

The efficiency of sexual health and reproductive health training program developed for university youth

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SUMMARY

The aim of the study was to evaluate the efficacy of a sexual health and reproductive health training program (SHRH). A total of 157 university students in their third year at Education Faculty of Baskent University were included in the study. The research was conducted between 1.04.2006 and 1.12.2007. It was an intervention study and designed for the study group and included a control group. The SHRH program developed by the investigator was given to the students in the study group for a total of 30 hours (3 hours weekly for 10 weeks). To determine the information of students on sexual health, SHRH Information Scale of which reliability and validity study was carried out by the investigators was used. This scale was administered as a pretest before administering the training program; a test at the completion of each module (middle) and after the program was finished as a post-test. Significant difference was found between the mean scores of the study group ($p < 0.05$) in the pretest and posttest, while no such difference was found in the control group ($p > 0.05$). In view of these results, the SHRH training program was found to be effective.

Key words: Reproductive health, sexual health, sexual training program, university youth

ÖZET

Üniversite gençlerine yönelik olarak geliştirilen cinsel sağlık ve üreme sağlığı eğitim programının etkinliği

Bu çalışma, üniversite gençlerine yönelik geliştirilen cinsel sağlık ve üreme sağlığı (CSÜS) eğitim programının etkinliğinin değerlendirilmesi amacıyla yapılmıştır. Çalışmaya Başkent Üniversitesi Eğitim Fakültesi üçüncü sınıfta okuyan toplam 157 öğrenci alınmıştır. Çalışma, 1.04.2006-1.12.2007 tarihleri arasında gerçekleştirilmiştir. Müdahale araştırması olan bu çalışmada ön test, son test ve kontrol gruplu araştırma deseni kullanılmıştır. Araştırmacı tarafından geliştirilen CSÜS Eğitim Programı çalışma grubundaki öğrencilere toplam 30 saatte (haftada 3 saat olmak üzere 10 hafta) yürütülmüştür. Araştırmaya katılan öğrencilerin cinsel sağlık bilgilerini belirlemek için araştırmacı tarafından geçerlilik ve güvenilirliği yapılan "CSÜS Bilgi Ölçeği" kullanılmıştır. Bu ölçek, CSÜS Eğitim Programı'ndan önce ön test, her modülün sonunda ara test ve programın uygulanmasından sonra ise son test olarak verilmiştir. Aynı ölçek, kontrol grubunda ön test ve son test olarak uygulanmıştır. Çalışma ve kontrol gruplarının son test sonuçlarına göre, çalışma grubunun cinsel sağlık eğitimine ilişkin bilgi düzeylerinde istatistiksel olarak anlamlı bir farklılığın olduğu saptanmıştır ($p < 0.05$). Kontrol grubunun son test sonuçlarına göre ise anlamlı bir farklılığın olmadığı bulunmuştur ($p > 0.05$). Bu sonuçlara göre CSÜS eğitim programı etkili bulunmuştur.

Anahtar kelimeler: Üreme sağlığı, cinsel sağlık, cinsel eğitim programı, üniversite gençliği

Introduction

Adolescents account for 20% of the population of world (1). According to the results of the 2000 census carried out by the Turkish Institute of Statistics, 10-21 age group forms the 21.1% of the population (2). Although they account for such a large proportion of the population, health needs of adolescent youth have largely been neglected in many countries of the world including our country, Turkey (3,4).

It is known that one of the most important problems threatening the health and the future of youth is risky behavior related to sexual health and reproductive health (SHRH) (5,6). Rapid increase of the youth population, starting sexual activity at earlier ages, and sociocultural changes in many cultures increased the need for reproductive health education in this age group (7-10). As young people do not have adequate information on subjects related to SHRH in situations when they engage into early sexual activity, they are faced with important physical, economic and psychosocial problems such as unwanted pregnancy and sexually transmitted diseases (11,12).

