

KNOWLEDGE OF STUDENTS AT HEALTH-RELATED DEPARTMENTS ABOUT SEXUAL HEALTH AND RELATED FACTORS ⁽¹⁾

SAĞLIKLA İLGİLİ BÖLÜMLERDE OKUYAN ÖĞRENCİLERİN CİNSEL SAĞLIK HAKKINDAKİ BİLGİLERİ VE İLİŞKİLİ FAKTÖRLER

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Öz: Amaç: Toplumların sağlıklı olabilmesi için gençlerin cinsel sağlıklarının korunması ve geliştirilmesi önemlidir. Araştırma, sağlıkla ilgili bölümlerde öğrenim gören öğrencilerin cinsel sağlık konusundaki bilgilerini ve ilişkili faktörleri belirlemek amacıyla tanımlayıcı olarak yapılmıştır. **Yöntem:** Araştırma, sağlık bölümlerinde okuyan 600 öğrenci ile gerçekleştirilmiştir. Araştırmada Öğrenci Bilgi Formu ve Cinsel Sağlık Bilgi Testi kullanılmıştır. Veriler t testi, varyans analizi, sayı, yüzde ve ortalama değerleri kullanılarak değerlendirildi. İstatistiksel analizde anlamlılık düzeyi p<0,05 olarak kabul edilmiştir. **Bulgular:** Öğrencilerin cinsiyeti, cinsel sağlık eğitim durumu, kardeş sayısı, baba mesleği ve geliri ile cinsel sağlık bilgisi arasındaki fark istatistiksel olarak anlamlı bulundu (p<0.05). **Sonuç:** Öğrencilerin toplam cinsel sağlık bilgilerinin kabul edilebilir değerlerin altında olduğu belirlendi. Çalışma sonuçlarında; Üniversite öncesi ve üniversite öğrencilerine yönelik cinsel eğitim programlarının uygulanması önerilmektedir.

Anahtar Kelimeler: Cinsel Sağlık, Bilgi, Öğrenci Sağlığı

Abstract: Aim: For the societies to be healthy, it is important to protect and improve the sexual health of young people. The research was conducted descriptively in order to determine the knowledge about sexual health of students studying at health-related departments and related factors. **Method:** The research was conducted with 600 students at health departments. Student Information Form and Sexual Health Information Test were used in the study. The data were evaluated by using t test, analysis of variance, number, percentage and mean values. In statistical analysis, the level of significance is accepted as p<0.05. **Results:** The difference between the students' gender, sexual health education status, number of siblings, father's occupation and income, and sexual health knowledge was found to be statistically significant (p<0.05). **Conclusion:** It was determined that the total sexual health information of the students was below the acceptable values. In the results of working; It is recommended that sexual education programs should be implemented for pre-university and university students.

Keywords: Sexual Health, Knowledge, Student Health

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INTRODUCTION

Sexuality, which is one of the basic requirements of human life, is a pattern with a very complex structure. While talking about a person's health, it is not possible to ignore sexuality. Sexuality is also explained as a concept that is very complex and difficult to understand, which is individually affected by the traditional structure (Uğurlu and Karahan, 2022: 75-76). World Health Organization defined sexual health as the physical, mental and social well-being state related to sexuality¹.

Individuals' sexual activity and reproductive behaviors coincide with their young and young adulthood. The behaviors of young people during this period affect their sexual wellbeing and their sexual health (Özkan, et al., 2020: 11-12). For the societies to be healthy, it is important to protect and improve the sexual health of young people. Providing sexual health education is an important and effective step in reaching this goal (Baran, et al., 2020: 420-421).

In order to prevent misconceptions and manipulations about sexual health, sexuality and sexual education issues have become important policies for most states around the World². Turkey's developing country status

causes in a socio-cultural and rapid changes in the demographic structure constitute. As a result, university students who do not have complete and accurate information about sexuality, especially in adolescence, face great risks in terms of sexual health (Vamos, et al., 2020: 79-80). Indeed, in Turkey, Ministry of Education doesn't provide any information about sexual health in primary elementary schools while provides information related to the reproductive system only in the second level science courses. Secondary education sources contain only information about reproductive health. From this point of view, it is important that the young population, who has not received sufficient and conscious sexual health education during primary and secondary school periods and constitutes 15.6%³ of the population, has insufficient knowledge about sexual health (Vamos, et al., 2020: 81).

