

An Evaluation of Sexual Attitudes of Nursing Students in Turkey

Hemşirelik Öğrencilerinin Cinsel Tutumlarının Belirlenmesi

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SUMMARY

Objectives: Sexual health is an important area of holistic nursing care. As a result, nurses should be aware of their attitudes toward sexuality and their effect on the care they provide their patients. The ideal period of time for nurses to develop awareness and positive attitudes toward sexuality is the training process. This study aimed to determine the attitudes of nursing students toward sexuality.

Methods: The sample group for this descriptive research consisted of 130 students from Gazi University Nursing School in Ankara, Turkey. The data were gathered via self-reporting on a sociodemographic data form and the Trueblood Sexual Attitudes Questionnaire, and analyzed using frequencies analysis and the independent variables t-test.

Results: This study found that nursing students held conservative attitudes about sexuality. Second-year students constituted the most conservative group, while third-year students were the most liberal. Overall, students were more conservative about their own sexuality than that of others.

Conclusion: Our work reveals that the attitude of nursing students in our sample toward sexuality was conservative, and thus, their classical nursing training was not effective in developing a more universal attitude, different from that of the surrounding society, toward the subject. These findings provide a basis for possible future planning of studies about changing nursing students' attitudes toward sexuality during their nursing training.

Keywords: Nursing; nursing education; sexual attitudes; sexual care.

ÖZET

Amaç: Cinsellik, holistik yaklaşımının önemli parçalarından biridir. Hemşirelerin cinsel bakım verebilmeleri için, öncelikle kendi cinsel tutumlarını ve bu tutumların bakımı nasıl etkilediğini fark edebilmeleri gerekmektedir. Hemşirelerde bu farkındalığın sağlanması ve cinselliğe karşı olumlu bir tutum geliştirilmesi için en uygun zaman hemşirelik eğitim sürecidir. Bu çalışma; hemşirelik öğrencilerinin cinselliğe karşı tutumlarının belirlenmesi amacıyla yapılmıştır.

Gereç ve Yöntem: Bu, tanımlayıcı çalışmanın örneklemini, 130 Gazi Üniversitesi Hemşirelik Bölümü öğrencisi oluşturmuştur. Veriler; self-report yöntemi ile sosyo-demografik veri formu ve Trueblood Cinsel Tutum Ölçeği kullanılarak toplanmış, yüzdelik dağılım ve Bağımsız örneklemelerde t-testi kullanılarak değerlendirilmiştir.

Bulgular: Çalışmanın sonucuna göre, öğrencilerin cinselle ilgili tutumlarının muhafazakâr kabul edilebilecek düzeydedir. İkinci sınıf öğrencileri en muhafazakâr grubu, üçüncü sınıf öğrencileri de en liberal grubu oluşturmaktadır. Öğrenciler kendi cinselliklerine karşı diğerlerinden daha muhafazakâr bir tutuma sahiptir.

Sonuç: Çalışmamızın sonuçları, örnekleminizde hemşirelik öğrencilerinin cinsel tutumlarının muhafazakâr olduğunu ve klasik hemşirelik eğitiminin, öğrencilerin cinselliğe karşı toplumun tutumundan farklı olarak, evrensel bir tutumun benimsenmesinde etkili olmadığını ortaya koymaktadır. Çalışmamız, hemşirelik eğitiminde, öğrencilerin cinsel tutumlarını daha pozitif yönde değiştirebilecek yöntemler geliştirmek amacıyla planlanacak çalışmalara zemin oluşturacak niteliktedir.

Anahtar sözcükler: Hemşirelik; hemşirelik eğitimi; cinsel tutum; cinsel bakım.

