# REPRODUCTIVE HEALTH ATTITUDES AMONG THE YOUTHS: A CROSS SECTIONAL COMPARISON BETWEEN STUDENTS FROM DIFFERENT HEALTH SCIENCE DEPARTMENTS IN TURKEY


## ABSTRACT

This study aimed to determine attitudes towards reproductive health among young university students who will be playing important role as future healthcare professionals. This was a cross-sectional descriptive study. The research population consisted of 1126 individuals and the research sample was 1096. The study data were collected by using two forms "Information Form" and Reproductive Health Scale (RHS). The students' mean age was 21.11±1.91. Nearly ~~one-third~~ of the students (78.6%) were females, 75.5% of the students had information about reproductive health, 59.4% of them had obtained information through the mass media, and the female students were much better informed than the male students. The RHS mean score was 139.66±23.58 and 60.5% of the students obtained a score above the mean. Being female increased the scores for the sub-dimensions of Partner Selection and Values in Developing Preventive Behaviors. The results of this study show that the attitudes of the young people studying at the College of Health towards reproductive health were generally positive, but that they were not adequately reflected in their behaviors. Conclusion and recommendation: Further research is needed to reveal why the knowledge and attitudes of the students did not lead to appropriate behaviors.



**Keywords**: Adolescence, Sexual risk behavior, Reproductive Health Education, Students

## 1. INTRODUCTION

Reproductive health can be defined as follows: "Within the framework of the World Health Organization's (WHO) definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life" [1].

Traditional gender attitudes remain strong in many Asian and Middle Eastern societies, such as Turkey. Premarital sex may be viewed as acceptable (or even be encouraged) for men but can be stigmatizing for women [2]. The concepts of sexuality, and in particular of virginity which is a taboo subject in Turkey because it cannot easily be determined, are still important today and the latter plays an active role [3]. In Turkey, it has been observed that pre-marital sexual relationships are not very common, but that in big cities and college campuses there has been an increase in sexual relationships [4, 5].

It can be asserted that young people do not have correct and adequate information about reproductive health, while those with a certain level of knowledge are not knowledgeable enough [6, 7]. The major factors preventing young people from accessing information and services related to the reproductive health can be listed as strict cultural norms about sexuality, taboos, lack of knowledge, the low quality of the existing services, lack of services to meet their needs and gender discrimination. These factors are greater barriers for young people in less developed countries and developing countries like Turkey. Problems relating to the reproductive health of young people in Turkey usually include: sexual intercourse at an early age, early marriages and pregnancies, lack of access to family planning and sexually transmitted diseases.

It is important that health workers be aware of sexual and reproductive health needs of adolescents, know the effects of reproductive and gynecological problems occurring during this period on reproductive health, do not reflect social prejudices back on to the adolescent, and provide accurate inform to the adolescent in the appropriate manner [8]. Thus, it is greatly important to know the attitudes of future healthcare professionals towards reproductive health and sexuality. The aim of this study was to determine the attitudes towards reproductive health of young university students who will be the healthcare professionals in the future.

## 2. MATERIALS AND METHODS

This was a cross-sectional descriptive study, aimed at determining the reproductive health attitudes of healthcare students.

### 2.1. Participants

The participants consisted of the students (Min: 18 age Max: 34 age) at a College of Health found in the Aegean Region (n=1226). **The participants belong to three departments of t**he College of Health **viz department of** Nursing (n=548), Midwifery (n=300) and Physical Therapy and Rehabilitation (n=378). Data were collected from 01 December 2011 to 30 January 2012. The objective of the study was explained **and an assurance was given to the participants**; that answers would remain confidential and the interview setting was discussed. A total of 1096 students participated in the study.

### 2.2. Sample Size

~~**Sampling method was not used in the research.**~~ We tried to reach the whole research population. All the students who agreed to take part in the study and could be reached made up the sample (n=1096). There were 509 students from the Department of Nursing, 255 students from the Department of Midwifery and 322 students from the Department of Physical Therapy and Rehabilitation. Data were collected from the students who are educated at school, who are in school during the research process and who agreed to participate in the study. The participation rate was 89.3% and the reliability level of the sample was 0.96 (α=0,05).

