

Original Research Article

Examination of Sexual Attitudes of Students in a University in TurkeyÖzlem Aşçı¹, Fulya Gökdemir², Yalçın Kanbay¹¹Assistant Professor, Artvin Çoruh University Health Sciences Faculty, Turkey.²Instructor, Artvin Çoruh University Health Sciences Faculty, Turkey.

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*Received: 25/04/2016**Revised: 10/05/2016**Accepted: 16/05/2016***ABSTRACT**

Background: Investigation of sexual attitudes of the youth will contribute to understand their knowledge, emotions, thoughts and behaviors towards sexuality and guide them to interventions aiming at developing positive sexual attitudes. The purpose of this study was to determine the sexual attitudes of students studying in a university in Turkey and to examine whether or not sexual attitudes varied based on some variables.

Materials & Methods: This descriptive study was completed with 487 students studying at a university. The data were collected by using an introductory information form and 'The Brief Sexual Attitudes Scale'. For the data analysis, t-test, analysis of variance, where Scheffe multiple comparison technique was selected, Mann Whitney U test and Kruskal Wallis test were used.

Results: An average age of the students was 21.8 ± 0.1 , 38.2% of the students were male and 61.8% were female. 80.7% of the students were against premarital sex and 94.2% found the heterosexual relationships normal. In the study, male students had a sexual attitude which was more permissive, more interested in communion, and more instrumentalist compared to the females ($p<0.001$). The students having broken families had more tendency to prefer a responsible and tolerant sexuality than those with nuclear and extended families($p<0.05$). Those occasionally and constantly smoking were more permissive ($p<0.001$), more interested in communion ($p<0.05$) and more instrumentalist compared to students not smoking ($p<0.001$). As alcohol consumption increased, their sexual attitudes became more permissive. It was determined that those, who read/watched pornography and had experienced a complete sexual intercourse before, were more permissive and interested in communion, and had a tendency to prefer a responsible and tolerant sexuality($p<0.001$). Knowing at least one contraceptive method ($p<0.05$) and sexually transmitted disease (STD) ($p<0.001$) increased the participation in birth control ($p<0.05$).

Conclusion: A great majority of the students considered premarital sex as a taboo. The sexual attitudes of the youth is affected by their age, gender, monthly income, smoking, the use of alcohol, sexual experience, and the state of knowing contraceptive method and STDs.

Key words: Sexual attitude, Sexual behavior, Sexuality, University student.

INTRODUCTION

Knowledge, emotions, evaluations, and behaviors related to sexuality constitute the sexual attitudes. The sexual attitude of an individual may show itself by positive or negative sexual behaviors by being formed in accordance with the right or wrong knowledge, emotions, thoughts and beliefs

about sexuality. Sexual attitudes may be affected by many factors such as gender, changes depending on age, previous experiences, family where one is brought up and living with, immediate environment, subcultures and the social structure, traditions, religious beliefs and moral attitudes.^[1,2] It is accepted that individuals

who are able to perceive sexuality as a concept and are aware of their own attitudes towards sexuality may be sexually healthier. Thus, the sexual attitude of the individual is a significant determinant of their sexual/reproductive health. [3-5]

In both developed and developing countries, there are numerous sexual/reproductive health problems related to sexual health and behaviors. Especially insufficiencies in having access to the services about the sexually transmitted infections (STIs), sexual abuse, adolescent pregnancies, maternal mortalities, and family planning (FP) are highly common among the youth (aged between 10 and 24 years). For instance, one-third of STIs that have become pandemic in the world and half of the Human Immunodeficiency Virus (HIV) cases are composed of youth under 25. [6,7]

Previous studies conducted on sexuality revealed that sexual attitudes of the youth were based on insufficient sexual knowledge and experience, risky sexual behaviors (such as unprotected sex and having sex with someone for money) are considerably common among the youth, and females have a tendency to experience the sexual intercourse at later ages compared to males. [1,3-5,8] It is also reported that compared to the societies where approach to sexuality is suppressive-restrictive, changes such as decrease in the age for the first sexual intercourse and increase in the frequency of premarital and extramarital sex among the youth are reported to occur in the societies with supportive or permissive attitudes. [1]

