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Associate Professor. Birsen ALTAY

Faculty of Health Science, Ondokuz Mayıs University
munisealtay@hotmail.com
ORCID: 0000-0001-5823-1117

Msc Nurse. Esra SARAÇOĞLU

Samsun Training and Research Hospital, SB University
esrasaracoglu@outlook.com
ORCID: <https://orcid.org/0000-0003-3808-1531>

Professor.Dr. Huriye Demet CABAR

School of Health, Sinop University
gonener@hotmail.com
ORCID: 0000-0001-60-62-4331

Assistant Professor. Ahmet GÖNER

School of Physical Education and Sports, Kocaeli University
Ahmet.gonener@kocaeli.edu.tr
ORCID: 0000-0003-3766-1016

Corresponding Author: Msc.Nurse. Esra SARAÇOĞLU

SBÜ Samsun Training and Research Hospital
esrasaracoglu@utlook.com

**ADÖLESAN DÖNEMDEKİ ÖĞRENCİLERİN CİNSEL SAĞLIK VE
ÜREME SAĞLIĞI HAKKINDAKİ BİLGİ VE TUTUMLARINDA
EĞİTİMİN ETKİNLİĞİNİN BELİRLENMESİ**

Öz

Amaç: Bu araştırmanın amacı; adölesanlara verilen Cinsel Sağlık Üreme Sağlığı (CSÜS) eğitiminin adölesanların bilgi ve tutumlarındaki değişimin belirlenmesidir.

Yöntem: Araştırmanın evrenini Sinop ilindeki bir lisenin tüm öğrencileri oluşturmuştur (N=345). Araştırmanın örnekleme, tabakalı örneklem yöntemiyle 115 öğrenci seçilmiştir. Araştırma eğitim öncesi ve sonrası test uygulanarak deneysel tasarım olarak gerçekleştirilmiştir. Verilerin analizinde tanımlayıcı istatistikler, t-test ve ANOVA kullanılmıştır.

Bulgular: Öğrencilerin %50.4'ü 16-17 yaş grubundadır. Öğrencilere ergenlikle ilgili bilgiler sorulduğunda; %94.8'i ergenlikte bedenlerinde olacak olası değişiklikleri bildiklerini ifade etmiştir. %62.6' s s cinsellikle ilgili hiçbir bilgilerinin olmadığını bildirmiştir.

Sonuç: CSÜS eğitiminin adölesan dönemde öğrencilerin bilgi ve tutumlarında etkili olduğu tespit edilmiştir.

Anahtar kelimeler: Adölesan, cinsel sağlık, üreme sağlığı

THE DETERMINATION OF THE EFFECTIVENESS OF EDUCATION ON ADOLESCENT STUDENTS' INFORMATION AND ATTITUDES ABOUT SEXUAL HEALTH AND REPRODUCTIVE HEALTH

Abstract

Aim: The aim of this study is to determine the change in the knowledge and attitudes of adolescents, the education given to adolescents about sexual health and reproductive health (SHRH).

Methods: The universe of the study consisted of all the students of a high school in Sinop province. (N=345). For the sample of the research, 115 students are selected with stratified sampling method in order to reach all the classes in the high school. The research was carried out in experimental design by applying test before and after training. The analyses were done using SPSS Statistical Package Program version 20.00.

Results: The majority of the students are in the 16-17 age group, 50.4%. When the students were asked about the information about puberty, 94.8% stated that they knew the possible changes in their bodies in adolescence. 62.6% of the students stated that they were not.

Conclusion: It has been determined that education about SHRH is effective for students in adolescence period.

Keywords: Adolescent, sexual health, reproductive health

Introduction

Sexual health is described by WHO as enriching and strengthening personality, communication and love as positively through the consideration of physical, mental, spiritual and social aspects as a whole (http://www.who.int/topics/sexual_health/en/). Adolescent sexual health and reproductive health (SHRH) studies gained international importance after being discussed at the World Conference on Population and Development in Cairo in 1994 (Gölbaşı, 2003; Koluçık, Güneş, & Pehlivan, 2010). The definition of SHRH in this conference is "the freedom to decide whether people will have a satisfying and safe sexual life, reproductive abili-

ties and use this ability and when how often they will use it" (TC. Sağlık Bakanlığı, 2009; Koluçık et al., 2010).