### 2.3. Data Collection Tools

A Personal Information Form and the Reproductive Health Scale (RHS) were used to collect data.

***Personal Information Form*:** This form was prepared by the researchers according to the literature and consisted of questions which aimed to determine socio-demographic information about the students and their knowledge and behaviors regarding reproductive and sexual health [6,7,8,9,11,13,14,20,21].

***Reproductive Health Scale (RHS)*:** This scale was developed in Turkish by Saydam et al. (2010) to determine the attitudes of young adults towards reproductive health [9]. It is a 5-point Likert type scale, with 34 items and six sub-dimensions: Partner Selection, Values in Developing Preventive Behavior, Communication with Partner; Consultancy, Confidence and Protection from STDs. The minimum score obtainable from the scale is 34 while the maximum score is 170. The first 16 items of the scale are reversed in the calculation. A high score implies that the individual has a positive attitude towards reproductive health. The Cronbach's alpha coefficients of the scale were 0.88 for the whole scale, sub-dimensions Cronbach's alpha coefficients were changing between 0.84 and 0.55 [9].

However, in this study, the Cronbach's alpha coefficients of the scale were determined with reliability analysis to be 0.93 for the whole scale, sub-dimensions Cronbach's alpha coefficients were changing between 0.94 and 0.90.

### 2.4. Data Collection

The purpose of the study was explained before data collection ~~at~~ to the students and the names of the students were not recorded. The data collection tools were given to students and they were asked to fill them in themselves in a classroom, approximately in 15-20 minutes.

### 2.5. Data Analysis

In data analysis, number-percentage distributions, t test in independent groups, one way Anova test in univariate analyses and advanced analysis were used in the SPSS 15.0 statistical package program. The statistical significance level for confidence was taken to be 95%, and for p values, 0.05.

## 3. RESULTS

It was found that mean age of students was 21.11±1.91, 78.6% of them were female, 21.4% of them were male, all were unmarried, 34.7% of them were sophomores, 46.4% of them were studying in the Department of Physical Therapy and Rehabilitation and 44.1% of them were living with a friend (Table 1).

It was determined that 75.5% of the students stated that they obtained information of reproductive health, 59.4% of them had obtained information through mass media, 74.9% of them had problems with their sexual organs, 71.4% of those with health problems related to their sexual organs had seen a physician in relation to these problems, 20.9% of the students were sexually active, but that only 25.3% of the sexually active students used a contraceptive method at their first sexual intercourse (229 students answered this question). Most of the students (80%) referring to a contraception method preferred to use a condom and 29.7% of the sexually active students used contraception in their subsequent sexual activities (Table 1).

The RHS mean score was 139.66±23.58. Sub-dimensions mean scores are presented in Table 2. More than half (60.5%) of all students scored above mean score. Students have received the lowest scores from Protection from STDs and Communication with Partner sub-dimensions. Students in the Department of Midwifery had the highest score (69.8%), while students in the Department of Physical Therapy and Rehabilitation had the lowest score from the scale.

There was a statistically significant difference between the mean score for the RHS and the gender of students ($t=3.419$, $p<0.001$). Female students had higher scores than male students. There was a statistically significant difference between the mean score for the RHS and the educational level of the students ($F=3.580$, $p<0.05$). In advanced analysis, it was found that

the significant difference originated from fourth-year students. The mean score for the RHS and student's place of residence has statistically significant difference ($F=5.694$, $p<0.05$). In advanced analysis it was found that students staying in dormitories were accountable for the difference (Table 3).

Students who had some knowledge about reproductive health had higher scores than students who did not ($t=1.954$, $p<0.05$). Students who did not have any health problems with their reproductive organs had higher scores than students with such problems ($t=3.509$, $p<0.05$). There was a statistically significant difference between the mean score for the RHS according to seeing a physician for problems with the reproductive organs ($F=3.509$, $p<0.05$). According to advanced analysis, students who saw a physician for problems with their reproductive organs constituted the difference (Table 3).

