feeling uncomfortable to talk about sexual matters and they have not received any training on sexual health issues and want to receive information (Gökengin et al., 2003; Hazır -Bıkmaz and Güler, 2007; Çetin et al., 2008; Siyez, 2009; Topkaya and Sümer, 2010, Civil and Yıldız, 2010) To protect nursing students' own sexual health and enable them to provide guidance on this issue for healthy or sick individuals in their professional life will be possible with the scientific knowledge and skills

they have acquired from reliable sources. Based on this need, it was aimed to determine and evaluate the reasons of nursing students at Faculty of Health Sciences Department, Karadeniz Technical University for choosing the sexual health course.

Materials and Methods

Type of research

This study is a descriptive research.

Population and sample

The population of the research consisted of all sophomore students (64) studying at the Faculty of Health Sciences Department of Nursing, Karadeniz Technical University in the spring semester, 2013-2014 academic year and taking "Sexual Health" course as an elective lesson. Election was not made in the study sample, all the students [10 male (15.6%), 54 females (84.4%)] were reached.

Data Collection Tool

As the data collection tool 'Feedback Form on Sexual Health Course' developed by the researchers through literature review was used. A group of 10 students taking Sexual Health course was applied a preliminary study at the end of the lesson in order to control the clarity of the form. Preliminary application forms were finalized after the necessary arrangements by asking expert opinion in the field. In the form, there are a total of 30 questions consisting of closed and open-ended questions to assess students' feedback about the course.

Feedback Form on Sexual Health Lesson

In developing the form, we benefit from the following publications: Hacettepe University Women's Problems Research and Application Center, the project of investigating the factors affecting the adolescents and youth's sexual / reproductive health in Turkey, HÜKSAM (2002), the World Health Organization-WHO (2011), Youth and health risks report, Sexual Education Treatment and Research Association-CETAD (2006), the national and advocacy project in the field of sexual and reproductive health through local media, Acknowledgement File 1 and CETAD (2007), "Youth and Sexuality" file, the issue that young people talk least but are concerned most: Sexuality. Furthermore, other studies' data collection tools the aims of which overlap with this study were also taken into account. For face and content validity, three experts' opinions were taken and the form was finalized in accordance with their feedback.

Data Collection

Research data were collected after obtaining written permission from the administration of the Faculty and verbal consent from the students. Before handing out the forms, the aim of the study was explained to students in the classroom by the researchers and voluntary students completed the form 15-20 minutes.

Ethical statement

Before the study could begin, permission was obtained from the institution, and the participants were then invited to participate in the study. They were also informed by the researchers and through an approval protocol that they would not be paid for their participation. The researchers guaranteed participants that their identities and answers would be kept confidential. The study conformed to the principles of the Declaration of Helsinki.

Data Analysis

Data were analyzed using SPSS 17.0 software package. The frequencies and percentages of the data obtained from 'Feedback Form on the Sexual Health Course' developed in order to determine students' views on the sexual health course were calculated.

Research Limitations

The fact that the results only represent the institution where the study was conducted and the views of the students in nursing department taking sexual health course was accepted as the limitation of the study.

Results

84.4 % of the students involved in our study were female, 15.6% were male, mean age: 20.0 ± 1.13 years, 89.1 % had nuclear family, 59.4% graduated from high school, 56.2% spent most of their life in Black sea region. The fathers (35.9%) and the mothers (68.8%) of the students are high school and primary school graduates respectively.

When Table 1 is examined, it is seen that students' median age of receiving first information on sexual health issues is $14:00 \pm 1.85$ (Min: 10.00 Max: 18:00). 81.3% learned information about sexual health from their friends, 93.8 % do not have sufficient information about sexual health and 35.9% want to learn everything related to sexual health (Table 1).

