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2  
3 **REPRODUCTIVE HEALTH ATTITUDES IN YOUTHS: A CROSS SECTIONAL**  
4 **COMPARISON BETWEEN STUDENTS FROM DIFFERENT HEALTH SCIENCE**  
5 **DEPARTMENTS**

6  
7  
8 **ABSTRACT**

9         This study aimed to determine attitudes towards reproductive health among young  
10 university students who were future healthcare professionals. This was a cross-sectional  
11 descriptive study. The research population consisted of 1126 individuals and the research  
12 sample was 1096. The study data were collected by using two forms “Information Form” and  
13 Reproductive Health Scale (RHS). The students’ mean age was  $21.11 \pm 1.91$ . 78.6% of them  
14 were female, 75.5% of the students had information about reproductive health, 59.4% of them  
15 had obtained information through the mass media, and the female students were much better  
16 informed than the male. The RHS mean score was  $139.66 \pm 23.58$  and 60.5% of the students  
17 obtained a score above the mean. Being female increased the scores for the sub-dimensions of  
18 Partner Selection and Values in Developing Preventive Behaviors. The results of this study  
19 show that the attitudes of the young people studying at the College of Health towards  
20 reproductive health were generally positive, but that they were not adequately reflected in  
21 their behaviors. Further research is needed to reveal why the knowledge and attitudes of the  
22 students did not lead to appropriate behaviors.

23  
24 **Keywords:** Adolescence, Sexual risk behavior, Reproductive Health Education, Students  
25

26 **1. INTRODUCTION**

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

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

38 It can be asserted that young people do not have correct and adequate information  
39 about reproductive health, while those with a certain level of knowledge are not  
40 knowledgeable enough [6, 7]. The major factors preventing young people from accessing  
41 information and services related to the reproductive health can be listed as strict cultural  
42 norms about sexuality, taboos, lack of knowledge, the low quality of the existing services,  
43 lack of services to meet their needs and gender discrimination. These factors are greater  
44 barriers for young people in less developed countries and developing countries like Turkey.

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

52 **2. MATERIALS AND METHODS**

53 This was a cross-sectional descriptive study. We determined the reproductive health  
54 attitudes of healthcare students.

55 **2.1. Participants**

56 The participants consisted of the students at a College of Health found in the Aegean  
57 Region (n=1226). The College of Health has three departments, which are Nursing (n=548),  
58 Midwifery (n=300) and Physical Therapy and Rehabilitation (n=378). Data were collected

59 from 01 December 2011 to 30 January 2012. The objective of the study was explained; an  
60 assurance was given that answers would remain confidential and the interview setting was  
61 discussed. A total of 1096 students volunteered.

## 62 **2.2. Sample Size**

63 All the students who agreed to take part in the study and could be reached made up the  
64 sample (n=1096). There were 509 students from the Department of Nursing, 255 students  
65 from the Department of Midwifery and 322 students from the Department of Physical  
66 Therapy and Rehabilitation. Data were collected from the students who agreed to participate  
67 in the study. The participation rate was 89.3% and the reliability level of the sample was 0.96  
68 ( $\alpha=0,05$ ).

## 69 **2.3. Questionnaires**

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

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

76 **Reproductive Health Scale (RHS):** This scale was developed in Turkish by Saydam et al.  
77 (2010) to determine the attitudes of young adults towards reproductive health [9]. It is a 5-  
78 point Likert type scale, with 34 items and six sub-dimensions: Partner Selection, Values in  
79 Developing Preventive Behavior, Communication with Partner; Consultancy, Confidence and  
80 Protection from STDs. The minimum score obtainable from the scale is 34 while the  
81 maximum score is 170. The first 16 items of the scale are reversed in the calculation. A high  
82 score implies that the individual has a positive attitude towards reproductive health. The  
83 Cronbach's alpha coefficients of the scale were 0.88 for the whole scale, sub-dimensions  
84 Cronbach's alpha coefficients were changing between 0.84 and 0.55 [9].

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

## 88 **2.4. Data Collection**

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

92        **2.5. Data Analysis**

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

97        **3. RESULTS**

98            It was found that mean age of students was  $21.11 \pm 1.91$ , 78.6% of them were female, all  
99 were unmarried, 34.7% of them were sophomores, 46.4% of them were studying in the  
100 Department of Physical Therapy and Rehabilitation and 44.1% of them were living with a  
101 friend (Table 1).