In Turkey with dense youth population, sexuality is not frequently mentioned as a topic and mostly considered as a prohibited, shameful and sinful matter in the family and the society. Sexuality has not yet been acknowledged as a natural, healthy and indispensable part of human life. However, it can be asserted that the sexual attitudes of the youth in Turkey have become liberal. For instance, at the present time the youth have a tendency to

experience sexual intercourse at a younger age when compared to the last twenty five years. [4,5] In addition, it was determined in studies that the attitudes of the youth studying at a university in Turkey regarding in matters such as extramarital sex, voluntary abortion, use of contraceptives and homosexuality are under the effect of social value judgments. [4,8,9]

The fact that the evaluation of the sexual attitudes of the youth through dimensions will be guiding for understanding their knowledge, emotions, thoughts and behaviors and developing positive sexual attitudes. [10] That's why this study, in which the sexual attitudes of the youth were evaluated by using a standard assessment instrument and analyzed according to various variables, was designed and aimed at making contribution to the related literature.

MATERIALS AND METHODS

Aim: The purpose of this study was to determine the sexual attitudes of students studying in a university in Turkey and to examine whether or not sexual attitudes varied based on some variables.

Population and Sampling: This cross-sectional and descriptive study was conducted in Artvin, Turkey between 01 September 2014 and 30 November 2014. The population of the study consisted of totally 650 students receiving education in the years 3 and 4 of Artvin Çoruh University in the academic year of 2014-2015. Among these students, 130 were attending at the Health High School and 520 were receiving education in four different departments (Science, Religious Culture and Moral Knowledge, Social Sciences, and Classroom Teaching) at the Faculty of Education. 163 students were not included in the study due to reasons like education mobility, nonattendance in courses and unwillingness of participating in the study. The study was completed with a total of 487 students, who comprised 74.9% of the population.

Data collection tools: Data of the study were collected by using the introductory information form, prepared by the researchers, and "Hendrick's Brief Sexual Attitudes Scale". Introductory information form consisted of totally thirty questions (thirteen questions about socio-demographic characteristics and seventeen questions about sexual knowledge, experiences, and views).

The Brief Sexual Attitudes Scale (BSAS): Being developed by Hendrick and Hendrick in 1987 in order to evaluating the sexual attitudes, the Sexual Attitudes Scale (SAS) is an instrument that has been used in studies previously conducted in different countries. [11,12] Hendrick et al. [13] revised the scale in 2006. Its Turkish validity and reliability study was conducted by Karaçam et al. [10] This scale consists of 23 items and four subscales. These subscales are permissiveness, birth control, communion, and instrumentality. In the Likert-type scale, the scorings are made straightly in the subscales of birth control and communion (5= strongly agree, 1=strongly disagree) and reversely in the subscales of permissiveness and instrumentality (1=strongly agree, 5=strongly disagree). Lower scores obtained from the subscale of permissiveness signify that the respondent has a casual sexual life and an attitude towards this life. Higher scores obtained from the subscale of birth control signify that the individual has a tendency to prefer a responsible and tolerant sexuality. Higher scores obtained from the subscale of communion signify that the individual has a belief in idealized sex and a tendency to display a sharing sexual attitude. Lower scores obtained from the subscale of instrumentality, on the other hand, signify that the individual has a biological and manipulative sexual attitude. Karaçam et al., [10] reported the Cronbach's Alpha Coefficient of the scale as 0.86 for permissiveness, 0.84 for birth control, 0.66 for communion, and 0.69 for instrumentality. In this study, the

Cronbach's Alpha Coefficient was calculated as 0.93 for permissiveness, 0.86 for birth control, 0.82 for communion, and 0.81 for instrumentality.

Data analysis: The statistical analysis of the data was performed by using the SPSS 17.0 statistical package software. The data were presented as mean \pm standard deviation and frequency (n, %). In the comparison of BSAS mean scores with the examined variables; t test and analysis of the variance, where the Scheffe multiple comparison technique was selected, as well as the Mann Whitney U test and the Kruskal Wallis test were used.

Ethics: For the study, ethics committee approval from Artvin Çoruh University, written consent from the institutions in which the study was carried out and the verbal consent from the participants were received.