Adolescence is a developmental period in which individuals experience biological and social changes, experience and struggle as a result of these changes, and have an important place in life (Uysal & Yılmaz Bingöl, 2014) Adolescent SHRH constitute an important component of the global burden of sexual health problems. Today, efforts are being made to raise funds for the development of adolescent SHRH. The SHRH rights of adolescents are based on various laws; In 2002, the United Nations General Assembly accepted the need for the development and implementation of health policies and programs that promote adolescents own physical and mental health at a special session on children; In 2003, the Convention on the Rights of the Child issued a circular recognizing the needs and rights of adolescents and young people for their special health and development needs. Other supporting documents in order to reduce HIV prevalence among young people, decrease pregnancy rates between 15-19 years and increase HIV knowledge which are included in various international agreements such as the Universal Declaration of Human Rights and the International Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination Against Women and the Right to Health (Morris & Rushwan, 2015).

At the IV. World Conference on Women (1995), the necessity of sexual health education and the content of what it should be has been on the agenda for the first time. At the conference, the extending and institutionalizing of sexual health education in many countries, including Turkey has been proposed, countries have committed to this proposal (Gürsoy & Gençalp, 2010). Sexual education can be provided to meet the needs of the adolescents in order to overcome the problems they face during their growth, development and sexual identity acquisition process. The aim of the education is to inform the youth about the biological and sexual developments to be experienced in this period and to reduce their worries (Kerimoğlu & Üstündağ, 2014).

The feature that distinguishes adolescents from adults is their tendency to risky behaviors. Because this period is the period of curiosity, learning and gaining experience, this situation brings many danger (Kırmızıtoprak & Şimşek, 2011). It is the group that needs to focus on the reasons such as frequent encounter with reproductive health problems, being the part less benefiting from reproductive health services and having more ratios within the population of the country. Investments in young people will determine the economic and social development of societies (Karabulutlu & Kılıç, 2011).

In this period, adolescent problems such as lack of knowledge about tobacco and other substance use, early sexual activity, sexuality and methods of protection from pregnancy, age of early marriage, increased risk of sexually transmitted diseases, unwanted pregnancies are due to lack of knowledge about SHRH (Koluçık et al., 2010; Kırmızıtoprak & Şimşek, 2011). The solution of these problems is possible with young people's comprehensive SHRH education (Gürsoy & Gençalp, 2010). Risky sexual behaviors and resulting problems in young people are seen as important health and future problems in many societies (Esen, 2016).

In sexual health education (SHE) understanding, it is important to provide proper education instead of being away from sexuality. On the basis of the anxiety about sexual health education, it may also be concerned that young people may lead to early and false sexual intercourse. However, the literature shows that this anxiety is not in place. In a study organized by

WHO, it has been shown that education is not encouraging young people to false sexual relations as it is believed (Gürsoy & Gençalp, 2010).

This research; education on adolescent youth about SHRH was planned to determine the change in knowledge and attitudes of adolescents.

Methods

Form Of Research

This research; was designed experimentally to determine the effectiveness of education in the knowledge and attitudes about SHRH of adolescents. This experimental type study was conducted in high school students in Sinop province.

The Universe of Research and Sampling

All students studying in a high school created the universe of the study (N=345). For the sample of the researcher, 115 layered students were selected by stratified sampling method in order to reach all classes in the high school. As the case selection criteria, the students allowed by the parents and the students who were willing to participate in the research were identified.

