

A SURVEY STUDY ON TURKISH PRE-SERVICE COUNSELORS:  
THEIR SOURCES OF SEXUALITY INFORMATION, PERCEIVED  
COMPETENCE, NEEDS TO OBTAIN INFORMATION, AND ATTITUDES  
TOWARD SEXUALITY

A THESIS SUBMITTED TO  
THE GRADUATE SCHOOL OF SOCIAL SCIENCES  
OF  
MIDDLE EAST TECHNICAL UNIVERSITY

BY

NURSEL TOPKAYA

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR  
THE DEGREE OF MASTER OF SCIENCE  
IN  
EDUCATIONAL SCIENCES

DECEMBER 2006

Approval of the Graduate School of Social Sciences

---

Prof. Dr. Sencer Ayata  
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science in Educational Sciences.

---

Prof. Dr. Ali Yıldırım  
Head of Department

This is to certify that we have read this thesis and in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science in Educational Sciences.

---

Assist. Prof. Dr. Zeynep Hatipoğlu Sümer  
Supervisor

**Examining Comitee Members**

Assoc. Prof. Dr. Gölge Seferoğlu	(METU, ELT)	_____
Assist. Prof. Dr. Özgür Erdur Baker	(METU, EDS)	_____
Assist. Prof. Dr. Zeynep Hatipoğlu Sümer	(METU, EDS)	_____

**I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.**

Name, Last name: NURSEL TOPKAYA

Signature :

## ABSTRACT

### A SURVEY STUDY ON TURKISH PRE-SERVICE COUNSELORS: THEIR SOURCES OF SEXUALITY INFORMATION, PERCEIVED COMPETENCE, NEEDS TO OBTAIN INFORMATION, AND ATTITUDES TOWARD SEXUALITY

Topkaya, Nursel

M.S., Department of Educational Sciences

Supervisor: Assist. Prof. Dr. Zeynep Hatipođlu Sümer

October, 2006, 223 pages

The purpose of the present study was fourfold: First, to understand pre-service counselors' primary sources of sexuality information; second, to examine pre-service counselors' perceived competence level of providing sexuality related information to their clients; third, to identify pre-service counselors' need to obtain more information on sexuality related topics, and finally, to assess pre-service counselors' attitudes toward sexuality. Demographic Data Form, Sexuality Information Form, and Turkish version of the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section were used as the data collection instruments. The data were gathered from 552 undergraduate students, recruited from three State universities that offer Psychological Counseling and Guidance undergraduate program in Ankara, Turkey.

The results of the study revealed that mothers and peers were cited as the primary sources by pre-service counselors. School/teacher, educational materials, and TV/movie were also mentioned as the important sources of information in relatively a few sexuality related topics. Moreover, female and male pre-service school

counselors' perceived competence level of providing information to their clients was higher among students who are about to finish their education compared to those who are at first or second year of his/her education in many sexuality topics. The findings also yielded that the majority of the females primarily need more information regarding sexual activities, whereas the majority of the males mainly need more information regarding society, culture, and sexuality. The results of MANOVA demonstrated that freshman and sophomore students reported more conservative masturbation, conventional morality, and homosexuality attitudes in comparison with either of the junior and senior students. Furthermore, female pre-service counselors held more liberal homosexuality attitudes than male pre-service counselors. The results indicated no significant differences with respect to gender and mother education as well as gender and father education of pre-service counselors and their masturbation, conventional morality, pornography, and homosexuality attitudes. Additionally, results showed that pre-service counselors who received previous sexuality education endorsed more liberal masturbation, conventional morality, and homosexuality attitudes as compared with pre-service counselors who did not receive any education.

Keywords: Sources of Sexuality Information, Perceived Competence, Needs to Obtain Information, Sexual Attitude

## ÖZ

### HİZMET ÖNCESİ PSİKOLOJİK DANIŞMANLARIN CİNSEL BİLGİ KAYNAKLARI, YETERLİK DÜZEYLERİ, BİLGİ İHTİYAÇLARI VE CİNSELLİĞE YÖNELİK TUTUMLARI

Topkaya, Nursel

Yüksek Lisans, Eğitim Bilimleri Bölümü

Tez Yöneticisi: Y. Doç. Dr. Zeynep Hatipoğlu Sümer

Ekim, 2006, 223 sayfa

Bu çalışmanın dört amacı vardır. Birincisi, hizmet öncesi psikolojik danışmanların temel cinsel bilgi kaynaklarını anlamak; ikincisi, cinsellikle ilgili konularda danışanlara bilgi vermede algıladıkları yeterlik düzeylerini saptamak; üçüncüsü, cinsellikle ilgili en fazla bilgiye ihtiyaç duyulan alanları belirlemek ve son olarak cinselliğe yönelik tutumlarını değerlendirmektir. Bu çalışmada, Demografik Bilgi Formu, Cinsel Bilgi Formu ile Ergenler için Cinsel Bilgi ve Tutum Ölçeğinin Türkçe Formu (SKAT-A) - Tutum Bölümü veri toplama aracı olarak kullanılmıştır. Araştırmanın verileri, Ankara ilindeki üç devlet üniversitesinin psikolojik danışmanlık ve rehberlik lisans programında öğrenim gören 552 öğrenciden toplanmıştır.

Araştırmanın bulguları, hizmet-öncesi psikolojik danışmanların cinsellikle ilgili konularda temel bilgi kaynaklarının anne ve akranlar olduğunu göstermiştir. Ayrıca, okul/öğretmen, eğitim materyalleri ve TV/sinema nispeten cinsellikle ilgili birkaç konuda başvuru önemli bilgi kaynaklarıdır. Buna ek olarak, kız ve erkek hizmet-öncesi psikolojik danışmanların sınıf düzeyi arttıkça yeterlik düzeylerinin arttığı

saptanmıştır. Kızların büyük çoğunluğunun cinsel etkinlikler konusunda, erkeklerin büyük çoğunluğunun ise toplum, kültür ve cinsellik konusunda en fazla bilgiye ihtiyaç duydukları belirlenmiştir. MANOVA sonuçları birinci ve ikinci sınıf öğrencilerinin mastürbasyon, geleneksel ahlâk ve homoseksüalite tutumlarının üçüncü ve dördüncü sınıflar ile karşılaştırıldığında daha muhafazakâr olduğunu işaret etmektedir. Bunun yanı sıra bulgular, kız hizmet-öncesi psikolojik danışmanların, erkeklere göre daha liberal homoseksüalite tutumlarına sahip olduklarını göstermiştir. Sonuçlar mastürbasyon, geleneksel ahlâk, pornografi ve homoseksüalite tutumlarının cinsiyet ve anne eğitim düzeyi ile cinsiyet ve baba eğitim düzeyine göre farklılaşmadığını ortaya koymuştur. Son olarak, daha önce cinsellikle ilgili eğitim alan hizmet-öncesi psikolojik danışmanların eğitim almayanlara göre daha liberal mastürbasyon, geleneksel ahlâk ve homoseksüalite tutumuna sahip oldukları bulunmuştur.

Anahtar Kelimeler: Cinsel Bilgi Kaynağı, Yeterlik Düzeyi, Bilgi İhtiyaçları, Cinsel Tutum

*To my family*



## ACKNOWLEDGEMENTS

I would like to thank all people who assisted in diverse ways in the completion of this study. First of all, my most sincere thanks go to my supervisor Assist. Prof. Dr. Zeynep Hatipođlu Sümer for her guidance, suggestions, and patience in every phase of this study. I am also thankful to my examining committee members, Assoc. Prof. Dr. Gölge Seferođlu and Assist. Prof. Dr. Özgür Erdur Baker for their valuable contributions and comments.

I would like to express my appreciation to my lecturers, Süleyman Dođan, Aytül Güven, Ilgın Başaran and research assistants Barış Yaka and Serkan Denizli, who inspired and encouraged me for graduate studies.

I would like to thank to Bilge and Ali Uzun Özer for their help in the beginning of my graduate studies and this study. I am also indebted to my friends Umman and Hasan Çetin and their sweet sons Dođa and Dora for their unlimited support throughout this study. I am also grateful to Tuncay Öğretmen, Nihal Tunca and my roommate Halime Özge Bahar for their assistance during this process.

I appreciate the encouragement of all the staff and the students at Dumlupınar University, Education Faculty and thank to students who took part in this study.

Finally, lots of thanks are for my parents and siblings for love and support not only in the process of writing this thesis but also throughout my life.

## TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZ.....	vi
DEDICATION.....	viii
ACKNOWLEDGEMENTS.....	ix
TABLE OF CONTENTS.....	x
LIST OF TABLES.....	xiii

### CHAPTER

<b>I INTRODUCTION.....</b>	<b>1</b>
1.1 Background to the Study.....	1
1.2 Purpose of the Study.....	8
1.3 Significance of the Study.....	8
1.4 Definition of Terms.....	9
<b>II REVIEW OF LITERATURE.....</b>	<b>11</b>
2.1 Current Theoretical Perspectives on Sexuality.....	11
2.1.1 Psychoanalytic Theory.....	11
2.1.2 Script Theory.....	12
2.1.3 Evolutionary Psychology.....	13
2.2 Sexuality Studies Abroad.....	15
2.2.1 Studies on Sources of Sexuality Information.....	15
2.2.2 Studies on Competence and Comfort Levels of Counselors in Sexuality Related Concerns.....	17
2.2.3 Studies on Sexual Attitudes.....	20
2.3 Sexuality Studies in Turkey.....	22
<b>III METHOD .....</b>	<b>29</b>
3.1 Design of the Study.....	29

3.2	Research Questions.....	30
3.3	Description of Variables.....	30
3.4	Participants.....	32
3.5	Data Collection Instruments.....	32
3.5.1	Demographic Data Form.....	32
3.5.2	Sexuality Information Form.....	33
3.5.3	The Sexual Knowledge and Attitude Test (SKAT-A) – Attitude Section.....	34
3.5.3.1	Reliability and Validity of the Sexual Knowledge and Attitude Test (SKAT-A) - Attitude Section.....	34
3.6	Data Collection Procedure.....	38
3.7	Data Analyses.....	38
3.8	Limitations of the Study.....	39
<b>IV</b>	<b>RESULTS .....</b>	<b>40</b>
4.1	Results Regarding the Demographic Profile of Female and Male Pre-service Counselors Included in the Study.....	40
4.2	Results Concerning the Differences between Female and Male Pre-service Counselors’ Primary Sources of Sexuality Information Regarding Various Sexuality Topics.....	44
4.3	Results Concerning the Pre-service Counselors’ Perceived Competence Level of Providing Sexuality Information as a function of Gender and Grade Level.....	96
4.4	Results Concerning the Female and Male Pre-service Counselors’ Needs to Obtain More Information Regarding Nine Sexuality Areas.....	167
4.5	Results Regarding the Relationship between Gender, Grade, and Sexual Attitude.....	171
4.6	Results Regarding the Relationship between Gender, Mother Education, and Sexual Attitude.....	175
4.7	Results Regarding the Relationship between Gender, Father Education, and Sexual Attitude.....	180

4.8	Results Regarding the Relationship between Gender, Previous Sexuality Education, and Sexual Attitude.....	184
<b>V</b>	<b>DISCUSSION.....</b>	<b>188</b>
5.1	Discussion Regarding the Differences between Female and Male Pre-service Counselors' Primary Sources of Sexuality Information.....	188
5.2	Discussion Regarding the Pre-service Counselors' Perceived Competence Level of Providing Sexuality Information as a function of Gender and Grade Level.....	191
5.3	Discussion Regarding the Female and Male Pre-service Counselors' Needs to Obtain More Information.....	193
5.4	Discussion Regarding the Relationship between Gender, Grade, and Sexual Attitude.....	195
5.5	Discussion Regarding the Relationship between Gender, Mother Education, Father Education, and Sexual Attitude.....	196
5.6	Discussion Regarding the Relationship between Gender, Previous Sexuality Education, and Sexual Attitude.....	197
5.7	Implications and Recommendations for Practice and Research.....	199
	<b>REFERENCES .....</b>	<b>201</b>
	<b>APPENDICES</b>	
A	Demographic Data Form .....	211
B	Sexuality Information Form .....	214
C	Turkish Version of the SKAT-A - Attitude Section.....	218

## LIST OF TABLES

### TABLES

Table 3.1	The Factor Loadings, Communalities, and the Items of the Sexual Knowledge and Attitude Test for Adolescents-Attitude Section.....	36-37
Table 4.1	The Demographic Information of the Pre-service Counselors Regarding Their Gender, Grade, and the University Enrolled.....	41
Table 4.2	The Demographic Information of the Pre-service Counselors Regarding Their Residence, Where They Mostly Spent Their Lives, and Mother and Father Education Level.....	43
Table 4.3	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Gender Roles.....	46
Table 4.4	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Marriage.....	48
Table 4.5	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Family.....	50
Table 4.6	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Flirt.....	52
Table 4.7	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male	

	Pre-service Counselors' Primary Sources of Sexuality Information with respect to Puberty.....	54
Table 4.8	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Menstruation.....	56
Table 4.9	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Wet Dreams.....	58
Table 4.10	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Pregnancy.....	60
Table 4.11	The Results of Two-Way Contingency Table Analysis with Chi-square Regarding The Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Conception.....	62
Table 4.12	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Sources of Sexuality Information with respect to Infertility.....	64
Table 4.13	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Abortion.....	66
Table 4.14	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Vajinal Intercourse.....	68
Table 4.15	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male	

	Pre-service Counselors' Primary Sources of Sexuality Information with respect to Oral Sex.....	70
Table 4.16	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Anal Sex.....	72
Table 4.17	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Orgasm.....	74
Table 4.18	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Masturbation.....	76
Table 4.19	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexual Orientation.....	78
Table 4.20	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Family Planning.....	80
Table 4.21	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Contraceptive Methods.....	82
Table 4.22	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Hygiene.....	84
Table 4.23	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male	

	Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexually Transmitted Diseases.....	86
Table 4.24	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to the Prevention of Sexually Transmitted Diseases (STDs).....	88
Table 4.25	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to HIV/AIDS.....	90
Table 4.26	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Prevention of HIV/AIDS.....	92
Table 4.27	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexual Abuse.....	94
Table 4.28	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Pre-service Counselors' Perceived Competence Level with respect to Gender Roles as a function of Gender and Grade Level.....	98
Table 4.29	Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method.....	99
Table 4.30	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Pre-service Counselors' Perceived Competence Level with respect to Marriage as a function of Gender and Grade Level.....	101
Table 4.31	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Family as a	



	function of Grade Level.....	103
Table 4.32	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Flirt as a function of Gender and Grade Level.....	105
Table 4.33	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Puberty as a function of Gender and Grade Level.....	107
Table 4.34	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Menstruation as a function of Gender and Grade Level.....	109
Table 4.35	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	110
Table 4.36	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service counselors’ Perceived Competence Level with respect to Wet Dreams as a function of Gender and Grade Level.....	112
Table 4.37	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	113
Table 4.38	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Pregnancy as a function of Gender and Grade Level.....	115
Table 4.39	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	116
Table 4.40	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	117
Table 4.41	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Conception	

	as a function of Gender and Grade Level.....	118
Table 4.42	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	119
Table 4.43	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Infertility as a function of Gender and Grade Level.....	121
Table 4.44	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	122
Table 4.45	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Abortion as a function of Gender and Grade Level.....	124
Table 4.46	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	125
Table 4.47	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Vajinal Intercourse as a function of Gender and Grade Level.....	127
Table 4.48	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	128
Table 4.49	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Oral Sex as a function of Gender and Grade Level.....	130
Table 4.50	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	131
Table 4.51	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Anal Sex as a function of Gender and Grade Level.....	133

Table 4.52	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	134
Table 4.53	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Orgasm as a function of Gender and Grade Level.....	136
Table 4.54	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	137
Table 4.55	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Masturbation as a function of Gender and Grade Level.....	139
Table 4.56	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	140
Table 4.57	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Sexual Orientation as a function of Gender and Grade Level.....	142
Table 4.58	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	143
Table 4.59	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Family Planning as a function of Gender and Grade Level.....	145
Table 4.60	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Contraceptive Methods as a function of Gender and Grade Level.....	147
Table 4.61	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	148
Table 4.62	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	149

Table 4.63	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Hygiene as a function of Gender and Grade Level.....	150
Table 4.64	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to STDs as a function of Gender and Grade Level.....	152
Table 4.65	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	153
Table 4.66	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Prevention of STDs as a function of Gender and Grade Level.....	155
Table 4.67	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	156
Table 4.68	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to HIV/AIDS as a function of Gender and Grade Level.....	158
Table 4.69	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	159
Table 4.70	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Prevention of HIV/AIDS as a function of Gender and Grade Level .....	161
Table 4.71	Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	162
Table 4.72	The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors’ Perceived Competence Level with respect to Sexual Abuse as a function of Gender and Grade Level.....	164

Table 4.73 Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	165
Table 4.74 Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method.....	166
Table 4.75 Female Students’ Rankings of the Need to Obtain More Information Regarding Nine Sexuality Areas.....	168
Table 4.76 Male Students’ Rankings of the Need to Obtain More Information Regarding Nine Sexuality Areas.....	170
Table 4.77 Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors by Gender and Grade.....	172-173
Table 4.78 The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors With Respect to Gender, Grade, and Interaction between Gender and Grade.....	174
Table 4.79 Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Female and Male Pre-service Counselors by Gender and Mother Education .....	177-178
Table 4.80 The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors With Respect to Gender, Mother Education, and Interaction between Gender and Mother Education.....	179
Table 4.81 Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-sevice Counselors by Gender and Father Education.....	181-182
Table 4.82 The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors With Respect to Gender, Father Education, and Interaction between Gender and Father Education .....	183
Table 4.83 Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors by Gender and Previous Sexuality Education.....	185

Table 4.84 The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors With Respect to Gender, Previous Sexuality Education, and Interaction between Gender and Previous Sexuality Education .....	186
---	-----

## CHAPTER I

### INTRODUCTION

#### 1.1 Background to the Study

The concept of “sexual health” has changed in different ways in the past three decades. Political, social, economic, technological, and other historical events such as sexual revolution, discussions about abortion, the gay rights movement, overpopulation issues, and the effect of sexually transmitted diseases and HIV/AIDS infections on human health have resulted in a change in the understanding of the concept. These public health concerns led to various definitions of sexual health (Edwards & Coleman, 2004).

About 30 years ago, World Health Organization (1975) proposed one of the first internationally recognized definitions of sexual health as the integration of somatic, emotional, intellectual, and social sides of sexual wellness that connects personality, communication, and love. Later, some other components of sexual health were included in the definition. For example, Sexuality Information and Education Council of the United States [SIECUS] (1995) defined it as including both sexual development and reproductive health, besides the characteristics such as the ability to form and maintain meaningful interpersonal relations, to be content with one’s own body, communicate with both females and males respectfully, and express affection, love, and intimacy in ways that are congruent with one’s own values. According to the U.S. Surgeon General (2001), sexual health is not only bounded by not having diseases or disfunctions, nor does it correspond to the reproductive years. It encompasses the ability to identify the risks, to promote responsible decision-making skills, to understand outcomes and impacts of sexual practices. Moreover, sexual

health includes avoiding from sexual abuse, discrimination and the ability to combine with sexuality, which is regarded as a vital part of the individual's total well-being assisting to the bio-psycho-social integrity necessary for good health by educators, health professionals, and the general public (Weerakoon & Stiernborg, 1996), into individuals' lives.

Since sexuality is an integral part of our lives and a biological fact of our existence, this issue has received the considerable attention of many researchers and been the subject of many studies (Ansuini & Fiddler-Woite, 1996; Çok, Ersever, & Gray, 1998; De Gaston, Weed, & Jensen, 1996; Roche, 1998; Weerakoon & Stiernborg, 1996; Yıldız, 1990). Particular attention has been devoted to understand the adolescent sexuality. Due to changes in body size and appearance, in addition, an awareness of these changes and rises in levels of sex hormones (Hyde & DeLamater, 1997), adolescence is a phase of experimentation with physical maturation, and especially sexual maturation (Gerler, 1991). Therefore, throughout the teenage years, it is anticipated an increase in sexual interest and activities in healthy adolescent development (Kelly, 1998).

Research has shown that unsafe and risky behavior exhibited by many sexually active adolescents. In a study, that explored high-risk sexual behavior in a large group of adolescents, Melchert and Burnett (1990) found that respondents' early mean age at first intercourse was 12.5 years (for males 12.3 years and for females 12.9 years), nearly 30% of the youngsters experienced pregnancy, almost 60% reported that they never or seldom used birth control, and only 16% reported that they used birth control the first time that had intercourse. Likewise, in a recent study with Turkish youngsters, Gökengin et al. (2003) found that seventy per cent of the students experienced sexuality at ages 15-19, without any significant gender differences. In the same study, almost one third of the participants (36.6%) reported that they engaged in sexual activity. Despite more sexual activity and more sexual partners were reported by the male students, the proportion of never using condoms was significantly higher among males. Additionally, Turkish Ministry of Health statistics (2004) have indicated that between the years of 1985 and 2004, the number



of reported Turkish HIV/AIDS cases was 1922 and majority of them (1155) were at ages 15-39.

To date, research on Turkish students' knowledge about AIDS/HIV and sexually transmitted diseases demonstrates the limited knowledge of Turkish youths (Çok, Gray, & Ersever, 2001; Savaşer, 2003). Literature clearly indicates that not having a healthy perspective and the correct information on sexuality issues can lead to negative sexual health consequences or harm for the young people (Roche, 1998). Therefore, the need for adolescents to have definite knowledge about sexuality seems clear. However, whether the information sources are equipped with necessary and correct information required to deal with sexuality issues of adolescents is still blur.

Sources of sexuality information have been of increasing concern in recent years since accurate initial sexuality information was found to be important for lifetime wellness (Ansuini & Fiddler-Woite, 1996). An increasing number of studies consistently show that people receive their sexuality information from a variety of sources (Davis & Harris, 1982; Duyan & Duyan, 2005; Gökengin et al., 2003; Moran & Corley, 1991; Somers & Surmann, 2004; Sümer & Demir, 2006) and source of sexuality information for females is family (De Gaston, Weed, & Jensen, 1996; Dilario, Kelley, & Hockenberry-Eaton, 1999) and for males is their peers (Bulut, 1998; Ozan, Aras, & Orcin, 2005). In a recent study that compared the actual and preferred sources of sexuality information among Turkish and American female university students, it was found that majority of students preferred to obtain sexuality information from health professionals including physicians, counselors, and psychologists (Sümer & Demir, 2006).

It is generally assumed that in order to manage sexual issues effectively, health professionals should assume a key role to provide qualified and reliable information (U.S. Surgeon General, 2001). Consistent with this view, Welbourne (1983) emphasized that today's people need more assistance in relation to sexual issues such as reproduction, childrearing practices, sexuality education, and sexual behaviors than ever before. Furthermore, according to Sexuality Information and Education

Council of the United States [SIECUS] (1996), providing sexuality information should not only consist of reproductive health but also factual information regarding anatomy, physiology, biochemistry of sexual response systems, sexual orientation, gender roles, personality traits, thoughts, feelings, and relationships special to human sexuality. Similarly, Russel (1990) stated that sexuality does not only include the activities about intercourse but also sensitivity, confidence, caring about relationship, and self-esteem (as cited in Bridges, Lease, & Ellison, 2004). Therefore, professionals, working with young population, are assumed to be equipped with information about human sexuality, and to provide information regarding sexuality education, counseling and referrals when demanded by public. However, a number of researcher have reported that health professionals are not competent or willing to respond client sexual concerns (McConnell, 1976; Roche, 1998). In a similar vein, Croft and Asmussen (1993) stated that both adolescents and adults assume that health professionals are not relaxed while talking about sexuality and often do not have proper communication skills on sexual issues. Research by Hardoff, Tamir, and Palti (1999) revealed that health professionals' perceived skills were generally low.

As one of the members of health professional team, whether or not the counselors possess necessary competence to deal with the sex-related issues of the counselee (Weerakoon & Stiernborg, 1996) has been the focus of many research studies abroad. In their study, Milton, Berne, Patton, and Peppard (2006) analyzed the messages that counselors provided to youngsters during counseling sessions regarding sexual behaviors and sexual responsibility. Sexuality issues majorly dealt with in a counseling session were issues regarding relationship break-up, sexually transmitted infections after having unsafe sex, sexual orientation, pregnancy, harassment and sexual abuse. Moreover, messages provided to young people included valuing oneself, making own choices, being informed about consequences and risks of sexual behaviors, and being responsible if sexually active. Bridges, Lease, and Ellison (2004) proposed that realizing sexual concerns when they are appeared in sessions and understanding the signs of existing sexual problems are core of good therapeutic process. Similarly, Kelly (1976) noted that feeling relaxed when discussing sexual issues with adolescents is important for counselors as young

people will respond most openly to those counselors who have sexual comfort. To further the understanding of personal discomfort, Weerakoon, Jones, Pynor, and Watt (2004) investigated anticipated level of comfort related with sexuality including students enrolled in physical therapy, occupational therapy, medical radiation sciences, rehabilitation counseling, leisure and health sciences, and behavioral health science educational degree programs. More than half of the prospective mental health care professionals reported that they would not feel comfortable in dealing with the issues raised in nine of the nineteen sexually based items with significant gender differences for some of these items. In another study, Mcgarwey, Peterson, Pinkerton, Keller, and Clayton (2003) found out that sexual health knowledge and comfort in addressing sexual health problems of clients increased linearly from first to third year.

Kitkowski (2002) noted that it is prerequisite for health professionals to be aware of their own sexual attitudes. According to Petty, Wegener, and Fabrigar (1997) attitudes are the important signs in estimating human behavior in general and sexual behavior in particular. Sexual attitudes includes a tendency to react negatively or positively to the human sexuality issues. This is not only bounded by physical contacts but also ideas, symbols, other people and concepts about human sexuality (Britton, 2003).

There is considerable evidence that a lot of varied factors can have an effect on the extent to which individuals hold either conservative or liberal sexual attitudes (Leiblum, Wiegel, & Brickle, 2003). In the light of literature, one of these factors is parental influence. The literature indicates that mother and father are the major sources in the formation of sexual attitudes (Ekşi, 1990; Fitzharris & Werner-Wilson, 2004). In the same vein, Thornton and Camburn (1987) mentioned that educational acquisitions of parents are accepted to affect sexual attitudes of their children in a more permissive way. They further commented that education lead to exposure to more permissive beliefs resulting in sexual liberalization. Yıldız (1990) found that attitudes toward and expectations of the Turkish people regarding sexuality and sexuality education were greatly influenced by their socioeconomic status, family

roots, their gender, their children's gender, their knowledge about the meaning of sexuality education, their perception of sexual topics, readings about sexual materials, first age for obtaining information about sexuality, and their sources of information. Furthermore, these variables were interrelated with each other.

The literature also provides a wealth of data supporting the gender differences in relation to sexual attitudes. For example, in a research conducted by De Gaston, Weed, and Jensen (1996) it was found that females were more likely to maintain abstinence until marriage, perceived more disapproval from parents regarding sexuality, view their engagement of sexual activities as a great risk, and were more likely to talk about sexuality and dating practices with their parents. Previous study demonstrated that males had more conservative attitudes than females (Akın, Bahar-Özvarış, Aslan, Esin, & Çelik, 2003).

Research studies have also explored the impact of education on sexual attitudes and findings yielded positive outcomes. In a study, that analyzed attitudinal changes in individual students, rather than for the class as a whole, Weis, Rabinowitz, and Ruckstuhl (1992) found that sexual attitudes became more liberal within the time period of sexuality course. Research by Adame (1986) showed that attitudes toward heterosexual relations, abortion, and masturbation differed significantly for students enrolled in a human sexuality course. In an experimental study with Turkish youngsters, Gürşimşek (2004) found significant differences on the attitude scores of participants receiving sexuality education. Female participants reported more positive attitudes toward sexuality than male participants after the training.

Empirical evidence on counselors' comfort and knowledge level in sexuality issues and their attitudes has also raised the question regarding the effectiveness of counselor education programs. U.S. Surgeon General (2001) claimed that health care professionals do not obtain sufficient training. Furthermore, it was suggested that knowledge, awareness of personal predispositions, and understanding of the diversity of sexual orientations and behaviors should be increased by the counselor education curriculum content.

In Turkey, there has been no formal, school-based comprehensive sexuality education provided to young people. However, some recent progress has been made in providing sexuality education to university students including (pre-service) counselors. For instance, an elective course on sexual health has been offered in several faculty of education. In medical schools and in some psychology undergraduate programs human sexuality, sexual functions and dysfunctions courses have been incorporated into curricula (Aydın & Gülçat, 2006). Moreover, since 1997, Ministry of Education, Ministry of Health, United Nations Population Fund (UNFPA) along with some non-governmental organizations (Foundation of Human Resources Development) have carried out a project called “Support for Youngsters’ Sexual Health Education” to train prospective health educators and to eliminate sexual knowledge deficiencies of young people (Turkish Ministry of Education, 2006).

It should be noted that bulk of literature addresses the important functions of counselors as sexuality educators, particularly in school settings. Because of school counselors are ahead of educating their clients regarding sexuality (Pietrofesa, 1976; Tegtmeier, 1980), presumed to react as consultants to sexuality education curriculum-planning groups, and to be a part of these programs (Kelly, 1976). Furthermore, as the first step for youngs with sexual health issues or difficulties, they can be appropriate and accessible source of help for adolescents while covering sexual issues (U.S. Surgeon General, 2001).

Helping teenagers with sexual concerns are important for counselors and it is also important for counselors to be sex-positive educators, as they enhance healthy perspective and sexual health of their clients (Roche, 1998). Kelly (1976) states that it is counselors’ responsibility to be well- skilled for this kind of role. Moreover, counselors in community are involved in counseling situations that include sex-related problems such as sexual values, roles, dysfunctions, and conflicts, to bring about an atmosphere facilitative of personal growth in educational settings (Bridges, Lease, & Ellison, 2004). Thus, it seems unavoidable for most of the counselors to

encounter with clients who have issues regarding sexuality (Bridges, Lease, & Ellison, 2004).