RESULTS

The sample group consisted of 487 individuals with an age average of 21.8 ± 0.1 . 38.2% were male and 61.8% were female. The study compared the socio-demographic characteristics and BSAS subscale mean scores of students (Table 1). Students aged 22 and older were more permissive compared to students aged 21 and younger ($p<0.05$). It was determined that scores obtained from all subscales except for the subscale of birth control showed significant differences according to gender. Male students were more permissive, more interested in communion, and more instrumentalist ($p<0.001$). No change was observed on sexual attitudes in terms of the marital status ($p>0.05$) and it was determined that students with a monthly income above the sample average (≥ 602 liras) were more permissive compared to students with a monthly income below the sample average (≤ 601 liras) ($p<0.05$). The difference between the other subscales was not significant in terms of monthly income ($p>0.05$).

Table 1: Comparison between socio-demographic characteristics of students and subscale mean scores of BSAS

		n	%	Permissiveness	Birth Control	Communion	Instrumentality
Age	≤ 21 years	226	46.4	41.7 ± 0.5	11.5 ± 0.2	14.1 ± 0.3	16.2 ± 0.3
	≥ 22 years	261	53.6	40.0 ± 0.7	11.5 ± 0.2	14.7 ± 0.3	15.5 ± 0.3
	t			2.176*	0.224	-1.262	1.652
Gender	Male	186	38.2	35.7 ± 0.8	11.5 ± 0.2	15.5 ± 0.4	14.5 ± 0.4
	Female	301	61.8	43.9 ± 0.3	11.5 ± 0.2	13.7 ± 0.3	16.7 ± 0.3
	t			10.114**	-0.043	-3.921**	4.833**
Marital Status	Married	8	1.6	39.4 ± 3.2	12.5 ± 0.8	14.0 ± 2.0	17.0 ± 1.4
	Single	479	98.4	40.8 ± 0.4	11.5 ± 0.1	14.4 ± 0.2	15.8 ± 0.2
	MWU			1657.0	1645.0	1844.0	1579
Monthly Income	≤ 601 liras	343	70.4	41.4 ± 0.5	11.6 ± 0.2	14.2 ± 0.3	15.9 ± 0.3
	≥ 602 liras	244	29.6	39.2 ± 0.7	11.7 ± 0.3	14.9 ± 0.4	15.4 ± 0.4
	F			6.819*	0.964	2.545	1.288
Family Type	Nuclear	351	72.1	40.6 ± 0.5	11.6 ± 0.2 ^a	14.3 ± 0.3	15.9 ± 0.3
	Extended	129	26.5	41.6 ± 0.7	11.1 ± 0.3 ^a	14.6 ± 0.4	15.6 ± 0.5
	Broken	7	1.4	35.4 ± 2.2	13.7 ± 0.9 ^b	16.7 ± 1.9	17.7 ± 1.6
	KW			5.652	8.119*	1.788	1.893
Smoking	Yes	92	18.9	36.3 ± 1.0 ^a	12.0 ± 0.3	15.8 ± 0.5 ^b	14.0 ± 0.5 ^a
	No	350	71.9	42.3 ± 0.4 ^b	11.4 ± 0.2	14.0 ± 0.3 ^a	16.4 ± 0.3 ^b
	Occasionally	45	9.2	38.4 ± 1.2 ^a	11.4 ± 0.5	15.2 ± 0.7 ^b	14.9 ± 0.7 ^a
	KW			21.446**	1.310	9.458*	20.315**
Alcohol use	Yes	31	6.4	30.9 ± 1.5 ^a	11.5 ± 0.5	16.1 ± 0.7 ^b	13.3 ± 0.8 ^a
	No	420	86.2	41.9 ± 0.4 ^c	11.4 ± 0.2	14.1 ± 0.2 ^a	16.1 ± 0.2 ^b
	Occasionally	36	7.4	36.2 ± 1.5 ^b	12.5 ± 0.5	16.4 ± 0.7 ^b	14.6 ± 0.7 ^a
	KW			53.606**	5.807	9.123*	10.646*

Statistically significant differences were presented as *p<0.05 and **p<0.001. In multiple comparisons, they were represented as a**<**b**<**c. KW=Kruskal-Wallis Test. MWU: Mann-Whitney U-Tests. F: ANOVA using Scheffe's test as post hoc test. t= Student's t test.