There was a statistically significant difference between the mean score for the RHS and being sexually active ($F=3.270$, $p<0.05$). Students who were not sexually active generated the difference. The RHS mean score and using a contraceptive method during their first sexual intercourse had statistically significant difference ($F=4.591$, $p<0.05$). According to advanced analysis, there was a statistically significant difference between students who did not use contraception during their first sexual intercourse and the others. The RHS mean score and using contraception during subsequent sexual intercourse had statistically significant difference ($F=4.749$, $p<0.05$). In terms of advanced analysis, the difference resulted from students who did not use contraception during subsequent sexual intercourse (Table 3).

## 4. DISCUSSION

Reproductive health and sexual health are components of integrated healthcare. However, reproductive health and sexual health dimensions are generally ignored when an individual's state of health is assessed because healthcare professionals may not be sufficiently knowledgeable, may have a negative attitude towards reproductive health, and because sexuality is considered a taboo subject within a society [10, 11].

In this study, in which the attitudes to be healthcare towards reproductive health were determined, the findings can be discussed under two main headings, as follows:

### 4.1. Students' Knowledge and Behaviors in Relation to Reproductive Health

Three-quarters of the **participants** ~~**students participating in the research**~~ stated that they had obtained information about reproductive health. This knowledge rate does not meet with what might be expected from for being healthcare professionals who have select a health-related profession and could be expected to be more interested in health-related issues. The finding that only one-third of the students who had obtained information received this

information from their college implies that informing students about reproductive health from their first year of study may be beneficial. This finding also shows that the widespread social taboos concerning sexual and reproductive health also prevail in the university life and affect not only students but also instructors.

While the great majority of the students with knowledge about reproductive health were female students (81.0%), the rate was rather low among male students (19.0%). This finding is also consistent with other studies [20, 21, 22].

A majority of the knowledgeable students reported that they had obtained information through the mass media. This finding is consistent with the findings of other studies on this topic [12, 13, 14, 15, 16, 17, 18, 19]. It is natural that young people would prefer mass media as source of information for an issue considered as taboo in society despite arousing their curiosity and interest. However, the possibility of obtaining incorrect and contradictory information via the mass media poses a great problem. Therefore, accessible reproductive health centers should be established and structured training programs should be organized to enable young people to get their information from healthcare professionals.

Two-thirds of the female students stated that they had experienced a problem with their genital organs. Evci (1997) and Pınar (2008) found that 25-30% and 44.6% of students respectively had genital organ problems [23, 24]. This may have resulted from the "medical students' syndrome", which is defined as a condition where medical students in particular start to perceive themselves or others to be experiencing the symptoms of the disease(s) they are studying.

It is a remarkable finding that one-third of the students experiencing problems with their genital organs did not consult a physician. The fact that even the students studying at the departments related to health do not see a physician for are reproductive health problem. This result shows that the not consult to a physician is an important problem and without taking into account the psychological, sociological and cultural dimensions of reproductive health, existing services will not be effective. Turkish society has a conservative structure in terms of sexuality and reproductive health [25, 26]. Genital organ problems are also associated with sexuality and reproductive health. In this regard, not to consult a physician appears as an expected result. The attitudes of the healthcare professional, a lack of confidence in healthcare institutions, economic difficulties and lack of health centers close to residential areas can also be listed among the obstacles.

In the research, 20.9% of all students reported that they were sexually active. When answers of students to the question related to sexual activity were examined, it was found that a great majority of the female students left this question unanswered while 56.8% of the male students expressed that they were sexually active. Different rates have been reported in the other studies conducted on this topic so far. Akın and Özvarış (2003) reported that 2.3% of female students and 12.8% of male students had some sexual experience [27]. Another Turkish study (Aras, Orçin et al., 2004) focusing on 1314 undergraduate students in a single university reported that 18.3% of female students and 61.2% of the male students had some sexual experience [28]. Dinç and Dedeoğlu (1993) stated that 5.9% of female students and 46.5% of male students had some sexual experience, Evcili et al. (2013) found that 5.6% of students had some sexual experience; Ungan and Yaman (2003) found the percentage to be 19%; Pınar (2008) found it to be 19.7%; Süt et al. (2015) reported it as 21.3%, while Rathfisch et al. (2012) stated that 26%, Erenoğlu and Bayraktar (2017) found that 16.9% of all students had some sexual experience [3, 19, 24, 27, 28, 29, 30, 31]. Based on self-reported studies conducted in Turkey indicate that girls are less sexually active than boys. This may result from the common belief in Turkish society that girls should remain virgins until they get married.