Physical, mental and physical social health problems such as unplanned pregnancies, unconscious and unhealthy pregnancy terminations, sexual abuse, sexual violence problems and the spread of Sexually transmitted diseases's (STD) occur due to the problems they encounter while experiencing their sexuality and lack of information⁴. Especially

1 https://www.who.int/topics/sexual_health/en/

2 http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

3 <https://biruni.tuik.gov.tr/bolgeleselistik/tabloOlustur.do>

4 <https://apps.who.int/iris/bitstream/>



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risky sexual behaviors create a global public health problems among young people and adolescents (Ngoc, et al., 2020: 1903; Pavelová, et al., 2021: 492). Studies have shown that students do not have sufficient knowledge of STDs (Drago, et al., 2016: 422; Kashefi, et al., 2021: 135; Aykan, et al., 2017: 1-3). In a study conducted with 1022 students between the ages of 18 and 29 who study in health-related departments in Italy, it was found that the knowledge level of the younger ones was lower than the older ones and the males compared to the girls (Cocchio, et al., 2020: 1515). In order for university students to be protected from all risks that may be seen due to lack of information and to be sexually healthy, sexual health activities should be organized for students. In terms of providing information to these activities, it becomes important to conduct studies that determine their knowledge and opinions on sexual health education and sexual health (Aydın, 2019: 2-3).

The fact that the individuals included in the sample are healthcare professionals is also very important in terms of providing education and counseling to the society about sexual health. In the study conducted by Aykan

et al. 65.7% of the students stated that they could get the most reliable information about sexual health from healthcare staff (Drago, et al., 2016: 422). Similarly, Wittenberg and Gerber stated in the study they conducted in 2009 that the participants mostly preferred to get information on sexual health from information providers (healthcare staff) with high level of knowledge (Winttenberg and Gerber, 2009: 364). Since health professionals who will work in this field in the future are among the first consultants to be consulted, it is aimed to develop sexual education in the field of health by obtaining more reliable information, and even to have the ability to provide sexual counseling (Uğurlu and Karahan, 2022: 80; Bal and Sahiner, 2015: 223-225; Warner, et al., 2018: 1094).

This study was planned in order to contribute to the literature by determining the knowledge about sexual health and related factors of students studying in departments where health services, education and counseling services are provided to the society, and to protect and improve the sexual health of the society.

AIM

The research was conducted descriptively in order to determine the knowledge about sexual health of students studying at health-related departments and related factors.



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RESEARCH METHOD

Type of Research: This study was conducted in a descriptive type.

The Population and Sample of The Research: The research was carried out in a public university's college, which provides associate degree education for health services and has 8 departments. The research population consists of 1394 students studying in the 2017-2018 academic year/spring semester. The sample size to be selected was calculated as 301, with an error margin of 5% within the confidence limits of 95% from the research population⁵. During the study, the study was conducted with the random sampling method and 600 students who accepted the study.

Data Collection Tools: General information form and Sexual Health Knowledge Test (Evcili and Gölbaşı, 2017: 29) were applied to the students as data collection tools in the study.

General Information Form: The form consists of 21 questions in which the demographic characteristics of the students (Uğurlu and Karahan, 2022: 78; Özkan, et al., 2020: 13-14; Baran, et al., 2020: 423; Evcili and Gölbaşı, 2017: 29) are questioned (such as the department, age, place of birth, the last

graduated school, whether they have received training about sexual health before).

Sexual Health Knowledge Test (SHKT): Developed by Evcili and Gölbaşı in 2017, the Sexual Health Knowledge Test consists of 40 questions with multiple choice questions. The Sexual Health Knowledge Test was scored by giving 1 point to questions answered correctly and 0 points to questions answered incorrectly or left unanswered. SHKT has 11 sub-parameters and the lowest score that can be obtained is calculated as 0 and the highest score as 40 (Table 1). It is accepted that the higher the score, the higher the level of sexual health knowledge. The Cronbach alpha reliability coefficient of the test was found 0.88 by Evcili and Gölbaşı (Evcili and Gölbaşı, 2017: 29-33). The Cronbach alpha reliability coefficient of this study was found to be 0.73.