In the study, there were significant differences only in the subscale of birth control in terms of family type. Students with a broken family had a greater participation in the subscale of birth control, compared to students with a nuclear and extended family (p<0.05). Students occasionally and constantly smoking were more permissive (p<0.001), more interested in communion and more instrumentalist compared to students not smoking (p<0.001). In terms of the use of alcohol, mean scores of the subscale permissiveness were respectively as those constantly using, occasionally using and not using (from lower to higher) and these mean scores were significantly different from each other (p<0.001). As the use of alcohol increased, the participation in the subscale of permissiveness increased. Students occasionally and constantly using alcohol were more interested in communion (p<0.05) and more instrumentalist compared to those not using alcohol (p<0.05).

In the study, 26.5% of students stated that they had previously received sexual education. 80.4% (n=78) of them stating that they had received sexual education received this education from the

school. 94.2% (n=478) of students found the heterosexual relationships normal. However, 80.7% (n=393) of them were against premarital sex. While 6.4% of students stated that they had a sexual partner, 12.5% stated that they had experienced a complete sexual intercourse before. Age average of experiencing the sexual intercourse for the first time was determined as 19.30±2.06 (min:14, max: 25). It was also determined that 55.8% (n=34) of students stating that they had sexual experience had realized their first sexual intercourse unprotected.

This study compared some of the sexual experiences of students with mean scores of BSAS subscales (Table 2). Students who had previously received sexual education were more interested in communion attitude compared to students who had not received such education (p<0.05). Furthermore, it was determined that those who read/watched pornography and had experienced a complete sexual intercourse before were more permissive and interested in communion, had a greater participation in the subscale of birth control and they were tended to be more instrumentalist (p<0.001). It was determined

that students with a sexual partner were more permissive and interested in communion compared to those without a

sexual partner ($p<0.05$). There was no significant difference in other subscales ($p>0.05$).

Table 2: Comparison of some sexual experiences of students with meanscores of BSAS subscales

		n	%	Permissiveness	Birth Control	Communion	Instrumentality
Have you ever received a sexual education?	Yes	129	26.5	39.6 ± 0.8	11.8 ± 0.3	15.3 ± 0.4	15.4 ± 0.4
	No	358	73.5	41.2 ± 0.4	11.4 ± 0.2	14.1 ± 0.3	15.9 ± 0.3
	t			1.764	-1.300	-2.297*	1.273
Do you have the habit of reading or watching pornography?	Yes	149	30.6	36.8 ± 0.8	12.3 ± 0.2	16.8 ± 0.4	13.7 ± 0.4
	No	338	69.4	42.6 ± 0.4	11.1 ± 0.2	13.4 ± 0.3	16.7 ± 0.3
	t			7.241**	-3.921**	-7.606**	6.450**
Have you ever had a complete sexual intercourse?	Yes	63	12.9	31.4 ± 1.3	12.4 ± 0.4	16.9 ± 0.6	13.3 ± 0.6
	No	426	87.1	42.1 ± 0.4	11.4 ± 0.2	14.1 ± 0.2	16.2 ± 0.2
	t			7.956**	-2.259**	-4.209**	4.362**
Do you have a sexual partner?	Yes	31	6.4	35.6 ± 1.9	11.6 ± 0.7	16.1 ± 0.9	14.5 ± 0.9
	No	456	93.6	41.1 ± 0.4	11.5 ± 0.2	14.3 ± 0.2	15.9 ± 0.2
	MWU			4930.5*	6727.0	5518.5*	6250.5

Statistically significant differences were presented as * $p<0.05$ and ** $p<0.001$. MWU: Mann-Whitney U-Tests. t= Student's t test.