One quarter of the students (25.3%) stating that they were sexually active and used any contraceptive method during their first sexual intercourse. Using contraceptive method during their first sexual intercourse is consistent with the findings of other research [32, 33]. The most common contraceptive method used by was a male condom, with 47.8%. The findings of the studies conducted by Mogilevkina et al. (2001), Ozan et al. (2004), Aras et al. (2004), Ajuwon et al. (2006), Gomes et al. (2008) and Rathfisch et al. (2012) are in parallel with the findings of our study [14, 21, 28, 32, 33, 34]. The rate of using a contraceptive method during first sexual intercourse was rather low among students. On the other hand, it should be noted that condoms provide an effective, practical and cheap method and have become the most common form of protection from sexually transmitted infections. The second most common method used by the students during their first sexual experience was the withdrawal method. This result resembles the findings of Mogiloevkina et al. (2001), Aras et al. (2004) and Zuloaga, Soto and Vélez, (1995) [28, 32, 35].

The rate of using a contraceptive method during subsequent sexual activities was found to be 29.7% among students. Süt et al. (2015) found that the rate of using a contraceptive method (condom) was 18% [19]. According to Tigges' (2001) study more than half (53%) of

students had used condoms during the previous year. Students' rate of using a contraceptive method during subsequent relationships was higher than during first sexual intercourse and although this finding is positive, it is still a low rate and indicates a lack of knowledge [36].

### 4.2. Students' Attitudes towards Reproductive Health

When the students' total RHS scores are considered, it is seen that students received high scores in all the sub-dimensions. This finding may imply that students displayed a positive attitude towards reproductive health. The highest mean score was obtained by the students of the Department of Midwifery. Students of the Department of Physical Therapy and Rehabilitation had the lowest mean score as their curriculum did not contain topics concerning reproductive health. Knowledge, beliefs and emotions work together in a systemic and continuous way to form and shape and attitudes. This shows us the presence and importance of the learning process in the formation of attitudes.

Comparative analysis was performed to assess the effects of socio-demographic and other characteristics of students on their reproductive health attitudes. While it was observed that the variables displaying significant relationships with the highest number of sub-dimensions were the department and not consulting a physician for problems with the reproductive organs, these were followed by using a contraceptive method during first sexual intercourse, place of residence, and having problems with the reproductive organs and sex.

Female students obtained higher scores from the RHS. Güçlü et al. (2015) found that female student's sexual health knowledge levels were higher than those of male students [37]. Aslan et al. (2014) was found that female students knew more about the male and female reproductive organs, sexually transmitted infections and family planning methods than male students [38]. Gender discrimination and cultural norms prevailing in Turkey may have resulted in sensitiveness among women in terms of partner selection and preventive behavior.

It was seen that as the students' years of study increased, so did their RHS mean scores. Koluaçık et al. (2010) found that 48.7% of first year and62.9% of fourth year students had a good level of sexual/reproductive health knowledge. Erenoglu and Bayraktar (2017) noted that fourth year students had the highest scores from the Sexual Attitude Scale. As the students progress through their years of study, their knowledge about reproductive health increases as a result of it coming within the scope of their curriculum.

It was found that students living with their friends had a more negative attitude towards reproductive health. It has been reported in studies that the knowledge of students living with their friends are usually lower [14, 17, 22]. Other research has indicated that insufficient

knowledge affects attitudes negatively [11]. Most of the students live in dormitories and live with a friend. Accordingly, it is observed that the results of the study consistent with the literature. This information explains this result.

Students receiving information about reproductive health had a higher score than others. Erenoğlu and Bayraktar (2017) pointed out students with knowledge about sex had positive attitudes to sexuality. According to this result, providing information is very important in improving positive sexual/reproductive health attitudes and behaviours. Sex education for young people will contribute to the development of maturity, and skills such as improving attitudes towards sexuality and making more rational and responsible choices [17, 31].