Collection of Data: The data of the study were collected from the students who attended the classes and agreed to participate in the study between 01.03.2018-01.06.2018. Data collection forms were filled in 25-30 minutes in the classroom environment.

Evaluation of The Data: The data obtained from the research were analyzed with the SPSS for Windows 20 package program. Kolmogorov Smirnov Test was used in the evaluation of the data to determine whet-

5 <https://www.surveysystem.com/sscale.htm>



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her the data showed normal distribution. Parametric(t test, variance analysis, LSD forward analysis) test methods, number, percentage and mean values were used according to the normality test result of the data. In statistical analysis, the level of significance is accepted as $p < 0.05$.

Ethical Aspect of The Study: The necessary ethical committee for the implementation of the study (from the Ethics Committee of the State University Faculty of Medicine, where the participants were educated in the session number 04 dated 14.03.2018) and institutional permission (Permission was obtained from the Directorate of Health Services Vocational School on 03.04.2018.2018). Verbal and written informed consents of the students participating in the study were obtained. The STROBE observational studies guideline was used in the reporting of this study.

RESEARCH PROBLEM

Most of the studies on sexual health should be for married or women, and the knowledge level of the departments dealing with health should be at a level to be a role model in terms of their own health and to be able to provide counseling to the public.

In this study;

-What is the level of knowledge of the students about sexual health?

-Is there a statistical significance between the sociodemographic characteristics of the students and their sexual health knowledge test scores? answers were sought.

RESULTS

600 students participated in the study. 52.7% of the students are girls, 28.7% study in the first and emergency aid department, 35.7% were born in the village, 92% live at home with their parents. General high school graduates are 30.3%, 46.8% have four or more siblings, 81.2% belong to elementary family, 93.3% do not work, mother is housewife 92% of them, and fathers of 35% are self-employed. Considering the mother and father information, 91.8% of the parents are alive and together. 46.2% of them have less income than their expenses, 99% are single, 66.7% of those who are married have children, 66.7% of them are university graduates, 83.3% have met and got married and 90,7% of them did not have any training on sexual health. The average age of the students is $\bar{X} \pm SD = 19.95 \pm 1.90$ and the average time they live in their place of birth is $\bar{X} \pm SD = 15.49 \pm 7.79$ and the average age of marriage is $\bar{X} \pm SD = 23.33 \pm 1.40$.

Table 1 shows students' mean scores from SHKT sub-dimensions and SHKT totals. The students got the highest mean score from the SHKT sub-dimensions of contraception (2.34 ± 1.46). Students got a score of 15.41 ± 6.00 from the total SHKT.



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Table 1. Distribution of SHKT Sub-Dimensions and Scores the Students Got from Total SHKT (N=600)

	N	Min.-Max.	Mean±SD
1. Sub-Dimension: Universal values related to sexuality	600	0.00-2.00	1.19±0.77
2. Sub-Dimension: Development of sexual identity	600	.00-4.00	1.24±.99
3. Sub-Dimension: Sexual orientations	600	.00-3.00	.87±.80
4. Sub-Dimension: Sex-gender	600	.00-3.00	1.41±.98
5. Sub-Dimension: Anatomy of the reproductive system	600	.00-3.00	1.22±.90
6. Sub-Dimension: Sexual intercourse/sexual satisfaction	600	.00-4.00	1.87±1.25
7. Sub Dimension: Physiology of reproduction	600	.00-3.00	1.21±.89
8. Sub Dimension: Contraception	600	.00-6.00	2.34±1.46
9. Sub Dimension: Sexually transmitted infections	600	.00-7.00	2.32±1.49
10. Sub-Dimension: Sexual violence	600	.00-3.00	1.11±.98
11. Sub-Dimension: Safe sexual behaviors	600	.00-2.00	.61±.67
SHKT Total Score	600	.00-36.00	15.41±6.00

As seen in table 2, female students' mean scores were found to be universal values related to sexuality ($p<0.001$), anatomy of the reproductive system ($p=0.007$), contraception ($p=0.006$), sexually transmitted infections ($p=0.012$), sexual violence ($p=0.001$) and SHKT Total score ($p=0.001$) mean scores were found to be higher than men and statistically significant.