Introduction

Sexuality is an integral part of human life and one of the basic needs of human beings. Because sexuality is a complicated, multidimensional phenomenon that has biological, psychological, social and cultural aspects, it is very difficult to define. It is a complex, varied and ambiguous realm of hu-

man existence.^[1-3] The World Health Organization (WHO) defines healthy sexuality as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."^[4]

Sexuality is part of a person's individual identity. Further, sexuality can be given different meanings that can change during the course of a lifetime. The experience of sexuality can also be subject to change.^[5] Individuals' sexuality is affected by many factors, such as sense of selfhood; interactions with partners; age; level of knowledge; marital status; opportunities; values; social, spiritual and cultural norms; and physical and mental health.^[6] It is known that decline in an individual's health particularly affects sexuality; many medical conditions and their treatment affect individuals' health directly or indirectly. Myriad acute or chronic diseases, surgical interventions and medications directly affect sexuality.

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[6] At the same time, body image problems associated with disease, self-esteem problems, degradation in interpersonal relations, personal powerlessness, deconditioning and similar situation indirectly affect sexuality. Therefore, sexual problems are comprehensive, widely seen conditions in almost all nursing care fields.^[7]

Treating sexual problems is an important part of holistic nursing care. Despite this view, however, many scientific studies have shown that nurses have difficulties dealing with these issues.^[8-12] Demirgöz stated that although most nurses (67.3%) responded that dealing with patients' sexual problems is a responsibility of nurses, only 19.4% of nurses actually provided sexual health care.^[13] Nurses reportedly have problems talking about and dealing with sexual problems in their patients.^[1] This reluctance naturally leads to nurses ignoring sexual problems in the course of nursing care.

For nurses to be able to better deal with sexuality and more properly manage nursing care, they should be able to accept sexuality and feel comfortable about this issue while becoming more knowledgeable about sexuality and sexual functions. In addition, they should be aware of their own beliefs, values and attitudes about sexuality.^[14,15] Nurses' attitudes and beliefs about sexuality directly relate to applied nursing, which deals with the sexual problems of patients. Being ashamed about sexuality, thinking that sexual problems are not related to medical conditions, thoughts of inadequacy about mastering these subjects, and lack of knowledge and role models are all obstacles to nurses dealing effectively with sexuality. To be able to assess individuals' health needs, nurses should primarily be aware of their own attitudes and values about sexuality as well as the effects their values and attitudes have on the care they provide.^[1]

Attitudes toward sexuality differ according to one's society, religious beliefs and culture.^[16] Social beliefs, values and attitudes change slowly. Although in Turkey many changes have been taking place in this area during recent years, we can safely say that traditional attitudes persist owing to the fact that social attitudes change with difficulty.^[17] For example, it is still considered taboo and can often be stressful to talk about sexual problems and look for help, owing to the fear of being labeled.^[17,18] In Turkey, people's attitudes toward sexuality vary according to factors such as socioeconomic status, familial background, sexual education received, perception of sexuality and source of information.^[19]

Predictably, the attitudes of nursing students toward sexuality differ based on which social environment they come from and are influenced by different variables. Despite this fact, the goal of nursing education is to instill a positive attitude toward sexuality, at a level that enables nurses to provide adequate sexual health services. Nursing education should

strive to lay the groundwork for nursing students to learn a more liberal attitude that transcends those belonging to the society in which they live. This study aimed to determine the attitudes of nursing students toward sexuality, taking into account the related variables.

Background

Since the 1980s it has been accepted that sexual problems should be dealt with as an important part of a holistic nursing approach. Sexuality has been defined as an integral part of nursing care by such organizations as the American Nurses Association (ANA) and the North American Nursing Diagnosis Association (NANDA), which have included sexual dysfunctions in their nursing diagnosis lists. Despite the view that sexuality is within the area of nurses, responsibility—widely accepted by the authorities in the field—many scientific studies show that nurses face difficulties in dealing with these issues.^[8-12] According to the results of these studies, nurses have problems talking about and dealing with sexual problems, and as a result, respond by avoiding interactions and giving implicit answers.^[1] This response leads to nurses ignoring the sexual problems of patients in their nursing care.

