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Research Article

The Effect of Sexual Health/ Reproductive Health Training on Adolescent Views of Sexuality: A Comparative Study

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Abstract

Objective: Sexual Health/ Reproductive Health (SH/RH), Education prevents sexually transmitted diseases, contributes to the improvement of sexual health, prevents unplanned pregnancy, decreases sexual threat and abuse, and increases the quality of life.

Design: This is a descriptive study. The study population included 466 students consisting of 233 students who attended the SH/RH classes and 233 students who had not attended these classes, yet. Our study included 389 people (83.47% of the population) who agreed to participate including 211 students who took the class and 178 students who did not take the class. The data was collected using a survey form created by the researchers. The Chi-square test (χ^2) was used in the data analysis.

Results: The mean age of the participating students was 19.89±1.90 years and 84.6% of the students consider sexuality to be an important part of life. The participating students who took the class saw sexuality as an important part of life ($p<0.05$), did not refrain from talking about sexuality, and found their knowledge of SH/RH sufficient ($p<0.05$).

Conclusion: It is essential that professional health employees who deal with sexual health have sufficient knowledge to evaluate the sexual health of their patients with respect to their perception of an attitude towards sexuality.

ABBREVIATIONS

SH/RH: Sexual Health/Reproductive Health

INTRODUCTION

The World Health Organization (WHO), states sexual health "is not merely the absence of disease, dysfunction, or infirmity," but is also the "physical, emotional, and mental well-being in relation to sexuality". The WHO continues "sexual health requires a positive and respectful approach to sexuality and sexual relationships," as well as an enjoyable and safe experience, and it does not involve force, discrimination, or violence. All individuals' sexual rights should be respected, protected, and exercised to ensure and maintain sexual health [1].

Individuals' perspective on sexuality is affected by the characteristics of the culture in which they were raised. Thus, health professionals' knowledge should be improved and inaccurate beliefs should be eliminated for a healthy sexual life [2]. A person's exaggerated and inaccurate thoughts related to sexuality that have no scientific basis are called sexual myths. Sexual myths are in many societies. Even though sexual myths vary among societies, they are usually accepted by the majority [2].

Sexual health education should not be ignored since one of the important subjects that concern adolescents' sexual relationships and pre-marital sexual behaviors [3]. The findings of worldwide studies indicate that sexual health education programs that provide accurate and scientifically-correct information for young people prevent sexually-transmitted infections, unintended pregnancies, sexual threat, exploitation, and assault, contribute to the improvement of sexual health, quality of life, and ensure overall health and well-being [4-6]. Despite these studies, sexual education for young people is still a problematic issue in practice today, and one of the most challenging educational areas, especially in Muslim societies [7].

Rather than being only about reproductive health and the prevention of sexually-transmitted diseases, sexual health education is a phenomenon that covers the entire well-being of the person for the complete development of a person's health as described by the WHO. Sexual health education requires a positive and holistic perspective that covers love, autonomy, freedom, and respect. The content of sexual health training should be designed with a consideration of certain parameters which are gender perspective, respect for diversity, specificity of cultural and social content (including the studies that are conducted with

communities), and the prevention of sexual assault on children (WHO 2002) [8]. This shows the necessity for agreement and a respectful attitude in the presentation of sexual health education in addition to the continuity of education programs [9].

Sexual health lessons have been offered to undergraduate and graduate students in a variety of disciplines for a long time [9]. Starting in the 1970s, social services, psychology, nursing, and medical sciences programs have included sexual health lessons in their curricula. While the content and process vary in these disciplines, two fundamental structures, safety and participation, are involved in the success of the lesson. In addition to the didactic content of the lesson, it provides a meaningful and generalizable learning when students comprehend their personal development, sexual development, and experiences. Educators should create a suitable environment for students where they feel safe and share their thoughts, questions, and insecurities with peers [9]. Turkish universities also added sexual health and reproductive health subjects to their curricula lessons. However, there are not enough studies to evaluate the contribution of this education to changes in students' perception. Learning how students' sexual health education affects their sexual health attitudes is very important. This study aims to evaluate the sexual perception change in students that received sexual health/reproductive health education.

MATERIALS AND METHODS

The study is a descriptive study. The population of the study included 466 students at Necmettin Erbakan University in Konya, Turkey: 233 students (nursing department: 125 students, health management department: 38 students, physiotherapy department: 70 students) who took sexual health/reproductive health as well as adolescent health lessons in the fall semester of the 2016-2017 academic year, and another 233 students from the same departments that had not taken these lessons, yet.