If counselors do not have adequate and sufficient knowledge of human sexuality and feel uncomfortable with their sexuality, they may not be able and eager to help to young people having concerns regarding sexual issues (Roche, 1998). In addition, without proper preparation in human sexuality, counselors may have difficulty in promoting their clients wellness on sexual concerns (Gordon, 1976 as cited in Roche, 1998). Therefore, how and what counselors learn about human sexuality, recognizing the educational deficiencies, and examining their attitudes seem to be an important area of concern in this century (Anderson, 2002).

### **1.2 Purpose of the Study**

The purpose of this study was mainly fourfold: first, to understand Turkish pre-service counselors' primary source of sexuality information; second, to examine pre-service counselors' perceived competence level of providing sexuality related information to their clients; third, to identify pre-service counselors' need to obtain more information on sexuality related topics; finally, to assess pre-service counselors' attitudes toward sexuality and whether sources of sexuality information, perceived competence, needs to obtain more information, and attitudes toward sexuality vary according to certain demographic variables.

### **1.3 Significance of the Study**

Counseling professionals are often asked to address clients' sexuality related concerns. Graves (1979 as cited in Kitkowski, 2002) stated that counseling concerns related to sexuality are complex, often involving ethical issues. Counselors must have affective sensitiveness (Brown, 1973 as cited in Kitkowski, 2002), and helping professionals are inclined to determine if their values, perceptions, attitudes and knowledge are both enough and accurate to assist others in their personal development (Graves, 1979 as cited in Kitkowski, 2002). Therefore, understanding

pre-service counselors' perceptions and their attitudes toward sexuality are important variables that may have an impact on the quality of care provided to the client population. In addition, the findings of this study may increase school counselors' awareness level on the broad area of knowledge across the human sexuality continuum and may point out the importance of acquiring further insight to understand their attitudes toward sexual issues.

Furthermore, understanding pre-service counselors' source of sexuality information, perceived competence level of providing information, and their needs to obtain more information can be important for curriculum planning and policy decisions regarding sexuality education of counselors. Hence, identifying pre-service counselors' need areas may give some idea for developing training programs for counselor education. Knowledge obtained from this study may also inform counselor educators on what adjustments can be made in curricula to better prepare future counselor (Daire & Fairall, 2005). Moreover, integration of different sources of sexual learning into counselor education programs may also increase the effectiveness of these training programs and also counselors.

The review of literature has demonstrated that little research has been done abroad to examine counselors' source of sexuality information and attitudes toward sexuality. Moreover, there has been no published study that investigates pre-service counselors' source of sexuality information, perceived competence level of providing sexuality information to their clients, their needs to obtain more information on sexuality related topics, and attitudes toward sexuality, concomitantly in Turkey. This study is expected to expand the existing body of research by examining this issue empirically.

#### **1.4 Definition of Terms**

**Pre-service counselor:** student counselor who is currently enrolled in an undergraduate level degree program in psychological counseling and guidance.

**Sources of sexuality information:** involves the a wide range of sources such as mother, father, other family members, school/teacher that pre-service counselors received information regarding human sexuality (SIECUS, 1996).

**Perceived competence level:** reflects being pre-service counselors' to be comfortable with their own sexuality, possess the skills and confidence to cope with the range of sexual concerns (Weerakoon & Stiernborg, 1996).

**Need to obtain more information on sexuality related areas:** indicates the pre-service counselors' needs for further information regarding society, culture and sexuality, social structure and sexuality, puberty, reproductive anatomy and physiology, sexual activities, sexual orientations, family planning and contraception, sexually transmitted diseases and HIV/AIDS, and sexual abuse.

**Sexual attitude:** includes a tendency to react negatively or positively to the human sexuality issues. This contains not only physical contacts but also ideas, symbols, other people, and concepts regarding human sexuality (Britton, 2003).



## **CHAPTER II**

### **REVIEW OF LITERATURE**

In this chapter, the review of literature relevant to the purpose of the study is presented. The first section of the chapter introduces the current theoretical perspectives on sexuality, the second section addresses studies carried out in the field of sexuality on sources of sexuality information, on competence and comfort levels of counselors in sexuality related concerns, and on sexual attitudes abroad and final section acknowledges research studies conducted in the field of sexuality in Turkey.

#### **2.1 Current Theoretical Perspectives on Sexuality**

The literature points out three different theoretical perspectives regarding sexuality namely, psychoanalytic theory, script theory, and evolutionary psychology (Mcanulty & Burnette, 2001). These theories proposed different perspectives about sexuality, while some focused on the role of biology, social context, and cultural effects, each of them have made valuable contributions to the understanding of human development, sexuality, and sexual development.

##### **2.1.1 Psychoanalytic Theory**

Psychoanalytic theory is the first systematic attempt that defines sexuality coherently (Mcanulty & Burnette, 2001). Famous theorist of this viewpoint, Sigmund Freud, claims that sex drive also known as libido is one of the driving force in human behavior and in childhood sexuality as a usual part of human development. Infants are born with powerful biological urges, one of which is the sexual instinct and it is present at birth. The libido creates a build up of sexual tension and an uncomfortable situation that motivates a person to look for release through gratification as an

instinct. The notion that the id always desires to gratify its instincts is called the pleasure principle (Mcanulty & Burnette, 2001).

Throughout the development of a child, the modes of experiencing sexual tension and relieve occur in patterns of biologically expressed stages. The first stage, oral period (from birth to 1 year), is a derivation of pleasure period from the mouth. The anal stage (from 1 to 3 years) is stressed by the expectation that the child will master toilet training. Improving control over bowel movements by the child at this stage gives pleasurable sensations. The phallic stage (from 3 to years) stresses the first time the child acquires pleasure from genital sensations. Children can be observed exploring their genitals with their hands and demonstrating curiosity toward the genitals of the counter sex at this stage. Next stage, the latency period, starts from the age 6 and ends when the child reaches 12. This stage is relatively asexual stage. The sexual instinct is subdued and the sex drive is redirected toward social activities and goals. The genital stage (from 12 years and up) is suggested as the last developmental stage in Freud's theory. This stage includes mature sexuality because the sex drive is fully oriented on genital pleasure with a partner (Hyde & DeLamater, 1997).

To sum up, Freud thinks sexuality as a basic motive for human behavior. It starts at birth and ends at death. Besides, he conceives sexual development as a difficult and long process (Mcanulty & Burnette, 2001).

### **2.1.2 Script Theory**

The scope of this sociological perspective on sexuality is quite broad. It attempts to explain human sexuality by studying society, its rules, and norms. It has three fundamental viewpoints: 1) every society builds up the development and understanding of sexuality among its members; 2) social norms that direct the sexual behavior are closely linked to the basic institutions of society such as family, religion, and government; and 3) within the society, the culture determines what is

sexually acceptable and normal and also what is unacceptable and abnormal (Hyde & DeLamater, 1997).

This theory suggests the idea that sexual behavior is not a special or unique type of behavior. However, it takes on a special characteristic when so defined by society or by the individual based on his or her experiences in society (Gagnon & Simon, 1973, as cited in Mcanulty & Burnette, 2001).

Further to these suggestions, the theory has three levels of scripts (or scenarios) as its name implies. These are cultural, interpersonal, and intrapsychic scripts. Cultural scripts are about the instructional guides for sexual behavior within a culture. Interpersonal scripts refer to representations of the mechanism through which proper identities are made consistent with desired expectations. When it comes to intrapsychic scripts, they are the desires and wishes that guide a person's sexual behavior. (Simon & Gagnon, 1986). According to script theory, sexual behavior is the conclusion of the interplay between these three levels. Members of a society realize general guidelines from the cultural scripts and incorporate with individual beliefs, values, and desires from the intrapsychic scripts. An interpersonal script occurs from the interplay among personal desires, values, and experiences and what the culture or subculture assumes acceptable or permissible. (Mcanulty & Burnette, 2001).

As a result, script theory highlights the extensive diversity in sexual practices across cultures and within a culture (Mcanulty & Burnette, 2001).

### **2.1.3 Evolutionary Psychology**

The theory adapts into the field of psychology, some of the findings that Charles Darwin put forward in his studies and conclusions. The supporters of this perspective suggest that existent human sexual practices can be understood in the light of our history as species. One of the basic principles of this theory is on the primary force underlying human sexual behavior. According to this theory, reproduction and

passing one's genes to the next generation is the primary force as a factor in human sexual behavior. Besides, this theory suggests that sexual practices that offer reproductive benefits are more likely to be passed on -that is, genetically transmitted- whereas practices that are not beneficial in that way will possibly not be transmitted (McAnulty & Burnette, 2001).

According to this theory, sexual selection is another significant characteristic that plays a key role in sexuality. It refers to the evolutionary process through which human sexual practices and preferences that constitute reproductive advantages have become established. This term is used to describe the commonalities in partner preferences and in strategies followed to attract a partner among people around the world. Sexual strategies can be explained as those practices for choosing and attracting a partner that have proven successful over the progression of the evolutionary history of human species. Humans use these strategies being unaware of the underlying patterns behind their sexual preferences (Buss, 1998).

In sum, evolutionary psychology tries to find out the origins of current sexual practices in human evolution process. Sexual strategies, which offered reproductive benefits to our ancestors, evolved. These strategies may explain existing gender differences in the selection of sexual partners (McAnulty & Burnette, 2001).

In conclusion, psychoanalytic theory puts forward that sexuality is a part of lifelong, developmental process of an individual rather than a biological fact that occurs at puberty. Besides, the theory contributes to psychology some very useful implications for understanding the nature of human sexuality. While the script theory describes how the society shapes individual sexuality, it also suggests that each society has its own ways to create sexual meanings and the bases of sexuality. Therefore, it is useful for evaluating the differences of sexual behavior in diverse cultures. Evolutionary psychology marks the idea that human sexual practices are not random but strategic. The theory also emphasises that sexual behavior has a biological basis. Furthermore, three theories stress the role of sociocultural factors in the formation of sexuality among individuals. However, the theories differ in terms of their views of society.

Psychoanalytic theory regards society as a restrictive force in sexual development. Yet, script theory considers society for being responsible about defining sexuality and also presenting codes for sexual behavior. On the other hand, evolutionary psychology accepts society as the context in which human sexual strategies are performed (Mcanulty & Burnette, 2001).

## **2.2 Sexuality Studies Abroad**

In the following sub-sections sexuality studies on sources of sexuality information, on competence and comfort, and on sexual attitudes are presented.

### **2.2.1 Studies on Sources of Sexuality Information**

One of the early studies on identifying the sources of sexuality information of adolescents was conducted by Moran and Corley (1991). In their survey study, sources of sexuality information of 28 Anglo and 69 Hispanic adolescent males who sought help about sexual issues either by applying social services or enrolled in physical education class were examined. The results showed that sexuality education class was a primarily preferred source of information by Anglo subjects, while Hispanics preferred their friends. They found a significant difference between Anglos and Hispanics about sexual intercourse. When compared to Hispanics, Anglos were against having sexual intercourse before marriage, whereas there was no significant difference with respect to already having intercourse and first age. Another finding was no significant difference between having sexual intercourse and using condom.

Ansuini and Fiddler-Woite (1996) investigated the source, accuracy, and impact of initial sexuality information on lifetime wellness of 500 adults (over 20 years of age) and 200 adolescents (between ages of 9 – 19). Other, sibling, teacher, parent, and adult relatives were reported as the primary source of information in the same rank order by both females and males. In addition, data was classified by age in five groups: (1) 9-19; (2) 20-29; (3) 30-39; (4) 40-49; and (5) 50 and over. “Other” was

rated as the main source of information for groups 3, 4, and 5. Group one reported their siblings and group 2 mentioned “teacher” as the primary source of information. Seventy-five percent of males and ninety-two of females acknowledged sexual intercourse as a normal part of life. Respondents were also asked whether inaccurate sexuality information led to any negative effect on their emotional or physical wellness. Sixty-nine percent of the respondents reported emotional discomfort resulting from inaccurate sexuality information.

In another study, Dilario, Kelley, and Hockenberry-Eaton (1999) examined the role of mothers, fathers and friends while discussing about sexual issues. Participants were 405 adolescents and 382 mothers of adolescents. The results revealed that when compared to their fathers, both male and female adolescents were more tend to talk about sexual topics with their mothers. On the other hand, male adolescents were more tend to to share sexual issues with their fathers than female adolescents. Both female and male respondents reported their mother as the primary source, friends were rated in the second order, and their father was in the third order to discuss sex-related issues. Sexually transmitted infections/HIV/AIDS and condom use were mostly ranked topics of discussion. The findings also showed that female adolescents tend to talk about the menstrual cycle with their mothers, sexual abstinence with their fathers, and sexual intercourse with their friends. However, male respondents were more tend to talk STD/AIDS, dating and sex behavior, sexual intercourse, condom use, and pregnancy with their fathers. While discussing sexual issues with their friends, both female and male adolescents were more comfortable. Comparing females, male adolescents were less comfortable talking to mothers, but more comfortable talking to their fathers.

In a similar vein, Somers and Surmann (2004) conducted a study to identify 672 adolescents’ preferred sources of sexuality education regarding various sexuality topics, and to evaluate whether there were any significant differences across gender, race, grade, and social-economic status. Female and male respondents from all three race groups reported their parents as the preferred sources of sexuality education. Similarly, 9<sup>th</sup> and 10<sup>th</sup> female and male students assigned parents as the primary

source. Eleventh and 12<sup>th</sup> grade males cited their parents and school equally. Except middle class males, who preferred school based sources, parents were the primary sources of sexuality education. Across all groups, school and peers were the other most cited sources.

### **2.2.2 Studies on Competence and Comfort Levels of Counselors in Sexuality Related Concerns**

One of the earliest studies regarding mental health professionals' competence was conducted by McConnell (1976). The purpose of the study was to evaluate 36 counselor trainees' competence while counseling clients with sexual problems. The competence was operationally defined in terms of empathy, anxiety, and sexuality knowledge. The results demonstrated that counselor trainees were unable to express accurate empathy, and their anxiety level were high. In addition, their sexuality knowledge including a wide range of topics such as masturbation, sex-act techniques, birth control, pregnancy, and venereal diseases were inadequate.

In his experimental study, Arnold (1980) analyzed the impact of counselor affective arousal engendered by a self-examination of personal sexuality on expressed counselor willingness and comfort in dealing with client sexual concerns. Possible significant relationships among counselor attribute variables that pertain to elements of counselors' personal sexuality were also explored. Participants were 68 counselors-in-training in Doctoral, Specialists and Master's programs in the Psychology, Counseling and Guidance Department of the University of Northern Colorado. The treatment group subjects attained a significant lower mean score on the "comfort" scale. No significant difference was found in the mean scores attained by groups on the willingness scale. A significant positive correlation was found between subjects' sexual knowledge and their willingness to address sexual concerns. However, no significant relationship was found between subjects' completion of a graduate level course in human sexuality and the liberality of subjects sexual attitudes. No significant relationship was found between the sexual experiences of the subjects and the sexual knowledge of the subjects, nor was there a

significant relationship between the subjects' sexual experience and liberality of the subjects' sexual attitudes.

Fisher et al. (1988) carried out a study to examine 82 medical students' feelings regarding sexuality, the role of those feelings to influence their interest in learning about sexuality, willingness to treat patients with sexual issues, and attending in an elective sexuality education course. The results yielded that the erotophobic students (those with negative feelings regarding sexuality) had significantly lower levels of sexual knowledge and less tended to attend in an elective sexuality course than the erotophilic students (those with positive feelings about sexuality). Furthermore, the erotophobic students who attended sexuality course benefited from it less when compared to erotophilic students. In other words, the human sexuality course had no effect on the erotophobic students' willingness, while for erotophilic students participation in course led to increase in their willingness to treat patients with sexual concerns.

Blum and Bearinger (1990) conducted a survey study with 3066 physicians, nurses, social workers, nutritionists, and psychologist to explore their perceptions of training and competency with respect to 16 dimensions of adolescent health care. The participants from each discipline reported deficits in health care training. Moreover, over half of the psychologists reported deficits regarding sexual concerns. It was found out that though health care professionals reported knowledge deficits, a greater proportion would not attend continuing education or training to increase their competencies.

In order to examine the high school counselors' human sexuality education, their sexual comfort, HIV knowledge, and willingness to respond to adolescents about sexual issues, Roche (1998) carried out a study. The results obtained from 268 high school counselors demonstrated that majority of them (over 40%) did not receive any training on human sexuality during their undergraduate education. Only 25% reported substantial undergraduate education in anatomy and physiology. Similarly, more than half of the high school counselors included in the sample neither attended



workshops about human sexuality nor watched professional human sexuality education videos/movies within the last two years. Sexual comfort scores of the participants was above the average. More than half (57.5%) of the high school counselors answered 38 of the 45 items correctly on the HIV-Knowledge Questionnaire. On the willingness scale scores ranged from a low score of 1 to a high score of 12.08 with a median score of 6.0 indicating that participants' responses were following a normal curve pattern.

Anderson (2002) explored the role of counselors' sexual knowledge, sexual experience, sexual attitudes, age, gender, sexual orientation, ethnic background, number of years as a practicing counselor, religious affiliation, training experience specific to sexual issues, work setting, and geographic location on the sexual comfort level of counselors. Three-hundred and ten practicing counselors participated in the study. The results showed that sexual attitude, training experiences in sexual issues, personal sexual experience, number of years as a practicing counselor were the significant predictors of sexual comfort level.

Most of the scholars reiterated the lack of human sexuality education for counselors (Christensen, Norton, Salisch, & Gull, 1977; Fyfe, 1980; Kelly, 1976; Kirkpatrick, 1980; McConnell 1976a). Yet, to date few research studies have been conducted. Christensen et al. (1977) stated that counselors and helping professionals are not sought out for help in sexual matters, and further commented that counselor education programs do not usually include human sexuality as a specific topic of instruction. After conducting a seminar discussion with a group of fellow doctoral students in the counseling program, Christensen et al. found that participants were uncomfortable with some of the explicit presentations of various sexual topics, and were unaware of many fundamental aspects of human sexual functioning. Moreover, the researchers concluded that graduate students in counselor training who seek help with sexual problems demonstrate the same lack of understanding and stereotypical attitudes about human sexuality as does the general public.

Gray, Cummins, Johnson, and Mason (1989) examined the extent to which graduate students in counseling are being educated in issues about human sexuality. The researchers received responses from 270 counselor educators from the 476 counselor education programs in the United States. The results showed that in 37% of programs integrated human sexuality curricula as a part of other general coursework. Sixteen percent of programs offered separate human sexuality courses. Only 28% offered some human sexuality courses, and integrating some human sexuality into existing coursework, and 19% neither offered separate courses in sexuality nor integrated human sexuality into current coursework. Researchers concluded that if counselor education programs are to adequately prepare counselors for the future, human sexuality courses need to be a part of the core curriculum.

### **2.2.3 Studies on Sexual Attitudes**

Close inspection of literature on sexual attitudes has indicated two broad line of research; first, studies that examine the influence of paternal attitudes on premarital sexuality, and second, studies that investigate the attitudes of health professionals toward sexuality.

Thornton and Camburn (1987) investigated the influence of family on premarital sexual attitudes of both mothers and children in 916 families. They found significant gender differences concerning premarital sexuality. Despite the fact that both sons and daughters expressed general approval, males had more approving attitudes than females. The findings also showed that adolescent perceptions and attitudes were significantly influenced by maternal attitudes. Moreover, results yielded that education level of mother was associated with more liberal attitudes.

Similarly, Weinstein and Thornton (1989) carried out a study with a sample of 888 mother-child pairs to examine how closeness of mother-child relation related with the mother's attitudes and child's behavior and attitudes. They found that children who have close relationship with their mothers were more likely to endorse attitudes

and behaviors similar to their mothers' own attitudes when compared to children who are not closer.

Rudolph (1989) evaluated the effects of a training workshop on mental health practitioners' attitudes toward homosexuality and counseling behavior. Twenty-one mental health practitioners and mental health trainees were assigned to a treatment, and 31 graduate students enrolled in various counselor education courses in summer were assigned to a comparison group. The results demonstrated significant and positive modification of attitudes toward homosexuality and greater effectiveness in a gay/lesbian counseling relationship in the treatment group participants.

Blalock (1998) conducted a study including 155 graduate counselor trainees to identify their knowledge about HIV/AIDS, attitudes toward HIV/AIDS, to investigate a theoretical model which predicts favorable attitudes from a set of demographic and experiential variables, and finally to examine counselor trainees perceptions and interpretations of HIV/AIDS. The findings of the study demonstrated that the overall HIV/AIDS knowledge of the counselor trainees were high. It was found out that counselor trainees who had a personal contact with someone who was HIV, or had AIDS endorsed more positive general attitudes than those who did not have not such a contact. The most powerful predictor of favorable general attitudes about HIV/AIDS was knowledge about the diseases, it was followed by sexual orientation, personal relationship with a HIV/AIDS infected person, and gender. The respondents defined the HIV/AIDS in terms of two distinct themes: Instrumental/Cognitive (as a virus), and experiential/affective (with respect to contact with HIV affected person).

In the same vein, Costin, Page, Pietrzak, Kerr, and Symons (2002) aimed at examining in-service and pre-service school counselors' current levels of HIV/AIDS related knowledge and attitudes, and the demographic factors linked to HIV/AIDS knowledge and attitudes with a sample of 276 in-service and 210 pre-service school counselors. The results revealed that both in-service and pre-service school counselors possessed lower than expected levels of knowledge and endorsed

uncertain to slightly positive attitudes toward HIV/AIDS. Furthermore, no significant differences were found regarding knowledge and attitudes toward individuals with HIV/AIDS between groups by age as well as school setting.

As a result, several studies have been carried out to investigate various aspects of sexuality for adolescents, mental health professionals in training and mental health professionals in practice. The result of the studies revealed that sexuality information was gleaned from variety of sources, and sexuality competence and comfort of mental health professionals were primarily related to the counselors' sexual knowledge, sexual attitudes, and gender. Also, sexual attitudes were linked to various socio- cultural variables. Moreover, the effectiveness of education on sexuality indicated that coursework in sexuality enables the counselor to deal with more effectively with client's sexual concerns.

### **2.3 Sexuality Studies in Turkey**

In the last decade, sexuality, as a research topic, has received the considerable attention of Turkish researchers. Majority of the studies have particularly focused on examining university students' behavior, sexual knowledge, and attitudes toward sexuality and HIV/AIDS.

In one of the earlier studies, Öztürk (1995) investigated the sexual knowledge, behaviors and attitudes of 902 university students. The age range of the participants was 18-25 years, and majority of them were female (65.6%). The findings revealed that 292 of the females and 183 of males received sexuality information primarily from encyclopedias, newspapers-magazines, and friends. 283 of the females and 155 the males receive information about sexuality from their families, newspapers-magazines and encyclopedias when they feel need. First sexual intercourse was experienced between the ages of 18-20. Males (67.4%) had more sexual experience than females (25%). Majority of females (81.2%) had more liberal attitudes regarding virginity than males (49.6%). In addition, both female and male participants reported a favorable attitude toward cohabitation.

In the same manner, Çok, Ersever, and Gray (1998) surveyed 530 university students to determine their sexual behaviors in the last year. The findings showed that 33% of the group was sexually active. Male students reported more sexual activity than female students. Hugging and going hand in hand were the most rated (74.5%) sexual activities among university students. It was followed by kissing on the lips (54.9%). Thirteen per cent of males and 10.5% of females reported that they had sexual intercourse without using condom. Twenty-one per cent of males and 6% of females reported that they had sexual intercourse during menstruation period.

In another survey study, Çok, Gray, and Ersever (2001) examined the university students' sources of information and knowledge on HIV/AIDS, attitudes toward people with HIV/AIDS, perceptions of risk related to HIV/AIDS, sexual and sexual communicative behaviors (n=530). The participants stated that they obtained information about HIV/AIDS from variety of sources. The rank of the most frequently used sources were newspapers, books and magazines with 60% (n=317), television and radio newscasts with 51% (n= 268), television specials about AIDS with 44% (n= 235), and friends with 26% (n= 139). The mean score of the students on the knowledge scale about the transmission, symptomology, and prevention of HIV/AIDS was 32 out of 37. However, the results indicated that university students had significant misunderstandings on some important aspects of HIV/AIDS. Both accepting and unaccepting attitudes toward people with HIV/AIDS depending, in part, on their personal involvement with an HIV positive person were reported by students. Students perceptions of their personal risk were low. One third of the total participants reported sexual activity but limited safer sexual behaviors by the same individuals. Students were asked about their sexual communication behaviors while trying to learn about a new sex partner to determine their general tendency to involve in sexual behaviors. In general, students were likely to ask if the prospective partner had injected drugs (47%, n=251), ask if the prospective partner had experienced a sexual relationship with an HIV drug user (55%, n=294), take fewer precautions with someone who does not seem sick (66%, n=349) and ask if the person had experienced a sexual relationship with a homosexual man (75%, n=395).

Studies carried out with the prospective teachers focused on what they need to know about sexuality and AIDS/HIV and also the information sources about them. Korkmaz (2001) investigated pre-service teachers' knowledge necessity and applied information sources related to AIDS in terms of gender including 100 pre-service teachers selected from Faculty of Education in Hacettepe University in 2001-2002 academic year. All of the participants reported that they did not receive any education regarding AIDS throughout their educational lives and 28% of participants obtained information about AIDS with their own efforts and 80% of participants could define AIDS and HIV basically but thought that they were transmitted only through blood and sexual intercourse. 92% of females and 84% of males learned about AIDS and HIV from TV mostly. 89% of males and 96% females ranked most widely needed topic in AIDS and HIV education as "Contemporary Educational Approaches about training the students on Sexuality and AIDS" and others, such as prevention from AIDS and making students conscious about struggling against AIDS and helping physical and emotional developments of students with a HIV positive.

Literature also indicates studies carried out in the field of social work and medicine. In their study, Gökengin et al. (2003) aimed to determine medical university students' knowledge of sexually transmitted diseases (STDs), sexual attitudes, and behaviors including 2,217 first-and fourth- year students. Gökengin et al. reported that 36.6% of the students engaged in sexual activity, and males with a percent 61.2% were sexually more active than females (18.8%). 71.4% of the students' first experienced sexuality at ages 15-19, and 25% of the students' experienced sexual activity at ages 20-25. No significant gender difference was observed. Males had significantly more sexual partners than females, and the rate of male students never using condoms was significantly higher than females. Condom, oral contraceptives, withdrawal, rhythm, intrauterine device and diaphragm were the most frequently mentioned contraception methods, respectively. Mean score on the knowledge questions was 16.29 out of 30. HIV infection and AIDS were the mostly known sexually transmitted disease. Students' knowledge of transmission, signs and symptoms, and risk groups of STDs was not adequate. Media and friends were the

major sources of information about STDs. 84.7% of the students reported that prevention of STDs is person's own responsibility.

Likewise, Ozan, Aras, and Orcin (2005) examined and compared the sexual attitudes and behaviors of 116 first year and 85 sixth year medical students. The results showed significant gender differences for premarital sexuality between first and sixth year female students and between first and sixth year male students. Males reported positive view for a man to have sex before marriage, and females had more liberal attitudes for males to have sex before marriage when compared to females. Female students' sources of information regarding puberty were their mothers, while friends were for males.

Duyan and Duyan (2005) conducted a study to assess 317 social work students' sources of information and attitudes concerning sexuality. Information sources of the students were books (188, 66.0%), friends (137, 48.1%), family (74, 26.0%), television (71, 24.9%), and magazines (62, 21.8%). Social work students' sexual attitudes toward sexuality were quite traditional for self, and their attitudes were a bit permissive for others. It was found that sexually active male students who could talk about sexuality with others, and had low religious beliefs, endorsed more liberal attitudes toward sexuality.

In a recent cross-cultural study, Sümer and Demir (2006) identified the preferred and actual sources of sexuality information of 137 American and 165 Turkish female university students. The majority of American and Turkish respondents mentioned that parents should have the primary responsibility for teaching personal hygiene, puberty, menstruation, sexual identity, sexual abuse, interpersonal relations-sexuality, moral and ethical questions related to sex, what to look for in a mate, and how far to go on a date. Moreover, American students preferred their parents as the primary source on pregnancy-delivery, intercourse, birth control, abortion, and homosexuality. However, Turkish female students preferred community professionals as the primary source of information on these topics, except intercourse. Concerning their actual sources of information, it was found that both

American and Turkish participants relied on their parents for personal hygiene, puberty, menstruation, and sexual identity. The findings also showed that friends were the mostly mentioned sources of information regarding intercourse, orgasm, masturbation, interpersonal relations-sex, and how far to go on a date. Furthermore, majority of the American respondents reported their parents as the primary source on moral and ethical questions related to sex whereas, Turkish respondents reported their friends.

In another study, Sümer (2006b) examined 165 female and 140 male university students' sexual knowledge and behaviors in the past two years. The results demonstrated that respondents had moderate level of sexual knowledge. The difference between female and male students with respect to overall sexual knowledge score was not at the significant level. The results also showed that 38.5% of males and 21.9% of females had engaged in sexual intercourse. It was found out that 82.9% of females and 54.7% of males frequently used contraceptives. Condom was reported in the first order as a contraceptive method by male (66%) and female (34.3%) participants. Moreover, the data revealed that 35.2% of females rated french kissing, while 33.6% of males rated masturbation as mostly involved sexual activities in the past two years.

In Turkish literature few studies have also examined the early adolescents' and teenagers' sexual knowledge and behaviors. For example, Aral, Ayhan, Zengin, and Karşı (2004) investigated the high school students' sexual knowledge according to their socioeconomic status. Data obtained from 900 adolescents. The results yielded that 64.3% of the upper, 40.7% of the middle, and 45% of the lower socioeconomic status adolescents have knowledge about sexuality. In other words, the higher the socioeconomic level was, the higher their sexual knowledge level. Besides, 53.3% of the adolescents did not talk to their mothers about sexuality. In terms of socioeconomic level, 19.7% of the adolescents from lower, 19.7% of the middle and 32% of the upper socioeconomic level talked to their mothers about sexual issues. It was found that when adolescents have a problem related to sexuality, 37% of them



primarily asked to their friends and 31.1% of them obtained information from their families.