102            It was determined that 75.5% of the students stated that they had knowledge of  
103 reproductive health, 59.4% of them had obtained information through mass media, 74.9% of  
104 them had problems with their sexual organs, 71.4% of those with health problems related to  
105 their sexual organs had seen a physician in relation to these problems, 20.9% of the students  
106 were sexually active, but that only 25.3% of the sexually active students used a contraceptive  
107 method at their first sexual intercourse (229 students answered this question). 80.0% of the  
108 students referring to a contraception method preferred to use a condom and 29.7% of the  
109 sexually active students used contraception in their subsequent sexual activities (Table 1).

110            The RHS mean score was found  $139.66 \pm 23.58$ . Sub-dimensions mean scores are in Table 2.  
111 60.5% of all students received a score above mean score. Students have received the lowest  
112 scores from Protection from STDs and Communication with Partner sub-dimensions.  
113 Students in the Department of Midwifery had the highest score (69.8%), while students in the  
114 Department of Physical Therapy and Rehabilitation had the lowest score from the scale.

115            There was a statistically significant difference between the mean score for the RHS and the  
116 gender of students ( $t=3.419$ ,  $p<0.001$ ). Female students had higher scores than male students.  
117 There was a statistically significant difference between the mean score for the RHS and the  
118 educational level of the students ( $F=3.580$ ,  $p<0.05$ ). In advanced analysis, it was found that  
119 the significant difference originated from fourth-year students. The mean score for the RHS  
120 and student's place of residence has statistically significant difference ( $F=5.694$ ,  $p<0.05$ ). In  
121 advanced analysis it was found that students staying in dormitories were accountable for the  
122 difference (Table 3).

123            Students who had some knowledge about reproductive health had higher scores than  
124 students who did not ( $t=1.954$ ,  $p<0.05$ ). Students who did not have any health problems with  
125 their reproductive organs had higher scores than students with such problems ( $t=3.509$ ,

126  $p < 0.05$ ). There was a statistically significant difference between the mean score for the RHS  
127 according to seeing a physician for problems with the reproductive organs ( $F = 3.509$ ,  $p < 0.05$ ).  
128 According to advanced analysis, students who saw a physician for problems with their  
129 reproductive organs constituted the difference (Table 3).

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

#### 139 **4. DISCUSSION**

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

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

##### 147 **4.1. Students' Knowledge and Behaviors in Relation to Reproductive Health**

148 Three-quarters of the students participating in the research stated that they had obtained  
149 information about reproductive health. This rate does not meet with what might be expected  
150 from for future healthcare professionals who have select a health-related profession and could  
151 be expected to be more interested in health-related issues. The finding that only one-third of  
152 the students who had obtained information received this information from their college  
153 implies that informing students about reproductive health from their first year of study may be  
154 beneficial. On the other hand, this finding also shows that the widespread social taboos  
155 concerning sexual and reproductive health also prevail in the university life and affect not  
156 only students but also instructors.

157 A majority of the knowledgeable students reported that they had obtained information  
158 through the mass media. This finding is consistent with the findings of other studies on this  
159 topic [12, 13, 14, 15, 16, 17, 18, 19]. It is natural that young people would prefer mass media

160 as source of information for an issue considered as taboo in society despite arousing their  
161 curiosity and interest. However, the possibility of obtaining incorrect and contradictory  
162 information via the mass media poses a great problem. Therefore, accessible reproductive  
163 health centers should be established and structured training programs should be organized to  
164 enable young people to get their information from healthcare professionals.

165 While the great majority of the students with knowledge about reproductive health were  
166 female students (81.0%), the rate was rather low among male students (19.0%). This finding  
167 is also consistent with other studies [20, 21, 22]. These findings may suggest that men are  
168 much more affected by the taboos in a society.

169 Two-thirds of the students stated that they had experienced a problem with their  
170 reproductive organs. Evci (1997) and Pınar (2008) found that 25-30% and 44.6% of students  
171 respectively had sexual problems [23, 24]. In light of these findings, the relevant percentage  
172 in our study was high. This may have resulted from the “medical students’ syndrome”, which  
173 is defined as a condition where medical students in particular start to perceive themselves or  
174 others to be experiencing the symptoms of the disease(s) they are studying.

175 It is a striking finding that one-third of the students experiencing problems with their  
176 reproductive organs did not consult a physician. The fact that even the students studying at the  
177 departments related to health do not see a physician for a reproductive health problem shows  
178 that the problem is not simple and the existing services will not be effective if the  
179 psychological, sociological and cultural dimensions of reproductive health are not considered.  
180 Turkish society has a conservative structure in terms of sexuality and reproductive health [25,  
181 26]. The attitudes of the healthcare professional, a lack of confidence in healthcare  
182 institutions, economic difficulties and lack of health centers close to residential areas can also  
183 be listed among the obstacles.