Table 1. Students' sexual health information resources and information needs

	Number	%
The median age of receiving first information about sexual health issues.	14.00±1.85 (Min: 10.00, Max: 18.00)	
Information resources on sexual health*		
Friend	52	81.3
Media	47	73.4
Mother	23	35.9
Sister	8	12.5
Family elder	4	6.3
Films	3	4.7
Brother	2	3.1
Father	2	3.1
Do you have sufficient information about sexual health?		
Yes	4	6.2
No	60	93.8
Sexual health issues that you want to get information on		
About everything	23	35.9
About healthy sexual relationships	20	31.3
About sexually transmitted diseases	9	14.1
About what sexuality means	3	4.7
About family planning	2	3.1
About maternal and child health	2	3.1
I have no idea	5	7.8

*More than one answer was given and percentages were calculated based on n

When Table 2 is examined, it is seen that 58.7% of the students did not receive education about sexual health, all the students (100.0%) want education on sexual health, 50.0% think sexual health education should be given starting from the secondary school, 96.9% state that sexual health education should be compulsory, 46.9% express that it would be more appropriate to give the education separately to girls and boys and 96.9% point out that sexual health education should be widely launched at schools (Table 2).

Table 2. Students' views regarding sexual health education

Views	Number	%
Have you received information on sexual health?		
Yes	27	41.3
No	37	58.7
Should education be given on sexual health?		
Yes	64	100.0
No	-	-
When should education be given on sexual health?		
As of primary school	13	20.3
As of secondary school	32	50.0
At high School	9	14.1
Before getting married	3	4.7
At university	4	6.3
It does not matter	3	4.7
Should sexual health course be compulsory or elective?		
Compulsory	62	96.9
Elective	2	3.1
Should sexual health course be given to girls and boys together or separately?		
Separately	30	46.9
Together	25	39.1
Elective	9	14.1
Should sexual health course start at school?		
Yes	62	96.9
No	2	3.1

Table 3. Reasons of students for selecting sexual health course

Reasons of Selecting Sexual Health Course*	Number	%
To have knowledge about sexuality and reproductive health	29	45.4
To correct the wrong things that I know to be true	18	28.1
To inform the people around me	15	23.4
Because it is a compulsory elective course	11	17.2
To create infrastructure for obstetrics course	11	17.2
To protect my sexual health and apply to my life	7	10.9
To be able to answer the questions my friends and people around me ask	4	6.3
To be able speak up and correct the wrong things spoken secretly	2	3.1
To learn pregnancy prevention methods	2	3.1
Because I wonder sexual health issues	2	3.1
To learn how to troubleshoot issues related to sexuality	1	1.6
The status of sexual health course to meet expectations		
Yes	60	93.8
No	4	6.2

*More than one answer was given and percentages were calculated based on n.

When Table 3 is examined, it is understood that 45.4% of students chose sexual health course "to have information about sexual and reproductive health" and 93.8% expressed that it met their expectations (Table 3).

Discussion

This research was conducted to assess the reasons of sophomore students studying at Nursing Department for choosing "Sexual Health" course. In general, research findings indicate that students' main sources of information about sexual health are their friends and media. Moreover, fathers, brothers and films were expressed as minimum information sources referred by students. Similarly in Esgin's (2000) study, it is stated that 82% of young people can speak about sexuality most comfortably with their friends from their own gender. In the other studies carried out in Turkey it is observed that basic information sources of young people about the issue are friends, books, television, the internet, newspapers and families respectively (Karabulutlu and Kılıç, 2011; Atan Ünsal et al., 2012; Kumcağız et al., 2013). Since sexuality issues are perceived as "shame and sin" especially in developing countries like Turkey, young people can speak about such issues more freely with friends because families carry on their traditional attitude asserting that sexuality is "intimate" and prefer not to talk about it with their children. Thus, young people consult the sources outside school to meet their information needs regarding sexual and reproductive health and are often informed incorrectly (HÜKSAM, 2002; Çalışandemir et al., 2008).

In our study it was found out that students do not have sufficient information about sexual health and want to learn everything related to it. Studies suggest that young people do not have enough information especially about sexuality, reproductive physiology, pregnancy prevention or CYBH but are willing to get information and education on these issues (HÜKSAM, 2002; CETAD, 2006). In their study Kadioğlu et al. (2008) investigated students' views on sexuality and sexual education suggests that 61.0 % of them found the information about the sexuality slightly enough. Blum and Nelson (2004) indicated that two-thirds of female and male students had no sufficient information about sexuality.