Students who had health problems with their genital organs had lower scores from the total RHS. It can be thought that negative reproductive health attitudes affect health practices related to genital organs.

In the RHS it was found that students who did not consult a physician for problems with their genital organs had more negative attitudes than students who did. Aslan et al. (2014) stated that 83.7% of students had never used sexual/reproductive health services before [38]. Koluaçık et al. (2010) reported that students wanted to "applications and the spoken were confidential" and "women to serve women specialists, man to serve men specialists" [17]. Situations like these may be attributed to the fact that students ignore their problems, feel ashamed and embarrassed and are not knowledgeable enough about these issues.

Students who were not sexually active had more positive attitudes than those who were. This could be because students who are sexually inactive do not agree with casual sexuality and that they live according to this idea and thus have a positive attitude towards reproductive health.

It was found that students who used any contraceptive method during their first and subsequent sexual intercourse had negative attitudes towards reproductive health. These negative attitudes of sexually active students can imply that do not pay attention to reproductive health.

Our study has several limitations. Although the first intention was to conduct the study throughout Turkey, it was carried out in a specific region due to financial and time constraints. During the study, data were collected via personal statements. Despite the similarities between the findings of the present study and results of the studies covering the whole country, the results of this study only pertain to the region where it was carried out and

cannot be generalized to Turkey. Finally, the cross-sectional and descriptive design of the study limits conclusions about causality for some findings.

## 5. CONCLUSIONS

It can be concluded that the attitudes of students of the Departments of Nursing, Midwifery and Physical Therapy and Rehabilitation towards reproductive health were generally positive but they were not reflected in the students' behaviors. The fact that only one-fifth of the students used a contraceptive method during sexual intercourse supports this conclusion. Further research is needed to reveal why the knowledge and positive attitudes of students towards reproductive health did not lead to appropriate behaviors. On the other hand, the results of this research indicate that male students maintained traditional views, especially in regard to selecting a partner. Further studies are needed to find out why men are more affected by tradition.

## CONFLICT OF INTEREST

All authors declare no conflict of interest.

## ETHICAL CONSIDERATION

The participants were recruited to the study on a voluntary basis. Written permission was obtained from Board of Scientific Ethics and from the institutions where the study would be conducted. Before the data collection, the aim of the study, the benefits it would provide and the length of time to be spent on the interviews was explained to the students and their consent was obtained verbally. Permission was given for use RHS from Saydam developed the scale.

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**Table 1: Personal Information of Students (n=1096)**

| Personal Information | | N | % |
|---|---|---|---|
| **Age average;** | 18-19 | 208 | 19.0 |
| 21.11±1.91 | 20-21 | 490 | 44.7 |
| (Min: 18 Max:34) | 22-23 | 285 | 26.0 |
| | 24 and over | 113 | 10.3 |
| **Sex** | Female | 862 | 78.6 |
| | Male | 234 | 21.4 |
| **Department** | Physical Therapy and Rehabilitation | 509 | 46.4 |
| | Nursing | 255 | 23.3 |
| | Midwifery | 332 | 30.3 |
| **Grade** | 1. class | 237 | 21.6 |
| | 2. class | 381 | 34.7 |
| | 3. class | 244 | 22.3 |
| | 4. class | 234 | 21.4 |
| **Settlement** | Dormitory | 468 | 42.7 |
| | With family | 145 | 13.2 |
| | With friends | 483 | 44.1 |
| **Receiving Information about Reproductive Health** | Yes | 827 | 75.5 |
| | No | 269 | 24.5 |
| **Means of receiving information about reproductive health (n=827)** | Mass Media | 491 | 59.4 |
| | School | 266 | 32.1 |
| | Family, Friend | 56 | 6.8 |
| | Healthcare Inst. | 14 | 1.7 |
| **Having health problems with reproductive organs** | Yes | 821 | 74.9 |
| | No | 275 | 25.1 |
| **Resorting to a physician in face a problem in reproductive organs** | Yes | 783 | 71.4 |
| | No | 140 | 15.8 |
| | Sometimes | 173 | 12.8 |
| **Being sexually active** | Unanswered | 108 | 9.9 |
| | Yes | 229 | 20.9 |
| | No | 759 | 69.2 |
| **Using contraceptive method at the first sexual intercourse (n=229)*** | Unanswered | 28 | 12.2 |
| | Yes | 58 | 25.3 |
| | No | 143 | 62.5 |
| **Contraceptive method used at the first sexual intercourse (n=40)** | Condom | 32 | 80.0 |
| | Withdrawal | 8 | 20.0 |
| **Using contraceptive methods at the subsequent sexual activities (n=229)*** | Unanswered | 26 | 11.3 |
| | Yes | 68 | 29.7 |
| | No | 135 | 59.0 |
| **TOTAL** | | **1096** | **100.0** |