According to a study by Saunamaki and colleagues, nurses with a positive attitude toward sexuality felt more comfortable talking about the subject, and older nurses had more positive attitudes toward the subject.^[20] It was also found that nurses' attitudes, knowledge and communication skills are important when dealing with sexuality.^[21] Olsson and colleagues stated in their study that nurses caring for oncology patients believed they should talk about their patients' sexual problems, among other things, but generally failed to do so.^[21]

Materials and Method

This descriptive study was conducted at Gazi University Faculty of Health Sciences, Department of Nursing, in the 2012–2013 academic year. After obtaining formal permission from the educational institution, the informal consent of each participant was also obtained. In the 2012–2013 academic year, 360 students were continuing their training, and they composed the overall study population. Despite efforts to reach all of the students, however, only 130 of them accepted to be participants in the study, filled out questionnaires fully and were included in the sample.

The data were gathered by the researchers using the following tools. All data were analyzed using IBM SPSS Statistics Software version 15.0. The data were analyzed using frequencies analysis and the independent variables t-test. For all tests, statistical significance was reached if $p < 0.05$ or 0.01. The questionnaire included sociodemographic characteristics and the sample group's views about nursing. This

form was developed by the researchers based on a literature review.^[3,14,18]

The Trueblood Sexual Attitudes Questionnaire (TSAQ) which revised by Hannon et al., 1999 and Turkish version is performed by Duyan, 2004, assesses attitudes (not behaviors) toward sexuality acceptable for oneself (Self, 40 items) and for others (Other, 40 items) on 5 subscales (Autoerotism, Heterosexuality, Homosexuality, Sexual Variations, and Commercial Sex).^[18,22] Each subscale has 8 items that are rated on a 9-point Likert scale that ranges from 1 (“I completely disagree”) to 9 (“I completely agree”). Higher numbers indicate a more accepting or liberal attitude toward sexuality. The scale results are based on the total scale score; it has no cutoff point.

To prepare the Turkish version, the double-translation method was used. Test-retest results were correlated for all subscales and for the total scale ($p < 0.001$). Alpha values of the subscales and total scale were found to be very high (for Autoerotism, Self = 0.8341; for Heterosexuality, Self = 0.6478, for Homosexuality, Self = 0.8101; for Sexual Variations, Self = 0.7542; for Commercial Sex, Self = 0.7315; for Autoerotism, Other = 0.8552, for Heterosexuality, Other = 0.7413; for Homosexuality, Other = 0.9354; for Sexual Variations, Other = 0.8382; for Commercial Sex, Other = 0.8015; for total Self = 0.9178; and for total Other = 0.9537).^[18,22]

Results

The data were grouped under two topics: (1) sociodemographic variables and attitudes toward sexuality, and (2) sources of knowledge and students' attitudes toward sexuality in relation to themselves and others.

Table 1. Sociodemographic characteristics of nursing students (n=130)

Sociodemographic characteristic	n	%
Gender		
Female	111	85.4
Male	19	14.6
Year of study		
First year	24	18.5
Second year	48	36.9
Third year	34	26.2
Fourth year	24	18.5
Current resettlement unit		
Village	17	13.1
County	45	34.6
City	68	52.3
Family income		
Extra low	28	21.5
Low	61	46.9
Middle	24	18.5
High	11	8.5
Unknown	6	4.6

Table 1 shows the sociodemographic characteristics of the students. A large percentage of the students were women (84.5%). Of the sample, 36.9% were second-year students and 26.2% were in their third year of education. More than half of the students lived in cities (52.3%) and belonged to families with low income (46.9%).