Collection of Data

The data of the study was obtained by using the information form developed by the researchers and received from the opinions of the relevant experts. Before the form was distributed to the students participating in the survey, a brief description of the topic was made and made available to those who were willing to participate in the survey and those allowed by their parents. As the research was planned before and after the education, the form was distributed to the students before the education, then the education was done using the education booklet and it was requested that the same forms were distributed again after 2 weeks of education. The educational booklet was prepared by the Researcher Expert Nurse Instructor, taking the opinions of the Instructor at the Prof. Dr. level in the field of child health and diseases nursing. The education was conducted by the same Expert Nurse Instructor for 45 minutes. The content of the education booklet has been prepared to teach the answers to the questions in the information form, such as general characteristics of the adolescent period, reproductive health, menstrual period, pregnancy, sexuality, sexually transmitted diseases.

Evaluation of Data

Analyzes were performed with SPSS Statistical Package Program Version 20.00. In the evaluation of the data, percentage calculations were done using arithmetic mean t test Anova analysis.

Ethics Of Research

The research was carried out by the Directorate of National Education, Sinop University, other institutions and parents with written and verbal permissions. The students who participated in the research were informed about the survey by the student and the parents and related institutions, and verbal and written approvals were obtained and voluntary participation was provided.

Results

Distribution of students participating in the survey according to their descriptive characteristics is shown in Table 1. 61.7% of the students are female and 38.3% are male. The majority of them are in the 16-17 age group. Findings related to risky behaviors related to health of students who participated in our work stated that 22.6% of students use cigarettes; 22.6% use alcohol; 2.6% use drugs.

Table 1: Introductory characteristics of students

Features	Number	Percentage %
Age Group		
14-15 years old	23	20.0
16-17 years old	58	50.4
18-19 years old	34	29.6
Gender		
Girl	71	61.7
Boy	44	38.3
Yes	26	22.6
No	89	77.4
Do you use alcohol?		
Yes	26	22.6
No	89	77.4
Do you use drugs?		
Yes	3	2.6
No	112	97.4
Total	115	100

When the students were asked about the information about puberty; 94.8% of the students stated that they knew of the possible changes in their bodies at puberty (Table 2). Students stated that 63.5% of them had a friend who they had flirted with, 62.6% of them didn't get any information about sexuality. When they were asked about whom they wanted to receive information about SHRH; 61.7% of the students stated that they wanted to get information from health personnel (Table 2).

Table 2: Sexually related information

Features	Number	Percentage
Do you have any information about the changes that may be in your body in adolescence?		

Yes	109	94.8
No	6	5.2
Who do you usually get the information about sexuality from?		
TV-Press	24	20.9
My teachers	23	20.0
From health personnel	14	12.2
Friend, relative	10	8.7
Mother-Father	9	7.8
What is your reason for not receiving information about sexuality?		
Because there was no place I can get information.	13	11.3
Because I do not need it and I do not trust	10	8.7
Because I'm ashamed, shameful and I fear of being angry at me	12	10.4
Who do you usually want to get the sexuality information from?		
Health personnel	71	61.7
My teachers	27	23.5
My mother-my father	10	8.7
Printed materials	7	6.1
Do you want sexually relevant information to be given at school?		
Yes	83	72.2
No	32	27.8
Total	115	100

87.8% of the students who participated in the research stated that they did not talk about sexual issues in the family (Table 3).

Table 3: Sexual health speaking situations of students with their parents

Features	Number	Percentage
Are sexual issues discussed in the family environment?		
Yes	14	12.2
No	101	87.8
Do you think sexual issues must be discussed in the family environment?		