Recently, health problems regarding reproduction were considered within the framework of Maternal and Children's Health. This present approach does not suffice to address all reproductive health problems due to important sociodemographic changes occurring in our country and the rest of the world in the last two decades (13). Therefore, the concept of reproductive health was first formulated in the International Population and Development Congress, which was held in Cairo in 1994. In this conference, reproductive health was considered as a whole involving sexuality and was considered as a basic right of all individuals at each stage of life (young or old) (14-17).

Although service has been offered for more than 3 decades in the context of Basic Health Services, there is no routine health service taking the information and

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consultation need of youth on SHRH into account (18). Lately, in order to compensate for this lack, The Ministry of Health has initiated SHRH services for youth as a more comprehensive program conducted at the university. Although these can be considered positive developments, they are not sufficient by themselves (19). A national basic strategy for the solution of the SHRH problems of the young people is needed to enhance training programs in the framework of preventive health services (20,21). As stated earlier, important steps have been taken in our country on this issue. However, these activities are short lasting conferences targeting certain age groups (12-14 y). In this context, there is no theoretical and practical interactive training program which is prepared for university youth and whose efficiency was evaluated.

Therefore, in order to meet the needs of university youth for training on sexual matters to a certain degree, the researcher planned to develop a SHRH training program envisaged as an elective. This research is important in that it contributes to the accumulation of knowledge on the subject and sheds light on the development of such training programs.

The short-term aim of this study was a) to determine the information, opinion and experiences of youth regarding SHRH and b) to investigate the effect of SHRH training programs on the information and skills of the youth. The long-term aim of this study was to a) try a SHRH training model that can be used by all university students and b) to develop recommendations for adding SHRH training programs to counseling services offered to students in Başkent University (BU) Student Health Center and to improve the students level of information on SHRH.

The hypotheses of the study: H₁: Mean posttest scores of the study group are significantly higher in the posttest compared to pretest scores. H₂: Posttest scores of study group are significantly higher than those of control group. H₃: The difference between the pretest and posttest scores of the study group is significantly higher than the difference between the pretest and posttest scores of the control group. H₄: Posttest mean skill scores of the study group are significantly higher than pretest mean skill scores.

Material and Methods

This study, carried out with the aim of evaluating the efficiency of the SHRH Training Program (SHRHTP) developed for university youth, is an intervention study which has a pretest, posttest and control group. It was carried out at BU Center Campus.

The population of the study comprises 200 students attending third year classes in the Education

Faculty of BU in the academic year of 2006-2007. In the faculty, the departments of Class teacher (n=41), preschool teaching (n=43), mathematics teaching (n=43), Turkish (n=41) and computer teaching (n=35) are present. All populations were included in the study. Only the students of preschool teaching department were excluded from the study as they received SHRH lessons in their second year. Accordingly, 84 students in mathematics and Class teacher departments were included in the study group and 73 students in Computer and Turkish teaching departments, which were in different buildings (with the idea that interaction between students was possible during the education SHRHTP process) were included in the control group, thus, overall 157 students constituted the study group.

In order to conduct the research, necessary approval was obtained from the B.U. Research and Ethics committee. The participating students were informed about the subject and the aim of the study and they were assured about the confidentiality of the information in personnel information forms before verbal and written informed consent was obtained.

Independent variables were sociodemographic characteristics of the students, sociodemographic characteristics of their parents, personal interests and habits of students, the ideas of students regarding SHRH training, experiences of students with SHRH and opinions on sexual relations. Dependent variables were mean information and skill scores of students after SHRHTP.

Data collection tools were developed by the researcher utilizing the literature on the subject (5,18,22). The data of the research were collected by means of three different forms. A. FORM 1-personal information form: This form includes overall 43 questions on the students themselves (n=11), sociodemographic characteristics related to their families (n=5), personal interests and habits (n=5), opinions regarding SHRH training (n=6), experiences with SHRH and opinions on sexual relations (n=16). B. FORM II. SHRH Information Scale (SHRHIS): In the first stage of the preparation of SHRH information scaled, the aims of the subjects in the program and the class hours they cover were taken into consideration and questions were prepared according to the flow system of modules (Figure 1).