In a different population, Tuğrul and Artan (2001) conducted a study with 665 mothers, who have children between the ages of 2-18, from low socio-economic status, to assess their attitudes toward sexuality and sexuality education of their children. The results demonstrated that the majority of mothers from all age groups did not know the meaning of sexuality education. The majority of mothers believed that sexuality begins in high school years. It was found that for both boys and girls, considerable amount of information regarding sexuality was provided by mothers, and asking some questions to other people outside of the family was considered inappropriate. Mothers provided information only when adolescents asked, yet mothers ashamed of replying.

In a review paper, Artan (2001a) mentioned the importance of sexuality education throughout the primary school years, and claimed that well planned and well implemented sexuality education programs may lead to desirable and appropriate behaviors in childhood, adolescence and adulthood. In another study, Artan (2001b) drew the attention to the role of television in sexuality education. According to him, the television is one of the most important tools for children and youngsters to acquire information regarding sexuality and sex roles in this century. Considering the controversial findings of the previous studies regarding the effect of television programs on sexual knowledge and behaviors of young people, he concluded that directors of the broadcasting services should fulfill their responsibilities especially in countries like Turkey where the sexuality is still a taboo and a hidden subject.

Review of literature also indicates the efforts to develop valid and reliable measures to assess sexual knowledge of Turkish adolescents. For instance, Kutlu and Çok (2002) developed a sexual knowledge test to evaluate the effectiveness of a sexuality education program for 12-14 year-old adolescents. The test included the dimensions as human development, relationships, sexual behavior, sexual health, and society and culture. The internal consistency for the sexual knowledge test was .70.

In summary, results of the studies conducted with university students in Turkey have demonstrated that young Turkish people are sexually active and tend to engage in highly risky sexual behaviors. However, their knowledge on sexual health and sexually transmitted diseases is insufficient. When sexual attitudes are considered, it can be suggested that females have more liberal attitudes than males concerning pre-marital sexuality.

## **CHAPTER III**

### **METHOD**

In this chapter, methodological procedures of the study are presented. The first section addresses the design of the study and the next section documents the research questions, while the third one includes the description of variables. The fourth section contains the participants. The details regarding data collection instruments are introduced in the fifth section. The procedure followed in the study is explained in the sixth section. The seventh section acknowledges the statistical analyses employed to the data. Finally, the last section presents the methodological limitations of the study.

#### **3.1 Design of the Study**

The purpose of this descriptive study was mainly fourfold: first, to understand Turkish pre-service counselors' primary source of sexuality information; second, to examine pre-service counselors' perceived competence level of providing sexuality related information to their clients; third, to identify pre-service counselors' need to obtain more information on sexuality related topics, and finally, to assess pre-service counselors' attitudes toward sexuality. The participants were 552 undergraduate students, recruited from three State universities that offer Psychological Counseling and Guidance undergraduate program in Ankara, Turkey. Demographic Data Form, Sexuality Information Form, the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section (Fullard, Johnston, & Lief, 1998) were used to collect data. Descriptive statistics, two-way contingency table analyses with chi-square, and multivariate analysis of variance (MANOVA) were conducted to analyze the data.

### **3.2 Research Questions**

This study focused on the following research questions:

1. Do the frequencies of primary sources of sexuality information differ according to pre-service counselors' gender?
2. Do the frequencies of female and male pre-service counselors' perceived competence level of providing sexuality information to their clients vary according to their grade level?
3. In which areas do female and male pre-service counselors need to obtain more information?
4. Are there any significant mean differences among pre-service counselors' sexual attitude test sub-scale scores with respect to gender and grade?
5. Are there any significant mean differences among pre-service counselors' sexual attitude test sub-scale scores with respect to gender and mother education?
6. Are there any significant mean differences among pre-service counselors' sexual attitude test sub-scale scores with respect to gender and father education?
7. Are there any significant mean differences among pre-service counselors' sexual attitude test sub-scale scores with respect to gender and previous sexuality education?

### **3.3 Description of Variables**

**Gender:** is presented with categories of female (1) and male (2).

**Grade:** is presented with categories of freshman (1), sophomore (2), junior (3), and senior (4).

**Mother education:** is presented with categories of illiterate (1), primary school dropout (2), primary school graduate (3), secondary school dropout (4), secondary school graduate (5), high school dropout (6), high school graduate (7), vocational college graduate/ a 2-year education (8), university dropout (9), university graduate (10), holds a master's / PHD degree (11).

**Father education:** is presented with categories of illiterate (1), primary school dropout (2), primary school graduate (3), secondary school dropout (4), secondary school graduate (5), high school dropout (6), high school graduate (7), vocational college graduate/ a 2-year education (8), university dropout (9), university graduate (10), holds a master's / PHD degree (11).

**Previous sexuality education:** is presented with categories of yes (1) and no (2).

**Sources of sexuality information:** refers to some possible sources that the participants have obtained information on selected sexuality topics. Categories of sources of sexuality information are have no information (1), mother (2), father (3), other family members (4), school/teacher (5), peers (6), magazines (7), educational materials (8), TV/movie (9), doctor/nurse (10), psychologist/counselor (11), and the Internet (12).

**Perceived competence level of providing sexuality information:** refers to the perceived qualification level of the participants regarding client's sexuality related information needs which was collected on a seven point scale from very qualified (7), somewhat qualified (6), qualified (5), undecided (4), unqualified (3), somewhat unqualified (2), to very unqualified (1).

**Needs to obtain more information:** refers to pre-service counselors' needs to obtain information in selected nine sexuality areas: society, culture and sexuality (1), social structure and sexuality (2), puberty (3), reproductive anatomy and physiology (4),

sexual activities (5), sexual orientations (6), contraception (7), sexually transmitted diseases and HIV/AIDS (8), and sexual abuse (9).

**Attitudes toward sexuality:** includes masturbation, conventional morality, pornography and homosexuality sub-scales and refers to the sum of scores as measured by the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section.

### **3.4 Participants**

The participants in this study consisted of pre-service counselors. For the purposes of this study, pre-service counselors defined as those individuals attending psychological counseling and guidance undergraduate programs in Ankara at the time of this study. The sample involved in the study selected conveniently.

Five hundred and fifty two (354 females and 198 males) volunteered students participated in the study. The total age of the participants ranged from 17 to 30 years with a mean age of 20.07 ( $SD = 1.96$ ). The age of female participants ranged from 17 to 30 years with a mean age of 19.89 ( $SD = 1.86$ ). The age of male participants ranged from 17 to 30 years with a mean age 20.41 ( $SD = 2.10$ ).

### **3.5 Data Collection Instruments**

In this study, the following instruments were used to collect data from pre-service counselors: Demographic Data Form, Sexuality Information Form, the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section.

#### **3.5.1 Demographic Data Form**

The Demographic Data Form developed by the researcher contains questions about gender, age, grade, the university they attend, the education level of the participants' mothers and fathers, residence, place where they most spent their life, the age when

they first acquired sexuality information, whether they received any previous sexuality education in an institution, and if yes, the kind of training (see in the Appendix A).

### **3.5.2 Sexuality Information Form**

Sexuality Information Form developed by the researcher by reviewing literature. In this regard, SIECUS Guidelines (2000) and sexual health education teacher's handbook which was published by Foundation of Human Resources Development (2000) were used. Moreover, the existing forms that were similar with the purpose of the study were taken into consideration. The data collection instrument was given to 5 academicians in the field of psychological counseling and guidance in order to obtain content and face validity. Each expert given the data collection instrument was asked to evaluate the form critically in terms of its content, and response format. They were also asked to think of the items that should be revised. After getting the expert opinions, necessary revisions were made.

Sexuality Information Form consists of three parts. The first part of the form includes 25 sexuality topics such as gender roles, marriage, family, flirt, and 11 possible information sources for example, parents, educational materials, peers, media. In the final form an additional response category "no information" was included. Participants were asked to identify in a rank order of the 5 sources that had most influenced their sexuality information of sexuality. Second part of the form explores the participants' perceived competence level on a 7-point, Likert-type response format regarding the aforementioned 25 sexuality topics. The final part of the form contains general sexuality topics such as society, culture and sexuality, puberty, sexual activities, and participants were asked to put them in a rank order according to their needs to obtain more information (see in the Appendix B).

### **3.5.3 The Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section**

SKAT-A - Attitude section aims to assess adolescents' attitudes toward sexuality. The attitude section contains 40 items using a 5-point, Likert-type response format (1= strongly agree, 5 = strongly disagree) (see in the Appendix C). The original attitude scale contains five specific content subscales: masturbation, homosexuality, pornography, premarital sex, and abortion. High scores on the attitude scale indicate a more liberal sexual attitude.

Fullard, Johnston, and Lief (1998) reported the internal consistency estimates for each of the five subscales within the Attitude scale as .87 for masturbation; .83 for homosexuality, .73 for pornography, .77 for premarital sex, and .73 for abortion. A test-retest coefficient of .89 was obtained for the total attitude scale.

The translation and adaptation study of the Sexual Knowledge and Attitude Test for Turkish Adolescents (SKAT-A) were conducted by Sümer (2006a).

#### **3.5.3.1 Reliability and Validity of the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section**

The psychometric properties of Turkish version of SKAT-A were re-examined with the research sample of the present study. Initially, maximum likelihood analysis with extraction method was used to detect low communalities and the crossloaded items. All items with less than .30 loading on one of the factors were eliminated. Among 40 items, 20 items remained and 20 were eliminated. After this preliminary analysis, principal component analysis with varimax rotation was performed. The analysis yielded 4 factors with the Eigen values of 8.516, 1.896, 1.255, 1.094 respectively, and explained 54.5% of the total variance. The first factor was titled as "masturbation" and included 6 items. The second factor was called "conventional morality", and consisted of 6 items. The third factor was named "pornography" and contained 5 items. The fourth factor was labeled as "homosexuality" and had 3 items.



The reliability coefficient alpha for the overall scale was .92 and internal consistency estimates for each of the four subscales within the Attitude scale were .89 for masturbation, .88 for conventional morality, .80 for pornography, and .70 for homosexuality.

A list of four factors, their factor loadings, communalities, and the content of the items that were grouped under those factors are presented in Table 3.1.

Table 3.1

*The Factor Loadings, Communalities, and the Items of the Sexual Knowledge and Attitude Test for Adolescents - Attitude Section*

<b>Item no</b>	<b>Items of SKAT</b>	<b>Masturbation</b>	<b>Conventional Morality</b>	<b>Pornography</b>	<b>Homosexuality</b>	<b>Communalities</b>
16	Masturbation is unhealthy	<b>.73</b>	.25	.23	.16	.68
10	Parents should prevent their children from masturbating	<b>.73</b>	.25	.25	.17	.69
28	Teenage females who masturbate are queer	<b>.71</b>	.22	.21	.17	.63
19	It is ok for teen males to masturbate	<b>.71</b>	.14	.27	.11	.62
14	It is ok for teen females to masturbate	<b>.68</b>	.20	.17	.10	.55
6	Healthy sexually active people do not masturbate	<b>.53</b>	.17	.25	.08	.38
9	Sex before marriage is morally wrong	.27	<b>.78</b>	.24	.14	.77
12	Women should wait until they are married before having sex	.23	<b>.77</b>	.15	.25	.75
25	Teenagers should be encouraged to remain virgins	.14	<b>.72</b>	.16	.27	.65
13	Abortion is murder	.21	<b>.58</b>	.17	.19	.45

Table 3.1 continued

<b>Item no</b>	<b>Items of SKAT</b>	<b>Masturbation</b>	<b>Conventional Morality</b>	<b>Pornography</b>	<b>Homosexuality</b>	<b>Communalities</b>
24	Abortion is a greater evil than bringing an unwanted child into the world	.15	<b>.50</b>	.18	.19	.34
3	Pornography should be banned.	.31	.24	<b>.69</b>	.10	.65
36	Pornography should not be censored	.15	.12	<b>.58</b>	.15	.40
8	Only perverts look at pornography	.31	.21	<b>.57</b>	.00	.48
27	All kinds of pornography are degrading to women	.27	.23	<b>.55</b>	.16	.46
15	Adolescents who look at pornography are more likely to rape their sexual partners	.30	.32	<b>.42</b>	.08	.38
33	Homosexuals/lesbians can be excellent parents	.14	.22	.12	<b>.60</b>	.45
29	Homosexuals should be allowed to marry each other	.10	.23	.06	<b>.59</b>	.42
17	Homosexuals/lesbians are sick	.30	.38	.20	<b>.51</b>	.56

After re-examining the psychometric properties of Turkish version of SKAT-A with the research sample, the minimum and maximum scores that can be obtained from the total scale ranges from 0 to 100, for masturbation 0 to 30, for conventional morality 0 to 30, for pornography 0 to 25, and for homosexuality 0 to 15.

To obtain criterion-related evidence of validity, correlation coefficients were computed between a one-item self-rating of sexual attitudes (1 = very conservative to 10 = very liberal ) and sexual attitude test sub-scale scores of pre-service counselors. A one-item self-rating of sexual attitudes was correlated with each of the four subscales scores i.e. masturbation ( $r = .50$ ), conventional morality ( $r = .59$ ), pornography ( $r = .49$ ), and homosexuality ( $r = .42$ ). All correlations were significant at the .01 level.

### **3.6 Data Collection Procedure**

With the permission granted from the universities that offer counselor education programs in Ankara, the instruments; Demographic Data Form, Sexuality Information Form, and the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) - Attitude Section were administered to the pre-service counselors during the class sessions. During data collection process, the purpose of the study explained to all participants, and participants were ensured about confidentiality and subject anonymity. It took nearly 30 minutes for the participants to fill out the instruments.

### **3.7 Data Analyses**

Descriptive statistics generated to develop the demographic profile of the participants. Additionally, two way contingency table analyses with chi-square were conducted to understand female and male pre-service counselors' primary sources of sexuality information, and to examine female and male freshmen, sophomore, junior, and senior pre-service counselors' perceived competence level of providing sexuality information to their clients. In order to identify female and male pre-service counselors' needs to obtain more information on sexuality related topics, descriptive

statistics including frequencies and percentages were calculated. Finally, multivariate analysis of variance (MANOVA) was employed to assess pre-service counselors' attitudes toward sexuality. The .05 alpha level was accepted as a criterion of statistical significance for all statistical procedures.

### **3.8 Limitations of the Study**

This study has several limitations. First, sample selection was based on the convenient sampling. Only the pre-service counselors enrolled in three universities, namely, Ankara, Gazi, and Hacettepe in Ankara were included in the study. Therefore, generalizability of the findings to all pre-service counselors is limited.

Second, due to the self-report nature of the study, the results might not reflect the student's actual sources of sexuality information, competence level, and attitudes toward sexuality.

Finally, after the factor analysis, several items of the SKAT-A – Attitude Section were excluded. This might lead to a content limitation of the instrument.

## CHAPTER IV

### RESULTS

This chapter includes five sections. In the first section, the demographic profile of the participants is presented. The second section contains the results concerning the differences between female and male pre-service counselors' primary sources of sexuality information regarding various sexuality topics. The third section includes the results concerning the female and male pre-service counselors' perceived competence level of providing sexuality information as a function of grade level, while the fourth section addresses the results concerning the differences between female and male pre-service counselors' needs to obtain more information regarding nine sexuality areas. The fifth section presents the results of MANOVAs regarding the relationship between gender, grade, mother education, father education, previous sexuality education, and sexual attitude.

#### **4.1 Results Regarding the Demographic Profile of Female and Male Pre-service Counselors Included in the Study**

For the present study, the data were collected from the pre-service counselors enrolled in Ankara University, Gazi University and Hacettepe University. The demographic information of the pre-service counselors regarding their gender, grade, and the university enrolled in are presented in Table 4.1.

Table 4.1  
*The Demographic Information of the Pre-service Counselors Regarding Their Gender, Grade, and the University Enrolled*

Enrolled University	Ankara University				Gazi University				Hacettepe University					
	Female		Male		Female		Male		Female		Male		Total	
Grade	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Freshman	33	25.4	19	29.2	31	29.2	16	24.2	33	28.0	11	16.4	143	25.9
Sophomore	30	23.1	15	23.1	28	26.4	15	22.7	30	25.4	20	29.9	138	25.0
Junior	26	20.0	15	23.1	26	24.5	15	22.7	28	23.7	14	20.9	124	22.5
Senior	41	31.5	16	24.6	21	19.8	20	30.3	27	22.9	22	32.8	147	26.6
Total	130	100	65	100	106	100	66	100	118	100	67	100	552	100

The frequency distributions and percentages of the pre-service counselors regarding their gender, grade, and the university enrolled are presented in Table 4.1. As shown in the table, 25.9% (143) of the participants were freshman, 25.0% (138) of the participants were sophomores, 22.5% (124) of the participants were juniors, and 26.6% (147) of the participants were seniors. Moreover, 64.1% (354) of the participants were females and 35.9% (198) of the participants were males.

The demographic information of the pre-service counselors regarding their residence, where they mostly spent their lives, mother and father education levels are presented in Table 4.2.



Table 4.2  
*The Demographic Information of the Pre-service Counselors Regarding Their Residence, Where They Mostly Spent Their Lives, and Mother and Father Education Level*

Residence	Where They Mostly Spent Their Lives				*Mother Education		*Father Education	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
With Parents	88	15.9	172	31.2	1	17.8	1	4.9
With relatives	16	2.9	177	32.1	2	52.7	2	31.0
Alone at home	11	2.0	157	28.4	3	8.0	3	15.4
With friends at home	207	37.5	22	4.0	4	14.7	4	22.3
Dormitories	230	41.7	22	4.0	5	6.9	5	26.4

*Note.* \*1= illiterate, primary school drop out 2= primary school graduate, secondary school drop out 3= secondary school graduate, high school drop out 4= high school graduate, vocational college/a 2-year education drop out, university drop out 5= higher education

The frequency distributions and percentages of the pre-service counselors regarding their residence, where they mostly spent their lives, mother and father education levels are presented in Table 4.2. As demonstrated in the table, majority of the participants (41.7%) were living at dormitories and spent mostly their lives in cities (32.6%). Nearly half of the participants' (52.7%) mothers were primary school graduate/secondary school drop out. Similarly, almost one third of the participants' (31.0%) fathers were primary school graduate/secondary school drop out. Furthermore, the mean age for the female participants to obtain first information about sexuality was 11.83 ( $SD = 2.41$ ), and for the male participants it was 11.60 ( $SD = 2.76$ ). In addition, 21.2% of the participants reported that they received sexuality education, while 78.4% of them did not.

#### **4.2 Results Concerning the Differences between Female and Male Pre-service Counselors' Primary Sources of Sexuality Information Regarding Various Sexuality Topics**

During the data collection procedure, although the respondents were asked to indicate mainly their five sources from whom they received information on various sexuality topics, too many missing cases were observed in the second, third, fourth, and fifth ranks. Therefore, in this section only the first ranks analyses were reported.

The first problem statement of the present study was formulated as "Do the frequencies of primary sources of sexuality information differ according to pre-service counselors' gender?" In this respect, separate two-way contingency table analysis with chi-square was conducted to identify female and male pre-service counselors' primary sources of sexuality information regarding twenty-five sexuality topics; gender roles, marriage, family, flirt, puberty, menstruation, wet dreams, pregnancy, conception, infertility, abortion, vaginal intercourse, oral sex, anal sex, orgasm, masturbation, sexual orientation, family planning, contraceptive methods, hygiene, sexually transmitted diseases, prevention of sexually transmitted diseases, HIV/AIDS, prevention of HIV/AIDS, and sexual abuse.

In all the following two-way contingency table analyses with chi-square, two variables, gender of the pre-service counselors with two levels (female and male) and primary sources of sexuality information with eleven levels (mother, father, other family members, school/teacher, peers, magazines, educational materials, TV/movie, doctor/nurse, psychologist/counselor, and Internet) were included.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to gender roles are presented in Table 4.3.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to gender roles were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 507$ ) = 109.60,  $p = .000$ , Cramér's  $V = .46$ .

Table 4.3

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Gender Roles*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	177	53.6	29	16.4			
Father	1	.3	28	15.8			
Other Family Members	29	8.8	13	7.3			
School/Teacher	28	8.5	19	10.7			
Peers	52	15.8	61	34.5	109.60	.000	.46
Magazines	7	2.1	7	4.0			
Educational Materials	17	5.2	9	5.1			
TV/Movie	14	4.2	7	4.0			
Doctor/Nurse	1	.3	1	.6			
Psychologist/Counselor	1	.3	0	0			
Internet	3	.9	3	1.7			
Total	330		177				

As seen in the table, majority of female students (53.4%) learned about gender roles from their mothers, whereas male students (34.5%) mainly learned from their peers. The other primary sources cited by female students for gender role were their peers (15.9%), other family members (8.8%) and school/teacher (8.5%). Male students reported their mothers (16.4%), fathers (15.8%), and school/teacher (10.7%) as the primary source for gender role.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to marriage are presented in Table 4.4.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to marriage were found to be significantly related, Pearson  $\chi^2$  (9,  $N = 514$ ) = 81.41,  $p = .000$ , Cramér's  $V = .39$ .

Table 4.4

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Marriage*

From whom did you learn about marriage?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	203	60.4	57	32.0			
Father	5	1.5	34	19.1			
Other Family Members	24	7.1	9	5.1			
School/Teacher	13	3.9	11	6.2			
Peers	63	18.8	36	20.2	81.41	.000	.39
Magazines	4	1.2	9	5.1			
Educational Materials	11	3.3	11	6.2			
TV/Movie	11	3.3	8	4.5			
Doctor/Nurse	1	.3	0	.0			
Psychologist/Counselor	0	.0	0	.0			
Internet	1	.3	3	1.7			
Total	336		178				

As demonstrated in the table, mother was cited as the major source of information about marriage by both females (60.4%) and males (32.0%). The other primary sources of female students for marriage were their peers (18.8%), other family members (7.1%), and school/teacher (3.9%). The primary sources of male students for marriage were their peers (20.2%), fathers (19.1%), school/teacher (6.2%), and educational materials (6.2%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to family are presented in Table 4.5.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to family were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 516$ ) = 61.04,  $p = .000$ , Cramér's  $V = .34$ .

Table 4.5

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Family*

From whom did you learn about family?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	264	79.3	93	50.8			
Father	10	3.0	34	18.6			
Other Family Members	12	3.6	7	3.8			
School/Teacher	18	5.4	20	10.9			
Peers	10	3.0	11	6.0	61.04	.000	.34
Magazines	3	.9	4	2.2			
Educational Materials	7	2.1	8	4.4			
TV/Movie	7	2.1	4	2.2			
Doctor/Nurse	1	.3	0	.0			
Psychologist/Counselor	1	.3	1	.5			
Internet	0	.0	1	.5			
Total	333		183				



As seen in the table, mothers were rated as the main source of information about family by both females (79.3%) and males (50.8%). The other primary sources for family were school/teacher (5.4%), and other family members (3.6%) for female students, whereas father (18.6%) and school/teacher (10.9%) were for male students.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to flirt were not found to be significantly related, Pearson  $\chi^2$  (9,  $N = 494$ ) = 16.31,  $p = .061$ , Cramér's  $V = .18$ .

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to flirt are presented in Table 4.6.

Table 4.6

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Flirt*

From whom did you learn about flirt?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	36	10.8	10	6.3			
Father	1	.3	3	1.9			
Other Family Members	30	9.0	9	5.6			
School/Teacher	5	1.5	5	3.1			
Peers	244	73.1	115	71.9	16.31	.061	.18
Magazines	5	1.5	4	2.5			
Educational Materials	5	1.5	4	2.5			
TV/Movie	8	2.4	8	5.0			
Doctor/Nurse	0	.0	0	.0			
Psychologist/Counselor	0	.0	1	.6			
Internet	0	.0	1	.6			
Total	334		160				

As shown in the table, both females (73.1%) and males (71.9%) primarily learned about flirt from their peers. The other primary sources were mother (10.8% of females and 6.3% of males) and other family members (9.0% of females and 5.6% of males).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to puberty are presented in Table 4.7.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to puberty were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 527$ ) = 65.76,  $p = .000$ , Cramér's  $V = .35$ .

Table 4.7

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Puberty*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	126	37.2	23	12.2	65.76	.000	.35
Father	3	.9	14	7.4			
Other Family Members	33	9.7	13	6.9			
School/Teacher	71	20.9	52	27.7			
Peers	63	18.6	66	35.1			
Magazines	4	1.2	3	1.6			
Educational Materials	30	8.8	11	5.9			
TV/Movie	2	.6	4	2.1			
Doctor/Nurse	3	.9	0	.0			
Psychologist/Counselor	3	.9	1	.5			
Internet	1	.3	1	.5			
Total	339		188				

As shown in the table, female students (37.2%) mainly learned about puberty from their mothers, while male students (35.1%) mainly learned from their peers. The twenty point nine per cent of female students reported that school/teacher, their peers (18.6%), and other family members (9.7%) were their primary sources of information. The other primary sources of male students for puberty were school/teacher (27.7%), their mothers (12.2%), and fathers (7.4%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to menstruation are presented in Table 4.8.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to menstruation were found to be significantly related, Pearson  $\chi^2$  (8,  $N = 452$ ) = 137.51,  $p = .000$ , Cramér's  $V = .55$ .

Table 4.8

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Menstruation*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	220	63.0	8	7.8			
Father	0	.0	0	.0			
Other Family Members	34	9.7	6	5.8			
School/Teacher	13	3.7	22	21.4			
Peers	57	16.3	40	38.8	137.51	.000	.55
Magazines	2	.6	6	5.8			
Educational Materials	14	4.0	15	14.6			
TV/Movie	2	.6	5	4.9			
Doctor/Nurse	5	1.4	0	.0			
Psychologist/Counselor	0	.0	0	.0			
Internet	2	.6	1	1.0			
Total	349		103				

As seen in the table, female students (63.0%) mainly learned about menstruation from their mothers, whereas male students (38.8%) mainly learned from their peers. Peers (16.3%), and other family members (9.7%) were also cited by female students as the primary sources for menstruation. The other primary sources of male students for menstruation were school/teacher (21.4%), and educational materials (14.6%). Furthermore, it was found that none of the females and males obtained information from their fathers and psychologist/counselor regarding menstruation.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to wet dreams are presented in Table 4.9.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to wet dreams were found to be significantly related, Pearson  $\chi^2$  (11,  $N = 351$ ) = 33.72,  $p = .000$ , Cramér's  $V = .31$ .

Table 4.9

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Wet Dreams*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	20	10.1	8	5.3			
Father	1	.5	13	8.6			
Other Family Members	8	4.0	10	6.6			
School/Teacher	15	7.5	16	10.5			
Peers	101	50.8	81	53.3	33.72	.000	.31
Magazines	12	6.0	10	6.6			
Educational Materials	33	16.6	8	5.3			
TV/Movie	4	2.0	5	3.3			
Doctor/Nurse	3	1.5	0	.0			
Psychologist/Counselor	2	1.0	0	.0			
Internet	0	.0	1	.7			
Total	199		152				



As seen in the table, both females (50.8%) and males (53.3%) mainly obtained information about wet dreams from their peers. Sixteen point six per cent of females cited educational materials and mothers (10.1%) as their primary sources for wet dreams. School/teacher (10.5%), other family members (6.6%), and magazines (6.6%) were other primary sources reported by male students for wet dreams.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to pregnancy are presented in Table 4.10.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to pregnancy were found to be significantly related, Pearson  $\chi^2 (10, N = 439) = 66.21, p = .000$ , Cramér's  $V = .38$ .

Table 4.10

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Pregnancy*

From whom did you learn about pregnancy?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	162	50.0	16	13.9			
Father	0	.0	1	.9			
Other Family Members	21	6.5	10	8.7			
School/Teacher	23	7.1	23	20.0			
Peers	57	17.6	23	20.0	66.21	.000	.38
Magazines	8	2.5	5	4.3			
Educational Materials	33	10.2	18	15.7			
TV/Movie	10	3.1	14	12.2			
Doctor/Nurse	7	2.2	1	.9			
Psychologist/Counselor	2	.6	1	.9			
Internet	1	.3	3	2.6			
Total	324		115				

As seen in the table, female students (50.0%) primarily received information about pregnancy from their mothers, whereas male students received information from their peers (20.0%), and other family members (20.0%). The other primary sources reported by female students were their peers (17.6%), educational materials (10.2%), and school/teacher (7.1%). The primary sources of male students for pregnancy were educational materials (15.7 %), their mothers (13.9%), and other family members (8.7%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to conception are presented in Table 4.11.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to conception were found to be significantly related, Pearson  $\chi^2$  (9,  $N = 443$ ) = 37.45,  $p = .000$ , Cramér's  $V = .29$ .

Table 4.11

*The Results of Two-Way Contingency Table Analysis with Chi-square Regarding The Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Conception*

<b>From whom did you learn about conception?</b>	<i>Female</i>		<i>Male</i>		$\chi^2$	<i>p</i>	Cramer's V
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>			
Sources of Sexuality Information							
Mother	166	51.4	32	26.7			
Father	0	.0	1	.8			
Other Family Members	24	7.4	6	5.0			
School/Teacher	30	9.3	25	20.8			
Peers	41	12.7	17	14.2	37.45	.000	.29
Magazines	9	2.8	6	5.0			
Educational Materials	26	8.0	19	15.8			
TV/Movie	11	3.4	10	8.3			
Doctor/Nurse	15	4.6	3	2.5			
Psychologist/Counselor	0	.0	0	.0			
Internet	1	.3	1	.8			
Total	323		120				

As shown in the table, both female (51.4%) and male students (26.7%) rated their mothers as the most important source regarding conception. The primary sources of female students for conception were also their peers (12.7%), school/teacher (9.3%), and other family members (7.4%). The primary sources of male students for conception were school/teacher (20.8%), educational materials (15.8%), and peers (14.2%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to infertility are presented in Table 4.12.

Gender of the pre-service counselors and their primary sources of sexuality information in terms of infertility were found to be significantly related, Pearson  $\chi^2$  (9,  $N = 391$ ) = 51.15,  $p = .000$ , Cramér's  $V = .36$ .