*Calculated on sexually active ones.

**Table 2: Distribution of University Students' Scores in the Reproductive Health Scale and Its Subdimensions**

| RHS and Subdimensions | Item Number | Aver. + SD | Min.-Max scores |
|---|---|---|---|
| **RHS Total Score** | 34 | 139.66±23.58 | 34.00–170.00 |
| Partner Selection | 4 | 17.98±3.89 | 4.00–20.00 |
| Values in Developing Preventive Behavior | 12 | 52.69±8.80 | 12.00–60.00 |
| Communication with partner | 6 | 22.83±7.17 | 6.00–30.00 |
| Consultancy | 5 | 19.14±6.29 | 5.00–25.00 |
| Confidence | 5 | 19.61±6.38 | 5.00–25.00 |
| Protection from Sexually Transmitted Diseases | 2 | 7.37±2.67 | 2.00-10.00 |

**Table 3. Distribution of Reproductive Health Scale Mean Score and Affected Factors**

| Affected Factors | Reproductive Health Scale | | | | |
|---|---|---|---|---|---|
| | **n** | **$\bar{X}$** | **Ss** | **t\F** | **p** |
| **Sex** | | | | | |
| Female | 862 | 140.92 | 23.71 | 3.419* | 0.000 |
| Male | 234 | 135.01 | 22.54 | | |
| **Grade** | | | | | |
| 1. class | 237 | 135.68 | 24.15 | | |
| 2. class | 381 | 139.52 | 21.94 | 3.580** | 0.014 |
| 3. Class | 244 | 141.32 | 24.05 | | |
| 4. Class | 234 | 142.19 | 24.67 | | |
| **Settlement** | | | | | |
| Dormitory | 468 | 142.01 | 22.82 | | |
| With family | 145 | 140.98 | 23.98 | 5.694** | 0.003 |
| With friend | 483 | 136.99 | 23.96 | | |
| **Receiving Information About Reproductive Health** | | | | | |
| Yes | 827 | 140.45 | 23.52 | 1.954* | 0.051 |
| No | 269 | 137.22 | 23.64 | | |
| **Having health problems with genital organs** | | | | | |
| Yes | 821 | 138.58 | 23.63 | -2.621* | 0.008 |
| No | 275 | 142.88 | 23.20 | | |
| **Resorting to a physician in face a problem in genital organs** | | | | | |
| Yes | 783 | 140.84 | 2324 | | |
| No | 140 | 136.16 | 24.97 | 3.509** | 0.030 |
| Sometimes | 173 | 137.16 | 23.65 | | |
| **Being Sexually active** | | | | | |
| Unanswered | 108 | 135.11 | 24.38 | | |
| Yes | 229 | 138.20 | 22.79 | 3.270** | 0.038 |
| No | 759 | 140.75 | 23.63 | | |
| **Using any contraceptive method at the first sexual intercourse (n=229)** | | | | | |
| Unanswered | 28 | 136.32 | 24.15 | 4.591** | 0.010 |
| Yes | 58 | 138.18 | 24.23 | | |
| No | 143 | 141.15 | 23.17 | | |
| **Using any contraceptive method at the subsequent sexual intercourse (n=229)** | | | | | |
| Unanswered | 26 | 136.49 | 23.93 | 4.749** | 0.009 |
| Yes | 68 | 137.24 | 23.84 | | |
| No | 135 | 141.24 | 23.29 | | |
| **TOTAL** | **1096** | **139.66** | **23.58** | | |

*Student t Test; **One Way Anova Test