In SHRHIS, multiple-choice questions (five choices) are usually present. In the development of the tool, behavioral aims of the subjects in SHRHTP were considered and 100 critical behaviors were determined. Questions proper to targeted behavior were prepared. Stage by stage classification of the targets in SHRHTP was restricted with the remembering, understanding

Modules of SHRHTP	Number % weight of subjects	The number of questions	The number of questions in pilot trial
Introduction	1 week/3hours	-	-
1 st module: SHRH of youth	2 week/6hours	25	20
2 nd module: repr. system/ pregnancy	2 week/6hours	25	20
3 rd module: family planning	2 week/6hours	25	20
4 th module: SHRH	2 week/6hours	25	20
Closing-evaluation	1 week/3hours	-	-
Total	10 week/30 hours	100	80

Figure 1. Percentage weight and number of questions in SHRHIS sketch

and applying levels found in the cognitive training targets taxonomy of Bloom (23). In the preparation of SHRHTP, subjects especially needed by university youth in terms of SHRH were given precedence.

Studies on the validity of SHRHIS

1. Language, psychometric and scientific control of SHRHIS: SHRHIS was to be used as premiddle and posttests and for scientific review related to the validity of content five specialists in obstetrics and public health nursing were consulted. The technical characteristics of SHRHIS (language and psychometric rules) were evaluated independently by two experts from the measurement-evaluation department of the BU Faculty of Education and Ankara University Faculty of Education. As seen in Table I, in line with the recommendations, 20 questions for each module, which has six class hours, were determined and for the pilot trial overall 80 questions were taken and an SHRHIS sketch was made ready for pilot trial administration (Table I).

Pilot trial administration of SHRHIS: The pilot was made with 150 third year students at BU Science and Literature Faculty and 50 third year students from the nursing department who consented to participate. Care was taken to choose students with a similar socio-cultural profile to the students of the Faculty of Education where the actual trial was to be performed.

All students except for those of nursing department had not received any training on subjects associated with SHRH previously and had not participated in such a study previously. The administration of the scale lasted approximately 25-30 minutes.

2. Question analysis: a) Problems with questions: Evaluation was made using students who received training on SHRH previously and those who did not do so. The students in the nursing department were regarded as the criteria of comparison. Through evaluations, both the index of the difficulty of questions (P_j), which showed the number of students answering correctly and the differentiating capacity of the questions (r_{jx} - differentiating between the students who knew and those who did not know) were found. P_j was transformed into percentage values and the interpretations of the study were made based upon these percentages. In the framework of SHRHIS, questions whose correct answers were below 0.20 and over 0.80 and those which do not have any difference were excluded from test as they were determined not to contribute to the test. Questions whose correct answer percentage was between 0.40-0.80 were included in the test without making any changes. For the questions whose percentage of correct answers was between 0.20-0.39, were analyzed again and either the question itself or answer choices were revised. Through the analysis made on the scores of the group which received SHRH training, the difficulty index (p_j) was found to change between 0.60-0.79. (Whether the difference significant tested using t test for dependent groups). For differences, p value of 0.05 was considered significant. Of 80 test questions, significant values were seen in 68 ($p < 0.05$). In the pilot trial of SHRHIS, average 75.9% of the third year students of nursing department and 42.6% of the students in Science Literature faculty answered the questions correctly. Mean number of correct answers was higher in the group that received training.