Table 4.12

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Sources of Sexuality Information with respect to Infertility*

From whom did you learn about infertility?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Source of Sexuality Information							
Mother	81	30.1	5	4.1			
Father	0	.0	2	1.6			
Other Family Members	13	4.8	6	4.9			
School/Teacher	23	8.6	21	17.2			
Peers	39	14.5	28	23.0	51.15	.000	.36
Magazines	19	7.1	10	8.2			
Educational Materials	47	17.5	21	17.2			
TV/Movie	31	11.5	19	15.6			
Doctor/Nurse	15	5.6	4	3.3			
Psychologist/Counselor	0	.0	0	.0			
Internet	1	.4	6	4.9			
Total	269		122				

As demonstrated in the table, majority of female students (30.1%) learned about infertility from their mothers, whereas male students (23.0%) learned from their peers. The other primary sources of female students for infertility were educational materials (17.5%), peers (14.5%), and TV/movie (11.5%). The other primary sources of male students for infertility were school/teacher (17.2%), educational materials (17.2%), and TV/movie (15.6%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to abortion are presented in Table 4.13.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to abortion were found to be significantly related, Pearson  $\chi^2 (9, N = 376) = 43.75, p = .000$ , Cramér's  $V = .34$ .

Table 4.13

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Abortion*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	78	29.0	6	5.6			
Father	0	.0	2	1.9			
Other Family Members	15	5.6	4	3.7			
School/Teacher	16	5.9	7	6.5			
Peers	54	20.1	22	20.6	43.75	.000	.34
Magazines	11	4.1	10	9.3			
Educational Materials	27	10.0	11	10.3			
TV/Movie	51	19.0	34	31.8			
Doctor/Nurse	17	6.3	7	6.5			
Psychologist/Counselor	0	.0	0	.0			
Internet	0	.0	4	3.7			
Total	269		107				



As seen in the table, female students (29.0%) mainly learned about abortion from their mothers, while male students (31.8%) mainly learned from TV/movie. Peers (20.1%), and TV/movie (19.0%) were also cited as the primary sources for abortion by females. Peers (20.6%), and educational materials (10.3%) were other primary sources cited by males for abortion.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to vaginal intercourse are presented in Table 4.14.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to vaginal intercourse were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 475$ ) = 29.85,  $p = .001$ , Cramér's  $V = .25$ .

Table 4.14

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Vajinal Intercourse*

From whom did you learn about vajinal intercourse?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	26	8.6	2	1.2			
Father	0	.0	2	1.2			
Other Family Members	18	5.9	9	5.3			
School/Teacher	16	5.3	16	9.4			
Peers	148	48.7	90	52.6	29.85	.001	.25
Magazines	11	3.6	14	8.2			
Educational Materials	40	13.2	13	7.6			
TV/Movie	32	10.5	16	9.4			
Doctor/Nurse	7	2.3	2	1.2			
Psychologist/Counselor	2	.7	0	.0			
Internet	4	1.3	7	4.1			
Total	304		171				

As shown in the table, both females (48.7%), and males (52.6%) mainly learned about vaginal intercourse from their peers. The other primary sources of female students for vaginal intercourse were educational materials (13.2%), TV/movie (10.5%), and their mothers (8.6%). TV/movie (9.4%), magazines (8.2%), and educational materials (7.6%) were the other primary sources for male students.

The results indicating female and male pre-service counselors' primary source of sexuality information with respect to oral sex are presented in Table 4.15.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to oral sex were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 341$ ) = 38.00,  $p = .000$ , Cramér's  $V = .33$ .

Table 4.15

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Oral Sex*

From whom did you learn about oral sex?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Source of Sexuality Information							
Mother	9	4.1	0	.0			
Father	0	.0	1	.8			
Other Family Members	7	3.2	8	6.5			
School/Teacher	3	1.4	4	3.3			
Peers	117	53.7	57	46.3	38.00	.000	.33
Magazines	25	11.5	8	6.5			
Educational Materials	24	11.0	6	4.9			
TV/Movie	25	11.5	19	15.4			
Doctor/Nurse	2	.9	3	2.4			
Psychologist/Counselor	2	.9	0	.0			
Internet	4	1.8	17	13.8			
Total	218		123				

As shown in the table, both females (53.7%) and males (46.3%) primarily relied on their peers to learn about oral sex. The primary sources of female students for oral sex were magazines (11.5%), TV/movie (11.5%), and educational materials (11.0%). The primary sources of male students for oral sex were TV/movie (15.4%), Internet (13.8%), and educational materials (7.6%). Furthermore, none of the females obtained information about oral sex from their fathers, whereas none of the males obtained information from their mothers about oral sex.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to anal sex are presented in Table 4.16.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to anal sex were found to be significantly related, Pearson  $\chi^2 (10, N = 320) = 35.04, p = .000$ , Cramér's  $V = .33$ .

Table 4.16

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Anal Sex*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	9	4.5	0	.0			
Father	0	.0	1	.8			
Other Family Members	7	3.5	6	5.1			
School/Teacher	2	1.0	3	2.5			
Peers	101	50.0	56	47.5	35.04	.000	.33
Magazines	21	10.4	9	7.6			
Educational Materials	26	12.9	5	4.2			
TV/Movie	29	14.4	17	14.4			
Doctor/Nurse	1	.5	3	2.5			
Psychologist/Counselor	1	.5	0	.0			
Internet	5	2.5	18	15.3			
Total	202		118				

As seen in the table, both females (50.0%) and males (47.5%) primarily received information about anal sex from their peers. The primary sources of female students for anal sex were TV/movie (14.4%), educational materials (12.9%), and magazines (10.4%). The primary sources of male students for anal sex were Internet (15.3%), TV/movie (14.4%), and magazines (7.6%). Moreover, none of the females learned from their fathers, and none of the males learned from their mothers about anal sex.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to orgasm are presented in Table 4.17.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to orgasm were found to be significantly related, Pearson  $\chi^2$  (9,  $N = 400$ ) = 18.63,  $p = .029$ , Cramér's  $V = .21$ .

Table 4.17

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Orgasm*

From whom did you learn about orgasm?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
<b>Sources of Sexuality Information</b>							
Mother	11	4.4	0	.0			
Father	0	.0	0	.0			
Other Family Members	9	3.6	4	2.7			
School/Teacher	5	2.0	6	4.0			
Peers	113	45.2	83	55.3	18.63	.029	.21
Magazines	35	14.0	15	10.0			
Educational Materials	44	17.6	17	11.3			
TV/Movie	17	6.8	13	8.7			
Doctor/Nurse	7	2.8	2	1.3			
Psychologist/Counselor	3	1.2	1	.7			
Internet	6	2.4	9	6.0			
Total	250		150				



As shown in the table, both females (45.2%) and males (55.3%) mentioned their peers as the main source in the acquisition of orgasm information. The other primary sources of female students for orgasm were educational materials (17.6%), magazines (14.0%), and TV/movie (6.8%). Similar results were found for male students. The proportions were as follows: educational materials (11.3%), magazines (10.0%) and TV/movie (8.7%). Moreover, neither female students nor male students obtained information from their fathers about orgasm.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to masturbation are presented in Table 4.18.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to masturbation were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 423$ ) = 42.13,  $p = .000$ , Cramér's  $V = .31$ .

Table 4.18

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Masturbation*

From whom did you learn about masturbation?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Source of Sexuality Information							
Mother	5	1.9	1	.6			
Father	0	.0	2	1.2			
Other Family Members	12	4.6	8	4.9			
School/Teacher	11	4.2	8	4.9			
Peers	126	48.6	119	72.6	42.13	.000	.31
Magazines	37	14.3	7	4.3			
Educational Materials	44	17.0	10	6.1			
TV/Movie	15	5.8	1	.6			
Doctor/Nurse	3	1.2	1	.6			
Psychologist/Counselor	1	.4	1	.6			
Internet	5	1.9	6	3.7			
Total	259		164				

As shown in the table, both females (48.6%), and males (72.6%) mainly received information about masturbation from their peers. Educational materials (17.0%), magazines (14.3%), and TV/movie (5.8%) were also reported as the primary source for masturbation by female students. The other primary source of male students for masturbation was educational materials (6.1%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to sexual orientation are presented in Table 4.19.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to sexual orientation were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 455$ ) = 27.11,  $p = .003$ , Cramér's  $V = .24$ .

Table 4.19

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexual Orientation*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	13	4.3	4	2.6			
Father	1	.3	4	2.6			
Other Family Members	10	3.3	4	2.6			
School/Teacher	28	9.4	30	19.2			
Peers	93	31.1	48	30.8	27.11	.003	.24
Magazines	35	11.7	14	9.0			
Educational Materials	54	18.1	21	13.5			
TV/Movie	54	18.1	20	12.8			
Doctor/Nurse	1	.3	1	.6			
Psychologist/Counselor	5	1.7	0	.0			
Internet	5	1.7	10	6.4			
Total	299		156				

As seen in the table, both females (31.1%), and males (30.8%) mainly learned about sexual orientation from their peers. Educational materials and TV/movie were also rated as the primary sources for sexual orientation by female students (18.1% for educational materials; 18.1% for TV/movie) and male students (13.5% for educational materials; 12.8% for TV/movie). Moreover, 11.7% of females reported magazines and 19.2% of male students reported school/teacher as the primary sources for sexual orientation.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to family planning are presented in Table 4.20.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to family planning were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 487$ ) = 25.97,  $p = .004$ , Cramér's  $V = .23$ .

Table 4.20

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Family Planning*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	67	21.3	17	9.9			
Father	4	1.3	11	6.4			
Other Family Members	8	2.5	4	2.3			
School/Teacher	112	35.6	70	40.7			
Peers	14	4.4	7	4.1	25.97	.004	.23
Magazines	9	2.9	6	3.5			
Educational Materials	39	12.4	25	14.5			
TV/Movie	36	11.4	25	14.5			
Doctor/Nurse	21	6.7	4	2.3			
Psychologist/Counselor	4	1.3	1	.6			
Internet	1	.3	2	1.2			
Total	315		172				

As demonstrated in the table, both females (35.6%), and males (40.7%) primarily learned about family planning from school/teacher. Mothers (21.3%), educational materials (12.4%), and TV/movie (11.4%) were cited as the primary sources by females. Male students also cited educational materials (14.5%), TV/movie (14.5%), and additionally their mothers (9.9%) as the primary sources of information on the same topic.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to contraceptive methods are presented in Table 4.21.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to contraceptive methods were found to be significantly related, Pearson  $\chi^2 (10, N = 420) = 35.49, p = .000$ , Cramér's  $V = .29$ .

Table 4.21

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Contraceptive Methods*

From whom did you learn about contraceptive methods?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Source of Sexuality Information							
Mother	54	17.6	4	3.5			
Father	0	.0	3	2.6			
Other Family Members	20	6.5	2	1.8			
School/Teacher	25	8.2	21	18.4			
Peers	58	19.0	22	19.3	35.49	.000	.29
Magazines	25	8.2	9	7.9			
Educational Materials	60	19.6	24	21.1			
TV/Movie	33	10.8	15	13.2			
Doctor/Nurse	24	7.8	10	8.8			
Psychologist/Counselor	3	1.0	0	.0			
Internet	4	1.3	4	3.5			
Total	306		114				



As demonstrated in the table, both females (19.6%), and males (21.1%) cited educational materials as the primary source of contraceptive methods. The other primary sources of female students for contraceptive methods were their peers (19.0%), their mothers (17.6%), and TV/movie (11.4%). The other primary sources of male students for contraceptive methods were their peers (19.3%), and school teacher (18.4%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to hygiene are presented in Table 4.22.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to hygiene were found to be significantly related, Pearson  $\chi^2$  (8,  $N = 519$ ) = 56.88,  $p = .000$ , Cramér's  $V = .33$ .

Table 4.22

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Hygiene*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	297	86.6	114	64.8			
Father	1	.3	17	9.7			
Other Family Members	9	2.6	8	4.5			
School/Teacher	2	.6	11	6.3			
Peers	13	3.8	12	6.8	56.88	.000	.33
Magazines	3	.9	4	2.3			
Educational Materials	9	2.6	6	3.4			
TV/Movie	5	1.5	2	1.1			
Doctor/Nurse	4	1.2	2	1.1			
Psychologist/Counselor	0	.0	0	.0			
Internet	0	.0	0	.0			
Total	343		176				

As seen in the table, majority of females (86.6%), and males (64.8%) mentioned their mothers as the most important source for obtaining information about hygiene. Neither females nor males rated psychologist/counselor, and the Internet as a source of hygiene information.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to sexually transmitted diseases are presented in Table 4.23.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to sexually transmitted diseases were not found to be related, Pearson  $\chi^2$  (10,  $N = 509$ ) = 13.39,  $p = .202$ , Cramér's  $V = .16$ .

Table 4.23

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexually Transmitted Diseases*

From whom did you learn about sexually transmitted diseases?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Source of Sexuality Information							
Mother	16	4.9	5	2.8			
Father	3	.9	2	1.1			
Other Family Members	11	3.3	5	2.8			
School/Teacher	89	27.1	57	31.7			
Peers	26	7.9	20	11.1	13.39	.20	.16
Magazines	22	6.7	15	8.3			
Educational Materials	77	23.4	25	13.9			
TV/Movie	58	17.6	36	20.0			
Doctor/Nurse	19	5.8	7	3.9			
Psychologist/Counselor	3	.9	1	.6			
Internet	5	1.5	7	3.9			
Total	329		180				

As demonstrated in the table, both females (27.1%), and males (40.7%) primarily learned about sexually transmitted diseases from school/teacher. TV/movie, educational materials, and peers were other frequently cited sources by females (23.4%, 17.6%, 7.9% respectively) and males (13.9%, 20.0%, 11.1%, respectively).

The results indicating female and male pre-service school counselors primary sources of sexuality information with respect to prevention of sexually transmitted diseases are presented in Table 4.24.

Gender of the pre-service counselors and their primary sources of information with respect to prevention of sexually transmitted diseases were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 476$ ) = 30.81,  $p = .001$ , Cramér's  $V = .25$ .

Table 4.24

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to the Prevention of Sexually Transmitted Diseases (STDs)*

From whom did you learn about prevention of STDs?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Sources of Sexuality Information							
Mother	15	5.0	1	.6			
Father	0	.0	4	2.3			
Other Family Members	7	2.3	6	3.4			
School/Teacher	63	20.9	52	29.9			
Peers	23	7.6	15	8.6	30.81	.001	.25
Magazines	24	7.9	14	8.0			
Educational Materials	78	25.8	23	13.2			
TV/Movie	51	16.9	38	21.8			
Doctor/Nurse	30	9.9	13	7.5			
Psychologist/Counselor	5	1.7	1	.6			
Internet	6	2.0	7	4.0			
Total	302		174				

As seen in the table, female students (25.8%) cited educational materials, whereas male students (29.9%) cited school/teacher as the main source of information for prevention of STDs. The other frequently cited primary sources were school/teacher (20.9%), TV/movie (16.9%), and doctor/nurse (9.9%) for female students. Almost one fourth of males reported TV/movie (21.8%), and educational materials (13.2%) as a primary source of information.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to HIV/AIDS are presented in Table 4.25.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to HIV/AIDS were found to be related, Pearson  $\chi^2$  (10,  $N = 496$ ) = 20.14,  $p = .028$ , Cramér's  $V = .20$ .

Table 4.25

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to HIV/AIDS*

<b>From whom did you learn about HIV/AIDS?</b>	<i>Female</i>		<i>Male</i>		$\chi^2$	<i>p</i>	Cramer's V
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>			
<b>Sources of Sexuality Information</b>							
Mother	16	4.9	4	2.3			
Father	0	.0	4	2.3			
Other Family Members	8	2.5	4	2.3			
School/Teacher	79	24.4	52	30.2			
Peers	19	5.9	10	5.8	20.14	.028	.20
Magazines	28	8.6	13	7.6			
Educational Materials	70	21.6	19	11.0			
TV/Movie	73	22.5	47	27.3			
Doctor/Nurse	21	6.5	14	8.1			
Psychologist/Counselor	4	1.2	1	.6			
Internet	6	1.9	4	2.3			
<b>Total</b>	<b>324</b>		<b>172</b>				



As demonstrated in the table, both females (24.4%), and males (30.2%) reported school/teacher as the most important source of information. The other primary sources of female students for HIV/AIDS were TV/movie (22.5%), educational materials (21.6%), and magazines (8.6%). For male students TV/movie (27.3%), educational materials (11.0%), and doctor/nurse (8.1%) were other primary sources.

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to prevention of HIV/AIDS are presented in Table 4.26.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to prevention of HIV/AIDS were found to be significantly related, Pearson  $\chi^2 (10, N = 463) = 33.32, p = .000$ , Cramér's  $V = .26$ .

Table 4.26

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Prevention of HIV/AIDS*

Sources of Sexuality Information	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
Mother	13	4.4	2	1.2			
Father	0	.0	6	3.6			
Other Family Members	6	2.0	4	2.4			
School/Teacher	66	22.4	51	30.4			
Peers	17	5.8	16	9.5	33.32	.000	.26
Magazines	28	9.5	16	9.5			
Educational Materials	73	24.7	21	12.5			
TV/Movie	47	15.9	31	18.5			
Doctor/Nurse	33	11.2	11	6.5			
Psychologist/Counselor	5	1.7	1	.6			
Internet	7	2.4	9	5.4			
Total	295		168				

As seen in the table, 24.7% of female students reported that they mainly learned about prevention of HIV/AIDS from educational materials. However, 30.4% of male students reported that they obtained information from school/teacher. School/teacher (22.4%), TV/movie (15.9%), and doctor/nurse (11.2%) were other primary sources for female students. The primary sources of male students for prevention of HIV/AIDS were also TV/movie (18.5%), and educational materials (12.5%).

The results indicating female and male pre-service counselors' primary sources of sexuality information with respect to sexual abuse are presented in Table 4.27.

Gender of the pre-service counselors and their primary sources of sexuality information with respect to sexual abuse were found to be significantly related, Pearson  $\chi^2$  (10,  $N = 418$ ) = 22.01,  $p = .015$ , Cramér's  $V = .22$ .

Table 4.27

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Female and Male Pre-service Counselors' Primary Sources of Sexuality Information with respect to Sexual Abuse*

From whom did you learn about sexual abuse?	Female		Male		$\chi^2$	p	Cramer's V
	f	%	f	%			
<b>Sources of Sexuality Information</b>							
Mother	21	8.0	3	1.9			
Father	1	.4	1	.6			
Other Family Members	6	2.3	2	1.3			
School/Teacher	63	24.0	47	30.3			
Peers	26	9.9	30	19.4	22.01	.015	.22
Magazines	16	6.1	7	4.5			
Educational Materials	41	15.6	15	9.7			
TV/Movie	74	28.1	38	24.5			
Doctor/Nurse	3	1.1	0	.0			
Psychologist/Counselor	7	2.7	6	3.9			
Internet	5	1.9	6	3.9			
Total	263		155				

As seen in the table, female students (28.1%) mainly learned about sexual abuse from TV/movie, whereas male students (30.3%) from school/teacher. Twenty four per cent of females also reported school/teacher as the primary source of information along with educational materials (15.6%), and their mothers (8.0%). The other primary sources cited by male students for sexual abuse were TV/movie (24.5%), and their peers (19.4%). Both females and males reported that their fathers and doctor/nurse were the sources from which they learned least regarding sexual abuse.

### **4.3 Results Concerning the Pre-service Counselors' Perceived Competence Level of Providing Sexuality Information as a function of Gender and Grade Level**

The second problem statement of the present study was formed as “Do the frequencies of pre-service counselors’ perceived competence level of providing sexuality information to their clients vary according to their gender and grade level?” Hence, separate two-way contingency table analyses with chi-square was conducted to evaluate the differences between female and male freshmen, sophomore, junior, and senior pre-service counselors’ competence level of providing information to their clients on twenty-five sexuality topics. Sexuality topics were gender roles, marriage, family, flirt, puberty, menstruation, wet dreams, pregnancy, conception, infertility, abortion, vaginal intercourse, oral sex, anal sex, orgasm, masturbation, sexual orientation, family planning, contraceptive methods, hygiene, sexually transmitted diseases, prevention of sexually transmitted diseases, HIV/AIDS, prevention of HIV/AIDS, and sexual abuse.

During the data collection process, the respondents were presented with seven levels regarding perceived competence (7 = very qualified to 1 = very unqualified). However, perceived competence levels were merged owing to the cells being less than 5 cases in the subsequent analyses.

In the following analyses, the two variables were grade level of the pre-service counselors (freshman, sophomore, junior, and senior) and perceived competence with three levels (qualified, undecided, and unqualified).

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors’ perceived competence level of providing information with respect to gender roles as a function of gender and grade level are presented in Table 4.28.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to gender roles were found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 352$ ) = 39.24,  $p = .000$ , Cramér's  $V = .23$  but not for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 3.56,  $p = .735$ , Cramér's  $V = .09$ .

Table 4.28

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Pre-service Counselors' Perceived Competence Level with respect to Gender Roles as a function of Gender and Grade Level*

		Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
		f	%	f	%	f	%						
Female	Freshman	61	64.2	19	20.0	15	15.8	39.24	.000				
	Sophomore	78	88.6	8	9.1	2	2.3						
	Junior	67	83.8	7	8.8	6	7.5						
	Senior	86	96.6	2	2.2	1	1.1						
Male	Freshman	43	93.5	1	2.2	2	4.3	3.56	.735		.09		
	Sophomore	45	90.0	4	8.0	1	2.0						
	Junior	37	84.1	4	9.1	3	6.8						
	Senior	51	89.5	4	7.0	2	3.5						
Total		468		49		32							



As seen in the table, freshman (64.2%), sophomore (88.6%), junior (83.8%), and senior (96.6%) female students rated their perceived competence level of providing information regarding gender roles to be qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.29 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and sophomore, freshman and junior as well as freshman and senior students.

Table 4.29

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	8.25	.016 (.008)	.22
Sophomore vs. senior	4.31	.115 (.01)	.15
Sophomore vs. junior	2.52	.283 (.0125)	.12
Freshman vs. senior	30.10	.000 (.017)	.40
Freshman vs. junior	8.45	.015 (.025)	.22
Freshman vs. sophomore	16.25	.000 (.05)	.29

Freshman (93.5%), sophomore (90.0%), junior (84.1%), and senior (89.5%) male students rated their perceived competence level of providing information regarding gender roles to be qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to marriage as a function of gender and grade level are presented in Table 4.30.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to marriage were not found to be significantly related for females, Pearson  $\chi^2 (6, N = 352) = 8.79, p = .185$ , Cramér's  $V = .11$  and for males, Pearson  $\chi^2 (6, N = 197) = 4.95, p = .550$ , Cramér's  $V = .11$ .

Table 4.30

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding the Pre-service Counselors' Perceived Competence Level with respect to Marriage as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	57	60.0	20	21.1	18	18.9						
Sophomore	62	70.5	18	20.5	8	9.1						
Junior	56	70.0	16	20.0	8	10.0	8.79	.185	.11			
Senior	68	76.4	14	15.7	7	7.9						
Freshman	37	80.4	5	10.9	4	8.7						
Sophomore	36	72.0	6	12.0	8	16.0						
Junior	31	70.5	4	9.1	9	20.5	4.95	.550	.11			
Senior	41	71.9	10	17.5	6	10.5						
Total	388		145		68							

As shown in the table, freshman (60.0%), sophomore (70.5%), junior (70.0%), and senior (76.4%) female students rated their perceived competence level of providing information regarding marriage to be qualified. Similarly, freshman (80.4%), sophomore (72.0%), junior (70.5%), and senior (71.9%) male students rated their perceived competence level of providing information regarding marriage to be qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to family as a function of gender and grade level are presented in Table 4.31.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to family were not found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 353$ ) = 10.53,  $p = .104$ , Cramér's  $V = .12$ , and for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 4.16,  $p = .654$ , Cramér's  $V = .10$ .

Table 4.31

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Family as a function of Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	<i>p</i>	Cramer's V
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%			
Freshman	75	78.1	9	12.5	9	9.4			
Sophomore	82	93.2	5	5.7	1	1.1			
Female	71	88.8	6	7.5	3	3.8	10.53	.104	.12
Junior	77	86.5	7	7.9	5	5.6			
Senior	41	89.1	3	6.5	2	4.3			
Freshman	45	90.0	3	6.0	2	4.0			
Sophomore	35	79.5	4	9.1	5	11.4	4.16	.654	.10
Male	51	89.5	4	7.0	2	3.5			
Junior									
Senior									
Total	477		41		29				

As demonstrated in the table, freshman (78.1%), sophomore (93.2%), junior (88.8%), and senior (86.5%) female students rated their perceived competence level of providing information regarding family as qualified. Similarly, freshman (89.1%), sophomore (90.0%), junior (79.5%), and senior (89.5%) male students rated their perceived competence level of providing information regarding family as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to flirt as a function of gender and grade level are presented in Table 4.32.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to flirt were not found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 354$ ) = 11.12,  $p = .085$ , Cramér's  $V = .12$  and for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 3.89,  $p = .691$ , Cramér's  $V = .09$ .

Table 4.32

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Flirt as a function of Gender and Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	<i>p</i>	Cramer's V
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%			
Freshman	61	62.9	20	20.6	16	16.5			
Sophomore	66	75.0	16	18.2	6	6.8			
Junior	60	75.0	14	17.5	6	7.5	11.12	.085	.12
Senior	72	80.9	12	13.5	5	5.6			
Freshman	27	58.7	9	19.6	10	21.7			
Sophomore	26	52.0	11	22.0	13	26.0			
Junior	28	63.6	11	25.0	5	11.4	3.89	.691	.09
Senior	32	56.1	11	19.3	14	24.6			
Total	372		104		75				

As seen in the table, freshman (62.9%), sophomore (75.0%), junior (75.0%), and senior (80.9%) female students rated their perceived competence level of providing information regarding flirt as qualified. Similarly, freshman (58.7%), sophomore (52.0%), junior (63.6%), and senior (56.1%) male students rated their perceived competence level of providing information regarding flirt as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to puberty as a function of gender and grade level are presented in Table 4.33.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to puberty were not found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 354$ ) = 5.23,  $p = .514$ , Cramér's  $V = .08$  and for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 6.24,  $p = .397$ , Cramér's  $V = .12$ .



Table 4.33

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Puberty as a function of Gender and Grade Level*

		Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
		f	%	f	%	f	%	f	%				
Female	Freshman	87	89.7	5	5.2	5	5.2						
	Sophomore	79	89.8	6	6.8	3	3.4						
	Junior	74	92.5	4	5.0	2	2.5	5.23	.514			.08	
	Senior	85	95.5	4	4.5	0	.0						
Male	Freshman	42	91.3	1	2.2	3	6.5						
	Sophomore	47	94.0	3	6.0	0	.0						
	Junior	38	86.4	3	6.8	3	6.8	6.24	.397			.12	
	Senior	54	94.7	1	1.8	2	3.5						
Total		506		27		18							

As shown in the table, freshman (89.7%), sophomore (89.8%), junior (92.5%), and senior (95.5%) female students cited their perceived competence level of providing information regarding puberty as qualified. Similarly, freshman (91.3%), sophomore (94.0%), junior (86.4%), and senior (94.7%) male students cited their perceived competence level of providing information regarding puberty as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to menstruation as a function of gender and grade level are presented in Table 4.34.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to menstruation were not found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 7.69, p = .261$ , Cramér's  $V = .10$ , but were found to be significantly related for males, Pearson  $\chi^2 (6, N = 196) = 13.15, p = .041$ , Cramér's  $V = .18$ .

Table 4.34

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Menstruation as a function of Gender and Grade Level*

		Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
		f	%	f	%	f	%	f	%				
Female	Freshman	90	92.8	6	6.2	1	1.0						
	Sophomore	84	95.5	1	1.1	3	3.4						
	Junior	75	93.8	4	5.0	1	1.3		7.69	.261	.10		
	Senior	87	97.8	1	1.1	1	1.1						
Male	Freshman	10	22.2	4	8.9	31	68.9						
	Sophomore	13	26.0	7	14.0	30	60.0						
	Junior	11	25.0	10	22.7	23	52.3		13.15	.041	.18		
	Senior	24	42.1	12	21.1	21	36.8						
Total		394		45		111							

As demonstrated in the table, freshman (92.8%), sophomore (95.5%), junior (93.8%), and senior (97.8%) female students rated their perceived competence level of providing information regarding menstruation as qualified.

Freshman (68.9%), sophomore (60.0%), and junior (52.3%) male students rated their perceived competence level of providing information regarding menstruation as unqualified, whereas senior male students (42.1%) rated their perceived competence level of providing information regarding menstruation as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.35 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The only pairwise difference that was significant was between freshman and senior students.

Table 4.35

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	3.48	.175 (.008)	.18
Sophomore vs. senior	5.74	.057 (.01)	.23
Sophomore vs. junior	1.24	.537 (.0125)	.11
Freshman vs. senior	10.42	.005 (.017)	.32
Freshman vs. junior	3.79	.150 (.025)	.20
Freshman vs. sophomore	.96	.617 (.05)	.10

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to wet dreams as a function of gender and grade level are presented in Table 4.36.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to wet dreams were found to be significantly related for females, Pearson  $\chi^2 (6, N = 351) = 41.58, p = .000$ , Cramér's V = .24 but not for males, Pearson  $\chi^2 (6, N = 197) = 4.74, p = .577$ , Cramér's V = .11.

Table 4.36

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service counselors' Perceived Competence Level with respect to Wet Dreams as a function of Gender and Grade Level*

		Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
		f	%	f	%	f	%	f	%				
Female	Freshman	9	9.6	15	16.0	70	74.5	41.58	.000	.24			
	Sophomore	17	19.3	13	14.8	58	65.9						
	Junior	24	30.0	18	22.5	38	47.5						
	Senior	40	44.9	18	20.2	31	34.8						
Male	Freshman	34	73.9	4	8.7	8	17.4	4.74	.577	.11			
	Sophomore	32	64.0	7	14.0	11	22.0						
	Junior	35	79.5	4	9.1	5	11.4						
	Senior	45	78.9	6	10.5	6	10.5						
Total		236		85		227							

As seen in the table, freshman (74.5%), sophomore (65.9%), and junior (47.5%) female students rated their perceived competence level of providing information regarding wet dreams as unqualified. However, senior female students (44.9%) rated their perceived competence level of providing information regarding wet dreams as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.37 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and junior, freshman and senior as well as sophomore and senior students.