Working students' knowledge of sexual intercourse/sexual satisfaction ($p=0.009$) was found to be higher and statistically significant than non-working students.

As seen in table 2, the mean scores of students who are educated about sexual health are universal values related to sexuality ($p=0.040$), sex-gender ($p=0.001$) sexual intercourse/sexual satisfaction ($p=0.002$), physiology of reproduction ($p=0.003$), contraception ($p=0.001$), sexually transmitted infections ($p=0.026$), sexual violence ($p=0.047$), safe sexual behaviors ($p=0.011$) and SHKT total score ($p<0.001$) were higher than those who did not receive education and It was found to be statistically significant.

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Table 2. Comparison of Students' Gender, Employment Status, Sexual Health Education Status and SHKT Sub-Dimensions and SHKT Total Scores (N=600)

	Gender*		Employment Status*		SH Education Status*	
	(Mean±SD)		(Mean±SD)		(Mean±SD)	
	Woman (n=316)	Male (n=284)	No (n=560)	Yes (n=40)	No (n=544)	Yes (n=56)
1.Sub-Dimension	1.31±.76	1.04±.77	1.18±.77	1.32±.76	1.16±.77	1.39±.75
P-value**	p<.001		p=.256		p=.040	
2.Sub-Dimension	1.19±0.99	1.29±1.03	1.23±0.99	1.30±1.01	1.23±1.01	1.30±0.89
P-value**	p=.223		p=.711		p=.636	
3.Sub-Dimension	.90±.82	.84±.77	.87±.79	.90±.90	.86±.80	.96±.78
P-value**	p=.332		p=.838		p=.381	
4.Sub-Dimension	1.34 ± .98	1.47±.97	1.40±.99	1.47±.81	1.36±.97	1.83±.96
P-value**	p=.103		p=.665		p=.001	
5.Sub-Dimension	1.31±.89	1.11±.91	1.21±.90	1.35±.89	1.20±.90	1.39±.92
P-value**	p=.007		p=.368		p=.147	
6.Sub-Dimension	1.93±1.25	1.80±1.24	1.83±1.25	2.37±1.03	1.82±1.23	2.37±1.27
P-value**	p=.191		p=.009		p=.002	
7.Sub-Dimension	1.15±.89	1.26±.90	1.20±.90	1.30±.80	1.17±.89	1.55±.82
P-value**	p=.137		p=.512		p=.003	
8.Sub-Dimension	2.50±1.44	2.17±1.46	2.33±1.47	2.50±1.30	2.28±1.43	2.96±1.59
P-value**	p=.006		p=.497		p=.001	
9.Sub-Dimension	2.47±1.47	2.16±1.50	2.30±1.48	2.67±1.63	2.28±1.46	2.75±1.76
P-value**	p=.012		p=.128		p=.026	
10.Sub-Dimension	1.23±1.05	.97±.89	1.09±0.98	1.32±1.04	1.07±.97	1.42±1.04
P-value**	p=.001		p=.155		p=.011	
11.Sub-Dimension	.63±.67	.59±.67	.61±.67	.55±.63	.59±.66	.78±.77
P-value**	p=.494		p=.530		p=.047	
SHKT Total	16.22±6.00	14.52±5.88	15.28±6.01	17.20±5.69	15.07±5.80	18.76±6.92
P-value**	p=.001		p=.052		p<.001	

*Student t test was used.

**p<.05

As seen in table 3, it was found that the score obtained by the students studying in the anesthesia department from the knowledge of universal values ($p=0.009$) of sexuality was lower than the students studying in other

departments and was statistically significant. The SHKT total score of the first and emergency aid department students was higher than the other departments and was statistically significant.