Table I. Distribution of the pretest and posttest mean information scores

Group	Test		t^*	p
	Pre-test $X \pm SS$	Pos-test $X \pm SS$		
Study	28.76±8.04	47.85±2.97	-19.24	0.000
Control	25.30±6.85	30.20±7.87	-4.52	1.300
Test	Group		t^{**}	p
	Study $X \pm SS$	Control $X \pm SS$		
Pretest	28.76±8.04	25.30±6.85	0.653	0.150
Posttest	47.85±2.97	30.20±7.87	17.79	<0.001

*: Paired sample t test was used. **: Student's (independent sample) t test was used

b) Differentiation capacity of questions: In order to determine the capacity of questions to differentiate the students who knew from those who did not know, correct answers of the students who did not receive training were evaluated and overall score was obtained for each student. Questions whose r_{jx} value, which demonstrates the contribution to overall score in multidimensional scale systems, was 0.10 or lower were included in the scale according to evaluation model of SHRHTP. In view of these data, each question was reviewed and questions that did not contribute to test were excluded. After pilot trial, test and questions statistics were calculated and the coefficient of reliability was obtained. Based on the data obtained with question analysis, questions with low efficiency were revised, those without contribution to scale were excluded and 55 questions were chosen. Values may vary between 0-55.

Studies on the reliability of SHRHS-Inner consistency: In the determination of the reliability of measurement tool, K20 equation and inner consistency coefficient of reliability were calculated. Accordingly, K20 reliability for all group was calculated to be 0.7874. In the literature, it has been stated that for scales used in researches a reliability coefficient varying between 0.70-0.80 is adequate (23). This value was considered adequate for a pilot trial. After the exclusion of questions with undesired characteristics, reliability was found to increase to 0.8181. According to these values, it can be suggested that the questions are capable of measuring the characteristics in the program; SHRHS has inner consistency and is free from random mistakes.

C. FORM III. SHRHTP Skill Evaluation Guides: In the present study, with the aim of facilitating the learning the steps the application skill by the students and deciding on the competence of the students, "Skill Evaluation Guides" which are in accordance with the standards have been developed. In view of the information in the literature, four different "Skill Evaluation Guides" developed in order to demonstrate whether the youth is able to make the 'breast examination', 'testis examination' and can use 'female and male condom' (which have priority among the things they should know) and to evaluate their performance. Before training, study group was asked to carry out the above mentioned procedures on an anatomic model with the aim of preevaluation. Then, their performance was analyzed. Guides were applied to each student before and after training.

D. FORM IV. Evaluation Form After Training: The opinion of the students as regards SHRHTP was obtained by the investigator using 'evaluation form af-

ter training'. This form has scales from 0 to 5 (1: I absolutely do not agree, 2: I do not agree, 3: I am not sure, 4: I agree, 5: I absolutely agree). Through this form, students were asked to evaluate the subjects of SHRHTP and various components of the program such as the duration of program, information offered, education methods employed, tolls used, the status of obtaining new information and trainer. This form was filled by the students in 10 minutes.

SHRH Training Program: SHRHTP was prepared in four modules in accordance with the age and developmental characteristics of the students and experts were consulted in their preparation. Experts evaluated the content, target and education targets of the program, education methods, length of the time reserved for subjects and whether the program was appropriate for university students. SHRHTP was given to study group for overall 30 hours (three hours weekly for ten weeks). SHRHS was administered to study group three times (pretest before training, mid-test just after the individual modules and posttest after the end of program) and to control group twice (simultaneously with the control group as pretest and posttest).

The question difficulty index of the questions in the sketch of SHRHS was transformed into percentage and in the examination of the difference between groups, Pearson chi square test was used. In the pilot trial of SHRHS, in order to test the relevance of the questions, double point correlation test was used. In order to test whether there is any difference between the measurement of the same individual at different times or conditions, paired sample t test was used before and after training. In the comparison of the pretest and posttest scores of study and control groups, for independent samples t test was used and the significance of the difference between independent variables with more than one subgroup and whose effect on an dependent variable was investigated, Mann Whitney U test was used instead of t test. In the evaluation of groups with regard to some sociodemographic variables and the comparison of the correct answers to SHRSIS, Fisher and Pearson chi square tests were used.