Yes	13	11.3
No	102	88.7
Can you talk to your parents about your sexual health / reproductive health?		
Yes	47	40.9
No	68	59.1
What do you talk about your sexual health / reproductive health with your mother?		
Menstrual Period	38	33.0
Hymen/ Virginity/First night in marriage	19	16.5
Sexually transmitted diseases	16	13.9
Health / cleanliness of reproductive organs	33	28.7
Healthy sexuality / changes in adolescence	27	23.5
What do you talk about your sexual health / reproductive health with your father?		
I talk	18	15.7
I don't talk	97	84.3
If you have sexual problems, who do you prefer to talk to?		
My friends	37	32.2
My mother-My father	49	42.6
My teacher	15	13.0
A nurse who I met	7	6.1
No one	7	6.1
Total	115	100

There was no significant relationship between the sex of the students and the knowledge of the change in the body in adolescence ($p>0.05$). 54.2% of the females and 45.8% of the males answered "Yes" with regard to expressing their knowledge of sexuality, and the difference between the sexes was significant ($p<0.05$). 49.2% of the females and 50.8% of the males gave yes answers in response to the question "Would you like to be educated in the schools about sexuality?" and the relationship between them was statistically significant ($p<0.05$). In the question "Do you talk about sexual health and reproductive health with your parents?", 59.4% of the girls, 40.6% of the males gave the answer "It shouldn't be spoken" and the relationship between them was found statistically significant ($p<0.05$). 31.2% of the females and 68.8% of the males answered the question "Do you talk about sexual health and reproductive health with your fa-

ther?" as "I talk" and the relation between them was found statistically significant ($p<0.05$) (Table 4).

Table 4: Distribution of information and attitudes related to sexual health by gender

Features	Total		Girl		Boy		P
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	
Do you have any information about possible changes in your body in adolescence?							
Yes	109	100	69	63.3	40	36.7	0.14
No	6	100	2	33.3	4	66.7	
Do you have enough information about sexuality?							
Yes	59	100	32	54.2	27	45,8	0.08
No	56	100	39	69.6	17	30.4	
What does sexual health / reproductive health mean?							
Having healthy sexuality	33	100	20	60.6	13	39.4	0.23
The reproductive organs are healthy and the reproductive organs are clean	32	100	16	50.0	16	50.0	
Protection from sexually transmitted diseases	12	100	7	58.3	5	41.7	
Effective methods for protection from pregnancy	4	100	4	100	-	-	
All of them	34	100	24	70,6	10	29.4	
Are sexual issues discussed in the family environment?							
Yes	14	100	11	78,6	3	21.4	0.16
No	101	100	60	59.4	41	40.6	
Do you think sexual issues must be discussed in the family environment?							
Yes	12	100	8	66.7	4	33,3	0.71
No	103	100	63	61.2	40	38.8	
Do you talk to your parents about sexual health / reproductive health?							
Yes	28	100	23	82.1	5	17.9	0.01
No	87	100	48	55.2	39	44.8	
Do you talk about sexual health / reproductive health with your father?							
Yes	16	100	5	31.2	11	68.8	0.00
No	99	100	66	66.7	33	33.3	
Is virginity important?							
Yes	87	100	55	63.2	32	36.8	0.07
No	13	100	9	69.2	4	30.8	
Undecided	15	100	5	33.3	10	66.7	

Students participating in the research; when pre and post-education SHRH information were compared statistically by pre-post test (Table 5);78% of the pre-education students said they heard/knew AIDS disease and this rate increased to 87% after the education and the result was statistically significant ($p<0.05$). 9,6% of the students knew gonorrhea before education,

this ratio increased to 67% after the education, 10,4% of the students knew syphilis, this ratio reached to 63,5%, 31.3% of them knew hepatitis B and this ratio reached to 69.6% after education and the result was found to be statistically significant ($p<0.05$). In the question "Do you know that some of sexually transmitted diseases do not have treatment?" 79.1% of the pre-education students gave "yes" answer, this rate increased to 92.2% after the education and the result was statistically significant ($p<0.05$). When considering the knowledge of the symptoms of sexually transmitted diseases, before education 71.3% of the students gave the answer they had a wound in the genital area, 50.4% had pain, burning, fever, 30.4% had fatigue and weakness. There was an increase in the knowledge of sexually transmitted diseases after the education and the results were statistically significant ($p<0.05$).