Table 3: The difference between total and subscale scoresof BSAS based on contraceptivemethod and number of STDs known by students

		n	%	Permissiveness	Birth Control	Communion	Instrumentality
Number of known contraceptive methods	At least one	134	27.5	40.9 ± 0.6	12.2 ± 0.2	15.2 ± 0.4	15.7 ± 0.4
	None	353	72.5	40.7 ± 0.5	11.2 ± 0.2	14.1 ± 0.3	15.8 ± 0.3
	t			-0.239	-3.425*	-2.145*	0.207
Number of STDs known	At least one	425	87.3	40.8 ± 0.4	11.7 ± 0.2	14.6 ± 0.2	15.8 ± 0.2
	None	62	12.7	40.8 ± 1.2	10.3 ± 0.4	13.4 ± 0.7	15.9 ± 0.7
	MW-U			12582.0	9375.5**	11226.5	12732.5

Statistically significant differences were presented as * $p<0.05$ and ** $p<0.001$. MWU: Mann-Whitney U-Tests. t= Student's t test.

In the study, 27.5% of students were aware of at least one contraceptive method. Condom (28.4%), pill (27.6%), and intrauterine device (14%) were among the most known contraceptive methods. 21.1% of students knew that condom is the most reliable contraceptive method of protecting from the STD. The rate of being aware of at least one STD was 87.3%. AIDS (68.6%), Hepatitis (18.7%), and Gonorrhea (11.1%) were among the most common STDs. Comparing the number of contraceptive methods and STDs known by students with subscale mean scores in the study, a significant difference was observed only in the subscales of birth control and communion. In this study, it was observed that students who were aware of at least one contraceptive method ($p<0.05$) and STD ($p<0.001$) had a greater participation in the subscale of birth control and students who were aware of at least one contraceptive method were more interested in communion compared to those who were not ($p<0.05$) (Table 3).

DISCUSSION

This study, determining the sexual attitudes of the students and examining whether or not sexual attitudes varied based on several variables, was completed with 487 students. This study examined to what extent some of socio-demographic characteristics of students (age, gender, marital status, level of income, family type, smoking, and use of alcohol) affected their sexual attitudes.

Saydam et al., [14] stated that the ages between 12-30 years comprised a critical period in terms of shaping the sexual beliefs and attitudes; these beliefs and attitudes started to be shaped during adolescence between ages 12-21; and they crystallized and became stronger in early adulthood between ages 21-30. In this study, the students aged 22 and older were more permissive compared to students aged 21 and younger. This result is compatible with studies revealing that young adults are generally more permissive in their sexual activities and the sexual attitudes liberalize even further as the age advances. [11,15,16] In this study, male students were more

permissive, more interested in communion, and more instrumentalist compared to female students. There was no difference between the two genders in terms of birth control. In their study conducted in the United States of America, Hendrick et al., [13] performed an evaluation with original SAS and stated that there was no significant difference in the subscale of birth control in terms of gender and men were more permissive and instrumentalist compared to women, which shows a parallelism with our study. In the same study, no significant difference was determined in the subscale of communion in terms of gender, which is in contrast with our study. In a study conducted by Gall et al., [11] in France, they reported that men were more permissive than women. In another study conducted with single Chinese adults; men were more permissive and more interested in communion than women, they had a lower tendency to take responsibility in terms of birth control compared to women. [12] In Turkey, there has been no study evaluating the sexual attitudes by using BSAS. Karaçam et al., [10] adapted the scale into the Turkish Culture and evaluated whether the sexual attitudes of university students varied only in terms of gender and economic level features or not. As a result of their study; it was determined that there was no significant difference in the subscale of communion in terms of gender and that men were more casual, biological and manipulative, less responsible and tolerant than women and students with the middle economic level were more interested in communion than students with the upper economic level. In this study, the evaluation was made based on the monthly income average. No difference was observed in the subscale of communion. However, students with a monthly income above the average were more permissive compared to students with a monthly income below the average. The fact that boys were more permissive and instrumentalist compared to girls in this study could be associated with the fact that young men in the Turkish society are raised

more freely with greater privileges, compared to girls. On the other hand, the fact that boys were more interested in communion than girls could be explained by the fact that Turkish men are supported at a higher rate to gain sexual experience compared to girls. [10] As a consequence, this study and other studies being conducted in United States, France, China, and Turkey have supported that men were more permissive compared to women. [10-13] However, number of current studies is not sufficient to interpret the results in the subscales of birth control, communion, and instrumentality.