Results

The sociodemographic characteristics of the students were as below: majority were between the ages of 19-22 (63.1%), 84.1% were female, and 15.9% male, 63.7% were single, 92.3% had social security, 84.7% had monthly expenditures covered by family/relatives, 74.5% lived in city center until 1 year old and 82.2% lived with their family/relatives. As to parents, the

mothers of the majority of students were high school or university graduates, fathers were university graduates, 90.4% parents were still married, 59.8% of the mothers and 64.3% parents were still employed. Of male students, 82.6% and of female students 58.3% smoked regularly, 29.3% never used alcoholic beverages, 22.3% tried alcohol before and 46.5% drank alcoholic beverages occasionally. Although 44.6% stated that they had experienced a problem regarding SHRH previously, (irregular menstruation, menstruation pain, ejaculation precox and erection problems), 58.6% did not refer to any health institution for the solution to their problems. 55.3% spoke of matters related to SHRH mostly with their mothers, and 19.7% had previous sexual experiences. They had their first sexual experiences with their lovers (72.4%) and at adolescent age (51.6%). Of the students who were sexually active, 48.3% stated that they used a condom in their first sexual experience. While 56.7% of the males considered premarital sex normal, this rate falls to 33.7% in females. The students had not received any training as regards SHRH previously. 34.2% stated that they wanted to get information on SHRH and 32% on Family Planning (FP). In the evaluation, sociodemographic characteristics of the students in the study group were found to be similar to those of students in the control group, with no statistically significant difference ($p>0.05$).

As shown in Table I, the pretest mean score of study group was 28.76 ± 8.04 , while it increased to 47.85 ± 2.97 in the posttest, with a statistically significant difference ($p<0.05$). In the control groups,

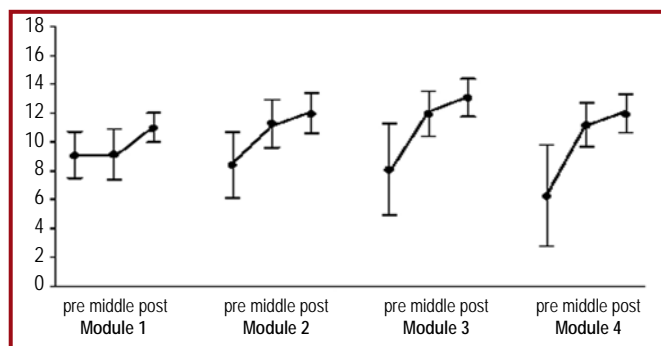


Figure 2. The distribution of the correct answers to SHRHIS in study group to modules

the corresponding values were 25.30 ± 6.85 and 30.20 ± 7.87 , respectively, the difference being insignificant ($p>0.05$).

It was demonstrated that the study group increased their scores in all modules after training compared to the control group, with a statistically significant difference ($p<0.05$). (Table I)

In Figure II, it was determined that correct answers were mostly in third (FP module) and fourth (SHRH module) modules, indicating that the students answered a higher number of questions in these modules correctly. When scores were evaluated according to SHRHTP, in all modules a significant difference were found between pretest and posttest mean information scores ($p<0.05$). Accordingly, in the study group an important increase was observed in the study group in all modules while no such increase were observed in the control group ($p>0.05$). The students in the study group increased their scores from pretest to posttest. In the middletest and posttest, the score range of almost all students was between 40-49, hence they increased their information level over 70% and answered more questions.

In Table II, skill scores of the study group for male condom, female condom use and testis and breast examination skills were demonstrated after pre, middle and posttest. In all practices posttest scores were higher than pretest scores with a statistically significant difference ($p<0.05$). Increases in scores were observed mostly in testis examination (23.00 ± 4.62) and breast examination scores (20.20 ± 4.30).