184 In the research, 20.9% of all students reported that they were sexually active. When  
185 answers of students to the question related to sexual activity were examined, it was seen that a  
186 great majority of the female students left this question unanswered while 56.8% of the male  
187 students expressed that they were sexually active. Different rates have been reported in the  
188 other studies conducted on this topic so far. Akın and Özvarış (2003) reported that 2.3% of  
189 female students and 12.8% of male students had some sexual experience [27]. Another  
190 Turkish study (Aras, Orçin et al., 2004) focusing on 1314 undergraduate students in a single  
191 university reported that 18.3% of female students and 61.2% of the male students had some  
192 sexual experience [28]. Dinç and Dedeoğlu (1993) stated that 5.9% of female students and

193 46.5% of male students had some sexual experience, Evcili et al. (2013) found that 5.6% of  
194 students had some sexual experience; Ungan and Yaman (2003) found the percentage to be  
195 19%; Pınar (2008) found it to be 19.7%; Süt et al. (2015) reported it as 21.3%, while  
196 Rathfisch et al. (2012) stated that 26%, Erenoğlu and Bayraktar (2017) found that 16.9% of  
197 all students had some sexual experience [3, 19, 24, 27, 28, 29, 30, 31]. Relevant studies  
198 conducted in Turkey indicate that girls are less sexually active than boys. This may result  
199 from the common belief in Turkish society that girls should remain virgins until they get  
200 married.

201 25.3% of the students stating that they were sexually active used contraception during their  
202 first sexual intercourse. Using contraception during their first sexual intercourse is consistent  
203 with the findings of other research [32, 33]. The most common contraceptive method used by  
204 was a condom, with 47.8%. The findings of the studies conducted by Mogilevkina et al.  
205 (2001), Ozan et al. (2004), Aras et al. (2004), Ajuwon et al. (2006), Gomes et al. (2008) and  
206 Rathfisch et al. (2012) are in parallel with the findings of our study [14, 21, 28, 32, 33, 34].  
207 The rate of using a contraceptive method during first sexual intercourse was rather low among  
208 students. On the other hand, it should be noted that condoms provide an effective, practical  
209 and cheap method and have become the most common form of protection from sexually  
210 transmitted infections. The second most common method used by the students during their  
211 first sexual experience was the withdrawal method. This result resembles the findings of  
212 Mogiloevkina et al. (2001), Aras et al. (2004) and Zuloaga, Soto and Vélez, (1995) [28, 32,  
213 35].

214 The rate of using a contraceptive method during subsequent sexual activities was found to  
215 be 29.7% among students. Süt et al. (2015) found that the rate of using a contraceptive  
216 method (condom) was 18% [19]. According to Tigges' (2001) study more than half (53%) of  
217 students had used condoms during the previous year. Students' rate of using a contraceptive  
218 method during subsequent relationships was higher than during first sexual intercourse and  
219 although this finding is positive, it is still a low rate and indicates a lack of knowledge [36].

#### 220 **4.2. Students' Attitudes towards Reproductive Health**

221 When the students' total RHS scores are considered, it is seen that students received high  
222 scores in all the sub-dimensions. This finding may imply that students displayed a positive  
223 attitude towards reproductive health. The highest mean score was obtained by the students of  
224 the Department of Midwifery. Students of the Department of Physical Therapy and  
225 Rehabilitation had the lowest mean score as their curriculum did not contain topics

226 concerning reproductive health. Knowledge, beliefs and emotions work together in a systemic  
227 and continuous way to form and shape and attitudes. This shows us the presence and  
228 importance of the learning process in the formation of attitudes.

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

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

241 It was seen that as the students' years of study increased, so their RHS mean scores  
242 increased. Koluçak et al. (2010) found that 48.7% of first year and 62.9% of fourth year  
243 students had a good level of sexual/reproductive health knowledge. Erenoglu and Bayraktar  
244 (2017) noted that fourth year students had the highest scores from the Sexual Attitude Scale.  
245 As the students progress through their years of study, their knowledge about reproductive  
246 health increases as a result of it coming within the scope of their curriculum.