The researchers decided not to make a sample selection and study the entire population. The study reached a total of 389 students: 211 students that took the lesson, which is 83.47% of the population that agreed to participate in the study, and 178 students that did not take the lesson.

The study data were collected using a survey forms that as created by the researchers to question students' socioeconomic levels and other personal traits, and the questions that evaluated their perception of sexual health/reproductive health. The survey form included 14 questions: 13 questions about sociodemographic characteristics, and 1 question about sexuality.

The study data were collected in the classroom without dividing students into groups between May 15, 2017 and June 15, 2017 under researchers' supervision using survey forms based on students' self-reports. The data were collected in approximately 20 minutes.

The data were analyzed using SPSS software.

RESULTS AND DISCUSSION

The mean age of the students that participated in the study was 19.89 ±1.90 years. Of the participants, 54.2% had taken the sexual health/reproductive health lesson. Female students formed 75.1% of the participants, and 53.5% of all students were freshmen. In addition, 89.7% qualified their economic level as moderate/poor, 76.9% had primary school graduate mothers, and 51.2% had primary school graduate fathers. The rate of the students that lived in cities was 53% (Table 1).

In the study, 52.2% of the students had sufficient knowledge about sexual health/reproductive health, and 84.6% believed that sexuality is an important part of life. In addition, 87.7% believed that men would not be able to have a sexual experience before getting married, and 83% thought that young girls should stay virgins until they get married. Of the participants, 94.3% thought that young girls have to consider the outcomes of having a sexual relationship before getting married and 95.4% thought that birth control is part of responsible sexuality. In the study, 76.1% of the participants disagreed with the provision of birth control information only to married couples, and 62.7% stated that is possible for unmarried couples to ask for birth control. Also, 90% of the participants said that women should share the birth control responsibility, while 88.7% of them stated that men should share it. Finally, 42.4% of the students avoided speaking about sexuality, whereas a majority of them did not (Table 2).

An examination of the study participants' sexual health/reproductive health perceptions regarding their education on sexual health/reproductive health revealed that the trained students regarded sexuality as an important part of life ($p<0.05$). The trained students believed that young girls do not have to stay virgins until getting married, and birth control is a part of responsible sexuality ($p<0.05$). The students that had received sexual health/reproductive health education said that birth control should not be given only to married couples and suitable

Table 1: Sociodemographic Characteristics.

Characteristic	Mean	SD
Age	19,89	1,90
	Number	**Percent %**
Sexual Health Education		
Educated	211	54,2
Not educated	178	45,8
Sex		
Woman	292	75,1
Man	97	24,9
Class		
1	208	53,5
2	181	46,5
Financial gain		
Moderate /Poor	349	89,7
Rich	40	10,3
Mother Education		
Primary school	299	76,9
High school	70	18,0
University	20	5,1
Father Education		
Primary school	199	51,2
High school	110	28,3
University	80	20,6
Living Area		
City	206	53,0
County and others	183	47,0

Table 2: Views on Sexuality.

	Number	Percent %
Had sufficient knowledge about sexual health/reproductive health		
Yes	203	52,2
No	186	47,8
Sexuality is an important part of life		
Yes	329	84,6
No	60	15,4
Believed that men would able to have a sexual experience before getting married		
Yes	48	12,3
No	341	87,7
Young girls should stay virgins until they get married		
Yes	323	83,0
No	66	17,0
Young girls have to consider the outcomes of having a sexual relationship before getting married		
Yes	367	94,3
No	22	5,7
Birth control is part of responsible sexuality		
Yes	371	95,4
No	18	4,6
Provision of birth control information only to married couples		
Yes	93	23,9
No	296	76,1
It is possible for unmarried couples to ask for birth control		
Yes	145	37,3
No	244	62,7
Women should share the birth control responsibility		
Yes	350	90,0
No	39	10,0
Men should share the birth control responsibility		
Yes	345	88,7
No	44	11,3
Avoid speaking about sexuality		
Yes	165	42,4
No	224	57,6

that unmarried couples also ask for birth control ($p<0.05$). Most of the trained students stated that men and women should carry birth control responsibility during the time they have a sexual life ($p<0.05$). The trained students did not avoid conversations about sexuality, and stated that their knowledge about sexual health/reproductive health is sufficient ($p<0.05$) (Table 3).