Table 2 shows the variables about the students that can be considered related to sexuality and its information sources. Almost half of students (48.5%) reported having a girlfriend or boyfriend in their lives. Thirty percent of the students found it natural for a man to have premarital sexual intercourse, while only 13.1% of them found it natural for a woman. Most of the students (76.9%) talked about sexuality with others, and 7.7% reported having an active sexual life. The strongest knowledge source about sexuality was found to be courses taken in the department (78.9%). As sources of knowledge, these courses were followed by friends (65.6%), books (58.6%) and the In-

Table 2. Students' characteristics related to sexuality and their information sources

Characteristic	n	%
Has a girl/boyfriend		
Yes	63	48.5
No	67	51.5
Acceptable for men to have extramarital sex		
Yes	39	30.0
No	91	70.0
Acceptable for women to have extramarital sex		
Yes	17	13.1
No	113	86.9
Talks about sexuality with others		
Yes	100	76.9
No	29	22.3
Has an active sex life		
Yes	10	7.7
No	120	92.3
Information sources related to sexuality		
Curriculum	101	78.9
Friends	84	65.6
Books	75	58.6
Internet	73	57.0
Teachers	49	38.3
Newspaper	48	37.5
Television	46	35.9
Magazines	40	31.2
Family	58	45.3
Specialist	45	35.2
Sexual experiences	8	6.2
Cassette and CD	7	5.5
Known sexually transmissible diseases		
AIDS	122	93.8
Hepatitis	56	43.1
Syphilis	72	55.4
Gonorrhea	47	36.2
HPV	18	13.8
Herpes	6	4.6
Think that sexual care is a part of holistic care		
Yes	121	93.1
No	9	6.9

Table 3. Students' attitudes toward sexuality according to male or female sex

TSAQ subscale	Female	Male	Statistics*	
	Mean±SD	Mean±SD	t	p
Autoeroticism (Self)	2.49±1.32	3.45±1.22	=2.99	<0.01
Autoeroticism (Other)	3.71±1.92	3.86±1.44	=0.49	>0.05
Heterosexuality (Self)	3.35±0.78	3.76±1.35	=0.73	>0.05
Heterosexuality (Other)	3.83±1.09	4.05±1.40	=0.42	>0.05
Homosexuality (Self)	1.67±0.85	1.17±0.37	=2.84	<0.01
Homosexuality (Other)	2.89±1.85	2.14±1.05	=1.71	>0.05
Sexual Variations (Self)	2.06±0.96	2.73±1.04	=2.77	<0.01
Sexual Variations (Other)	3.15±1.60	3.40±1.16	=0.98	>0.05
Commercial Sex (Self)	2.21±1.08	2.69±1.01	=2.08	<0.05
Commercial Sex (Other)	3.37±1.68	3.40±1.53	=0.25	>0.05

*Using the Mann-Whitney U-test. TSAQ: Trueblood Sexual Attitudes Questionnaire.

Table 4. Students' attitudes toward sexuality according to year of study

TSAQ subscale	1 st year (n=24)	2 nd year (n=48)	3 rd year (n=34)	3 rd year (n=24)	Statistic	
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	f	p
Autoeroticism (Self)	2.82±0.31	2.17*±1.16	2.89*±1.36	3.01*±1.53	=3.20	<0.05
Autoeroticism (Other)	4.08*±1.41	2.82*±1.63	4.51*±2.04	4.10*±1.71	=7.50	<0.01
Heterosexuality (Self)	3.71±0.91	3.26±0.89	3.37±0.77	3.47±1.00	=1.44	>0.05
Heterosexuality (Other)	3.91±0.85	3.47*±1.17	4.31*±1.12	3.93±1.13	=3.99	<0.01
Homosexuality (Self)	1.69±0.97	1.40*±0.64	1.92*±0.821	1.46±0.85	=3.08	<0.05
Homosexuality (Other)	2.49*±1.64	1.90*±1.35	4.15*±2.42	2.65*±2.07	=9.09	<0.01
Sexual Variations (Self)	2.58±1.14	2.05±1.11	2.28±1.00	2.42±1.08	=1.55	>0.05
Sexual Variations (Other)	3.50±1.46	2.66*±1.42	3.93*±1.73	3.84*±1.71	=5.54	<0.01
Commercial Sex (Self)	2.46±1.01	2.05±1.16	1.99±0.65	2.33±1.00	=1.54	>0.05
Commercial Sex (Other)	3.64*±1.18	2.45*±1.33	3.66*±1.79	3.54*±1.39	=6.54	<0.05

TSAQ: Trueblood Sexual Attitudes Questionnaire.

ternet (57.0%). The sexually transmitted diseases most well known by the students were AIDS (93.8%), hepatitis (43.1%), syphilis (55.4%) and gonorrhoea (36.2%).