Discussion

In statistical analysis, it was observed that the study group had a high rate of correct answers in the posttest, which indicated that the H_1 hypothesis, which stated that posttest mean information scores of study groups were higher than pretest scores, was confirmed. In this study, results demonstrating that SHRHTP increased the information of students on SHRH were obtained, which was consistent with the literature (15,24-27).

In Table I, it was seen that mean score of control groups increased from 25.30 ± 6.85 in the pretest to 30.20 ± 7.87 in the posttest. Even though there is

Table II. The distribution of the differences between pretest and posttest scores according to module

SHRHTP Practice	Minimum score	Maximum score	Pretest $X\pm SS$	Posttest $X\pm SS$	Score difference $X\pm SS$	t^*	p
Male condom	11	33	11.69 ± 1.44	29.74 ± 2.21	18.05 ± 26.9	61.43	<0.001
Female condom	11	33	11.82 ± 0.71	28.66 ± 3.24	16.84 ± 3.63	43.04	<0.001
Testis examination	14	52	14.23 ± 0.48	37.23 ± 4.64	23.00 ± 4.62	45.90	<0.001
Breast examination	16	48	21.38 ± 1.88	41.58 ± 3.25	20.20 ± 4.30	45.57	<0.001

*: Paired sample test was used

a slight increase in the scores of the control group, when compared to the answers and scores of the study group, it can be understood that this increase was random. In the study groups, the percentage of correct answers sometimes increased to over 70% on many questions in the posttest, whereas no such differences were observed in the control group. No student from the control group obtained a correct answer rate of 70% or over in the posttest. However, as we mentioned before, there was a slight increase in the scores of the control group although they did not receive any training. This fact may be attributed to the search of youth for information on matters related to sex from various sources. In addition, participating in the pretest may have prompted them to look for answers to certain questions. Based upon the above distribution patterns, it can be suggested that unless a training program is given, the expected level can not be reached in the relevant subjects. This finding is consistent with those in the literature (24,28).

In Table I, it was shown that mean pretest scores of study and control groups were 28.76 ± 8.04 and 25.30 ± 6.85 , respectively ($p > 0.05$). That there was no significant difference between the groups indicated that at the baseline information level of the students in both groups were similar. When posttest scores were compared, it was seen that they were 47.85 ± 2.97 and 30.20 ± 7.87 in the study and control groups, respectively ($p < 0.05$). This significant difference was attributed to the training program that the study group underwent. Therefore, it can be suggested that SHRHTP increased the information of students on SHRH. Accordingly, H_2 hypothesis, which claimed that posttest mean information scores in the study group were higher than those of control group was corroborated. In the study of Hubbard et al. in 13-14 year old adolescents, a "risk decrease" program was given to adolescents for 18 months, and it was established that those in the study group had a higher rate of increase in SHRH information compared to the control group ($p < 0.05$) (29). Olsen et al. reported that, after the training program they prepared in the framework of sexual abstinence, the information level of the youth increased (30). Song et al. investigated the impact of sexual training programs in schools on the information level of the youth, and pointed to the significant difference between groups who received training and those who did not do so (25). Donati evaluated the efficacy of sexual information training given to 377 students between the ages of 14-21 studying in schools with a mixed education program and observed that there were significant differences in the information level of students who re-

ceived training and those who did not and found in the follow up evaluations made 4-5 months later that the information was still permanent (27). In the studies of Cok and Golbasi, it was reported that the young people who received training on sexual matters had more information on SHRH than others (22,24). Our results are compatible with those of the mentioned studies. Accordingly, it can be suggested that the students participating in SHRHTP were informed on SHRH and hence the study reached its aim.

It has been established that the study group had higher score increases in all modules after training compared to the control group ($p < 0.05$). Accordingly, the H_3 hypothesis, which suggested that the difference between the pretest and posttest scores was higher in the study group than control group was confirmed. It has been established that the increases in scores were similar in all modules but the increases in 'FP' and 'SHRH' modules were more marked (Figure 2). As young people consider information on these issues among the ones they need most, it can be expected they showed interest in these modules and exerted effort to get information. Hence, it can be said that SHRHTP increased the scores of students in each module. In addition, all students had scores in the range of 40-49, which they increased to 70% after posttest, answering more questions. According to these findings obtained from our study, it was established that SHRHTP increased the information level of the students in the study group to a large extent.