CONCLUSION

Sexuality is an essential part of human health. Obviously, human health should be studied as a whole. Both individuals and health professionals might face many problems in the study of sexual health. Individuals have difficulty conveying their problems related to sexual health, and health professionals experience certain problems studying sexual health [10]. This study also found that students with no education on sexual health/reproductive health did not see sexual health as an important part of life ($p<0.05$) (Table 3). Similarly, 67.8% of the nurses in the study by Demirgöz-Bal [11], reported that patients at the hospital were too ill to allow their sexual problems be dealt with. The perspective on sexuality will also affect its study and the direction of care.

The matter of sexuality has become taboo in society, and it cannot be discussed openly in all types of environments. This makes it more difficult to recognize certain health problems at an early stage or bring a solution for them [12-14]. Thus, health professionals must be aware of their own attitudes towards sexual health/reproductive health, and receive education about sexual health/reproductive health to improve their knowledge. Gerbild [13], found that health professionals' attitudes and beliefs regarding sexual health affected their interactions with the individuals they give care to [13,14]. The students that receive training on sexual health might also believe in some sexual myths, yet their attitudes towards sexuality vary based on variables such as the social environment in which they were raised. Ejder-Apay et al. [15], analyzed prospective health professionals in their study, and found that most of the students believed in various sexual myths. Similarly, 76.3% of the students in the study by Demirgöz-Bal [11], reported that they felt uncomfortable speaking about sexual matters. The study by Atlı Özbaş et al. [16], determined that nursing students had conservative attitudes towards sexuality, and they were even more conservative about their own sexuality [16]. On the contrary, the participants in this study that were trained on sexual health/reproductive health said that they did not avoid speaking about sexual health ($p<0.05$, Table 3). It was determined that sexual health/reproductive health education created a positive change in students' perspective of sexuality (Table 3). For this reason, organizing education programs with a consideration for health professionals' needs for the knowledge required to study on sexuality as well as the skills to perform this study is necessary [17]. Learning the skill of sexual health care is as important as being educated about this matter. Health professionals may have sufficient knowledge about sexual health, but may lack experience, which caused them to fail in clinical practice [12,18].

The family provides the first information about sexual health. The education that starts in the family environment should be continued at school. The students of health sciences faculties have a greater need to be educated about this matter because they will work with patients or healthy individuals in contrast with students in other departments. It cannot be ignored that students' attitudes and behaviors change when they receive sufficient education. This study found that the students receiving sexual health/reproductive health lessons regarded sexuality as an important part of life, thought that it should be talked about, and believed that their knowledge about sexual health was sufficient (Table 3). This study also determined that there was a positive change in the attitudes of the students that had taken the sexual health/reproductive health lesson ($p<0.005$, Table 3). Üstündağ [19], did a study examining the effect of sexual health/reproductive health training on students' knowledge, and found that there was a remarkable improvement in their knowledge

Table 3: Comparison of Views on Sexuality.

Sexuality as an important part of life	Yes Number (%)	No Number (%)	χ^2	p
Yes	190 (57,8)	139 (42,2)	9,686	0,002
No	21 (32,5)	39 (65)		
Young girls have to stay virgins until getting married				
Yes	165 (51,1)	158 (48,9)	6,918	0,009
No	46 (69,7)	20 (30,3)		
Birth control is a part of responsible sexuality				
Yes	207 (55,8)	164 (44,2)	6,502	0,011
No	4 (9,8)	14 (8,2)		
Birth control should be given only to married couples				
Yes	33 (35,5)	60 (64,5)	16,347	0,000
No	178 (60,1)	118 (39,9)		
It is not suitable that unmarried couples also ask for birth control				
Yes	57 (39,3)	88 (60,7)	19,816	0,000
No	154 (63,1)	90 (36,9)		
Women should carry birth control responsibility				
Yes	195 (55,7)	155 (44,3)	2,487	0,115
No	16 (41,0)	23 (59,0)		
Men should carry birth control responsibility				
Yes	194 (56,2)	151 (43,8)	4,185	0,041
No	17 (38,6)	27 (61,4)		
Avoid conversations about sexuality				
Yes	67 (40,6)	98 (59,4)	20,521	0,000
No	144 (64,3)	80 (35,7)		
Knowledge about sexual health/reproductive health is sufficient				
Yes	138 (68)	65 (32)	31,139	0,000
No	73 (39,2)	113 (60,8)		

levels. Kırmızıtoprak and Şimşek [20], also examined the effect of peer education in relation to sexually-transmitted diseases and safe sex, and found that young people's sexual health behaviors showed an improvement following peer education. Sung et al. [17], determined that there was a positive correlation between education and knowledge and attitudes towards sexuality in relation to sexual health. Jaarsma et al. [10], found that education programs on sexual health helped students be more comfortable and confident in approaching sexuality [10].