Table 3 shows students' attitudes toward sexuality, according to their sex. There was no difference between the "Autoeroticism, Other" subscale scores of male and female students ($t=0.49$; $p=0.63$). However, female students' scores on the "Autoeroticism, Self" subscale were significantly lower than those of male students ($t=2.99$; $p<0.01$). The other subscale scores differing significantly according to sex were "Homosexuality, Self," "Sexual Variations, Self" and "Commercial Sex, Self." Male students scored significantly lower on the "Homosexuality, Self" subscale than the female students ($t=2.84$; $p<0.01$), whereas female students scored significantly lower on "Sexual Variations, Self" ($t=2.77$; $p<0.01$) and "Commercial Sex, Self" ($t=2.08$; $p<0.05$) subscales compared with male students.

Table 4 shows the distribution of TSAQ scores according to the student's years of education in the department. There was a significant difference by year of study in the scores for "Autoeroticism, Self," "Autoeroticism, Other," "Heterosexuality, Other," "Sexual Variations, Other" and "Commercial

Sex, Self," "Commercial Sex, Other" subscales. This difference derived from the second-year students. The second-year students scored significantly lower on the "Autoeroticism, Self" subscale compared with third- and fourth-year students ($f=3.20$; $p<0.05$); the "Autoeroticism, Other" subscale compared with first-, third-, and fourth-year students ($f=7.50$; $p<0.01$); the "Heterosexuality, Other" subscale compared with third-year students ($f=3.99$; $p<0.01$); the "Homosexuality, Self" subscale compared with third-year students ($f=3.08$; $p<0.05$); the "Homosexuality, Other" subscale compared with first-, third- and fourth-year students ($f=9.09$; $p<0.01$); the "Commercial Sex, Other" subscale compared with third-

Table 5. Students' attitudes toward self and others (n=130)

TSAQ subscale	Self	Others	SD	PD	t
Autoeroticism	2.63	3.73	1.39	1.10	*8.99
Heterosexuality	3.41	3.86	0.98	0.45	*5.22
Homosexuality	1.60	2.74	1.73	1.13	*7.48
Sexual Variations	2.28	3.37	1.32	1.10	*9.49
Commercial Sex	2.16	3.19	1.28	1.03	*9.11

* $p<0.01$. TSAQ: Trueblood Sexual Attitudes Questionnaire; PD: Probability distribution.

and fourth-year students ($f=6.54$; $p<0.01$); and the “Sexual Variations, Other” subscale compared with first-, third-, and fourth-year students ($f=5.54$; $p<0.01$).

Table 5 shows the distribution of scores for students’ attitudes toward sexuality for self and others. All students scored lower on the subscales measuring attitudes toward self compared with those they received on subscales measuring attitudes toward others. This held true for all five scales: Autoeroticism ($t=8.99$; $p<0.01$), Heterosexuality ($t=5.22$; $p<0.01$), Homosexuality ($t=7.48$; $p<0.01$), Commercial Sex ($t=9.49$; $p<0.01$), and Sexual Variations ($t=9.11$; $p<0.01$).

Discussion

The primary finding of this study is that the students could be considered to have conservative sexual attitudes. A 9-point Likert scale was used during the study, and the lower scores can be interpreted as showing a higher level of conservative attitudes. In our study, the average scores of the students varied between 1.60 (for Homosexuality, Self) and 3.86 (for Heterosexuality, Other). According to these findings, the students’ attitudes about sexuality can be considered conservative.