Table 4.37

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	4.24	.120 (.008)	.15
Sophomore vs. senior	18.27	.000 (.01)	.32
Sophomore vs. junior	5.80	.055 (.0125)	.18
Freshman vs. senior	34.83	.000 (.017)	.43
Freshman vs. junior	15.54	.000 (.025)	.29
Freshman vs. sophomore	3.53	.171 (.05)	.13

Freshman (73.9%), sophomore (64.0%), junior (79.5%), and senior (78.9) male students rated their perceived competence level of providing information regarding wet dreams as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to pregnancy as a function of gender and grade level are presented in Table 4.38.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to pregnancy were found to be significantly related for females, Pearson  $\chi^2(6, N = 353) = 33.68, p = .000$ , Cramér's  $V = .21$  and for males, Pearson  $\chi^2(6, N = 197) = 16.60, p = .011$ , Cramér's  $V = .20$ .



Table 4.38

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Pregnancy as a function of Gender and Grade Level*

	If you were to provide information to your client regarding pregnancy, how would you rate your competence?	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
	Freshman	39	40.2	20	20.6	38	39.2			
Female	Sophomore	40	45.5	19	21.6	29	33.0			
	Junior	46	58.2	12	15.2	21	26.6	33.68	.000	.21
	Senior	70	78.7	10	11.2	9	10.1			
	Freshman	14	31.1	6	13.3	25	55.6			
Male	Sophomore	14	28.0	10	20.0	26	52.0			
	Junior	13	29.5	13	29.5	18	40.9	16.60	.011	.20
	Senior	29	50.9	15	26.3	13	22.8			
	Total	265		105		179				

As shown in the table, freshman female students' qualified (40.2%) and unqualified (39.2%) rankings were nearly same. Sophomore (45.5%), junior (58.2%), and senior (78.7%) female students rated their perceived competence level of providing information regarding pregnancy to be qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.39 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-senior and sophomore - senior students.

Table 4.39

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	9.38	.009 (.008)	.23
Sophomore vs. senior	21.49	.000 (.01)	.34
Sophomore vs. junior	2.80	.246 (.0125)	.13
Freshman vs. senior	29.75	.000 (.017)	.40
Freshman vs. junior	5.69	.058 (.025)	.18
Freshman vs. sophomore	.81	.667 (.05)	.06

Freshman (55.6%), sophomore (52.0%), and junior (40.9%) male students ranked their perceived competence level of providing information regarding pregnancy as unqualified, while senior male students (50.9%) ranked their perceived competence level of providing information regarding pregnancy as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.40 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all

comparisons. The pairwise differences that were significant were between freshman and senior as well as sophomore and senior students.

Table 4.40

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	5.46	.065 (.008)	.23
Sophomore vs. senior	10.15	.006 (.01)	.30
Sophomore vs. junior	1.50	.471 (.0125)	.12
Freshman vs. senior	11.62	.003 (.017)	.33
Freshman vs. junior	3.74	.154 (.025)	.20
Freshman vs. sophomore	.75	.684 (.05)	.08

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to conception as a function of gender and grade level are presented in Table 4.41.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to conception were found to be significantly related for females, Pearson  $\chi^2 (6, N = 352) = 19.88, p = .003$ , Cramér's V = .16 but not for males, Pearson  $\chi^2 (6, N = 196) = 7.32, p = .292$ , Cramér's V = .13.

Table 4.41

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Conception as a function of Gender and Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	<i>p</i>	Cramer's V
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%			
Freshman	35	36.5	20	20.8	41	42.7			
Sophomore	37	42.0	18	20.5	33	37.5			
Female	37	46.8	16	20.3	26	32.9	19.88	.003	.16
Junior	55	61.8	21	23.6	13	14.6			
Senior	17	37.8	7	15.6	21	46.7			
Freshman	15	30.0	8	16.0	27	54.0			
Sophomore	14	31.8	11	25.0	19	43.2	7.32	.292	.13
Male	20	35.1	18	31.6	19	33.3			
Junior									
Senior									
Total	230		119		202				

As demonstrated in the table, freshman female students (42.7%) rated their perceived competence level of providing information regarding conception to be unqualified, whereas sophomore (42.0%), junior (46.8%), and senior (61.8%) female students rated their perceived competence level as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.42 presents the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-senior and sophomore-senior students.

Table 4.42

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	7.96	.019 (.008)	.21
Sophomore vs. senior	12.44	.002 (.01)	.26
Sophomore vs. junior	.46	.793 (.0125)	.05
Freshman vs. senior	18.74	.000 (.017)	.31
Freshman vs. junior	2.22	.328 (.025)	.11
Freshman vs. sophomore	.67	.712 (.05)	.06

Freshman (46.7%), sophomore (54.0%), and junior (43.2%) male students rated their perceived competence level of providing information regarding conception to be unqualified. Senior male students proportions in qualified (35.1%) and unqualified (33.3%) competence level were nearly same.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to infertility as a function of gender and grade level are presented in Table 4.43.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to infertility were found to be significantly related for females, Pearson  $\chi^2 (6, N = 353) = 22.33, p = .001$ , Cramér's V = .17 but not for males, Pearson  $\chi^2 (6, N = 196) = 7.79, p = .253$ , Cramér's V = .14.

Table 4.43

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Infertility as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	26	26.8	19	19.6	52	53.6						
Sophomore	22	25.3	16	18.4	49	56.3						
Junior	14	17.5	24	30.0	42	52.5	22.33	.001	.17			
Senior	27	30.3	36	40.4	26	29.2						
Freshman	20	44.4	7	15.6	18	40.0						
Sophomore	11	22.0	12	24.0	27	54.0						
Junior	12	27.3	9	20.5	23	52.3	7.79	.253	.14			
Senior	61	31.1	44	22.4	91	46.4						
Total	193		167		260							

As seen in the table, freshman (53.6%), sophomore (56.3%), and junior (52.5%) female students cited their perceived competence level of providing information regarding infertility to be unqualified. Senior female students (40.4%) ranked their perceived competence level of providing information regarding infertility as undecided. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.44 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior, sophomore and senior as well as junior and senior students.

Table 4.44

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value	
		(Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	9.83	.007 (.008)	.24
Sophomore vs. senior	15.23	.000 (.01)	.29
Sophomore vs. junior	3.62	.163 (.0125)	.14
Freshman vs. senior	13.62	.001 (.017)	.27
Freshman vs. junior	3.64	.162 (.025)	.14
Freshman vs. sophomore	.13	.934 (.05)	.02

Freshman male students' rankings of their perceived competence level of providing information regarding infertility were nearly same in unqualified (40.0%) and qualified (44.4%) categories. Sophomore (54.0%), junior (52.3%), and senior male students (46.4%) rated their perceived competence level of providing information regarding infertility to be unqualified.



The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to abortion as a function of gender and grade level are presented in Table 4.45.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to abortion were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 18.84, p = .004$ , Cramér's  $V = .16$  but not for males, Pearson  $\chi^2 (6, N = 196) = 7.65, p = .265$ , Cramér's  $V = .14$ .

Table 4.45

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Abortion as a function of Gender and Grade Level*

	If you were to provide information to your client regarding abortion, how would you rate your competence?	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
Female	Freshman	18	18.6	26	26.8	53	54.6	18.84	.004	.16
	Sophomore	19	21.6	17	19.3	52	59.1			
	Junior	23	28.8	20	25.0	37	46.3			
	Senior	38	42.7	20	22.5	31	34.8			
Male	Freshman	14	31.1	5	11.1	26	57.8	7.65	.265	.14
	Sophomore	8	16.0	11	22.0	31	62.0			
	Junior	12	27.3	7	15.9	25	56.8			
	Senior	14	24.6	16	28.1	27	47.4			
Total		146		122		282				

As shown in the table, freshman (54.6%), sophomore (59.1%), and junior (46.3%) female students rated their perceived competence level of providing information regarding abortion as unqualified, whereas senior female students (42.7%) rated their perceived competence level of providing information regarding infertility as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.46 demonstrates the results of these analyses. The Holm’s sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior as well as sophomore and senior students.

Table 4.46

*Results for the Pairwise Comparisons Using the Holm’s Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer’s V
Junior vs. senior	3.74	.153 (.008)	.14
Sophomore vs. senior	11.88	.003 (.01)	.25
Sophomore vs. junior	2.77	.249 (.0125)	.12
Freshman vs. senior	13.36	.001 (.017)	.26
Freshman vs. junior	2.62	.269 (.025)	.12
Freshman vs. sophomore	1.48	.476 (.05)	.09

Freshman (57.8%), sophomore (62.0%), junior (56.8%), and senior (47.4%) male students rated their perceived competence level of providing information regarding abortion as unqualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors’ perceived competence level of providing information with respect to vaginal intercourse as a function of gender and grade level are presented in Table 4.47.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to vaginal intercourse were found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 353$ ) = 46.37,  $p = .000$ , Cramér's  $V = .25$  but not for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 10.96,  $p = .089$ , Cramér's  $V = .16$ .

Table 4.47

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Vajinal Intercourse as a function of Gender and Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
	f	%	f	%	f	%			
Freshman	22	22.9	28	29.2	46	47.9			
Sophomore	28	31.8	17	19.3	43	48.9			
Junior	37	46.3	16	20.0	27	33.8	46.37	.000	.25
Senior	61	68.5	11	12.4	17	19.1			
Freshman	34	73.9	5	10.9	7	15.2			
Sophomore	26	52.0	12	24.0	12	24.0			
Junior	28	63.6	4	9.1	12	27.3	10.96	.089	.16
Senior	41	71.9	4	7.0	12	21.1			
Total	277		97		176				

As demonstrated in the table, freshman (47.9%), sophomore (48.9%), and junior (33.8%) female students cited their perceived competence level of providing information regarding vaginal intercourse as unqualified, while senior female students (68.5%) cited as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.48 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise difference that were significant were between freshman and junior, freshman and senior, and sophomore and senior students.

Table 4.48

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	8.62	.013 (.008)	.22
Sophomore vs. senior	24.78	.000 (.01)	.37
Sophomore vs. junior	4.56	.102 (.0125)	.16
Freshman vs. senior	38.87	.000 (.017)	.45
Freshman vs. junior	10.66	.005 (.025)	.24
Freshman vs. sophomore	3.16	.205 (.05)	.13

Freshman (73.9%), sophomore (52.0%), junior (63.6%), and senior (71.9%) male students rated their perceived competence level of providing information regarding vaginal intercourse as unqualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to oral sex as a function of gender and grade level are presented in Table 4.49.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to oral sex were found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 354$ ) = 28.82,  $p = .000$ , Cramér's  $V = .20$  but not for males, Pearson  $\chi^2$  (6,  $N = 197$ ) = 2.56,  $p = .861$ , Cramér's  $V = .08$ .

Table 4.49

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Oral Sex as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	12	12.4	14	14.4	71	73.2						
Sophomore	16	18.2	13	14.8	59	67.0						
Female	17	21.3	15	18.8	48	60.0	28.82	.000	.20			
Junior	38	42.7	13	14.6	38	42.7						
Senior	18	39.1	9	19.6	19	41.3						
Freshman	22	44.0	8	16.0	20	40.0						
Sophomore	21	47.7	7	15.9	16	36.4	2.56	.861	.08			
Male	27	47.4	13	22.8	17	29.8						
Junior												
Senior												
Total	171		92		288							



As seen in the table, freshman (73.2%), sophomore (67.0%), and junior (60.0%) female students rated their perceived competence level of providing information regarding oral sex as unqualified. Senior female students' rankings of their perceived competence level of providing information regarding oral sex were same in qualified (42.7%) and unqualified (42.7%) categories. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.50 presents the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-senior and sophomore-senior students.

Table 4.50

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	8.87	.012 (.008)	.22
Sophomore vs. senior	13.50	.001 (.01)	.27
Sophomore vs. junior	.92	.630 (.0125)	.07
Freshman vs. senior	23.24	.000 (.017)	.35
Freshman vs. junior	3.74	.154 (.025)	.14
Freshman vs. sophomore	1.28	.527 (.05)	.08

Freshman male students' rankings of their perceived competence level of providing information regarding oral sex were 41.3% for unqualified and 39.1% for qualified. Sophomore male students reported their perceived competence level of providing information regarding oral sex as qualified (44.0%) and unqualified (40.0%). Junior (47.7%) and senior (37.4%) male students rated their perceived competence level of providing information regarding oral sex as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to anal sex as a function of gender and grade level are presented in Table 4.51.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to anal sex were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 27.29, p = .000$ , Cramér's V = .19 but not for males, Pearson  $\chi^2 (6, N = 197) = 3.62, p = .728$ , Cramér's V = .09.

Table 4.51

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Anal Sex as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	10	10.3	10	10.3	77	79.4						
Sophomore	14	15.9	16	18.2	58	65.9						
Female	16	20.0	13	16.3	51	63.8	27.29	.000	.19			
Junior												
Senior	33	37.1	14	15.7	42	47.2						
Freshman	19	41.3	8	17.4	19	41.3						
Sophomore	16	32.0	12	24.0	22	44.0						
Male	19	43.2	9	20.5	16	36.4	3.62	.728	.09			
Junior												
Senior	19	33.3	17	29.8	21	36.8						
Total	146		99		306							

As shown in the table, freshman (79.4%), sophomore (65.9%), junior (63.8%), and senior (47.2%) female students rated their perceived competence level of providing information regarding anal sex to be unqualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.52 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-senior and sophomore-senior students.

Table 4.52

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	6.34	.042 (.008)	.19
Sophomore vs. senior	10.36	.006 (.01)	.24
Sophomore vs. junior	.51	.774 (.0125)	.05
Freshman vs. senior	22.96	.000 (.017)	.35
Freshman vs. junior	5.47	.065 (.025)	.17
Freshman vs. sophomore	4.29	.117 (.05)	.15

Same proportions were observed among freshman male students' rankings of their perceived competence level of providing information regarding anal sex in unqualified (41.3%) and qualified (41.3%) categories. Sophomore (44.0%) and senior (36.4%) male students cited their perceived competence level of providing information regarding anal sex as unqualified, while junior male students rated their perceived competence level of providing information regarding anal sex as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to orgasm as a function of gender and grade level are presented in Table 4.53.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to orgasm were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 40.84, p = .000$ , Cramér's V = .24 but not for males, Pearson  $\chi^2 (6, N = 197) = 3.87, p = .694$ , Cramér's V = .09.

Table 4.53

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Orgasm as a function of Gender and Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
	f	%	f	%	f	%			
Freshman	18	18.6	12	12.4	67	69.1			
Sophomore	25	28.4	19	21.6	44	50.0			
Female	30	37.5	20	25.0	30	37.5	40.84	.000	.24
Junior	49	55.1	12	13.5	28	31.5			
Senior	28	60.9	5	10.9	13	28.3			
Freshman	29	58.0	8	16.0	13	26.0			
Sophomore	25	56.8	7	15.9	12	27.3	3.87	.694	.09
Male	123	62.4	25	12.7	49	24.9			
Junior									
Senior									
Total	327		108		256				

As demonstrated in the table, freshman (69.1%) and sophomore (50.0%) female students rated their perceived competence level of providing information regarding orgasm as unqualified. Same proportions were observed among junior female students' rankings of their perceived competence level of providing information regarding orgasm in qualified (37.5%) and unqualified (37.5%) categories. Senior female students (55.1%) reported their perceived competence level of providing information regarding orgasm as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.54 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and sophomore, freshman and junior, freshman and senior, and sophomore and senior students.

Table 4.54

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	6.17	.046 (.008)	.19
Sophomore vs. senior	12.91	.002 (.01)	.27
Sophomore vs. junior	2.75	.252 (.0125)	.12
Freshman vs. senior	30.06	.000 (.017)	.40
Freshman vs. junior	17.64	.000 (.025)	.31
Freshman vs. sophomore	7.06	.029 (.05)	.19

Freshman (60.9%), sophomore (58.0%), junior (56.8%), and senior (62.4%) male students rated their perceived competence level of providing information regarding orgasm as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to masturbation as a function of gender and grade level are presented in Table 4.55.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to masturbation were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 25.47, p = .000$ , Cramér's V = .19 but not for males, Pearson  $\chi^2 (6, N = 196) = 3.59, p = .732$ , Cramér's V = .09.



Table 4.55

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Masturbation as a function of Gender and Grade Level*

		Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
Female	Freshman	27	27.8	10	10.3	60	61.9	25.47	.000	.19
	Sophomore	24	27.3	17	19.3	47	53.4			
	Junior	32	40.0	16	20.0	32	40.0			
	Senior	47	52.8	15	16.9	27	30.3			
Male	Freshman	35	77.8	3	6.7	7	15.6	3.59	.732	.09
	Sophomore	38	76.0	7	14.0	5	10.0			
	Junior	36	81.8	4	9.1	4	9.1			
	Senior	41	71.9	6	10.5	10	17.5			
Total		280		78		192				

As seen in the table, freshman (61.9%) and sophomore (53.4%) female students cited their perceived competence level of providing information regarding masturbation to be unqualified. Junior female students' rankings of their perceived competence level of providing information regarding masturbation were same in qualified (40.0%) and unqualified (40.0%) categories. Senior female students (52.8%) rated their perceived competence level of providing information regarding masturbation as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.56 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and junior, freshman and senior as well as sophomore and senior students.

Table 4.56

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	2.83	.243 (.008)	.12
Sophomore vs. senior	12.97	.002 (.01)	.27
Sophomore vs. junior	3.64	.161 (.0125)	.14
Freshman vs. senior	18.61	.000 (.017)	.31
Freshman vs. junior	8.77	.012 (.025)	.22
Freshman vs. sophomore	3.14	.208 (.05)	.13

Freshman (77.8%), sophomore (76.0%), junior (81.8%), and senior (71.9%) male students rated their perceived competence level of providing information regarding masturbation as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to sexual orientation as a function of gender and grade level are presented in Table 4.57.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to sexual orientation were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 25.72, p = .000$ , Cramér's  $V = .19$  but not for males, Pearson  $\chi^2 (6, N = 196) = 10.19, p = .117$ , Cramér's  $V = .16$ .

Table 4.57  
*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Sexual Orientation as a function of Gender and Grade Level*

		Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
Female	Freshman	41	42.3	22	22.7	34	35.1	25.72	.000	.19
	Sophomore	30	34.1	29	33.0	29	33.0			
	Junior	35	43.8	14	17.5	31	38.8			
	Senior	59	66.3	16	18.0	14	15.7			
Male	Freshman	29	63.0	5	10.9	12	26.1	10.19	.117	.16
	Sophomore	22	44.0	8	16.0	20	40.0			
	Junior	25	56.8	10	22.7	9	20.5			
	Senior	37	64.9	10	17.5	10	17.5			
Total		278		114		159				

As shown in the table, freshman female students (42.3%) ranked their perceived competence level of providing information regarding sexual orientation as unqualified. Sophomore female students' rankings of their perceived competence level of providing information regarding sexual orientation were nearly same for qualified (34.1%) and unqualified (33.0%) categories. Similarly, junior female students' rankings of their perceived competence level of providing information regarding sexual orientation were nearly same for qualified (43.8%) and unqualified (38.8%) categories. Senior female students (66.3%) rated their perceived competence level of providing information regarding sexual orientation to be qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.58 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior, sophomore and senior as well as junior and senior students.

Table 4.58

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value	Cramer's V
		(Required <i>p</i> value for significance)	
Junior vs. senior	12.23	.002 (.008)	.26
Sophomore vs. senior	18.43	.000 (.01)	.32
Sophomore vs. junior	5.31	.070 (.0125)	.17
Freshman vs. senior	12.19	.002 (.017)	.25
Freshman vs. junior	.76	.682 (.025)	.06
Freshman vs. sophomore	2.63	.268 (.05)	.11

Freshman (63.0%), junior (56.8%), and senior (64.9%) male students cited their perceived competence level of providing information regarding sexual orientation to be qualified. Sophomore male students' rankings of their perceived competence level of providing information regarding sexual orientation were qualified (44.0%) and unqualified (40.0%).

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to family planning as a function of gender and grade level are presented in Table 4.59.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to family planning were not found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 6.74, p = .346$ , Cramér's  $V = .09$  and for males, Pearson  $\chi^2 (6, N = 196) = 3.31, p = .768$ , Cramér's  $V = .09$ .

Table 4.59  
*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Family Planning as a function of Gender and Grade Level*

	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
	f	%	f	%	f	%			
Freshman	67	69.1	11	11.3	19	19.6			
Sophomore	63	71.6	11	12.5	14	15.9			
Female	58	72.5	9	11.3	13	16.3	6.74	.346	.09
Junior	66	74.2	16	18.0	7	7.9			
Senior	34	73.9	8	17.4	4	8.7			
Freshman	35	70.0	6	12.0	9	18.0			
Sophomore	31	70.5	8	18.2	5	11.4	3.31	.768	.09
Male	43	75.4	9	15.8	5	8.8			
Junior									
Senior									
Total	397		78		76				

As demonstrated in the table, freshman (69.1%), sophomore (71.6%), junior (72.5%), and senior (74.2%) female students rated their perceived competence level of providing information regarding family planning as qualified. Similarly, freshman (73.9%), sophomore (70.0%), junior (70.5%), and senior (75.4%) male students rated their perceived competence level of providing information regarding family planning as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to contraceptive methods as a function of gender and grade level are presented in Table 4.60.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to contraceptive methods were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 35.85, p = .000$ , Cramér's  $V = .22$  and for males, Pearson  $\chi^2 (6, N = 197) = 15.78, p = .015$ , Cramér's  $V = .20$ .



Table 4.60

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Contraceptive Methods as a function of Gender and Grade Level*

	If you were to provide information to your client regarding contraceptive methods, how would you rate your competence?	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
Female	Freshman	51	52.6	20	20.6	26	26.8	35.85	.000	
	Sophomore	39	44.3	28	31.8	21	23.9			
	Junior	51	63.8	11	13.8	18	22.5			
	Senior	74	83.1	9	10.1	6	6.7			
Male	Freshman	23	50.0	3	6.5	20	43.5	15.78	.015	.20
	Sophomore	20	40.0	11	22.0	19	38.0			
	Junior	19	43.2	10	22.7	15	34.1			
	Senior	39	68.4	7	12.3	11	19.3			
Total		316		99		136				

As seen in the table, freshman (52.6%), sophomore (44.3%), junior (63.8%), and senior (83.1%) female students cited their perceived competence level of providing information regarding contraceptive methods as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.61 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior, sophomore and senior, and junior and senior students.

Table 4.61

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	9.98	.007 (.008)	.24
Sophomore vs. senior	28.92	.000 (.01)	.40
Sophomore vs. junior	8.88	.012 (.0125)	.23
Freshman vs. senior	20.59	.000 (.017)	.33
Freshman vs. junior	2.45	.293 (.025)	.11
Freshman vs. sophomore	3.03	.219 (.05)	.12

Freshman (50.0%), junior (43.2%), and senior (68.4%) male students rated their perceived competence level of providing information regarding contraceptive methods as qualified. Sophomore male students' rankings of their perceived competence level of providing information regarding contraceptive methods were nearly same in qualified (40.0%) and unqualified (38.0%) categories. Since the grade level of the male pre-service counselors and the perceived competence level of providing information with respect to contraceptive methods were found to be significantly related for males, follow-up pairwise comparison was conducted to evaluate the difference among these proportions. Table 4.62 presents the results of

these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. However, no statistically significant pairwise differences were found among grade categories.

Table 4.62

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	6.47	.039 (.008)	.25
Sophomore vs. senior	8.72	.013 (.01)	.28
Sophomore vs. junior	.16	.922 (.0125)	.04
Freshman vs. senior	7.25	.027 (.017)	.26
Freshman vs. junior	4.82	.090 (.025)	.23
Freshman vs. sophomore	4.64	.098 (.05)	.22

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to hygiene as a function of gender and grade level are presented in Table 4.63.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to hygiene were not found to be significantly related for females, Pearson  $\chi^2 (6, N = 352) = 11.07, p = .086$ , Cramér's V = .12 and for males, Pearson  $\chi^2 (6, N = 197) = .97, p = .987$ , Cramér's V = .05.

Table 4.63

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Hygiene as a function of Gender and Grade Level*

		Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
Female	Freshman	88	91.7	5	5.2	3	3.1	11.07	.086	.12
	Sophomore	85	96.6	0	.0	3	3.4			
	Junior	77	97.5	1	1.3	1	1.3			
	Senior	88	98.9	1	1.1	0	.0			
Male	Freshman	42	91.3	1	2.2	3	6.5	.97	.987	.05
	Sophomore	46	92.0	2	4.0	2	4.0			
	Junior	40	90.9	2	4.5	2	4.5			
	Senior	53	93.0	2	3.5	2	3.5			
Total		519		14		16				

As shown in the table, freshman (91.7%), sophomore (96.6%), junior (97.5%), and senior (98.9%) female students rated their perceived competence level of providing information regarding hygiene as qualified. Similarly, freshman (91.3%), sophomore (92.0%), junior (90.9%), and senior (93.0%) male students rated their perceived competence level of providing information regarding hygiene as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to sexually transmitted diseases as a function gender and grade level are presented in Table 4.64.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to sexually transmitted diseases were found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 354$ ) = 28.32,  $p = .000$ , Cramér's  $V = .20$  but not for males, Pearson  $\chi^2$  (6,  $N = 196$ ) = 7.27,  $p = .297$ , Cramér's  $V = .13$ .

Table 4.64

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to STDs as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	52	53.6	22	22.7	23	23.7						
Sophomore	39	44.3	25	28.4	24	27.3						
Female	42	52.5	12	15.0	26	32.5	28.32	.000			.20	
Junior	70	78.7	8	9.0	11	12.4						
Senior	32	69.6	7	15.2	7	15.2						
Freshman	24	48.0	13	26.0	13	26.0						
Sophomore	27	62.8	8	18.6	8	18.6	7.27	.297			.13	
Male	40	70.2	10	17.5	7	12.3						
Junior												
Senior												
Total	326		105		129							

As demonstrated in the table, freshman (53.6%), sophomore (44.3%), junior (52.5%), and senior (78.7%) female students ranked their perceived competence level of providing information regarding sexually transmitted diseases as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.65 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and sophomore, freshman and senior, sophomore and senior as well as junior and senior students.

Table 4.65

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value	Cramer's V
		(Required <i>p</i> value for significance)	
Junior vs. senior	13.44	.001 (.008)	.28
Sophomore vs. senior	22.39	.000 (.01)	.35
Sophomore vs. junior	4.38	.111 (.0125)	.16
Freshman vs. senior	13.10	.001 (.017)	.26
Freshman vs. junior	2.58	.275 (.025)	.12
Freshman vs. sophomore	22.39	.000 (.05)	.35

Freshman (69.6%) sophomore (48.0%), junior (62.8%), and senior (70.2%) male students ranked their perceived competence level of providing information regarding sexually transmitted diseases to be qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to prevention of sexually transmitted diseases as a function of gender and grade level are presented in Table 4.66.

Grade level of the pre- service counselors and the perceived competence level of providing information with respect to prevention of sexually transmitted diseases were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 37.33, p = .000$ , Cramér's V = .23 but not for males, Pearson  $\chi^2 (6, N = 196) = 7.99, p = .239$ , Cramér's V = .14.



Table 4.66

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Prevention of STDs as a function of Gender and Grade Level*

	If you were to provide information to your client regarding prevention of STDs, how would you rate your competence?	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
	Freshman	45	46.4	20	20.6	32	33.0			
Female	Sophomore	41	46.6	20	22.7	27	30.7			
	Junior	34	42.5	21	26.3	25	31.3	37.33	.000	.23
	Senior	73	82.0	6	6.7	10	11.2			
	Freshman	30	65.2	6	13.0	10	21.7			
Male	Sophomore	25	50.0	12	24.0	13	26.0			
	Junior	29	65.9	7	15.9	8	18.2	7.99	.239	.14
	Senior	42	73.7	9	15.8	6	10.5			
	Total	319		101		131				

As shown in the table, freshman (46.4%), sophomore (46.6%), junior (42.5%), and senior (82.0%) female students ranked their perceived competence level of providing information regarding prevention of sexually transmitted diseases as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.67 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-senior, sophomore-senior as well as junior-senior students.

Table 4.67

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	28.57	.000 (.008)	.41
Sophomore vs. senior	24.32	.000 (.01)	.37
Sophomore vs. junior	.37	.829 (.0125)	.04
Freshman vs. senior	25.40	.000 (.017)	.37
Freshman vs. junior	.79	.674 (.025)	.06
Freshman vs. sophomore	.17	.917 (.05)	.03

Freshman (65.2%), sophomore (50.0%), junior (65.9%), and senior (73.7%) male students cited their perceived competence level of providing information regarding prevention of sexually transmitted diseases to be qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to HIV/AIDS as a function of gender and grade level are presented in Table 4.68.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to HIV/AIDS were found to be significantly related for females, Pearson  $\chi^2$  (6,  $N = 354$ ) = 39.83,  $p = .000$ , Cramér's  $V = .23$  but not for males, Pearson  $\chi^2$  (6,  $N = 196$ ) = 8.14,  $p = .297$ , Cramér's  $V = .14$ .