Table 3. Comparison of Students' Departments with SHKT Sub-Dimensions and SHKT Total Scores (N=600)

Students> Departments (Mean±SD)							
First aid and emergency (n=171)	Home patient care (n=70)	Medical laboratory techniques (n=72)	Anesthesia (n=69)	Medical promotion and marketing (n=30)	Medical documentation and secretariat (n=65)	Medical imaging techniques (n=72)	Elderly care (n=51)
1.Sub-Dimension: Universal values about sexuality							
1.30±.76 ^a	1.14±.78	1.25±.74 ^c	0.89±0.78 ^c	1.00±.74	1.24±.77 ^d	1.27±.71 ^b	1.07±.84
P-value**		F=2.701		p=.009*			
2.Sub-Dimension: Development of sexual identity							
1.10±.96	1.37±1.1	1.23±1.01	1.31±.99	1.50±.97	1.24±.98	1.22±0.96	1.31±1.02
P-value**		F=1.011		p=.422			
3.Sub-Dimension: Sexual orientations							
.88±.77	.88±.80	.90±.82	.89±.80	.76±.85	.78±.71	.91±.86	.86±.82
P-value**		F=0.254		p=.971			
4.Sub-Dimension: Sex-gender							
1.44±.96	1.51±.92	1.23±1.01	1.40±1.01	1.33±.95	1.60±1.02	1.20±.99	1.49±.92
P-value**		F=1.328		p=.234			
5.Sub-Dimension: Anatomy of the reproductive system							
1.41±.93 ^a	1.02±.80 ^d	1.15±0.88 ^b	1.27±.90	.93±.78 ^c	1.29±.96	1.16±.93	1.05±.78 ^c
P-value**		F=2.452		p=.017*			
6.Sub-Dimension: Sexual intercourse / sexual satisfaction							
1.93±1.25	1.84±1.24	1.84±1.28	1.79±1.35	1.63±1.15	1.87±1.16	2.06±1.31	1.70±1.13
P-value**		F=.645		p=.718			
7.Sub-Dimension: Physiology of reproduction							

1.35±.90	1.12±.79	1.13±.99	1.26±1.05	1.10±.80	1.26±.88	1.11±.81	1.01±.78
P-value**		F=1.330		p=.233			
8.Sub-Dimension: Contraception							
2.53±1.48	2.34±1.30	2.36±1.51	2.14±1.41	2.33±1.44	2.41±1.65	2.43±1.42	1.80±1.29
P-value**		F=1.656		p=.117			
9.Sub-Dimension: Sexually transmitted infections							
2.54±1.51	2.47±1.46	2.11±1.42	2.15±1.44	2.33±1.62	2.46±1.47	2.15±1.52	1.98±1.51
P-value**		F=1.585		p=.137			
10.Sub-Dimension: Sexual violence							
1.03±.07	1.06±.12	.92±.10	1.18±.92	.96±.80	1.10±1.04	1.04±.97	.74±.86
P-value**		F=1.975		p=.056			
11.Sub-Dimension: Safe sexual behavior							
.63±.69	.68±.64	.54±.69	.63±.64	.73±.73	.50±.58	.56±.70	.64±.71
P-value**		F=.694		p=.678			
SHKT Total							
16.63±5.99 ^a	15.27±5.27	14.95±5.99 ^b	14.65±6.45 ^c	14.30±5.01 ^d	15.49±6.09	15.50±6.33	13.66±5.88 ^e
P-value**		F=2.020		p=.051*			

* Bonferroni test was used.

** p<.05

a>b,c,d,e

As can be seen in table 4, it was found that the scores obtained from the knowledge of sexual intercourse/sexual satisfaction (p=0.031) of the students living in the broken family were lower than the students living in the nuclear family and extended family and was statistically significant.

As can be seen in table 4, it was found that students with four or more siblings had a high

and statistically significant score for students with three siblings from the knowledge of universal values (p=0.042), anatomy of the reproductive system (p=0.032). It was found that sexually transmitted infections (p=0.001) and SHKT Total (p=0.021) mean scores of students with three siblings were lower than the average scores of students with one, two, four or more siblings and were statistically significant.