In Turkey, sexuality is still perceived as a taboo subject that can be discussed only in homosocial (single-sex) environments, among close friends and with secrecy.^[13,17,23–25] In Turkey, starting in the first years of nursing education, the concept of “sexuality” is taught in the curriculum by covering the anatomy and physiology of male and female genital organs. The vast majority of the nursing students (78.9%) reported that the courses were their primary source of sexual information. Compared with students of a similar age group across the country, this percentage is extremely high. For example, Ekşi and Kömürçü found that only 19.3% of university students had been educated in school about sexually transmitted disease.^[26] Another study, conducted by the Sexual Education, Treatment and Research Association in Turkey,^[27] found that only 7.8% of young people reported formal education as a source of sexual information. The same study revealed that women were not knowledgeable, and men were mostly misinformed about sexuality. The researchers also found that 34% of the population believed the cause of sexual problems to be traditional views, prejudices and taboos—that is, the general attitude of society toward sexuality. In our study, the ratio of students receiving education about sexual matters was much higher. This finding can be connected to education in the health care field, in which students study a curriculum covering concepts such as sexuality and sexual health care.

It has been hypothesized that university life and getting an education that covers issues related to sexuality would create a liberal view of sexuality among students. Özgüven’s study in 1997 found that nearly half of university students

had had sexual experiences.^[28] In another study carried out by Avşaroglu et al., it was shown that two-thirds of men and three-fourths of women found that having extramarital sex is acceptable for a man.^[29] However, in our study, the vast majority of students, regardless of sex, find that having extramarital sex is not acceptable. Thus, the sexual attitudes within our sample were more conservative than those of other studies. This result can be attributed to the fact that the study was conducted at a university located in a rather conservative region of Turkey (Central Anatolia Region), and most of the students were young women from families of middle or low socioeconomic status.

Gazi University, where this study was conducted, is in the Central Anatolian Region of Turkey and is preferred mostly by those who are already living in the region. Only 8.5% of the students stated that their family’s monthly income was more than 3000 TL. Bulut and colleagues found that in regions where traditional values are dominant, the rates of sexual experience are low.^[30] McKelvey and colleagues found in their study of medical school and nursing school students that cultural background and sociodemographic data are related to sexual attitudes and knowledge.^[31] Individuals with little knowledge of sexuality who belong to particular ethnic and religious groups from families with low socioeconomic status tend to have negative attitudes toward sexuality.^[31,32]

Since 2007, nursing schools in Turkey have been accepting male students.^[33] However, nursing schools still enroll mostly female students, so only 14.6% of the students participating in the present study were men. A study of social work students conducted by Duyan and Duyan in 2005 revealed that male students have more liberal attitudes toward issues of sexuality compared with female students.^[18] Because the majority of the sample of this study was composed of female students, this can explain the results showing them to have more conservative attitudes. This result can be related to the facts that the field study was conducted at a university located in a rather conservative region of Turkey, and most of the students were women from families of middle or low socioeconomic status.

According to our results, male students were more liberal based on their scores on the “Autoeroticism, Self,” “Sexual Variety” and “Commercial Sex” subscales. However, the attitude of male students about “Homosexuality, Self” was more conservative compared with female students. In 2000, a study conducted by Duyan found that female students held more liberal attitudes about homosexuality.^[18] Heterosexuality is a sexual orientation supported by Turkish society, and heterosexual men are expected to play masculine gender roles.^[18] However, studies conducted in different cultures have shown that men tend to have negative attitudes about homosexuality.^[32] However, insufficient information is available on atti-

tudes toward sexuality—particularly related to homosexuality, autoeroticism and premarital sexual intercourse—as well as possible negative attitudes toward birth control methods.^[31]

Another result of our study differentiated among students' attitudes according to year of education. However, this differentiation was not consistently correlated with years spent in nursing training. For example, no significant difference was found between the attitudes of first-year and fourth-year students. This means that nursing education did not appear to change students' attitudes toward sexuality. Second-year students constituted the most conservative group compared with other years, whereas third-year students were the most liberal. These results can be related to the fact that the third-year students take a gynecology course in addition to receiving training on male and female sexual health and carrying out clinical practice on the subject—all of which possibly leads them to adopt a more liberal view. Even so, it seems that the effect of the gynecology course does not carry over until the next year; as a result, the scores for sexual attitudes of fourth-year students were lower than those of third-year students.