The research findings on information needs reveal that students want to improve themselves more on sexuality and sexual health issues.

In our study, the ratio of the students stating they had not received sexual health education so far and considered sexual health education should start widely at secondary schools is quite high and this was assessed as a notable finding. Today, information on sexuality and reproduction are taught as compulsory or elective courses in university curriculums starting from primary schools in many Western countries. In Turkey, it is emphasized that primary school years is a crucial period for gaining knowledge, skills and attitudes about sexuality by indicating that the highest enrollment rate (92%) is during primary school period (Bıkmaz and Güler, 2007). But today in our country sexual health education is still not included in the formal education system (HÜKSAM, 2002; Çok and Kutlu 2010). It is known that, on the basis of this, there lies a concern about sexual health education would lead young people to wrong sexual intercourse and in the early stages (Nicolle et al., 1999; Gürsoy and Gençalp, 2010). However, research shows that these concerns are needless. According to Yıldırımkaaya, in a survey of with 317 thousand people in 41 countries around the world, 98% of participants stated young people should receive sexual education at schools before the age of 16 (Gürsoy and Gençalp, 2010).

The research findings by CETAD (2006) with 1537 people in 20 cities in seven regions reveal that 75% of the population is willing to give sexual education at schools. Likewise, according to a study conducted at Marmara University campus with 3665 students, 76.5% of students stated that they should be given sexual health education at schools (Aydoğan, 2001). The study carried out with 519 teachers working at primary schools in Adana showed that the ratio of the participants supporting sexual education course at schools was 97.5 %. (Akbaş, 2000). These findings are consistent with the other research findings (Pinar et al., 2009; Dağ et al., 2012; Kumcağız et al., 2013). Students must be supported on sexual health by giving them education on these issues so that they can access accurate information on sexual matters, make right decisions primarily about themselves and behave professionally away from wrong judgments (Tokuç et al., 2011).

The most effective, cheapest and accessible way of this is to integrate sexual health education into mainstream school curriculum (Gürsoy and Gençalp, 2010). Another remarkable finding of this study is the students' view about the appropriateness of giving sexual health education to girls and boys separately. Considering the study regarding sex education at the national level, it is seen that in the continuation of a project initiated by Ministry of Education, Health Administration Department in 1994, in the first pilot schools girls and boys began to be taught "sexual education" course in separate classes, but this practice did not remain in force for a long time (Çalışandemir et al. 2008). In a study carried out by CETAD (2006) in seven regions, 20 cities with 1537 people, the question "Should sex education be given to boys and girls together or separately?" was replied as separately by 65.9% of the participants and together by 34.1%. Unlike our study Kumcağız et al. (2013) found out that 38.3% of the counselors wanted sexual health lessons in small groups consisting of girls and boys and likewise 38.3% of them wanted sexual health lessons in big groups consisting of girls and boys. These findings suggest that on nursing students' sexual attitudes and behaviors, ongoing effects of conventional structure fueled with gender discrimination and male-female differences still exist.

In our study, students said to have chosen sexual health course "to have information about sexual and reproductive health" and "to correct the wrong things they know to be correct". Similarly in a study examining the views of prospective psychology counselor on sexual health education by Kumcağız et al. (2013), 59.1% of students said to have chosen sexual health course 'to obtain correct information'. Özcebe et al. (2007) determined that one out of four women and two out of four men among 2963 people aged 15-24 years old had no information about women's ovulation and they had insufficient knowledge about reproductive organ. Pinar et al. (2009) suggest that 81.9% of university students wanted to be given information about sexual health. To educate young people about sexual health will enable them act maturely and responsibly, make right choices and protect and improve sexual health in the community.

Conclusion

It is understood that as in the other studies with university students, a large part of the undergraduate nursing program students also consult non-school resources about sexual matters, had insufficient knowledge, and chose the lesson to obtain information about sexual health reproduction and it met their expectations. The findings of this study suggest that a comprehensive sexual education in nursing education will play an important role in increasing students' proficiency and knowledge on this issue and meeting their information needs.

Informed Consent: Verbal informed consent was obtained from students who participated in this study

Peer-review: Externally peer-reviewed.

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