Table 5: Comparison of sexual and reproductive health information before and after education

Features	Pre-Education		Post-Education		p
	Number	Percent	Number	Percent	
Knowing sexually transmitted diseases (knowers)					
AIDS	82	71.3	100	87.0	0.00
Gonorrhea	11	9.6	77	67.0	0.00
Syphilis	12	10.4	73	63.5	0.00
Hepatitis B	36	31.3	80	69,6	0,00
Do you know that some of the sexually transmitted diseases have no treatment?					
Yes	91	79.1	106	92.2	0.08
No	24	20.9	9	7.8	
What are the symptoms of sexually transmitted diseases?					
Wound-wart. discharge in genital region	82	71.3	94	81.7	0.65
Pain, burning, fever	58	50.4	85	73.9	0.00
Fatigue and weakness	35	30.4	68	59.1	0.00
Know how to protect against sexually transmitted diseases					
Condom use	78	67.8	70	60.9	0.33
Frequent health check. improve hygiene habits	64	55.7	71	61.7	0.45
Monogamy. not having extramarital sexual intercourse	75	65.2	80	69.6	0.57

Before and after the education; (Table 6) 71.3% of the pre-education students answered as yes, 85.2% after education, in response to the question "Do you know the changes that may occur in your body in adolescence?" The result was statistically significant ($p < 0.05$). 51.3% of the pre-education students and 82.6% of the post-education students reported that their knowledge of sexuality was sufficient. The difference between them was statistically significant ($p<0.05$). In the question "Which is the best age for a healthy pregnancy?" 58.3% of the pre-education students, 64.3% of post education the students answered as correct answered as correct by saying between 20-34 years of age. The difference between before and after education was statistically significant ($p<0.05$). In the question 'Which organ does your baby develop?' 90.4%

of the pre-education and 93.9% of the post-education participants answered 'correct'. The difference between them was statistically significant ($p < 0.05$). In the question "Is virginity important?" 64.3% of the students in the pre-education and 75.7% of the students in post-education gave answer "It is important". The difference between before and after education was statistically significant ($p < 0.05$).

Table 6: Sexual health information of students before and after the education

	Pre-Education		Post-Education		
	Number	Percent	Number	Percent	p
Do you know the changes that may be in your body in adolescence?					0.007
Yes	82	71.3	98	85.2	
No	33	28.7	17	14.8	
Do you have enough information about sexuality?					0.00
Yes	59	51.3	95	82.6	
No	56	48.7	20	17.4	
Yes	67	58.3	76	66.1	
No	48	41.7	39	33.9	
Is virginity important?					0.00
Yes it is important	74	64.3	87	75.7	
No it is not important	8	7.0	13	11.3	
I am undecided	33	28.7	15	13.0	

Discussion

There are many studies that support the fact that SHRH education activities increase the knowledge level of young people. The study which reviewed 83 studies, it was determined that educational programs involving sexual subjects significantly improved sexual behaviors (Kirby, Laris, & Rolleri, 2007; Santelli et al., 2017) It has been found that there is an increase in the knowledge of young students in study applied by Tekgül and Saltık with the adolescents who have a mean age of 12.6 in İzmir, in the studies conducted by Mmari and Sabherwalon SHRH in a review of 244 studies on young people aged 10-24 years, in the study done by Kırmızıtoprak and Şimşek shows that the increase in the knowledge of the sexual health before and after the education, Öztürk and Siyez found that the effect of the sexual education program was statistically significant, Ustundag's study of SHE found a significant increase in the level of information about SHRH among young people. Similar results were also obtained in this study (Kırmızıtoprak & Şimşek, 2011; Mmari & Sabherwal, 2013; Öztürk & Siyez, 2015; Tekgül & Saltık, 2015; Üstündağ, 2017).

In this study, 67.8% of the participants reported that they did not receive professional SHE. In studies conducted with university students, 60.7% of students (Dağ, Dönmez, Şirin, & Kavlak, 2012); 55,5% Atan et al. 2012 found that they did not receive relevant professional education, and this study is similar to these studies (Atan, Duran, Şen, Bolsoy, & Sevil, 2012).