Table 4. Comparison of the Students' Place of Birth Number of Siblings and SHKT Sub-Dimensions and Total SHKT Scores (N=600)

	Family type (Mean±SD)			Number of siblings (Mean±SD)			
	Core (n=487)	Large (n=93)	Broken (n=20)	One (n=95)	Two (n=101)	Three (n=123)	Four and Above (n=281)
1. Sub-Dimension	1.21±.77	1.08±.80	1.05±.68	1.11±.82	1.20±.82	1.04±.75 ^b	1.27±.74 ^a
P-value***	F=1.421	p=.242		F=2.936	<i>p=.033*</i>		
2. Sub-Dimension	1.22±1.00	1.34±0.97	1.25±1.01	1.28±1.11	1.19±0.93	1.14±1.00	1.28±0.97
P-value***	F=.565	p=.569			F=.696	p=.555	
3. Sub-Dimension	.88±.80	.79±.81	1.05±.68	.98±.75	.98±.86	.79±.74	.83±.81
P-value***	F=.959	p=.384			F=1.891	p=.130	
4. Sub-Dimension	1.39±1.00	1.51±0.85	1.20±1.05	1.34±1.04	1.44±1.01	1.46±0.95	1.39±0.95
P-value***	F=1.036	p=.356			F=.315	p=.814	
5. Sub-Dimension	1.22±0.91	1.27±0.86	1.00±0.97	1.18±0.90	1.31±0.94	1.02±0.88 ^b	1.29±0.89 ^a
P-value***	F=.781	p=.459		F=2.925	<i>p=.032**</i>		
6. Sub-Dimension	1.89±1.26 ^b	1.91±1.16 ^a	1.15±1.08 ^c	1.82±1.32	1.90±1.29	1.62±1.24	1.98±1.20
P-value***	F=3.493	<i>p=.031**</i>			F=2.495	p=.059	
7. Sub-Dimension	1.21±.90	1.22±.86	1.10±.91	1.28±.98	1.38±.96	1.11±0.87	1.16±.85
P-value***	F=.165	p=.848		F=2.242	p=.082		
8. Sub-Dimension	2.35±1.47	2.41±1.49	1.85±0.93	2.37±1.73	2.62±1.44	2.27±1.48	2.27±1.34
P-value***	F=1.280	p=.279		F=1.581	p=.193		
9. Sub-Dimension	2.34±1.52	2.26±1.40	2.15±1.40	2.60±1.44 ^a	2.47±1.67 ^b	1.86±1.38 ^d	2.38±1.45 ^c
P-value***	F=.244	p=.783		F=5.438	<i>p=.001**</i>		

10. Sub-Dimension	1.15±1.00	0.93±0.97	0.80±0.61	1.15±0.96	1.15±.96	.98±.96	1.13±1.01
P-value***	F=2.974	p=.052		F=.866	p=.458		
11. Sub-Dimension	.63±.69	.53±.58	.60±.75	.61±.64	.69±.67	.51±.68	.63±.68
P-value***	F=.738	p=.475		F=1.470	p=.222		
SHKT Total	15.57±6.07	15.18±5.60	12.55±5.48	15.85±6.76 ^b	16.40±6.26 ^a	13.86±5.85 ^d	15.59±5.59 ^c
P-value***	F=2.541	p=.080		F=3.937	p=.002**		

*Dunnet C test was used. **Bonferroni test was used.

*** p<.05 a>b,c,d

As seen in table 5, it has been found that the mean scores of the students whose mothers are illiterate about contraception (p=0.009) are lower than those whose mothers are primary, secondary and high school graduates and are statistically significant. It was found that the mean SHKT total (p=0.002) scores of students whose mothers are illiterate are lower than those whose mothers are primary and high school graduates, and are statistically significant.

The mean scores for contraception (p=0.020) and sexually transmitted infections (p=0.018) of the middle-income students were found to be higher than those with low income and statistically significant. SHKT total score (p=0.003) from middle-income students was found to be higher and statistically significant than low and high-income students.