There was no significant difference between different age groups in terms of the difference between the pretest and posttest scores in the first module ($p > 0.05$). Although the difference was not significant, with one way variance analysis, it was found that the increase in the students over 22 was more marked than that in adolescent age group. This may be ascribed to the fact that the probability of having sexual experience increases with age and they need to obtain information regarding these measures. The findings of Beydag and Golbasi have been found to be consistent with those of our study. There was no significant difference between the sexes in terms of the difference between pretest and posttest scores in the first module ($t = 0.096$, $p = 0.607$). Although there is a higher rate of information increase in male students than female students in all modules, the difference was not statistically significant ($p > 0.05$). While this result was in keeping with the study of Song et al. it was contradictory with the studies of Olsen et al. Beydag and Ozcebe reported a higher rate of increase among female students ($p < 0.05$) (25,30-32).

Although reproductive health involves females and males, its effect is more direct for women. Due to problems related to reproductive health, human life is shortened by 15% but, the effect on life is 22% in women, while it is only 3% in males. As seen, the effect of reproductive health varies between the sexes. Including the males in the target group in reproductive health programs, and their becoming more conscious of their responsibilities will have a positive effect on female and family health. As adolescent males start their sexual lives much earlier than girls do and are more active, it is very important to inform them about their responsibilities in regards reproductive health.

A different study demonstrated that soldiers born in the east region had lower knowledge level at both pre- and post-test compared with those soldiers born in other regions of Turkey. A comparison of post-test scores between those who were born in and still resided in the east region (80.8%) with those of soldiers who were born in but no longer lived in the east region (83.3%) revealed significant differences. The study results confirm that living in the eastern region of Turkey apparently influences lower scores regarding knowledge about reproductive health issues. The higher prevalence of early marriages determined in the east region could be considered one of main indicators of this situation. Lack or insufficiency of general education seems to be a major underlying factor (33).

In Table II, an increase in score over the mean values had been increased in all practices in the post-test. This increase was found to be statistically significant ($p < 0.05$). Accordingly, the H_4 hypothesis, which stated that 'posttest skill scores in the study group are significantly higher than those obtained in the pretest in the study group was confirmed. The majority of the students in the study group evaluated the training program favorably. Although these are subjective ideas of the students, this showed that SHRPTP increased the information level of students. Training programs based on providing information and skills are important in that they are steps taken for a positive development even though they do not cause changes in behavior directly.

In the present study, SHRHTP has been implemented as a different lesson termed as 'Sexual Health Information Training' in a schedule of three hours a week and the information and skill levels of the students were increased. In view of these findings: This SHRHTP model may be integrated in the education program of all departments as an elective lesson that can be chosen by all university students.

Follow up studies can be carried out in order to determine whether the skills and information obtained are permanent and to what extent students can reflect this information to their behavior. In order to make generalization possible, the study can be repeated with a larger sample in which male and female students are represented equally. Considering that the information on SHRH is obtained by the students through their friends, volunteer university students may be chosen to increase the efficiency of SHRH training by means of 'peer training' programs. Considering that students obtain information on matters related to sex through media, reproductive health awareness of the students may be enhanced by mass media tools present in the university (radio, television, web, printed media, online consultancy). In the study, it has been established that students want to receive information on SHRH from health personnel. In this context, the development of 'Youth Consultation Centers' in the Student Health Centers may be suggested. In the present study, no significant relation has been found between the socio demographic characteristics of the students and their mean SHRH scores. Possible factors that can influence the SHRH of the youth may be investigated by in depth studies using the methods of descriptive studies as well.

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