Sexuality is an important part of life; even though sexual behavior changes through a person's life, adolescence has the greatest impact on it. Adolescence is the second decade of human life, and a period of social interaction in addition to massive physical and psychological changes [21]. This period between childhood and maturity creates many emotional, social, cognitive, and physical difficulties in addition to the opportunities it provides definitely. Each year, almost 615,000 women in the United States ages 15–19 become pregnant, and 82% of those pregnancies are unintended [22]. Not only unintended pregnancies, but also sexually-transmitted diseases pose a threat especially to this age group. The Centers for Disease Control (CDC), reported that young people between 15 and 24 years old formed more than one-fourth of the sexually active population [23]. It was also reported that adolescent pregnancies have a risk of pre-term delivery, low birth weight, and postpartum death. Fear of pregnancy was determined as the primary preventive of sexual activity among adolescents [3]. Sexual relationships between adolescent men and women are affected by external factors, mental development processes, and mental factors. Additionally, adolescents' viewpoints on sexuality are influenced by their peers, the media, and their families. Friends and classmates are the sources of sexual information in adolescence [3]. A 10% increase in the rate of friends' being sexually active lead to a 5% increase in the possibility of being sexually active [24]. Sexuality is a normative component of adolescent development and identity formation. The sexual outcomes in adulthood result from the sexual experiences in early adolescence. Adolescent sexuality is a multi-dimensional structure that involves sexual behaviors, the concept of sexual identity, and sexual socialization [25]. As adolescents mature, they experience intimacy at different levels from kissing to sexual relationships. In western countries, most young people are already involved in sexual relationships by the end of their adolescence, even though they had not even kissed anyone in early adolescence [26]. When studying the

developments in adolescents' sexual behaviors, considering individual and social contexts is very important as well [27]. University students are mostly young people in adolescence. In connection with the increase in risky behaviors, the rate of early pregnancies and sexually-transmitted diseases are higher in adolescence. Young people are irresponsible about their own sexuality and display risky behaviors as long as they lack access to accurate information. In this study, a majority of the students that received sexual health/reproductive health education stated birth control is part of responsible sexuality ($p<0.05$). The students that were not trained believed birth control should be given to married couples only, and found it inappropriate for unmarried couples to ask for birth control ($p<0.05$, Table 3). Moreover, the untrained students stated that men and women should not take responsibility for birth control ($p<0.05$). Provenzano-Castro [28], similarly reported that students found it more necessary to receive information about contraceptive methods as their education levels increased. In that study, 79% of seniors qualified it as "very good" to receive information about contraceptive methods and 19% qualified it as "good"; of the freshmen, 63% qualified it as "very good" and 34% as "good" [28].

Public health is affected by many factors. Health education is a primary focus of public health. A significant number of adolescents are sexually active. Adolescents have specific sexual and reproductive health needs. Especially unmet needs such as lack of information, policy and laws, social isolation, and judgmental attitudes between health care providers.

In conclusion, this study found that sexual health/reproductive health education created a positive change in health sciences faculty students' knowledge and attitudes. Sexual health education is important in all periods of life, and it should be given in every period in accordance with age. Adolescents' sexual and reproductive health must be supported. This means providing access to comprehensive sexuality education by health care providers. It also means empowering young people to know their rights. For this purpose, first of all, health care workers should know the laws of adolescent and of the country. Updating the training of health workers on this subject is very important.

Nurses have the capacity and opportunity to disseminate information about sexual and reproductive health to adolescents and their parents in communities, schools, public health clinics to improve adolescents' sexual and reproductive health and reduce the rates of unplanned pregnancy and sexually transmitted infections in Turkey. Counseling adolescents and their parents on sexual health is deemed an integral role of nursing. Nurses are providing adolescent sexual and reproductive health services at a critical intersection between the norms and values of the community. The source of information about sexual health/reproductive health is also influential in attitudes and behaviors. The health of adolescents also affects the health of the community. In addition, future nurses should be equipped with evidence-based information with awareness of thoughts and attitudes to raise public health. Workshops should be organized with the aim of providing these training so that instructors may be aware of their knowledge and attitudes. Additionally, updating the knowledge of health professionals that continue to provide service in field will be beneficial for the health of the individuals they give care to.

CONFLICT OF INTEREST

The authors whose names are listed immediately below certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or nonfinancial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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