Table 5. Comparison of the Students' Mother's Education Status With SHKT Sub-Dimensions and SHKT Total Scores (N=600)

	Mother Education Status (Mean±SD)					
	Illiterate (n=159)	Literate (n=63)	Primary school (n=225)	Middle School (n=80)	High school (n=57)	University (n=16)
1. Sub-Dimension	1.13±.78	1.25±.82	1.21±.75	1.17±.77	1.21±.81	1.18±.83
P-value***			F=2.701		p=0.904	
2. Sub-Dimension	1.26±.99	1.14±0.99	1.23±1.01	1.17±.92	1.28±1.06	1.43±.96
P-value***			F=.426		p=.830	



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3. Sub-Dimension	.86±.80	.85±.80	.88±.81	.82±.77	.96±.75	.87±.88
P-value***			F=0.226			p=0.951
4. Sub-Dimension	1.38±.99	1.46±0.91	1.42±.96	1.37±1.02	1.45±1.00	1.18±1.16
P-value***			F=.268			p=.931
5. Sub-Dimension	1.11±.85	1.33±.95	1.29±.91	1.25±.93	1.38±.97	.81±.54
P-value***			F=2.452			p=0.055
6. Sub-Dimension	1.85±1.20	1.84±1.29	1.91±1.22	1.78±1.28	2.14±1.38	1.12±1.02
P-value***			F=1.806			p=.110
7. Sub-Dimension	1.16±.77	1.17±.88	1.21±.94	1.23±.94	1.26±.97	1.31±1.07
P-value***			F=0.182			p=0.939
8. Sub-Dimension	2.08±1.25 ^d	2.30±1.41	2.44±1.45 ^c	2.47±1.55 ^b	2.78±1.80 ^a	1.68±1.40
P-value***			F=3.118			p=.009*
9. Sub-Dimension	2.18±1.41	2.20±1.10	2.43±1.60	2.11±1.50	2.77±1.55	2.18±1.51
P-value***			F=1.993			p=.078
10. Sub-Dimension	1.07±.93	1.14±1.10	1.19±1.02	1.05±.93	.94±.98	1.00±.94
P-value***			F=.794			p=.554
11. Sub-Dimension	.56±.65	.69±.75	.44±.65	.56±.69	.70±.73	.37±.91
P-value***			F=1.107			p=.355
SHKT Total	14.52±5.04 ^c	15.58±5.56	15.99±6.35 ^b	14.97±5.81	16.82±7.20 ^a	12.68±6.22
P-value***			F=2.020			p=.002**

* Bonferroni test was used. ² Dunnet C test was used.

*** p<.05

a>b.c.d

No statistically significant difference was found between the marital status of the students, the high school they graduated from, who lived with them at home, the parents' together-

ness, mother's occupation and father's education status, and the SHKT sub-dimensions and total score averages (p>0.005).



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DISCUSSION

This study was carried out to determine the knowledge of the students studying in health related departments about sexual health and related factors.

In this study, it was determined that 90.7% of the students did not receive any education about sexual health. Lack of knowledge about sexual health and sexuality was reported in a study with young adults (Lucero, et al., 2020: 479). In another study, it was found that more than two-thirds of the students did not receive sexual health education (Gursoy and Yesildere Saglam, 2021: 8). In a study conducted by Bakır and Kızılkaya Beji 2015, it was found that 64% of the students did not receive any training related to sexual health (Bakır and Beji, 2015: 13), In our study and other studies, it was determined that most of the students did not receive information about sexual health. This is because sexual health courses are given in the limited curriculum in our country and sexuality is still taboo today.

In the study, it was determined that the students got below the average score from the knowledge of contraception. Studies have also reported that the knowledge level of students about FP is at a “moderate level” (Özkan, et al., 2020: 17; Siyez and Siyez, 2009: 49). The result of this study was found to be

in line with the other two studies, but at lower levels of knowledge.

In this study, it was found that the students’ level of knowledge about STD was low. In the study conducted by Demir et al. (2014), it was found that 70.1% of the students did not find their level of knowledge about STDs sufficient, and this rate was higher, especially in the non-health department (Demir and Şahin, 2014: 23). Nikolic and Kapamadzija (2011) found that students need education about STD (Nikolic and Kapamadzija, 2011: 87). In a study conducted, it was determined that 72.9% of the participants had insufficient knowledge (Artan and Baykan, 2010:127). The low level of knowledge of young people about STDs in the studies conducted is similar to our study. In Bakır and Kızılkaya Beji 2015, in their study to determine the level of knowledge about sexually transmitted diseases, it was found that the knowledge level of the students participating in the study was moderate (Bakır and Beji, 2015: 13). In the study conducted by Pradyna et al. In 2019, it was found that the students’ level of knowledge about sexually transmitted infections (STIs) and HIV & AIDS (55.6%).(Pradnyani, et al., 2019: 35-37) In a study that examined the knowledge levels of Akalpler and Eroğlu 2015 students about STD, it was found that the knowledge level of the students was me-