The last significant result of this study is that students are more conservative about their own sexuality than that of others. For all five subscales, attitudes toward others were found to be more liberal than attitudes toward self. This finding is possibly related to the philosophy of nursing training, which is based on values such as respecting others' choices, not judging individuals to whom they provide care and accepting people as they are. However, the attitudes of students toward others can still be viewed as more conservative compared with other groups.

Limitations

The study sample consisted of students at one university in Ankara. Therefore, the results cannot be generalized to other regions. In addition, during the study period, 168 out of 360 students accepted to participate; however, 38 of 168 students did not complete the surveys after seeing the questions, leaving 130 students who completed them. Other students left the classroom after learning about the aim of the study, after seeing the questions or after starting to answer the questions. It is feasible to think that the students who were disturbed by the questions and discontinued the questionnaire or left the classroom after learning about the aim of the study were not comfortable revealing their ideas about sexuality. The authors view this situation as a reflection of a society in which sexuality is still taboo for these students, and therefore, the sexual attitudes of students were likely more conservative than the result of this study showed.

Conclusion

These findings show that nursing students' attitudes about

sexuality are highly conservative. Second-year students were the most conservative group, while third-year students were the most liberal. Overall, students were more conservative about their own sexuality than others'. This situation can be related to the philosophy of nursing training, which is based on values such as respecting others' choices, not judging individuals to whom they provide care and accepting people as they are.

Because nurses' persistently conservative attitudes toward sexuality are a factor hindering them from providing optimal sexual health care, future studies should focus on how to change the sexual attitudes of nursing students in a positive direction. Our work provides the basis for planning future studies on changing nursing students' attitudes toward sexuality during their training. To change the sexual attitudes of nursing students, nursing schools should try educational techniques that take into account the characteristics of students by enabling them to be aware of their attitudes toward sexuality and to look at the issue from different points of view. Based on the finding that the gynecology course given in year three was effective in changing attitudes, courses on male–female reproductive health, gender and similar topics could be given in the first semester of the training program. These courses could help students deal with the sexual problems of their patients in the second semester, when they begin to enter clinical practice.

References

- Gorman L. Davis's Manual of Psychosocial Nursing in General Patient Care. In: Problems With Sexual Dysfunction. Philadelphia: FA Davis Company; 1996.
- Potter PA, Perry AG. Fundamentals of Nursing. Mosby Inc; 2001.
- Williams J. Psychological considerations in gastrointestinal nursing. *Br J Nurs* 2005;14:931–5.
- World Health Organization Official Webpage; www.who.int/topics/sexual_health/en/. 03.05.2015.
- Katz A. Do ask, do tell: why do so many nurses avoid the topic of sexuality? *Am J Nurs* 2005;105:66–8.
- Gorman L. Davis's Manual of Psychosocial Nursing in General Patient Care. In: Introduction to Psychosocial Nursing in General Patient Care. FA Davis Company; 1996.
- Reynolds KE, Magnan MA. Nursing attitudes and beliefs toward human sexuality: collaborative research promoting evidence-based practice. *Clin Nurse Spec* 2005;19:255–9.
- Albaugh JA, Kellogg-Spadt S. Sexuality and sexual health: the nurse's role and initial approach to patients. *Urol Nurs* 2003;23:227–8.
- Guthrie C. Nurses' perceptions of sexuality relating to patient care. *J Clin Nurs* 1999;8:313–21.
- Haboubi NH, Lincoln N. Views of health professionals on discussing sexual issues with patients. *Disabil Rehabil* 2003;25:291–6.
- Hayter M. Is non-judgemental care possible in the context of nurses' attitudes to patients' sexuality? *J Adv Nurs* 1996;24:662–6.
- Ringhofer J. Meeting the needs of your ostomy patient. *RN* 2005;68:37–41.
- Demirgöz BM. The nurse's attitudes and beliefs towards sexuality. *HEAD* 2014;11:38–42
- Varcarolis EM. Foundations Of Psychiatric Mental Health Nursing W.B. Saunders Company; 1998.