The results obtained in this study showed that 20.9% of the participants had received information about SHRH from television and press, and 20% were from their teachers. When

we looked at similar studies, in the studies of Özalp et al 2012, Karabulutlu and Kılıç 2011 and Dağ et al 2012 with university students it was found that the vast majority of young people's sources of information were newspapers, books, television, internet (Özalp, Tanır, Ilgın, Karataş, & Ilgın, 2012; Karabulutlu & Kılıç, 2011; Dağ et al., 2012). In the study of Gölbaşı et al 2012 with 6.-8 grade students, 60.6% of the students reported that their information sources were their friends. In the study of Aslan et al 2014 was found that 66.2% of the information on sexual health were taken on the internet (Gölbaşı, Doğaner, & Erbaş, 2012; Aslan, Bektaş, Başgöl, Demir, & Vural, 2014). The results of this study and other studies show that young people meet their information needs from different sources.

In this study, 87.8% of the students reported that sexual issues were not discussed with-in the family. It was found that talk about sexual health issues 59.1% of them did not talk to their parents and 84.3% them did not talk with their father. In the study by Özcan et al 2016, the rate of participants who received information about sexuality and family planning from their family was 8.8%, while the proportion of those %49,2 who did not talk about sexual health with their mother in study of Pınar and Taşkın 2011, the percentage of those who talked about sexual issues with their family members were found to be 12% for the 14-17 age group in the study of Ulu et al 2015, in the study of Karabulutlu and Kılıç 2011, the rate of acquiring information from her mother was found as 11.3%. In the study and other studies, it is revealed that young people do not talk about sexual and reproductive health with their families and they get information from different sources of knowledge (Pınar & Taşkın, 2011; Karabulutlu & Kılıç, 2011; Özcan, Beji, Karadağ, & Emlik, 2016; Ulu, Demir, Taşar, & Dallar, 2015). These results suggest that parents should be more effective for their children as a source of knowledge.

Among the resources that the students want to get information about SHRH, health personnel (57.4%) are the first. Similar results were found in other studies. In Dağ et al 2012 study, 36.9%; in the study of Kaya et al. 2007; 89.1%; in the study of Ünsal Atan et al. 2012, 40.1% of the participants want to get information about this issue from health workers (Kaya, Serin, & Genç, 2007; Dağ et al., 2012; Atan et al., 2012).

The most common sexually transmitted disease known to the participants in this study was AIDS 71.3%. In Özalp et al 2012 study 98.6%; in the study of Demir and Şahin 2014, 40.8%; in the study of Pınar et al. 2009, 97.1% and in the study of Karabulutlu and Kılıç 2011, the most known STD is HIV / AIDS (Pınar, Doğan, Ökdem, Algier, & Öksüz, 2009; Karabulutlu & Kılıç, 2011; Özalp et al., 2012; Demir & Şahin, 2014). Gelany and Moussa 2013 in their study with young Egyptian women in the proportion of people who know AIDS is 96% (Gelany & Moussa, 2013). The findings of this study are similar to these investigations. It is thought that AIDS is a lethal disease and media effect, which leads to AIDS being in the first place in known STDs.

The majority of the students in the study knew how to protect themselves from sexually transmitted diseases. In the study of Pınar et al 2009 it was also found that 76.2% of the students know how to protect from STDs (Pınar et al., 2009). This study is similar to this survey. This result can be evaluated as students being related to the subject.

Conclusion

As a result of this study and other researches, it is important for adolescents to get information from the person who knows about sexual and reproductive health who have an im-

portant place in their personal development and to reach accurate and reliable information in this period. Sexual health and reproductive health education, including health personnel and families, can be given by nurses at specific time intervals in order to ensure that the young people of our country have the right information in time and complete the process in a healthy way. Since it is easier to reach to many students in the same age group in schools, it is important and valuable for health workers to provide information on general health, sexual health and reproductive health according to health related issues, age group and developmental stages.

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