Table 4.68

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to HIV/AIDS as a function of Gender and Grade Level*

	If you were to provide information to your client regarding HIV/AIDS, how would you rate your competence?	Qualified		Undecided		Unqualified		$\chi^2$	p	Cramer's V
		f	%	f	%	f	%			
	Freshman	43	44.3	22	22.7	32	33.0			
Female	Sophomore	34	38.6	26	29.5	28	31.8			
	Junior	39	48.8	16	20.0	25	31.3	39.83	.000	.23
	Senior	72	80.9	8	9.0	9	10.1			
	Freshman	27	58.7	8	17.4	11	23.9			
Male	Sophomore	25	50.0	9	18.0	16	32.0			
	Junior	24	55.8	9	20.9	10	23.3	8.14	.228	.14
	Senior	42	73.7	8	14.0	7	12.3			
	Total	206		106		138				

As seen in the table, freshman (44.3%), sophomore (38.6%), junior (48.8%), and senior (80.9%) female students rated their perceived competence level of providing information regarding HIV/AIDS as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.69 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman-sophomore, freshman-senior, sophomore-senior, and junior-senior students.

Table 4.69

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	13.44	.001 (.008)	.28
Sophomore vs. senior	22.39	.000 (.01)	.35
Sophomore vs. junior	4.38	.111 (.0125)	.16
Freshman vs. senior	13.10	.001 (.017)	.26
Freshman vs. junior	2.58	.275 (.025)	.12
Freshman vs. sophomore	22.39	.000 (.05)	.35

Freshman (58.7%), sophomore (50.0%), junior (55.8%), and senior (73.7%) male students cited their perceived competence level of providing information regarding HIV/AIDS to be qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to prevention of HIV/AIDS as a function of gender and grade level are presented in Table 4.70.

Grade level of the pre-service counselors and the perceived competence level of providing information with respect to prevention of HIV/AIDS were found to be significantly related for females, Pearson  $\chi^2 (6, N = 354) = 39.13, p = .000$ , Cramér's  $V = .23$  but not for males, Pearson  $\chi^2 (6, N = 197) = 8.85, p = .182$ , Cramér's  $V = .15$ .

Table 4.70

*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Prevention of HIV/AIDS as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	41	42.3	26	26.8	30	30.9						
Sophomore	39	44.3	19	21.6	30	34.1						
Junior	37	46.3	15	18.8	28	35.0	39.13	.000			.23	
Senior	72	80.9	10	11.2	7	7.9						
Freshman	30	65.2	4	8.7	12	26.1						
Sophomore	30	60.0	8	16.0	12	24.0						
Junior	29	65.9	6	13.6	9	20.5	8.85	.182			.15	
Senior	43	75.4	10	17.5	4	7.0						
Total	321		98		132							

As demonstrated in the table, freshman (42.3%), sophomore (44.3%), junior (46.3%), and senior (80.9%) female students rated their perceived competence level of providing information regarding prevention of HIV/AIDS as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.71 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior, sophomore and senior as well as junior and senior students.

Table 4.71

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value	Cramer's V
		(Required <i>p</i> value for significance)	
Junior vs. senior	24.42	.000 (.008)	.38
Sophomore vs. senior	26.89	.000 (.01)	.39
Sophomore vs. junior	.21	.900 (.0125)	.03
Freshman vs. senior	29.62	.000 (.017)	.39
Freshman vs. junior	1.60	.448 (.025)	.09
Freshman vs. sophomore	.70	.704 (.05)	.06

Freshman (65.2%), sophomore (60.0%), junior (65.9%), and senior (75.4%) male students rated their perceived competence level of providing information regarding prevention of HIV/AIDS as qualified.

The results of the the two-way contingency table analysis with chi-square regarding the pre-service counselors' perceived competence level of providing information with respect to sexual abuse as a function of gender and grade level are presented in Table 4.72.



Grade level of the pre-service counselors and the perceived competence level of providing information with respect to sexual abuse were found to be significantly related for females, Pearson  $\chi^2(6, N = 352) = 51.14, p = .000$ , Cramér's  $V = .27$  and for males, Pearson  $\chi^2(6, N = 197) = 15.96, p = .014$ , Cramér's  $V = .20$ .

Table 4.72  
*The Results of Two-Way Contingency Table Analysis with Chi-Square Regarding Pre-service Counselors' Perceived Competence Level with respect to Sexual Abuse as a function of Gender and Grade Level*

	Qualified			Undecided			Unqualified			$\chi^2$	p	Cramer's V
	f	%	f	%	f	%	f	%				
Freshman	31	32.3	22	22.9	43	44.8						
Sophomore	36	41.4	23	26.4	28	32.2						
Junior	35	43.8	16	20.0	29	36.3	51.14	.000		.27		
Senior	71	79.8	11	12.4	7	7.9						
Freshman	27	58.7	7	15.2	12	26.1						
Sophomore	22	44.0	10	20.0	18	36.0						
Junior	22	50.0	10	22.7	12	27.3	15.96	.014		.20		
Senior	44	77.2	8	14.0	5	8.8						
Total	288		107		154							

As seen in the table, freshman (44.8%), sophomore (32.2%), and junior (36.3%) female students cited their perceived competence level of providing information regarding sexual abuse as unqualified. Senior female students (79.8%) ranked their perceived competence level of providing information regarding sexual abuse to be qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.73 demonstrates the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise differences that were significant were between freshman and senior, sophomore and senior as well as junior and senior students.

Table 4.73

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	26.19	.000 (.008)	.39
Sophomore vs. senior	28.26	.000 (.01)	.40
Sophomore vs. junior	.99	.608 (.0125)	.07
Freshman vs. senior	45.07	.000 (.017)	.49
Freshman vs. junior	2.47	.290 (.025)	.11
Freshman vs. sophomore	3.12	.209 (.05)	.13

Freshman (58.7%), sophomore (44.0%), junior (50.0%), and senior (77.2%) male students ranked their perceived competence level of providing information regarding sexual abuse as qualified. Follow-up pairwise comparisons were conducted to evaluate the difference among these proportions. Table 4.74 shows the results of these analyses. The Holm's sequential Bonferroni method was used to control for Type I error at the .05 across all comparisons. The pairwise difference that was significant was between sophomore and senior students.

Table 4.74

*Results for the Pairwise Comparisons Using the Holm's Sequential Bonferroni Method*

Comparison	Pearson chi-square	<i>p</i> value (Required <i>p</i> value for significance)	Cramer's V
Junior vs. senior	8.91	.012 (.008)	.29
Sophomore vs. senior	14.50	.001 (.01)	.36
Sophomore vs. junior	.82	.664 (.0125)	.09
Freshman vs. senior	5.91	.052 (.017)	.24
Freshman vs. junior	.99	.608 (.025)	.10
Freshman vs. sophomore	2.07	.354 (.05)	.14

#### **4.4 Results Concerning the Female and Male Pre-service Counselors' Needs to Obtain More Information Regarding Nine Sexuality Areas**

The third problem statement of the present study was “In which areas do female and male pre-service school counselors need to obtain more information?” In this regard, female and male students' needs to obtain more information regarding nine sexuality areas (society, culture, and sexuality, social structure and sexuality, puberty, reproductive anatomy and physiology, sexual activities, sexual orientations, family planning and contraception, sexually transmitted diseases and HIV/AIDS, and sexual abuse) were investigated by using descriptive statistics including frequencies and percentages.

Female students' rankings (n=354) of the need to obtain more information regarding nine sexuality areas are presented in Table 4.75.

Table 4.75

*Female Students' Rankings of the Need to Obtain More Information Regarding Nine Sexuality Areas*

	#1	#2	#3	#4	#5	#6	#7	#8	#9										
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	**Total				
1	123	34.7	50	14.1	29	8.2	37	10.5	23	6.5	26	7.3	21	5.9	25	7.1	16	4.5	350
2	44	12.4	45	12.7	48	13.6	48	13.6	47	13.3	42	11.9	31	8.8	22	6.2	23	6.5	350
3	42	11.9	65	18.4	55	15.5	60	16.9	33	9.3	27	7.6	33	9.3	24	6.8	12	3.4	351
4	37	10.5	25	7.1	31	8.8	28	7.9	24	6.8	30	8.5	43	12.1	43	12.1	89	25.1	350
5	29	8.2	23	6.5	17	4.8	16	4.5	26	7.3	45	12.7	63	17.8	48	13.6	83	23.4	350
6	25	7.1	42	11.9	38	10.7	36	10.2	35	9.9	41	11.6	47	13.3	76	21.5	10	2.8	350
7	20	5.6	30	8.5	33	9.3	31	8.8	47	13.3	46	13.0	39	11.0	37	10.5	67	18.9	350
8	16	4.5	46	13.0	60	16.9	43	12.1	42	11.9	44	12.4	32	9.0	44	12.4	23	6.5	350
9	15	4.2	22	6.2	39	11.0	50	14.1	76	21.5	50	14.1	44	12.4	29	8.2	25	7.1	350
**Total	351	99.1	348	98.4	350	98.8	349	98.6	353	99.8	351	99.1	353	99.6	348	98.4	348	98.2	

*Note.*\* 1= sexual activities, 2= sexually transmitted diseases and HIV/AIDS, 3= reproductive anatomy and physiology, 4= society,

culture and sexuality, 5= puberty, 6= social structure and sexuality, 7= sexual abuse, 8= sexual orientations, 9= family planning and contraception

*Note.*\*\* total varies due to missing cases

As shown in the table, the majority of the females rated sexual activities in their first (34.7%) and second (14.1%) rank order. It was followed by sexually transmitted diseases and HIV/AIDS, reproductive anatomy and physiology, society, culture, and sexuality, puberty, social structure and sexuality, respectively in the first rank. Sexual abuse, sexual orientations, and family planning and contraception were rated lowest in the first rank. Furthermore, it was found that the majority of the females rated sexual orientations (16.9%) in the third, family planning and contraception (21.5%) in the fifth, and society, culture, and sexuality (25.1%) in the ninth order.

Male students' rankings (n=198) of the need to obtain more information regarding nine sexuality areas are presented in Table 4.76.

Table 4.76

*Male Students' Rankings of the Need to Obtain More Information Regarding Nine Sexuality Areas*

	#1	#2	#3	#4	#5	#6	#7	#8	#9										
<b>*Sexuality Areas</b>																			
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>**Total</i>								
1	37	18.7	22	11.1	16	8.1	24	12.1	16	8.1	15	7.6	16	8.1	20	10.1	29	14.6	195
2	34	17.2	20	10.1	16	8.1	24	12.1	22	11.1	28	14.1	18	9.1	17	8.6	16	8.1	195
3	28	14.1	25	12.6	26	13.1	15	7.6	14	7.1	15	7.6	26	13.1	27	13.6	20	10.1	196
4	27	13.6	18	9.1	23	11.6	18	9.1	21	10.6	25	12.6	23	11.6	23	11.6	16	8.1	194
5	19	9.6	38	19.2	27	13.6	16	8.1	24	12.1	20	10.1	18	9.1	23	11.6	10	5.1	195
6	14	7.1	19	9.6	26	13.1	25	12.6	25	12.6	25	12.6	19	9.6	22	11.1	20	10.1	195
7	14	7.1	16	8.1	14	7.1	18	9.1	23	11.6	19	9.6	23	11.6	27	13.6	37	18.7	191
8	12	6.1	24	12.1	25	12.6	26	13.1	30	15.2	21	10.6	25	12.6	16	8.1	16	8.1	195
9	9	4.5	15	7.6	23	11.6	29	14.6	21	10.6	25	12.6	24	12.1	20	10.1	29	14.6	195
<b>**Total</b>	194	98	197	99.5	196	98.9	195	98.4	196	99	193	97.4	192	96.9	195	98.4	193	97.5	

*Note.* \* 1= society, culture, and sexuality, 2= reproductive anatomy and physiology, 3= sexual activities, 4= sexually transmitted diseases and HIV/AIDS, 5= social structure and sexuality, 6= sexual orientations, 7= sexual abuse, 8= family planning and contraception, 9= puberty

*Note.* \*\* total varies due to missing cases



As demonstrated in the table, the majority of the males (18.7%) rated society, culture, and sexuality in the first rank. It was followed by reproductive anatomy and physiology, sexual activities, sexually transmitted diseases and HIV/AIDS, social structure and sexuality, respectively. Proportions of male students need to obtain more information regarding sexual orientations and sexual abuse were same in the first rank. Family planning and contraception as well as puberty were rated lowest in the first rank. Moreover, it was found that the majority of the males (14.6%) rated puberty in the fourth and in the ninth, and family planning and contraception (15.2%) in the fifth rank.

#### **4.5 Results Regarding the Relationship between Gender, Grade, and Sexual Attitude**

The fourth research question of the present study was “Are there any significant mean differences among pre-service counselors’ sexual attitude test sub-scale scores with respect to gender and grade?” Therefore, a 2 X 4 X 4 MANOVA was conducted to determine the effect of the gender (female and male) and grade (freshmen, sophomore, junior, and senior) on the four dependent variables (masturbation, conventional morality, pornography, and homosexuality sub-scale scores).

Table 4.77 presents the means and standard deviations of the sexual attitude test sub-scale scores of the pre-service counselors with respect to gender and grade.

Table 4.77

*Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors by Gender and Grade*

Sexual Attitude Test Sub-scale	Gender	Grade	<i>M</i>	<i>SD</i>	<i>N</i>
Masturbation	Female	Freshman	18.46	5.16	97
		Sophomore	19.48	3.87	88
		Junior	21.92	4.72	80
		Senior	23.51	4.22	89
	Male	Freshman	20.60	5.56	46
		Sophomore	20.06	5.13	50
		Junior	21.25	5.87	44
		Senior	21.84	5.82	58
Conventional Morality	Female	Freshman	14.05	5.70	97
		Sophomore	13.29	5.62	88
		Junior	16.58	6.61	80
		Senior	17.71	6.38	89
	Male	Freshman	14.02	5.68	46
		Sophomore	14.50	6.53	50
		Junior	15.18	5.67	44
		Senior	15.10	6.69	58
Pornography	Female	Freshman	13.73	4.34	97
		Sophomore	13.75	3.99	88
		Junior	15.28	3.75	80
		Senior	16.07	3.54	89
	Male	Freshman	14.45	4.65	46
		Sophomore	15.38	4.94	50
		Junior	15.47	4.86	44
		Senior	14.81	4.73	58
Homosexuality	Female	Freshman	7.89	2.64	97
		Sophomore	8.32	2.07	88

Table 4.77 continued

Sexual Attitude Test Sub-scale	Gender	Grade	<i>M</i>	<i>SD</i>	<i>N</i>
Homosexuality	Female	Junior	8.36	2.46	80
		Senior	9.28	2.56	89
	Male	Freshman	6.58	2.66	46
		Sophomore	6.98	2.73	50
		Junior	7.29	2.31	44
		Senior	7.91	2.98	58

A preliminary examination of the result of MANOVA indicated a violation of the assumption of equal variances, and covariances Box's  $F [70, 241874] = 1.66, p = .000$ . Therefore, Pillai's Trace results were reported. The results indicated significant differences for gender, Pillai's Trace = .08,  $F(4, 541) = 11.79, p = .000$ , partial  $\eta^2$  0.8, for grade, Pillai's Trace = .08,  $F(12, 1629) = 4.04, p = .000$ , partial  $\eta^2$  0.2, and a significant interaction between gender and grade, Pillai's Trace = .04,  $F(12, 1629) = 2.07, p = .016$ , partial  $\eta^2$  0.1.

Analyses of variances (ANOVA) on each dependent variable were conducted as follow-up tests to the MANOVA. Type I error was controlled with using the Holm's Sequential Bonferroni method and each ANOVA was tested at the .0125 level by dividing .05 to the number of dependent variables (Green & Salkind, 2003). Effect sizes were reported as *partial  $\eta^2$* . Conventionally, it has values between 0 to 1, and interpreted as small, medium and large effect sizes (.01, .06, and .14 respectively) (Stevens, 2002).

Table 4.78 presents the results of the Analysis of Variance (ANOVA) applied to the sexual attitude test sub-scale scores of pre-service counselors with respect to gender, grade, and interaction between gender and grade.

Table 4.78

*The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors with respect to Gender, Grade, and Interaction between Gender and Grade*

Source	Dependent Variable	df	F	$\eta^2$	p
Gender	Masturbation	1	.04	.00	.83
	Conventional Morality	1	1.69	.00	.19
	Pornography	1	.70	.00	.40
	Homosexuality	1	31.46	.05	.00
Grade	Masturbation	3	12.15	.06	.00
	Conventional Morality	3	5.65	.03	.00
	Pornography	3	2.99	.01	.03
	Homosexuality	3	6.65	.03	.00
Gender and Grade	Masturbation	3	3.60	.01	.01
	Conventional Morality	3	2.42	.01	.06
	Pornography	3	2.72	.01	.04
	Homosexuality	3	.08	.00	.96

The ANOVA for gender on the masturbation  $F(1, 544) = .04, p = .834, \eta^2 = .00$ , on the conventional morality  $F(1, 544) = 1.69, p = .193, \eta^2 = .00$ , and on the pornography  $F(1, 544) = .70, p = .402, \eta^2 = .00$  was not significant, but gender on the homosexuality  $F(1, 544) = 31.46, p = .000, \eta^2 = .05$ , was significant.

The ANOVA for grade on the masturbation  $F(3, 544) = 12.15, p = .000, \eta^2 = .06$ , on the conventional morality  $F(3, 544) = 5.65, p = .001, \eta^2 = .03$ , and on the homosexuality  $F(3, 544) = 6.65, p = .000, \eta^2 = .03$ , was significant. However, ANOVA for grade on the pornography  $F(3, 544) = 2.99, p = .031, \eta^2 = .01$ , was not significant.

The ANOVA for interaction between gender and grade on the masturbation  $F(3, 544) = 3.60, p = .013, \eta^2 = .01$ , on the conventional morality  $F(3, 544) = 2.42, p =$

.065,  $\eta^2 = .01$ , on the pornography  $F(3, 544) = 2.72$ ,  $p = .044$ ,  $\eta^2 = .01$ , and on the homosexuality  $F(3, 544) = .08$ ,  $p = .966$ ,  $\eta^2 = .00$ , was not significant.

Post hoc analyses to the univariate ANOVA for the sub-scale scores of sexual attitude test consisted of conducting pairwise comparisons to find which grade affected sexual attitude test sub-scale scores most strongly. Each pairwise comparison was tested at the .003 level (.0125/4). On the masturbation scale, freshman ( $M = 19.53$ ) and sophomores ( $M = 19.77$ ) produced more conservative attitudes in comparison with either of the juniors ( $M = 21.58$ ) and seniors ( $M = 22.68$ ). On the conventional morality sub-scale, freshman ( $M = 14.03$ ) and sophomores ( $M = 13.89$ ) produced more conservative attitudes in comparison with either of the juniors ( $M = 15.88$ ) and seniors ( $M = 16.41$ ). On the homosexuality sub-scale, freshman ( $M = 7.24$ ) reported more conservative attitudes in comparison with seniors ( $M = 8.59$ ). Also, on the homosexuality subscale, females ( $M = 8.46$ ) demonstrated more liberal attitudes when compared to males ( $M = 7.19$ ).

#### **4.6 Results Regarding the Relationship between Gender, Mother Education, and Sexual Attitude**

The fifth research question of the present study was “Are there any significant mean differences among pre-service counselors’ sexual attitude test sub-scale scores with respect to gender and mother education?” Mother education levels were regrouped in the following analyses. Hence, illiterate and primary school dropouts were grouped as no schooling, primary school graduates and secondary school dropouts as elementary school, secondary school graduates and high school dropouts as secondary school, high school/vocational college graduates and university dropouts as high school, and university graduates and holds a master’s/Phd degree as university. A 2 X 5 X 4 MANOVA was conducted to determine the effect of the gender (female and male) and mother education (no schooling, elementary school, secondary school, high school, and university) on the four dependent variables (masturbation, conventional morality, pornography, and homosexuality sub-scale scores).

Table 4.79 presents the means and standard deviations of the sexual attitude test subscale scores of the pre-service counselors in relation to gender and mother education.

Table 4.79

*Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Female and Male Pre-service Counselors by Gender and Mother Education*

Sexual Attitude Test Sub-scale	Gender	*Mother Education	<i>M</i>	<i>SD</i>	<i>N</i>
Masturbation	Female	1	19.85	5.83	35
		2	20.21	4.75	192
		3	21.06	4.36	29
		4	21.26	5.13	63
		5	23.60	4.26	35
	Male	1	20.44	5.64	63
		2	21.12	5.46	99
		3	19.80	6.73	15
		4	22.77	7.63	18
		5	22.33	5.60	3
Conventional Morality	Female	1	14.60	7.25	35
		2	14.49	6.01	192
		3	16.34	5.74	29
		4	15.93	6.28	63
		5	19.00	6.24	35
	Male	1	13.79	6.05	63
		2	14.73	6.20	99
		3	14.86	6.03	15
		4	17.50	6.69	18
		5	16.00	2.00	3
Pornography	Female	1	14.25	4.35	35
		2	14.27	3.94	192
		3	15.27	3.36	29
		4	14.90	4.32	63
		5	16.42	3.93	35
	Male	1	14.28	5.11	63

Table 4.79 continued					
Sexual Attitude Test Sub-scale	Gender	*Mother Education	<i>M</i>	<i>SD</i>	<i>N</i>
Pornography	Male	2	15.14	4.63	99
		3	15.60	5.08	15
		4	15.72	3.84	18
		5	19.33	5.50	3
		1	8.51	2.39	35
Homosexuality	Female	2	8.16	2.48	192
		3	8.13	2.69	29
		4	8.68	2.42	63
		5	9.85	2.17	35
		1	6.96	2.90	63
	Male	2	7.24	2.51	99
		3	7.00	2.80	15
		4	8.33	3.12	18
		5	7.00	3.60	3

*Note.*\* 1= no schooling, 2= elementary school, 3= secondary school, 4= high school, 5= university

A preliminary examination indicated no violation of the assumption of equal variances, and covariances Box's  $F$  [80, 36772] = 1.15,  $p = .162$ . The results demonstrated significant differences for gender, Wilks'  $\Lambda = .95$ ,  $F(4, 539) = 5.75$ ,  $p = .000$ , partial  $\eta^2 .04$ , not significant differences for mother education, Wilks'  $\Lambda = .96$ ,  $F(16, 1647) = 1.21$ ,  $p = .246$ , partial  $\eta^2 .00$ , and not significant interaction between gender and mother education Wilks'  $\Lambda = .98$ ,  $F(16, 1647) = .67$ ,  $p = .821$ , partial  $\eta^2 .00$ .

Analyses of variances (ANOVA) on each dependent variable were conducted as follow-up tests to the MANOVA. Type I error was controlled with using the Holm's Sequential Bonferroni method and each ANOVA was tested at the .0125 level by dividing .05 to the number of dependent variables (Green & Salkind, 2003).



Table 4.80 presents the results of the Analysis of Variance (ANOVA) applied to the sexual attitude test sub-scale scores of pre-service counselors with respect to gender, mother education, and interaction between gender and mother education.

Table 4.80

*The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors with respect to Gender, Mother Education, and Interaction between Gender and Mother Education*

Source	Dependent Variable	df	F	$\eta^2$	p
Gender	Masturbation	1	.01	.00	.90
	Conventional Morality	1	.53	.00	.46
	Pornography	1	2.22	.00	.13
	Homosexuality	1	11.92	.02	.00
Mother Education	Masturbation	4	1.72	.01	.14
	Conventional Morality	4	2.24	.01	.06
	Pornography	4	2.19	.01	.06
	Homosexuality	4	1.41	.01	.22
Gender and Mother Education	Masturbation	4	.57	.00	.67
	Conventional Morality	4	.64	.00	.62
	Pornography	4	.36	.00	.83
	Homosexuality	4	.85	.00	.48

The ANOVA for gender on the masturbation  $F(1, 542) = .01, p = .906, \eta^2 = .00$ , on the conventional morality  $F(1, 542) = .53, p = .466, \eta^2 = .00$ , and on the pornography  $F(1, 542) = 2.22, p = .136, \eta^2 = .00$ , was not significant. However, gender on homosexuality  $F(1, 542) = 14.72, p = .001, \eta^2 = .02$ , was significant. Females ( $M = 8.67$ ) demonstrated more liberal attitudes than males ( $M = 7.30$ ) in homosexuality sub-scale.

The ANOVA for mother education on the masturbation  $F(4, 542) = 1.72, p = .142, \eta^2 = .01$ , on the conventional morality  $F(4, 542) = 2.24, p = .063, \eta^2 = .01$ , on the

pornography  $F(4, 542) = 2.19, p = .068, \eta^2 = .01$ , and on homosexuality  $F(4, 542) = 1.41, p = .227, \eta^2 = .01$ , was not significant.

The ANOVA for interaction between gender and mother education on the masturbation  $F(4, 542) = .57, p = .679, \eta^2 = .00$ , on the conventional morality  $F(4, 542) = .64, p = .629, \eta^2 = .00$ , on the pornography  $F(4, 542) = .36, p = .833, \eta^2 = .00$ , and on homosexuality  $F(4, 542) = .85, p = .488, \eta^2 = .00$ , was not significant.

#### **4.7 Results Regarding the Relationship between Gender, Father Education, and Sexual Attitude**

The sixth research question of the present study was “Are there any significant mean differences among pre-service counselors’ sexual attitude test sub-scale scores with respect to gender and father education?” Father education levels were regrouped in the following analyses. Hence, illiterate and primary school dropouts were grouped as no schooling, primary school graduates and secondary school dropouts as elementary school, secondary school graduates and high school dropouts as secondary school, high school/vocational college graduates and university dropouts as high school, and university graduates and holds a master’s/Phd degree as university. A 2 X 5 X 4 MANOVA was conducted to determine the effect of the gender (female and male) and father education (no schooling, elementary school, secondary school, high school, and university) on the four dependent variables (masturbation, conventional morality, pornography, and homosexuality sub-scale scores).

Table 4.81 presents the means and standard deviations of the sexual attitude test sub-scale scores of the pre-service counselors with respect to gender and father education.

Table 4.81

*Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors by Gender and Father Education*

Sexual Attitude Test Sub-scale	Gender	*Father Education	<i>M</i>	<i>SD</i>	<i>N</i>
Masturbation	Female	1	21.83	3.43	6
		2	19.84	4.93	94
		3	20.94	4.53	54
		4	21.70	5.07	88
		5	20.67	4.94	112
	Male	1	20.80	5.98	21
		2	20.41	5.49	77
		3	20.38	6.36	31
		4	22.45	4.08	35
		5	21.35	6.24	34
Conventional Morality	Female	1	17.00	8.62	6
		2	15.02	6.41	94
		3	15.24	5.91	54
		4	15.25	5.97	88
		5	15.69	6.63	112
	Male	1	12.80	5.70	21
		2	13.36	5.75	77
		3	14.16	6.21	31
		4	18.31	6.17	35
		5	15.76	5.99	34
Pornography	Female	1	15.50	5.75	6
		2	13.78	3.89	94
		3	15.16	3.70	54
		4	15.06	4.46	88
		5	14.83	3.84	121
	Male	1	14.42	4.55	21

Table 4.81 continued					
Sexual Attitude Test Sub-scale	Gender	*Father Education	<i>M</i>	<i>SD</i>	<i>N</i>
Pornography	Male	2	14.55	5.05	77
		3	14.51	5.07	31
		4	16.37	3.77	35
		5	15.50	4.87	34
		1	9.16	3.31	6
Homosexuality	Female	2	8.55	2.48	94
		3	8.46	2.17	54
		4	8.26	2.68	88
		5	8.49	2.47	112
		1	6.85	2.57	21
	Male	2	6.76	2.52	77
		3	6.90	2.82	31
		4	8.31	2.74	35
		5	7.70	2.96	34

*Note.*\* 1= no schooling, 2= elementary school, 3= secondary school, 4= high school, 5= university

A preliminary examination indicated no violation of the assumption of equal variances, and covariances Box's  $F [90, 8165] = 1.06, p = .323$ . The results indicated significant differences for gender, Wilks'  $\Lambda = .95, F(4, 539) = 6.14, p = .000$ , partial  $\eta^2 .04$ , not significant differences for father education, Wilks'  $\Lambda = .97, F(16, 1647) = 1.00, p = .453$ , partial  $\eta^2 .00$ , and not significant interaction between gender and father education Wilks'  $\Lambda = .96, F(16, 1647) = 1.33, p = .167$ , partial  $\eta^2 .01$ .

Analyses of variances (ANOVA) on each dependent variable were conducted as follow-up tests to the MANOVA. Type I error was controlled with using the Holm's Sequential Bonferroni method and each ANOVA was tested at the .0125 level by dividing .05 to the number of dependent variables (Green & Salkind, 2003).

Table 4.82 presents the results of the Analysis of Variance (ANOVA) applied to the sexual attitude test sub-scale scores of pre-service counselors with respect to gender, father education, and gender and father education.

Table 4.82

*The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors with respect to Gender, Father Education, and Interaction between Gender and Father Education*

Source	Dependent Variable	df	F	$\eta^2$	p
Gender	Masturbation	1	.01	.00	.89
	Conventional Morality	1	1.02	.00	.31
	Pornography	1	.15	.00	.69
	Homosexuality	1	16.78	.03	.00
Father Education	Masturbation	4	2.32	.01	.05
	Conventional Morality	4	3.07	.02	.01
	Pornography	4	2.20	.01	.06
	Homosexuality	4	1.23	.00	.29
Gender and Father Education	Masturbation	4	.31	.00	.86
	Conventional Morality	4	2.90	.02	.02
	Pornography	4	.77	.00	.54
	Homosexuality	4	2.50	.01	.04

The ANOVA for gender on the masturbation  $F(1, 542) = .01, p = .893, \eta^2 = .00$ , on the conventional morality  $F(1, 542) = 1.02, p = .313, \eta^2 = .00$ , on the pornography  $F(1, 542) = .15, p = .698, \eta^2 = .00$  was not significant, but gender on homosexuality  $F(1, 542) = 16.78, p = .000, \eta^2 = .03$ , was significant. On homosexuality sub-scale, females ( $M = 8.58$ ) produced more liberal attitudes in comparison with males ( $M = 7.30$ ).

The ANOVA for father education on the masturbation  $F(4, 542) = 2.32, p = .056, \eta^2 = .01$ , on the conventional morality  $F(4, 542) = 3.07, p = .016, \eta^2 = .02$ , on the pornography  $F(4, 542) = 2.20, p = .067, \eta^2 = .01$ , and on the homosexuality  $F(4, 542) = 1.23, p = .293, \eta^2 = .00$ , was not significant.