15. Yaniv H. Sexuality in Cancer Patients. Ankara Israel Cancer Association 2000.
16. Meston CM, Bradford A. Sexual dysfunctions in women. *Annu Rev Clin Psychol* 2007;3:233–56.
17. Aral SO, Fransen L. STD/HIV prevention in Turkey: planning a sequence of interventions. *AIDS Educ Prev* 1995;7:544–53.
18. Duyan V, Duyan G. Turkish Social Work Students' Attitudes Toward Sexuality. *SEX ROLES* 2005;52:697–703.
19. Yıldız F. Attitudes, behaviors and expectations of secondary school students' parents on sexuality and sexual education. [Unpubli shed Master Degree Thesis] Ankara. In Department of Social Work. Hacettepe University Social Science Institute;1990.
20. Saunamäki N, Andersson M, Engström M. Discussing sexuality with patients: nurses' attitudes and beliefs. *J Adv Nurs* 2010;66:1308–16.
21. Olsson C, Berglund AL, Larsson M, Athlin E. Patient's sexuality - a neglected area of cancer nursing? *Eur J Oncol Nurs* 2012;16:426–31.
22. Duyan V. Cinsel Tutum Ölçeği. Ankara: Hacettepe University Pub.; 2004.
23. Necef M. The transformation of the culture and language of intimacy. *Psyke & Logos* 1999;20:435–55.
24. Yorukoglu A. Psychological health of the child (in Turkish). Istanbul: Altin Pub; 1980.
25. Tekin M. Discussing the unspeakable: a study on the use of taboo topics in ELF speaking classes. *Journal of Theory and Practice in Education* 2011;7:79–110.
26. Ekşi Z, Kömürcü N. Knowledge level of university students about sexually transmitted diseases. *Procedia - Social and Behavioral Sciences* 2014;122:465–72.
27. İncesu C, Acar A, Kazmirci C, Bingöl P, et al. Sexual and Reproductive Health Survey. Ankara: Sexual education management and research association Pub.; 2006.
28. Ozguven El. Sexuality and sexual life. Center for Psychological Counseling. (in Turkish) Ankara; 1997.
29. Avşaroğlu A, Hayran O, Harmancı HG, Çalı Ş. The knowledge level of university students about sexuality and family planning. In Proceedings of the IV National Congress on Public Health (in Turkish) Turkey; 1994.
30. Bulut A, Nalbant H, Cokar, M. Developing adolescents' health conscious project. The Education and Research Unit of Women's and Children's Health, Istanbul Faculty of Medicine, Istanbul University, Istanbul 2002.
31. McKelvey RS, Webb JA, Baldassar LV, Robinson SM, et al. Sex knowledge and sexual attitudes among medical and nursing students. *Aust N Z J Psychiatry* 1999;33:260–6.
32. Korhonen T, Kylmä J, Houtsonen J, Välimäki M, et al. University students' knowledge of, and attitudes towards, HIV and AIDS, homosexuality and sexual risk behaviour: a questionnaire survey in two Finnish universities. *J Biosoc Sci* 2012;44:661–75.
33. The Turkish Official Gazette. <http://www.resmigazete.gov.tr/eskiler/2007/05/20070502-3.htm>. Access date:05.02.2015.