Another result of this study is that the subscale of birth control was affected by the variable of family type. Franklin et al., [16] determined that adolescents whose parents were divorced would not trust their partners in their future marriage and especially young girls would have serious concerns about marriage. Another study revealed that young adult women receiving university education and coming from a divorced family had more negative expectations from marriage compared to those coming from a non-divorced family. [17] In their study, Kaynar et al., [18] reported that students coming from a nuclear family had higher levels of knowledge about family planning compared to those coming from a broken family. In this study, it was determined that students coming from a broken family had a greater participation in only the birth control compared to those coming from a nuclear family or an extended family, which signified that the family type did not considerably change the sexual attitudes. On the other hand, students coming from a broken family had a greater participation in birth control, which could be associated with their negative expectations about being a family. Future studies could focus on how the family type affects the sexual attitude concerning birth control.

Examining the literature; various studies have revealed the relationship between smoking, use of alcohol, and drug

use and risky sexual behaviors. [19-21] This study shows a parallelism with and supports the current literature. In this study, students occasionally and constantly smoking were more permissive and instrumentalist but more interested in communion compared to students not smoking. It was observed that the tendency of having more casual sexual attitude increased in parallel with the increase of consuming alcohol and students occasionally and constantly using alcohol had more interested in communion but more biological and manipulative sexual attitude compared to those not using alcohol.

In Turkey, premarital sex is commonly considered appropriate only for men. Cultural differences are effective upon the perspective about premarital sex and the studies conducted with university students generally suggest that the rate of students not approving premarital sex in Turkey varies between 41.9% and 58.7%. [7,9] In this study, 80.7% of students were against premarital sex. The rate of students not considering the premarital sex normal was higher than previous studies conducted in Turkey. [1,9] This result may be related with the fact that the university where the study was conducted is located in a relatively eastern part of the country.

In this study, students who had received sexual education before were more interested in communion compared to students who had not. This result is compatible with studies reporting that sexual education positively affects sexual attitudes. [22,23] However, even though 80.4% of students stated that they received sexual education from school, receiving sexual education did not affect other subscales. This made us think that there could be question marks regarding the content and quality of education.

Previous studies have stated that individuals with a romantic relationship are less permissive and more interested in communion than individuals without such a relationship and those with the habit of reading and watching pornography are more permissive, extravagant and have more

negative and insensitive sexual attitudes towards the sexual partner. [11,12] In this study, those who had the habit of reading and watching pornography and had a complete sexual intercourse before were more permissive and interested in communion, had a greater participation in the subscale of birth control and were more instrumentalist. On the other hand, individuals with a sexual partner were more permissive and interested in communion. This result points out that experiencing sexuality and learning sexuality from pornographic sources may increase the tendency of displaying negative sexual attitudes.

In this study, it was observed that those who knew at least one contraceptive method and STD had a greater participation in the subscale of birth control and those who knew at least one contraceptive method were more interested in communion compared to those who did not. Similarly, Zeng et al., [24] determined that the sexual attitudes of students were affected by their sexual experiences and contraceptive applications. These results show that the increase in the knowledge about contraceptive methods and STD will contribute to sexual attitudes concerning the birth control. The fact that no significant relationship was determined in other subscales may be associated with the fact that the contraceptive method knowledge of students focused on protection from pregnancy and STD rather than positive sexual attitudes.

CONCLUSION

This study revealed that the age, gender, monthly income, smoking, using alcohol, sexual experiences, known contraceptive methods and the number of sexually transmitted diseases changed the sexual attitudes. Majority of students considered the premarital sex a taboo. Students experiencing sexuality and learning sexuality from pornographic sources had a tendency to display negative sexual attitudes. Knowing at least one STD

or contraceptive method positively changed the participation in birth control and communion. Sexual attitudes of students stating that they had received sexual education showed a significant difference only in the subscale of communion, which made us think that there could be question marks regarding the content and quality of the education they received. As a result of this study, it may be suggested to examine the variables affecting the sexual attitudes of the youth in different samples, extend trainings on sexual/reproductive health for the youth and to consider the variables affecting the sexual attitudes during trainings (such as gender, smoking, use of alcohol, reading and watching pornography, etc).

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