The ANOVA for interaction between gender and father education on the masturbation  $F(4, 542) = .31, p = .868, \eta^2 = .00$ , on the conventional morality  $F(4, 542) = 2.90, p = .021, \eta^2 = .02$ , on the pornography  $F(4, 542) = .77, p = .545, \eta^2 = .00$ , and on the homosexuality  $F(4, 542) = 2.50, p = .041, \eta^2 = .01$ , was not significant.

#### **4.8 Results Regarding the Relationship between Gender, Previous Sexuality Education, and Sexual Attitude**

The seventh research question of the present study was “Are there any significant mean differences among pre-service counselors’ sexual attitude test sub-scale scores with respect to gender and previous sexuality education?” Therefore, a 2 X 2 X 4 MANOVA was conducted to determine the effect of gender (female and male) and previous education (have education/yes and no education/no) on the four dependent variables (masturbation, conventional morality, pornography, and homosexuality sub-scale scores).

Table 4.83 presents the means and standard deviations of the sexual attitude test sub-scale scores of the pre-service counselors with respect to gender and previous sexuality education.

Table 4.83

*Means and Standard Deviations of the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors by Gender and Previous Sexuality Education*

Sexual Attitude	Gender	Previous Sexuality Education	<i>M</i>	<i>SD</i>	<i>N</i>
Masturbation	Female	Yes	22.47	4.24	84
		No	20.21	5.05	267
	Male	Yes	22.39	5.77	33
		No	20.70	5.56	164
Conventional Morality	Female	Yes	16.60	5.89	84
		No	14.97	6.42	267
	Male	Yes	18.03	6.03	33
		No	14.08	6.01	164
Pornography	Female	Yes	15.77	3.95	84
		No	14.34	4.04	267
	Male	Yes	15.48	4.23	33
		No	14.96	4.87	164
Homosexuality	Female	Yes	9.01	2.42	84
		No	8.26	2.50	267
	Male	Yes	8.51	2.41	33
		No	6.99	2.72	164

A preliminary examination indicated no violation of the assumption of equal variances, and covariances Box's  $F$  [30, 56328] = 1.41,  $p = .067$ . The results indicated significant differences for gender, Wilks'  $\Lambda = .96$ ,  $F(4, 541) = 4.29$ ,  $p = .000$ , partial  $\eta^2 .03$ , significant differences for previous sexuality education, Wilks'  $\Lambda = .96$ ,  $F(4, 541) = 5.46$ ,  $p = .000$ , partial  $\eta^2 .03$ , but not significant interaction between gender and previous sexuality education Wilks'  $\Lambda = .98$ ,  $F(4, 541) = 2.34$ ,  $p = .054$ , partial  $\eta^2 .01$ .

Analyses of variances (ANOVA) on each dependent variable were conducted as follow-up tests to the MANOVA and each ANOVA was tested at the .0125 level by dividing .05 to the number of dependent variables (Green & Salkind, 2003).

Table 4.84 presents the results of the Analysis of Variance (ANOVA) applied to the sexual attitude test sub-scale scores of pre-service counselors with respect to gender, previous sexuality education, and gender and previous sexuality education.

Table 4.84

*The Results of the Analysis of Variance Applied to the Sexual Attitude Test Sub-scale Scores of Pre-service Counselors with respect to Gender, Previous Sexuality Education, and Interaction between Gender and Previous Sexuality Education*

Source	Dependent Variable	df	F	$\eta^2$	p
Gender	Masturbation	1	.12	.00	.72
	Conventional Morality	1	.14	.00	.70
	Pornography	1	.11	.00	.73
	Homosexuality	1	9.23	.01	.00
Previous Sexuality Education	Masturbation	1	11.31	.02	.00
	Conventional Morality	1	15.51	.02	.00
	Pornography	1	3.93	.00	.04
	Homosexuality	1	15.05	.02	.00
Gender and Previous Sexuality Education	Masturbation	1	.24	.00	.62
	Conventional Morality	1	2.67	.00	.10
	Pornography	1	.87	.00	.35
	Homosexuality	1	1.78	.00	.18

The ANOVA for gender on the masturbation  $F(1, 544) = .12, p = .726, \eta^2 = .00$ , on the conventional morality  $F(1, 544) = .14, p = .708, \eta^2 = .00$ , and on the pornography  $F(1, 544) = .11, p = .730, \eta^2 = .00$ , was not significant. However, gender on homosexuality  $F(1, 544) = 9.23, p = .002, \eta^2 = .01$ , was significant. Females ( $M =$



8.64) produced more liberal attitudes when compared to males ( $M = 7.75$ ) in homosexuality sub-scale.

The ANOVA for previous sexuality education on the masturbation  $F(1, 544) = 11.31, p = .001, \eta^2 = .02$ , on the conventional morality  $F(1, 544) = 15.51, p = .000, \eta^2 = .02$ , and on homosexuality  $F(1, 544) = 15.05, p = .000, \eta^2 = .02$ , was significant. Previous sexuality education on the pornography  $F(1, 544) = 3.93, p = .048, \eta^2 = .00$ , was not significant. Pre-service counselors who had previous sexuality education ( $M = 22.43$ ) produced more liberal attitudes on the masturbation scale, in comparison with pre-service counselors who did not have any education ( $M = 20.46$ ). On the conventional morality sub-scale, pre-service counselors who had previous sexuality education ( $M = 17.31$ ) produced more liberal attitudes in comparison with pre-service counselors who did not have any education ( $M = 14.53$ ). On the homosexuality sub-scale, pre-service counselors who had previous sexuality education ( $M = 8.76$ ) endorsed more liberal attitudes in comparison with pre-service counselors who did not have any education ( $M = 7.63$ ).

The ANOVA for interaction between gender and previous sexuality education on the masturbation  $F(1, 544) = .24, p = .624, \eta^2 = .00$ , on the conventional morality  $F(1, 544) = 2.67, p = .102, \eta^2 = .00$ , on the pornography  $F(1, 544) = .87, p = .351, \eta^2 = .00$ , and on the homosexuality  $F(1, 544) = 1.78, p = .182, \eta^2 = .00$ , was not significant.

## CHAPTER V

### DISCUSSION

Throughout this chapter, the findings of the study that were presented in the previous section will be discussed in relation to relevant literature. Discussion of the findings are presented under the same headings as in the result section. In the last part of this chapter implications and recommendations for practice and research are presented.

#### **5.1 Discussion Regarding the Differences between Female and Male Pre-service Counselors' Primary Sources of Sexuality Information**

The first aim of the present study was to understand pre-service counselors' primary sources of sexuality information. The results indicated that sources of sexuality information differ and vary among pre-service counselors, and it depends on the kind of topic that pre-service counselors received information about. In general, mothers and peers were rated as the most important sources by pre-service counselors. School/teacher, educational materials, and TV/movie were also cited as primary source of information in relatively a few sexuality related topics. The present findings were found to be consistent with the previous studies (Bulut, 1998; Davis & Harris, 1982; Somers & Surmann, 2004).

Overall, the findings of the present study revealed that father, doctor/nurse, psychologist/counselor, and the Internet were rated lowest as the primary sources of information. As previous study indicated fathers were not the primary source of information when compared to other sources (Dilorio, Kelley, & Hockenberry-Eaton, 1999). This finding was also consistent with the findings of the study conducted by Rosenthal and Feldman (1999) in which majority of boys reported that their fathers never discussed 19 of 20 sex-related topics with them. One possible explanation for

not obtaining sexuality information from fathers could be that fathers may not be available any time and participants may not feel at ease to start sexually related conversations (Dilorja, Kelley, & Hockenberry-Eaton, 1999). Authority-based and distant interaction style of fathers in Turkish culture could also be another reason (Akın, Bahar-Özvarış, Aslan, Esin, & Çelik, 2003; Aydın & Gülçat, 2006).

Although health care professionals are a potential source of information for factual information on sexuality issues, it was interesting to find out that doctor/nurse and psychologist/counselor were among the least applied primary sources regarding sexuality. This finding could be explained in the light of previous study carried out by Akın, Bahar-Özvarış, Aslan, Esin, and Çelik (2003). In their study, they examined the university students' evaluations regarding the sexual/reproductive health services and also providers of these services. It was found out that students major concern was about the confidentiality to apply these services. Furthermore, it was revealed that students' evaluations about the service provider were related to professionals' competence, non-judgmental attitude, close relationship, and the age as well as gender of the professional.

Participants were asked to indicate their primary sources of sexuality information. However, internet might not have been an available source for all pre-service counselors during their obtaining initial sexuality information. Accurateness of information presented on web sites might be the another reason why internet was rated lowest. Pre-service counselors might have doubted the reliability of information and avoided from using internet as a primary source of sexuality information (Sümer & Engin, 2006).

Furthermore, the results showed that there were noticeable differences between female and male pre-service counselors' primary sources of sexuality information. Mainly, female students cited their mothers as the primary source regarding gender roles, puberty, menstruation, pregnancy, infertility, and abortion, while the males cited their peers as the primary source in the same topics except for abortion. Males' primary source of abortion were TV/movie. This finding was found to be consistent

with the previous study that revealed the main source of information for females were their mothers, while for males were their peers and media (Bulut, 1998). Females' being more closed with their mothers may be one of the possible explanations for this finding (Kağıtçıbaşı, 1982). This finding is also in line with literature that suggest parent-child interaction and communication are different in gender line (Botchway, 2004). Females and males were exposed to different kinds of experience in terms of sexual development, it might have been more easy for daughters to discuss sexuality with their mothers as they also experienced those developmental stages (Dilorio, Kelley, & Hockenberry-Eaton, 1999). Finally, it is possible to speculate that males might have felt their peers as more closer and trustworthy.

Another difference was that female pre-service counselors received information about prevention of HIV/AIDS and prevention of sexually transmitted diseases from educational materials, and received information regarding sexual abuse from TV/movie. However, male pre-service counselors mainly received information from school/teacher regarding prevention of HIV/AIDS, and STDs. This finding could be explained by traditionally accepted gender roles proposing that Turkish females are expected to be sexually passive and to suppress their sexual practices (Akın, Bahar-Özvarış, Aslan, Esin, & Çelik, 2003). This social norm might lead females to feel uncomfortable or ashamed of openly talking sexuality topics with others. Hence, females might have looked for private ways to obtain information, whereas males might have used interactive ways (Li, Cottrell, Wagner, & Ban, 2004).

The findings of the present study also demonstrated that there were some similarities between female and male pre-service counselors' sources of sexuality information. For example, mothers were the most important source of information about marriage, family, conception, hygiene both for females and males. This finding could be explained in the light of previous study conducted by Abramson, Moriuchi, Waite, Perry (1983, as cited in Baldwin & Bauer, 1994) that mothers were more available, perceived as more affectionate, not usually the disciplinarian, and perceived as more knowledgeable regarding sexual issues. In the same vein, mothers' role as the main

care-giver in Turkish culture could be another possible explanation of this finding (Aydın & Gülçat, 2006).

Another similarity was noted about the sources of information regarding flirt, wet dreams, vaginal intercourse, oral sex, anal sex, orgasm, masturbation, and sexual orientation. Both females and males reported their peers as the primary source of information for those topics. This finding is consistent with the previous study that had assigned peers to play important role in gaining information about sexual activities (Dilorio, Kelley, & Hockenberry-Eaton, 1999). One could also speculate from this finding that respondents might not have been comfortable to talk to their parents or initiate such conversations concerning sexual activities since sexuality is a hidden subject and accepted as a taboo in our culture (Artan, 2001).

Another finding of the present study was that both female and male pre-service counselors mentioned school/teacher as the main source of information for family planning, sexually transmitted diseases, and HIV/AIDS. This finding could result from the emphasis on these topics in school curricula.

## **5.2 Discussion Regarding the Pre-service Counselors' Perceived Competence Level of Providing Sexuality Information as a function of Gender and Grade Level**

The second aim of this study was to examine pre-service counselors' perceived competence level of providing sexuality information to their clients. The results revealed that both female and male freshman, sophomore, junior, and senior pre-service counselors rated their perceived competence level of providing information to their clients regarding gender roles, marriage, family, flirt, puberty, family planning, contraceptive methods, hygiene, sexually transmitted diseases, HIV/AIDS, prevention of STDs, and HIV/AIDS as qualified. One reason for this finding of the present study might be that those topics are widely covered by mass-media and comfortably discussed with others thus contributing to the higher amount of perceived competence of pre-service counselors.

Based on the differences between female and male pre-service counselors' perceived competence level of providing information to their clients in topics such as menstruation, pregnancy, wet dreams, sexual abuse, masturbation, conception, oral sex, anal sex, orgasm, and sexual orientation, it appears that both gender feel competent themselves in relation to gender-specific issues. For instance, female students rated their perceived competence level regarding menstruation, pregnancy, contraception as qualified, whereas male students rated their perceived competence level as unqualified. On the other hand, it was found out that female students rated their perceived competence level regarding wet dreams, oral sex, anal sex, orgasm, masturbation, sexual orientation, and sexual abuse as unqualified, while male students rated their perceived competence level as qualified.

In general, the results indicated that pre-service counselors' perceived competence level of providing information to their clients was higher among pre-service counselors who are about to finish their education compared to those who are at first or second year of his/her education in many sexuality topics. In the present study, majority of freshman students rated their competence level as unqualified in areas of menstruation, wet dreams, pregnancy, conception, infertility, abortion, vaginal intercourse, oral sex, orgasm, masturbation, sexual orientation, and sexual abuse, while senior students rated as qualified except infertility. Senior students rated their competence level to be undecided about infertility. These findings of the present study were consistent with the past study. For example, McGarvey, Peterson, Pinkerton, Keller, and Clayton (2003) examined the knowledge level, comfort and attitudes by year in medical school students. They found that sexual health knowledge and comfort in addressing sexual health problems increased linearly from first to third year for all questions.

In counselor education, through four consecutive semesters, students receive advanced training to deal with prevention of personal and interpersonal problems and foster human development. By courseworks, students gain a greater understanding of and skills related to functioning in a competent manner. However, the training about sexuality topics such as infertility, vaginal intercourse, and abortion is not included in

any course curriculum. The lack of education in counselor education programs in sexuality could be one of the reasons of pre-service counselors' not evaluating themselves competent for providing sexuality information on these topics to their clients.

One of the striking findings of the present study was that male students reported higher levels of comfort related to sexual health issues as compared to female students in a number of areas regardless of grade level. For example, male students rated their perceived competence level regarding wet dreams, oral sex, anal sex, orgasm, masturbation, and sexual orientation to be qualified. One possible explanation for this finding could be that males are socialized to be as sexual initiators, while females might not have felt need to know as much as the males in a sexual encounter (Measor, 2004).

### **5.3 Discussion Regarding the Female and Male Pre-service Counselors' Needs to Obtain More Information**

The third aim of the present study was to understand female and male pre-service counselors' needs to obtain more information regarding the nine sexuality areas. The findings of the present study indicated that the majority of the females need more information regarding sexual activities. It was followed by sexually transmitted diseases and HIV/AIDS, reproductive anatomy and physiology, society, culture, and sexuality, puberty, and social structure and sexuality, respectively. On the other hand, they need less information about sexual abuse, sexual orientation, family planning and contraception when compared to other topics.

The majority of the males need more information regarding society, culture, and sexuality. It was followed by reproductive anatomy and physiology, sexual activities and sexually transmitted diseases and HIV/AIDS, social structure and sexuality, respectively. They need to obtain less information about sexual orientation, sexual abuse, family planning and contraception, and puberty compared to other topics.

As mentioned before, results revealed that the majority of the female pre-service counselors need more information regarding sexual activities while males need more information regarding society, culture, and sexuality. One possible explanation for this finding could be related to different sexual socialization of females and males. In Turkey, that sexual standards are more favorable for males, males are encouraged to experience sexuality more which in turn may lead them to become more knowledgeable about sexual activities. Nevertheless, females are subject to strict social control, particularly in sexual activities, and men are assumed to have socially recognized role in controlling women's sexuality (Kağıtçıbaşı, 1982).

In addition, negative consequences of sexual encounter are more attached to females (Dilorio, Kelley, & Hockenberry-Eaton, 1999). This might cause females and males to order sexually transmitted diseases and HIV/AIDS in different rank. Although gender codes necessitate females to have more information than males in relation to reproduction, it was interesting to note that males also specified reproductive anatomy and physiology in higher order. This finding suggests that males are also interested in reproductive issues.

These findings of the present study were appeared to be consistent with the previous findings. For example, in a study done by Kirkpatrick (1980) respondents reported that they need more information regarding abortion, venereal diseases, puberty, reproductive anatomy and physiology, unplanned pregnancy, virginity, and sexual intercourse. In another study, Li, Cottrell, Wagner, and Ban (2004) examined which topics should be included in a college-level sex education course and found that both females and males rated mostly topics such as sexual response, HIV/AIDS, STDs, birth control, sexuality over the life span, culture/history/social norms and sexuality. In a Turkish study (Ungan & Yaman, 2003), newly enrolled university students (99%) agreed that there should be course on AIDS in their curriculum and sixty-three percent of them stated that a general health course should be integrated in their curriculum including AIDS as a subtopic.



#### **5.4 Discussion Regarding the Relationship between Gender, Grade, and Sexual Attitude**

The fourth aim of the present study was to assess pre-service counselors' attitudes toward sexuality with respect to gender and grade. The results of MANOVA applied to the four sexual attitude test sub-scales' scores (masturbation, conventional morality, pornography, and homosexuality) of pre-service counselors revealed that freshman and sophomore students had more conservative attitudes toward masturbation, conventional morality (premarital sexuality and abortion), and homosexuality in comparison with either of the junior and senior students. One possible explanation for these findings might be that in general, attitudes toward sexuality reflect socio-cultural norms. In the university atmosphere, students encounter with people who have different characteristics and socio-cultural background variables. Hence, university environment might tolerate the socio-cultural pressure as time goes by (Duyan & Duyan, 2005). Therefore, junior and senior pre-service counselors might be more comfortable concerning sex-based issues as the time they spent increased in university environment where there is less social pressure, or taboos regarding sexuality. Another explanation for this finding might be the educational acquisitions of pre-service counselors.

The findings of the present study suggested that female students had more liberal attitudes toward homosexuality than male students. The present finding appears to validate the previous studies' findings (Anderssen, 2002; Çırakoğlu, 2006; Sakallı, 2002a, 2002b). As many researchers have argued, this finding can be explained from several viewpoints. Sakallı (2002a) explained that gender difference by proposing males' attitudes regarding paternalistic power. Another explanation was held by Hoover and Fishbein (1999). They commented that males are more likely to maintain the status quo in society (or less tolerant toward male-gender norm violations). In addition, Güney, Kargı, and Oruç (2004) conducted a qualitative study including 70 female and 20 male undergraduate students to evaluate their beliefs about homosexuality. Results of the content analysis have demonstrated that male participants perceived gayness as a threat to masculinity.

Another striking finding of the present study was that attitudes toward pornography was not significantly related to the pre-service counselors' gender and grade level. This finding seems to be contradictory to the findings of the studies conducted in different cultures. When females and youngers are compared to males and older, the latter endorse more permissive attitudes toward pornography (Bente, Kristin, & Alexandra, 2002; Eisenman & Dantzker, 2006; Lottes, Weinberg, & Weller, 1993). One possible explanation for this finding could be similar sexual socialization of Turkish youngsters about pornography. Turkish families may tend to preserve moral values (Aydın & Gülçat, 2006) by keeping their children -both genders- away from pornography. This may be the reason leading to non-differential prevailing attitudes.

### **5.5 Discussion Regarding the Relationship between Gender, Mother Education, Father Education, and Sexual Attitude**

The fifth and sixth aim of the present study was to understand the differences between pre-service counselor's attitudes toward sexuality with respect to gender and mother education as well as gender and father education. The results of MANOVA employed to the four sexual attitude test sub-scales' scores (masturbation, conventional morality, pornography, and homosexuality) of pre-service counselors yielded that mother education and father education were not significantly related to the masturbation, conventional morality, pornography, and homosexuality attitudes of pre-service counselors. Furthermore, interaction between gender and mother education as well as gender and father education were not found to be significantly related to the masturbation, conventional morality, pornography, and homosexuality attitudes of pre-service counselors.

This finding was not consistent with the findings of the studies carried out in different cultures that educational attainment of parents was cited as one of the predictors of more liberal sexual attitudes (Thornton & Camburn, 1987; Demarzo, 1998). The result of the present study might have stemmed from the socio-cultural structure of Turkish society. In Turkey, important macro-sociological developments such as urbanization, industrialization, and increased mass-media effect have

occurred in the past fifty years. These rapid changes have caused individuals not being able to transform traditional, moral, socio-cultural orientation, and religion-based life-styles to the modern ones (Aydın & Gülçat, 2006). Thus, it seems that those macro-sociological developments did not in turn have consequences in the area of sexuality. This finding might also have been related to one of the limitations of the present study that other variables which might have more powerful influence in the formation of attitudes toward sexuality such as participants' religiosity and parent-child relations were not addressed.

### **5.6 Discussion Regarding the Relationship between Gender, Previous Sexuality Education, and Sexual Attitude**

The seventh aim of the present study was to assess the differences between pre-service counselor's attitudes toward sexuality with respect to gender and previous sexuality education. The results of MANOVA applied to the four sexual attitude test sub-scales' scores (masturbation, conventional morality, pornography, and homosexuality) of pre-service counselors demonstrated that pre-service counselors who received previous sexuality education held more liberal masturbation, conventional morality, and homosexuality attitudes than pre-service counselors who did not receive any education.

These findings were consistent with the findings of the previous studies (Adame, 1986; Gürşimşek, 2004; Weis, Rabinowitz, & Ruckstuhl, 1992). For example, Lo Presto, Sherman, and Sherman (1985) examined the effect of single session masturbation seminar on high school males' beliefs, guilt, and behavior regarding masturbation. Results indicated that the treatment groups' attitudes were more positive toward masturbation and there were more fewer false beliefs. Individuals with high conventional morality sub-scale scores regards premarital sexual relations and abortion as acceptable. In his study Adame (1986) by using Sexual Knowledge and Attitude Test found that attitudes of students in the sexuality class changed significantly on abortion subscale. Research study by Wright and Cullen (2001) that explored the effects of educational interventions on 109 undergraduates' level of

homophobia (the irrational fear and hatred of homosexual individuals) yielded that exposure to and interaction with gay men and lesbians through college human sexuality course altered students' homosexuality attitudes from negative to positive. In the same vein, Butler (1999) found that a cognitive educational intervention led to a positive impact on pre-service teachers' general attitudes regarding gay men and lesbians.

Another finding was noted about that pre-service counselors who received previous sexuality education did not report more liberal pornography attitudes than pre-service counselors who did not receive any education. One possible explanation for this finding could be that despite the fact that there is no empirical evidence in Turkish literature, it can be speculated that Turkish culture may accept the expression of sexuality explicitly as more non-normative than other behaviors (Evans-DeCicco & Cowan, 2001).

In conclusion, overall the results of present study revealed that a) mothers and peers were rated as the primary sources of sexuality information by pre-service counselors. In addition, school/teacher, educational materials, and TV/movie were specified as the important sources of information in relatively a few sexuality related topics, b) students' perceived competence level of providing sexuality information to their clients varied as a function of gender and grade level, c) the majority of the females need more information regarding sexual activities, while the majority of the males need more information regarding society, culture, and sexuality in the first rank, d) freshman and sophomore students reported more conservative attitudes toward masturbation, conventional morality, and homosexuality when compared to junior and senior students, e) mother education and father education were not significantly related to the masturbation, conventional morality, pornography, and homosexuality attitudes of students, f) the majority of the pre-service counselors did not receive any previous sexuality education and pre-service counselors who received previous sexuality education endorsed more liberal masturbation, conventional morality, and homosexuality attitudes than pre-service counselors who did not receive any education. Based on the findings, it can be suggested that psychological counseling

and guidance students should be more knowledgeable about sexual issues. Therefore, sexuality education courses should be integrated into counseling education programs.

### **5.7 Implications and Recommendations for Practice and Research**

Given the growing concern about sexual issues, the results of this study have important implications for counselor education. Results of the present study revealed that pre-service counselors obtained their primary sexuality information mainly from their mothers and peers. In addition, school/teacher, educational materials and TV/movie were other primary sources of information in relatively a few sexuality related topics. These findings indicate the need for school-based sexuality education and suggest that parent involvement, especially mother involvement in sexuality education should be social policy (as cited in Andre, Frevert, & Schuchmann, 1989).

Pre-service counselors perceived competence level of providing information to their clients differed as a function of gender and grade level. More specifically, it was found out that the more education the students received the more pre-service counselors evaluated themselves competent. Moreover, pre-service counselors' needs to obtain more information especially focused on topics such as sexual activities for females and society, culture, and sexuality for males. These findings suggest that to deliver effective sexual health education to clients, counselor education programs should offer courses such as sexual health education, sexuality counseling, sexual dysfunction, and sexuality and disability. Hence, availability of pre-service sexual health education training at counselor education programs could contribute to the promotion of sexual health among youths.

Results of present research revealed that sexual attitudes of female pre-service counselors were more liberal toward homosexuality than males and previous sexuality education affected pre-service counselors' masturbation, conventional morality and homosexuality attitudes in a more permissive way. In order to be effective in meeting health care needs of youngsters, pre-service counselors should be aware of their personal biases and attitudes to distinguish their professional roles

and their personal concerns which could influence their work (Moglia, 1994). Since health professionals' attitudes may have an effect on the provision of sexual health, affective objectives should be incorporated into sexuality education courses (Weerakoon & Stiernborg, 1996).

Since present study is one of the first focus to examine pre-service counselors sources of sexuality information, perceived competence level of providing information to their clients, needs to obtain more information regarding sexuality, and their attitudes toward sexuality in Turkey, further examination is warranted with different samples, from different universities, and different regions of Turkey as well as in-service counselors.

Another suggestion for further exploration might include carrying out further research in order to explore additional variables such as religiosity, parental proximity, and single-parent families that may influence pre-service counselors sources of sexuality information, perceived competence level of providing information to their clients, needs to obtain more information on sexuality topics, and sexual attitudes.

In addition, future research may be conducted for pre-service and in-service counselors comfort and willingness and a variety of variables and what counselors need to know in the sexuality continuum to respond sexual health concerns of their clients. Finally, it would be valuable for future studies to examine needs of pre-service and in-service counselors concerning AIDS related issues.

## REFERENCES

- Adame, D. D. (1986). Instruction and course content in sex knowledge and attitudes and internal locus of control. *Psychological Reports, 58*, 91-94.
- Akın, A., Bahar-Özvarış, Ş., Aslan, D., Esin, Ç., & Çelik, K. (2003). *A report on adolescents and youths sexuality and reproductive health*. Hacettepe Üniversitesi Tıp Fakültesi, Halk Sağlığı Anabilim Dalı: Ankara.
- Anderson, M. J. (2002). Counselor comfort with sexual issues. Unpublished doctoral dissertation, University of New Orleans, New Orleans. (UMI No. 3061355)
- Anderssen, N. (2002). Does contact with lesbians and gays lead to friendlier attitudes? A two year longitudinal study. *Journal of Community & Applied Social Psychology, 12*, 124-136.
- Andre, T., Frevert, R. L., & Schuchmann, D. (1989). From whom college students learned what about sex? *Youth & Society, 20*(3), 241-268.
- Ansuini, C. G., & Fiddler-Woite, J. (1996). The source, accuracy, and impact of initial sexuality information on lifetime wellness. *Adolescence, 31*(122), 283-300.
- Aral, N., Ayhan, A. B., Zengin, G., & Karşı, Ş. (2004). Farklı sosyoekonomik düzeydeki liselere devam eden ergenlerin cinsel bilgi düzeylerinin incelenmesi. *XII. Eğitim Bilimleri Kongresi Kongre Kitabı 2*, (pp. 871-885). Gazi Üniversitesi, Eğitim Bilimleri Enstitüsü, Ankara.
- Arnold, R. L. (1980). A study of the sexual attitudes, knowledge and experience of counselors in training and the effect of these factors on counselor reaction to client concerns. Unpublished doctoral dissertation, University of Northern Colorado, Greeley. (UMI No. 8028312)
- Artan, İ. (2001a). İlköğretim yıllarında cinsel eğitim. *Çağdaş Eğitim, 275*, 5-10.
- Artan, İ. (2001b). Cinsel eğitimde televizyonun rolü. *Eğitim ve Bilim, 26*(120), 50-54.

- Aydın, H., & Gülçat, Z. (2006). Turkey (The Republic of Turkey). The International Encyclopedia of Sexuality: Turkey. Retrieved November 20, 2006, from <http://www2.hu-berlin.de/sexology/IES/turkey.html>
- Baldwin, C., & Bauer, K. E. (1994). Teaching sexuality: Schools supporting families as primary sex educators. *Journal of Humanistic Education and Development*, 32, 162-172.
- Bandura, A. J. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bente, T., Kristin, S., & Alexandra, B. (2002). Attitudes and use of pornography in the Norwegian population 2002. *Journal of Sex Research*, 41(2), 193-200.
- Blalock, A. C. (1998). Counselor trainees' knowledge, attitudes, and perceptions of human immunodeficiency virus disease and human immunodeficiency virus-affected clients. Unpublished doctoral dissertation, Georgia State University, Atlanta. (UMI No. 9910354)
- Blum, R., Bearinger, L. H. (1990). Knowledge and attitudes of health professionals toward adolescent health care. *Journal of Adolescent Health Care*, 11, 289-294.
- Botchway, A. T. (2004). Parent and adolescent males' communication about sexuality in the context of HIV/AIDS. Retrieved June 20, 2006, from <http://www.uib.no/psyfa/hemil/satz/public/publications/Botchway%20Master%20Thesis.pdf>
- Bridges, S. K., Lease, S. H., & Ellison, C. R. (2004). Predicting sexual satisfaction in women: Implications for counselor education and training. *Journal of Counseling & Development*, 82, 158-166.
- Britton, M. A. (2003). Protestant seminarians and sexuality: Influence of knowledge of human sexuality, knowledge of biblical sexuality issues, sex attitudes, and self-perception of sexuality training on willingness to give sexual counseling to parishioners. Unpublished doctoral dissertation, New York University. (UMI No. 3086904)
- Bulut, A. (1998). Ergenlikte Cinsellik Eğitimi. In S. Şenol & N. Rugancı (Eds.), *Ergenlik Döneminde Cinsellik (Gelişim ve Sorunları)*. Ankara: Çocuk ve Gençlik Ruh Sağlığı Derneği Yayınları: 2.
- Buss, D. M. (1998). Sexual strategies theory: Historical origins and current status. *Journal of Sex Research*, 35(1), 19-31.