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dium (Akalpler and Eroğlu, 2015: 15-17). In these studies, it was determined that the knowledge level of young people about STD is at a medium level, which is different from our study. In studies conducted on this subject, it has been reported that the frequency of STDs in young people who are educated about sexual health decreases, unplanned pregnancies and risky sexual behaviors will decrease in the age of starting sexual intercourse (Özkan, et al., 2020: 17).

52.7% of the students participating in this study are girls. 90.7% of the students had not received any education about sexual health before, and it was found that female students' level of knowledge about sexual health was higher than male students ($p < 0.05$). In a study conducted by Kaymak et al. With university students in 2006, although the difference between male and female students' level of knowledge about STD was not found statistically significant, it was found that female students were more successful than male students in terms of knowledge (Uğurlu and Karahan, 2022: 79; Kaymak, et al., 2006: 155-157) and this aspect supports our study. Unlike our study, Çalışkan et al. 2015 determined the level of knowledge of university students on sexual health and found a significantly higher STD-related knowledge test score average of male students in the study

group compared to female students (Çalışkan, et al., 2015: 29-30). Pınar et al. 2009, in their study investigating students' knowledge, attitudes and behaviors about sexual health, sexually transmitted diseases, sexual experience, etc. published a report stating that their level of knowledge was higher than girls in terms of sexual health information (Pınar, et al., 2009: 110).

Unlike these studies, Özalp et al. reported that there was no difference between male and female students in terms of knowledge about STD in their 2012 study. Unlike these studies, Özalp et al. Reported that there was no difference between male and female students in terms of knowledge about STD in their 2012 study (Özalp, et al., 2012: 19-20).

In addition, students received low scores on knowledge of sexual intercourse / sexual satisfaction, physiology of reproduction, knowledge of sexual violence and safe sexual behavior.

In our study, it was found that students who had information about sexual health were higher than those who did not ($p < 0.05$). In the study conducted by Akalper and Eroğlu 2015, the knowledge level of almost half of the students who received information about sexual health and sexually transmitted diseases and 30% of the students who did not know about



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these issues were found to be good (Akalpler and Eroğlu, 2015: 15-17). In this respect, the study supports our data.

In the study, the students' department, place of birth, with whom they lived at home, employment status, marital status, child status, high school from which they graduated, family type, mother's occupation, mother's education status, father's educational status, parents togetherness and sexual health information. The difference between the mean scores is not statistically significant ($p>0.05$). Lindberg and Maddow-Zimet 2012, in their study where they investigated the results of sexual education on young and young adult sexual behavior and its consequences, reported that the education of young people between the ages of 15-24 who do not live with their parents, who have a low maternal education level is inadequate (Linberg and Maddow, 2012: 335-337).

CONCLUSION

In the study, it was determined that the total sexual health information of the students was below acceptable values. At the same time, it was determined that students' state of getting information about sexual health, department, number of siblings, maternal education level and income status were effective on the level of knowledge about sexual health. Young pe-

ople should have sufficient knowledge about sexuality and sexual health in order for the youth in the youth period to have a satisfying and safe sexuality, free from sexually transmitted diseases, unintentional pregnancies, violence and all the risk of coercion, and to be protected from sexually transmitted diseases. Therefore, sexual health education seems to be a very important and effective way to protect and improve their sexual health.

RECOMMENDATIONS

In line with the results;

- Adding courses that will increase the knowledge of sexual health at the university level into the curriculum,
- Organizing education, activities, projects and programs that increase sexual health knowledge,
- Organizing activities and programs to increase the education level of students,
- We recommend planning studies with larger populations using the stratification sampling method on sexual health information.

Author Contribution: GG and AÇ; The design, data collection, interpretation, conclusion, and critical review of the current study were jointly undertaken by both authors.



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