247 It was found that students living with their friends had a more negative attitude towards  
248 reproductive health. It has been reported in studies that the knowledge of students living with  
249 their friends are usually lower [14, 17, 22]. Other research has indicated that insufficient  
250 knowledge affects attitudes negatively [11]. This information explains this result.

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



257 Students who had health problems with their reproductive organs had lower scores from  
258 the total RHS. It can be stated that negative experiences and reproductive health problems  
259 negatively affect reproductive health.

260 In the RHS it was found that students who did not consult a physician for problems with  
261 their reproductive organs had more negative attitudes than students who did. Aslan et al.  
262 (2014) stated that 83.7% of students had never used sexualhealth/reproductive health services  
263 before [38]. Kolucaçık et al. (2010) reported that students wanted to “applications and the  
264 spoken were confidential” and “women to serve women specialists, man to serve men  
265 specialists” [17]. Situations like these may be attributed to the fact that students ignore their  
266 problems, feel ashamed and embarrassed and are not knowledgeable enough about these  
267 issues.

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

272 It was found that students who used a contraceptive method during their first and  
273 subsequent sexual intercourse had negative attitudes towards reproductive health. These  
274 negative attitudes of sexually active students imply that they do not have enough knowledge  
275 about reproductive health and do not care to use contraceptive methods.

276 Our study has several limitations. Although the first intention was to conduct the study  
277 throughout Turkey, it was carried out in a specific region due to financial and time  
278 constraints. During the study, data were collected via personal statements. Despite the  
279 similarities between the findings of the present study and results of the studies covering the  
280 whole country, the results of this study only pertain to the region where it was carried out and  
281 cannot be generalized to Turkey. Finally, the cross-sectional and descriptive design of the  
282 study limits conclusions about causality for some findings.

## 283 **5. CONCLUSIONS**

284 It can be concluded that the attitudes of students of the Departments of Nursing,  
285 Midwifery and Physical Therapy and Rehabilitation towards reproductive health were  
286 generally positive but they were not reflected in the students’ behaviors. The fact that only  
287 one-fifth of the students used a contraceptive method during sexual intercourse supports this  
288 conclusion. Further research is needed to reveal why the knowledge and positive attitudes of  
289 students towards reproductive health did not lead to appropriate behaviors. On the other hand,  
290 the results of this research indicate that male students maintained traditional views, especially

291 in regard to selecting a partner. Further studies are needed to find out why men are more  
292 affected by tradition.

293

#### 294 **CONFLICT OF INTEREST**

295 All authors declare no conflict of interest.

296

#### 297 **ETHICAL CONSIDERATION**

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

304

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UNDER PEER REVIEW

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

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

426 \*Calculated on sexually active ones.

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

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

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UNDER PEER REVIEW

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

Affected Factors	Reproductive Health Scale				
	n	$\bar{X}$	Ss	t/F	p
<b>Sex</b>					
Female	862	140.92	23.71	3.419*	0.000
Male	234	135.01	22.54		
<b>Grade</b>					
1. class	237	135.68	24.15	3.580**	0.014
2. class	381	139.52	21.94		
3. Class	244	141.32	24.05		
4. Class	234	142.19	24.67		
<b>Settlement</b>					
Dormitory	468	142.01	22.82	5.694**	0.003
With family	145	140.98	23.98		
With friend	483	136.99	23.96		
<b>Receiving Information About Reproductive Health</b>					
Yes	827	140.45	23.52	1.954*	0.051
No	269	137.22	23.64		
<b>Having health problems with reproductive organs</b>					
Yes	821	138.58	23.63	-2.621*	0.008
No	275	142.88	23.20		
<b>Resorting to a physician in face a problem in reproductive organs</b>					
Yes	783	140.84	23.24	3.509**	0.030
No	140	136.16	24.97		
Sometimes	173	137.16	23.65		
<b>Being Sexually active</b>					
Unanswered	108	135.11	24.38	3.270**	0.038
Yes	229	138.20	22.79		
No	759	140.75	23.63		
<b>Using a contraceptive method at the first sexual intercourse (n=229)</b>					
Unanswered	28	136.32	24.15	4.591**	0.010
Yes	58	138.18	24.23		
No	143	141.15	23.17		
<b>Using a contraceptive method at the subsequent sexual intercourse (n=229)</b>					
Unanswered	26	136.49	23.93	4.749**	0.009
Yes	68	137.24	23.84		
No	135	141.24	23.29		
<b>TOTAL</b>	<b>1096</b>	<b>139.66</b>	<b>23.58</b>		

454 \*Student t Test; \*\*One Way Anova Test

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