- Christensen, E. W., Norton, J.L., Salisch, M., & Gull, S. (1977). An affective sexual awareness program for counselors. *Counselor Education and Supervision, 16*(3), 185-193.
- Costin, A. C., Page, B. J., Pietrzak, D. R., Kerr, D. L., & Symons, C. W. (2002). HIV/AIDS knowledge and beliefs among pre-service and in-service school counselors. *Professional School Counseling, 6*(1), 79-85.
- Croft, C. A., & Asmussen L. (1993). A developmental approach to sexuality education: Implications for medical practice. *Journal of Adolescent Health, 14*, 109-114.
- Çırakoğlu, O. C. (2006). Perception of homosexuality among Turkish university students: The roles of labels, gender, and prior contact. *The Journal of Social Psychology, 146*(3), 293-305.
- Çok, F. (1998). Ergenler ve aids eğitimi. *Eğitim ve Bilim, 22*(107), 46-53.
- Çok, F., Ersever, H., & Gray, L. A. (1998). Bir grup üniversite öğrencisinde cinsel davranış. *HIV/AIDS Dergisi, 1*(1), 23-29.
- Çok, F., Gray, L. A., & Ersever, H. (2001). Turkish university students' sexual behavior, knowledge, attitudes and perceptions of risk related to HIV/AIDS. *Culture, Health & Sexuality, 3*(1), 81-89.
- Çok, F., & Kutlu, Ö. (2002). Cinsel eğitim programına dayalı cinsel bilgi testinin geliştirilmesi. *Eğitim ve Bilim, 27*(123), 3-12.
- Daire, A. P. & Fairall, H. (2005). Sexuality and perimenopause: What counselors need to know. *Adultspan Journal, 4*(2), 105- 115.
- Davis, S. M. & Harris, M. B. (1982). Sexual knowledge, sexual interests, and sources of sexual information of rural and urban adolescents from three cultures. *Adolescence, XVII*(66), 471-492.
- DeMarzo, J. (1998). *Sexual knowledge, attitudes, and behaviors of an ethnically diverse sample of community college students in metropolitan New York*. Unpublished doctoral dissertation, Columbia University, Columbia.
- De Gaston, J. F., Weed, S.E., & Jensen, L. (1996). Understanding gender differences in adolescent sexuality. *Adolescence, 31*(121), 217-231.

- Dilorja, C., Kelley, M., Hockenberry-Eaton, M. (1999). Communication about sexual issues: Mothers, fathers, and friends. *Journal of Adolescent Health, 24*, 181-189.
- Duyan, V., & Duyan, G. (2005). Turkish social work students' attitudes toward sexuality. *Sex Roles, 52*(9/10), 697-706.
- Edwards, W. M., & Coleman, E. (2004). Defining sexual health: A descriptive overview. *Archives of Sexual Behavior, 33*(3), 189-195.
- Eisenman, R. & Dantzker, M. L. (2006). Gender and ethnic differences in sexual attitudes at a Hispanic-serving university. *The Journal of General Psychology, 133*(2), 153-162.
- Ekşi, A. (1990). *Çocuk, genç ana babalar*. Ankara: Bilgi Yayınevi.
- Evans-DeCicco, J. A., & Cowan, G. (2001). Attitudes Toward Pornography and the Characteristics Attributed to Pornography Actors. *Sex Roles, 44*(5/6), 351-361.
- Fisher, W. A., Grenier, G., Watters, W. W., Lamont, J., Cohen, M., & Askwith, J. (1988). Students' sexual knowledge, attitudes toward sex, and willingness to treat sexual concerns. *Journal of Medical Education, 63*, 379-385.
- Fitzharris, J. L. & Werner-Wilson, R. J. (2004). Multiple perspectives of parent-adolescent sexuality communication: Phenomenological description of rashoman effect. *The American Journal of Family Therapy, 32*, 273-288.
- Foundation of Human Resources Development. (2000). *Öğretmen eğitimi el kitabı*. İstanbul: Aşama Matbaacılık Ltd. Şti.
- Fullard, W., Johnston, D.A., & Lief, H. I. (1998). The Sexual Knowledge and Attitude Test for Adolescents. In C. M. Davis, W. L. Yarber, R. Bauseman, G. Shreer, & S. L. Davis (Eds.), *Handbook of sexuality-related measures*. Thousand Oaks, CA: Sage.
- Fyfe, B. (1980). Counseling and human sexuality: A training model. *Personnel and Guidance Journal, 59*, 147-150.
- Gerler, E. R. (1991). *The challenge of counseling in middle schools*. (Report No. EDO-CG-90-4). Ann Arbor, MI: School of Education, University of Michigan. (ERIC Document Reproduction Service No. ED328825)

- Gökengin, D., Yamazhan, T., Özkaya, D., Aytuğ, Ş., Ertem, E., Arda, B., & Serter, D. (2003). Sexual knowledge, attitudes, and risk behaviors of students in Turkey. *Journal of School Health, 73*(7), 258-263.
- Gray, L. A., Cummins, E. J., Johnson, B. P., & Mason, M. J. (1989). Human sexuality instruction in counselor education curricula. *Counselor Education and Supervision, 28*, 305- 317.
- Gürşimşek, I. (2003). Cinsel sağlık bilgileri dersine devam etmenin öğretmen adaylarının cinsel konulara ilişkin tutumlarına etkisi. *Eğitim Araştırmaları, 134-139*.
- Hardoff, D., Tamir, A., Palti, H. (1999). Attitudes and practices of Israeli Physicians toward adolescent health care. *Journal of Adolescent Health, 25*, 35-39.
- Hoover, R., & Fishbein, H. D. (1999). The development of prejudice and sex role stereotyping in white adolescents and white young adults. *Journal of Applied Developmental Psychology, 20*(3), 431-448.
- Hyde, J. S., & Delamater, J. (1997). *Understanding human sexuality* (sixth edition). United States: McGraw Hill Companies Inc.
- Kağıtçıbaşı, Ç. (1982). *Sex Roles, family and community*. Indiana: Goodbody Hall.
- Kelly, G. F. (1976). About this special issue. *Personnel & Guidance Journal, 5*(47), 349.
- Kelly, G. F. (1998). *Sexuality today: The human perspective* (6<sup>th</sup> ed.). United States: McGraw Hill Companies Inc.
- Kirkpatrick, S. J. (1980). Human sexuality: A survey of what counselors need to know. *Counselor Education and Supervision, 19*, 276-282.
- Kitkowski, R. L. L. (2002). The effects of a human sexuality seminar on the knowledge, attitude, and moral development of counseling professionals. Unpublished doctoral dissertation. Graduate School of Wayne State University. Michigan. (UMI No. 3071828)
- Korkmaz, H. (2001). Hizmet öncesi öğretmenlerin AIDS eğitimine yönelik bilgi ihtiyaçlarının ve bilgi kaynaklarının incelenmesi. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi, 21*, 75-80.

- Leiblum, S., Wiegel, M., & Brickle, F. (2003). Sexual attitudes of US and Canadian medical students: The role of ethnicity, gender, religion and acculturation. *Sexual and Relationship Therapy, 18*(4), 473-491.
- Li, Y., Cottrell, R. R., Wagner, D. I., & Ban, M. (2004). Needs and preferences regarding sex education among Chinese college students: A preliminary study. *International Family Planning Perspectives, 30*(3), 128-133.
- Lo Presto, C. T., Sherman, M. F., & Sherman, N. C. (1985). The effects of a masturbation seminar on high school males' attitudes, false beliefs, guilt, and behavior. *The Journal of Sex Research, 21*(2), 142-156.
- Lottes, I. L., Weinberg, M. S. & Weller, I. (1993). Reactions to pornography on a college campus: For or against?. *Sex Roles, 29*(1/2), 69-89.
- McAnulty, R. D., & Burnette, M. M. (2001). *Exploring human sexuality: Making healthy decisions*. Boston: Allyn and Bacon.
- McConnell, L. G. (1976a). An examination of the counselor's skills when counseling clients with sexual problems. *Family Coordinator, 25*, 183-187.
- McGarvey, E., Peterson, C., Pinkerton, R., Keller, A., & Clayton, A. (2003). Medical students' perceptions of sexual health issues prior to a curriculum enhancement. *International Journal of Impotence Research, 15*(5), S58-S66.
- Measor, L. (2004) Young people's views of sex education: Gender, information, and knowledge. *Sex Education, 4*(2), 153-166.
- Melchert, T. & Burnett, K. F. (1990). Attitudes, knowledge, and sexual behavior of high-risk adolescents: Implications for counseling and sexuality education. *Journal of Counseling & Development, 68*, 293-298.
- Milton, J., Berne, L., Patton, W., & Peppard, J. (2006). School counsellors' role in sexuality education: What messages about sexual behaviour and sexual responsibility do they give Australian students? Retrieved June 15, 2006, from [http://wwwpersonal.edfac.usyd.edu.au/staff/miltonj/school\\_counsellor.htm](http://wwwpersonal.edfac.usyd.edu.au/staff/miltonj/school_counsellor.htm).
- Moglia, R. (1994). Sexuality education in higher education in the USA: analysis and implications. *Sexual and Marital Therapy, 9*(2), 181-191.

- Moran, J. R., & Corley, M. D. (1991). Sources of sexual information and sexual attitudes and behaviors of Anglo and Hispanic adolescent males. *Adolescence*, 26(104), 857- 864.
- Ozan, S., Aras, S., & Orcin, E. (2005). Sexual attitudes and behaviors among medical students in Dokuz Eylul University, Turkey. *The European Journal of Contraception and Reproductive Health Care*, 10(3), 171-183.
- Öztürk, Ş. (1995). *Üniversite öğrencilerinin cinsel konular hakkındaki bilgi, tutum ve davranışlarının incelenmesi*. Unpublished master's thesis, Hacettepe University, Ankara, Turkey.
- Petty, R. E., Wegener, D. T., & Fabrigar, L. R. (1997). Attitudes and attitude change. *Annual Review of Psychology*, 48, 609-647.
- Pietrofesa, J. J. (1976). The school counselor in sex education. *The Personnel and Guidance Journal*, 54, 358-361.
- Roche, B. F. (1998). A study of the relationships among human sexuality education, sexual comfort, hiv knowledge, and willingness of high school counselors to respond to adolescents about sexual issues. Unpublished doctoral dissertation, New York University. (UMI No. 9819879)
- Rosenthal, D. A., & Feldman, S. (1999). The importance of importance: Adolescents' perceptions of parental communication about sexuality. *Journal of Adolescence*, 22, 835-851.
- Rudolph, J. (1989). Effects of a workshop on mental health practitioners' attitudes toward homosexuality and counseling effectiveness. *Journal of Counseling & Development*, 68, 81-85.
- Sakallı, N. (2002). Application of the attribution-value model of prejudice to homosexuality. *The Journal of Social Psychology*, 142(2), 264-271.
- Savaşer, S. (2003). Knowledge and attitudes of high school students about AIDS: A Turkish perspective. *Public Health Nursing*, 20(1), 71-79.
- Sexuality Information and Education Council of the United States. (1995). Facing facts: Sexual health for America's adolescents. New for America's adolescents. Retrieved November 15, 2004, from [http://www.siecus.org/pubs/Facing\\_Facts.pdf](http://www.siecus.org/pubs/Facing_Facts.pdf)

- Sexuality Information and Education Council of the United States. (1996). Issues and answers: fact sheet on sexuality education. Retrieved November 15, 2004, from <http://www.siecus.org/siecusreport/volume24/24-6.pdf>
- Sexuality Information and Education Council of the United States. (2000). Developing guidelines for comprehensive sexuality education. Retrieved November 15, 2004, from <http://www.siecus.org/pubs/guidelines/guideintl.pdf>
- Simon, W., & Gagnon, J. H. (1986). Sexual scripts: Permanence and change. *Archives of Sexual Behavior*, 15(2), 97-120.
- Somers, C. L., & Surmann, A. T. (2004). Adolescents' preferences for source of sex education. *Child Study Journal*, 34(1), 47-59.
- Stevens, J. P. (2002). *Applied multivariate statistics for the social sciences* (4<sup>th</sup> ed.). New Jersey: Lawrence Erlbaum Associates, Inc.
- Sümer, Z., & Demir, C. (2006, April). *Preferred and actual sources of sexuality information among American and Turkish females*. Paper presented at the Second International Conference on Women's Studies, Gazimagusa, Turkish Republic of Northern Cyprus.
- Sümer, Z. (2006a). Field testing the Sexual Knowledge and Attitude Test for Adolescents (SKAT-A) in Turkey. Unpublished manuscript.
- Sümer, Z. (2006b). Sexual knowledge and behaviors of Turkish university students: Are students at risk? *Education-Line*, <http://www.leeds.ac.uk/educol/documents/158425.htm>
- Tegtmeyer, V. (1980). The role of the school counselor in facilitating sexual development. *The Personnel and Guidance Journal*, 58(60), 430-433.
- Thornton, A., & Camburn, D. (1987). The influence of the family on premarital sexual attitudes and behavior. *Demography*, 24(3), 323-340.
- Tuğrul, B., & Artan, İ. (2001). Çocukların cinsel eğitimi ile ilgili anne görüşlerinin incelenmesi. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 20, 141-149.
- Turkish Ministry of Education. (2006). Ergenlerin sağlık bilincinin geliştirilmesi projesi. Retrieved June 15, 2006, from <http://sdb.meb.gov.tr/raporr.pdf>

- Turkish Ministry of Health. (2004). Temel sađlık hizmetleri genel m¼d¼rl¼đ¼ çalıřma yılıđı. Retrieved June 15, 2006, from <http://www.saglik.gov.tr/extras/istatistikler/temel2004/index.htm>
- Ungan, M., & Yaman, H. (2003). AIDS knowledge and educational needs of technical university students in Turkey. *Patient Education and Counseling*, 51, 163-167.
- U. S. Department of Health and Human Services. (2001). *The surgeon general's call to action to promote sexual health and responsible sexual behavior*. David Satcher, M. D: Author.
- Weerakoon, P., & Stiernborg, M. (1996). Sexuality education for health care professionals: A critical review of the literature. *Annual Review of Sex Research*, 7, 181-217.
- Weerakoon, P., Jones, M. K., Pynor, R., & Watt, E. K. (2004). Allied health professional students' perceived level of comfort in clinical situations that have sexual connotations. *Journal of Allied Health*, 33(3), 189-193. Retrieved June 15, 2006, from [http://www.findarticles.com/p/articles/mi\\_qa4040/is\\_200410/ai\\_n9460405](http://www.findarticles.com/p/articles/mi_qa4040/is_200410/ai_n9460405)
- Weinstein, M., Thornton, A. (1989). Mother-child relations and adolescent sexual attitudes and behavior. *Demography*, 26(4), 563-577.
- Weis, D. L., Rabinowitz, B., & Ruckstuhl, M. F. (1992). Individual changes in sexual attitudes and behavior within college-level human sexuality courses. *Journal of Sex Research*, 29(1), 43-59.
- Welbourne, A. K. (1983). A Review of the current status of human sexuality training programs for professionals. *Marriage & Family Review*, 6(3/4), 61.
- World Health Organization. (1975). *Education and treatment in human sexuality: The training of health professionals*. (Technical Report Series No. 572). Retrieved June 15, 2006, from <http://www2.hu-berlin.de/sexology/GESUND/ARCHIV/PSH.HTM>.
- Wright, L. W., & Cullen, J. M. (2001). Reducing college students' homophobia, erotophobia, and conservatism levels through a human sexuality course. *Journal of Sex Education and Therapy*, 26(4), 328-333.

Yıldız, F. (1990). *Ortaokul öğrencilerinin anne-babalarının cinsellik ve cinsel eğitim konusundaki tutum, davranış ve beklentileri*. Unpublished master's thesis, Hacettepe University, Ankara, Turkey.



## APPENDICES

### APPENDIX A

(Demographic Data Form)

**Sevgili Öğrenci,**

Bu çalışmanın amacı üniversitelerin psikolojik danışma ve rehberlik lisans programlarında öğrenim gören öğrencilerin cinsellik konusundaki bilgi kaynaklarını ve cinselliğe yönelik tutumlarını araştırmaktır. Çalışmada sizden istenilen verilen kişisel bilgi formu, bilgi kaynakları ve tutum anketine ilişkin yönergeleri dikkatle okumanız ve soruların ya da ifadelerin karşısında yer alan kutucuğa, sizin durumunuza en uygun olan seçeneği işaretleyerek ya da numaralandırarak belirtmenizdir.

Sorulara vereceğiniz **tüm yanıtlar sadece araştırmanın amacına yönelik olarak kullanılacak ve gizli tutulacaktır.** Bu nedenle formlara **lütfen isminizi yazmayınız.**

Verilen yanıtlar, çalışmanın amacına ulaşması açısından büyük önem taşıyacağından lütfen tüm soruları içtenlikle yanıtlayınız.

Bu çalışma için ayıracağınız zaman ve katkılarınızdan dolayı şimdiden teşekkür ederim.

Nursel TOPKAYA

Orta Doğu Teknik Üniversitesi

Psikolojik Danışma ve Rehberlik A. B. D.

Yüksek Lisans Öğrencisi

## I. KİŞİSEL BİLGİLER BÖLÜMÜ

Cinsiyetiniz: -----Kadın -----Erkek

Yaşınız: -----

1. Sınıfınız:

----- 1. sınıf

----- 2. sınıf

----- 3. sınıf

----- 4. sınıf

2.Üniversiteniz:

----- Ankara Üniversitesi

----- Gazi Üniversitesi

----- Hacettepe Üniversitesi

3. Annenizin eğitim durumu:

----- okuması yazması yok

----- ilkokuldan terk

----- ilkokul mezunu

----- ortaokuldan terk

----- ortaokul mezunu

----- lise'den terk

----- lise mezunu

----- yüksek okuldan terk

----- yüksek okul mezunu (2 yıllık)

----- üniversiteden terk

----- üniversite mezunu

----- yüksek lisans/ doktora derecesi var

4. Babanızın eğitim durumu:

----- okuması yazması yok

----- ilkokuldan terk

----- ilkokul mezunu

----- ortaokuldan terk

----- ortaokul mezunu

----- liseden terk

----- lise mezunu

----- yüksek okuldan terk

----- yüksek okul mezunu (2 yıllık)

----- üniversiteden terk

----- üniversite mezunu

----- yüksek lisans/ doktora derecesi var

5. Őu anda kaldığınız yer:

-----Ailem ile beraber evde

-----Akrabalarım ile beraber evde

-----Yalnız başıma evde

-----Arkadaşlarım ile beraber evde

-----Yurтта

-----Diğer (belirtiniz) -----

6. Yaşantınızın büyük bölümünün geçtiđi yerleşim merkezi:

----- Büyükşehir (İstanbul, Ankara, İzmir)

----- Şehir

----- İlçe

----- Kasaba

----- Köy

7. Cinsellikle ilgili ilk bilginizi kaç yaşında aldınız? -----

8. Cinsellik konusunda herhangi bir kurumda eğitim/ders aldınız mı?

-----Evet

-----Hayır

9. Yanıtınız evet ise, aldığınız eğitim türünü belirtiniz:

-----Lisans dersi

-----Kurs (kısa süreli) ya da sertifika programı

-----Seminer/Konferans/Panel

-----Diğer (belirtiniz)-----

## APPENDIX B

(Sexuality Information Form)

### II. BİLGİ KAYNAKLARI BÖLÜMÜ

1. Aşağıda cinsellikle ilgili konular ve bu konulara ilişkin bilgi edinebileceğiniz değişik kaynaklar verilmiştir. Sizden istenilen verilen konularda bilgi edindiğiniz kaynakları düşünmeniz ve önem sırasına göre 1,2, 3, 4 ve 5 rakamlarını kullanarak belirlemenizdir. (En fazla 5 kaynak işaretleyiniz)

Konular	Bilgi aldığım kaynak yok	Anne	Baba	Diğer Aile Bireyleri (Kardeş, abla, ağabey vb)	Okul/ Öğretmenler	Arkadaşlar/ Akranlar	Popüler Kitaplar/ Dergiler	Eğitim Kitapları/ El Kitapları/ Broşürler	TV/ Sinema	Doktorlar/ Hemşireler	Psikolog /Psikolojik Danışmanlar	İnternet	Diğer (Belirtiniz)
Cinsiyet rolleri													
Evlilik													
Aile													
Flört													
Ergenlik													
Adet kanaması (Regl)													
Gece boşalması													
Gebelik													
Doğum													
Kısırlık													
Kürtaj													
Cinsel ilişki (Penis-vajina)													

<b>Diğer (Belirtiniz)</b>																			
<b>İnternet</b>																			
<b>Psikolog /Psikolojik Danışmanlar</b>																			
<b>Doktorlar/ Hemşireler</b>																			
<b>TV/ Sinema</b>																			
<b>Eğitim Kitapları/ El Kitapları/ Broşürler</b>																			
<b>Popüler Kitaplar/ Dergiler</b>																			
<b>Arkadaşlar/ Akranlar</b>																			
<b>Okul/ Öğretmenler</b>																			
<b>Diğer Aile Bireyleri (Kardeş, abla, ağabey vb)</b>																			
<b>Baba</b>																			
<b>Anne</b>																			
<b>Bilgi aldığım kaynak yok</b>																			
<b>Konular</b>	Oral seks	Anal seks (Ters ilişki)	Orgazm	Mastürbasyon	Cinsel kimlik (Homoseksüellik, heteroseksüellik, biseksüellik vb.)	Aile planlaması	Gebelikten korunma yolları	Kişisel temizlik (Hijyen)	Cinsel yolla bulaşan hastalıklar	HIV/ AIDS	Cinsel yolla bulaşan hastalıklardan korunma yolları	HIV/ AIDS' ten korunma yolları	Cinsel istismar						

2. Aşağıda cinsellik ile ilgili verilen konularda danışanlarınıza bilgi vermeniz gerek(ir)se her bir konuda kendinizi ne ölçüde yeterli bulduğunuzu ilgili kutucuğa X işareti koyarak belirtiniz.

Konular	Çok Yeterli	Oldukça Yeterli	Yeterli	Kararsızım	Yetersiz	Oldukça Yetersiz	Çok Yetersiz
Cinsiyet rolleri							
Evlilik							
Aile							
Flört							
Ergenlik							
Adet kanaması (Regl)							
Gece boşalması							
Gebelik							
Doğum							
Kısırlık							
Kürtaj							
Cinsel ilişki (Penis-vajina)							
Oral seks							
Anal seks (Ters ilişki)							
Orgazm							
Mastürbasyon							
Cinsel kimlik (Homoseksüellik, heteroseksüellik, biseksüellik vb.)							
Aile planlaması							
Gebelikten korunma yolları							
Kişisel temizlik (Hijyen)							
Cinsel yolla bulaşan hastalıklar							
HIV/ AIDS							
Cinsel yolla bulaşan hastalıklardan korunma yolları							
HIV/ AIDS' ten korunma yolları							
Cinsel istismar							

3. Aşağıda cinsellikle ilgili 9 konu verilmiştir. Lütfen daha fazla bilgi edinmeye ihtiyaç duyduğunuz konuları 1 den 9' a kadar numaralandırarak sıralayınız.

----- Toplum, kültür ve cinsellik (Toplumlarda cinselliğin algılanışı, cinsiyet rolleri: toplumun kadın ve erkek için belirlediği, uygun bulduğu davranış biçimleri vb.)

----- Toplumsal yapı ve cinsellik (Evlilik, aile, flört vb.)

----- Ergenlik dönemi (Bedensel ve duygusal değişiklikler vb.)

----- Üreme anatomisi ve fizyolojisi (üreme organları, gebelik, doğum, kısırlık, vb.)

----- Cinsel etkinlikler (cinsel ilişki, orgazm, mastürbasyon, oral seks, anal seks vb.)

----- Cinsel kimlik (homoseksüellik, heteroseksüellik, biseksüellik vb.)

----- Aile planlaması ve gebelikten korunma

----- Cinsel yolla bulaşan hastalıklar ve HIV/ AIDS, cinsel yolla bulaşan hastalıklardan ve HIV/AIDS' ten korunma yolları

----- Cinsel istismar (tecavüz, ensest vb.)

Yukarıda belirtilmeyen ancak öğrenmek istediğiniz diğer konuları önem sırasına göre numaralandırarak lütfen yazınız.

---

---

---

---

---

## APPENDIX C

(Turkish Version of the SKAT-A - Attitude Section)

### III. SKAT-A TUTUM ÖLÇEĞİ

**Açıklamalar** Aşağıda cinsellik hakkında bir dizi ifade verilmiştir. Her bir ifadeyi okuduktan sonra bu ifadeye ne ölçüde katıldığınızı ya da katılmadığınızı size en uygun seçeneği işaretleyerek belirtiniz.

	Kesinlikle katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle katılmıyorum
1. Kürtaj olma kararı, hamile kızın ailesi veya erkek arkadaşı tarafından değil kendisi tarafından verilmelidir.	_____	_____	_____	_____	_____
2. Grup içinde mastürbasyon yapan erkekler homoseksüel olurlar.	_____	_____	_____	_____	_____
3. Pornografi yasaklanmalıdır.	_____	_____	_____	_____	_____
4. Bir kadın, bir erkeğin cinsel isteklerini yerine getirmelidir.	_____	_____	_____	_____	_____
5. Kürtaja, hamile kadın her ne zaman isterse, izin verilmelidir.	_____	_____	_____	_____	_____
6. Sağlıklı, cinsel açıdan aktif insanlar mastürbasyon yapmazlar.	_____	_____	_____	_____	_____
7. Ergenler doğum kontrol ile ilgili şeyleri satın almadan önce anne babalarının iznini almalıdırlar.	_____	_____	_____	_____	_____



	Kesinlikle katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle katılmıyorum
8. Sadece sapıklar pornografiye bakarlar.	_____	_____	_____	_____	_____
9. Evlilik öncesi seks ahlaki açıdan yanlıştır.	_____	_____	_____	_____	_____
10. Anne babalar çocuklarının mastürbasyon yapmalarını engellemelidirler	_____	_____	_____	_____	_____
11. Homoseksüellerin/lezbiyenlerin ilkokullarda öğretmen olmalarına müsaade edilmelidir.	_____	_____	_____	_____	_____
12. Kadınlar cinsel ilişkiye girmek için evleninceye kadar beklemelidirler.	_____	_____	_____	_____	_____
13. Kürtaj cinayettir.	_____	_____	_____	_____	_____
14. Genç <b>kızların</b> mastürbasyon yapmaları normaldir.	_____	_____	_____	_____	_____
15. Porno seyreden gençlerin cinsel ilişkide buldukları partnerlerine tecavüz etmeleri daha olasıdır.	_____	_____	_____	_____	_____

	Kesinlikle katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle katılmıyorum
16. Mastürbasyon sağlıklı değildir.	_____	_____	_____	_____	_____
17. Homoseksüeller/ lezbiyenler hastadır.	_____	_____	_____	_____	_____
18. Kürtaj sadece ensest ilişki veya tecavüz durumlarında yapılmalıdır.	_____	_____	_____	_____	_____
19. Genç <b>erkeklerin</b> mastürbasyon yapmaları normaldir.	_____	_____	_____	_____	_____
20. Okullarda cinsellik eğitimi verilmelidir.	_____	_____	_____	_____	_____
21. Çocuklar anne ve babalarını çıplak görmemelidirler.	_____	_____	_____	_____	_____
22. Gençler (ergenler) arası cinsel ilişki uygun değildir.	_____	_____	_____	_____	_____
23. Eğer tecavüze uğrarsa bu kadının suçudur.	_____	_____	_____	_____	_____
24. Kürtaj istenmeyen bir çocuğu dünyaya getirmekten daha günahtır.	_____	_____	_____	_____	_____
25. Gençler bakir/bakire kalmaları konusunda teşvik edilmelidirler.	_____	_____	_____	_____	_____

	Kesinlikle katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle katılmıyorum
26. Liselerdeki cinsellik eğitiminde gençlere <u>sadece</u> kadın ve erkek anatomisi (vücudun bölümleri) öğretilmelidir.	_____	_____	_____	_____	_____
27. Pornografinin tüm çeşitleri kadınları küçük düşürür.	_____	_____	_____	_____	_____
28. Mastürbasyon yapan genç kızlar homoseksüeldir	_____	_____	_____	_____	_____
29. Homoseksüellerin birbirleriyle evlenmelerine izin verilmelidir.	_____	_____	_____	_____	_____
30. Tecavüz sadece birbirine yabancı kişiler arasında meydana gelir.	_____	_____	_____	_____	_____
31. Liselerde doğum kontrol klinikleri yer almalıdır.	_____	_____	_____	_____	_____
32. Doğum kontrolü kullanmayan gençler hamile kalmak isterler.	_____	_____	_____	_____	_____
33. Homoseksüeller / lezbiyenler mükemmel anne-babalar olabilirler.	_____	_____	_____	_____	_____

	Kesinlikle katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle katılmıyorum
34. Hamile bir genç kız kürtaj konusunda anne babasının kararına uymalıdır.	_____	_____	_____	_____	_____
35. Cinsel ilişkiye girmek istemediğinde bir kadını zorlamak normaldir.	_____	_____	_____	_____	_____
36. Pornografi <u>sansürlenmemeli</u> dir.	_____	_____	_____	_____	_____
37. Anne babalar çocuklarına cinselliği öğretmekten sorumlu olmalıdırlar.	_____	_____	_____	_____	_____
38. Bir erkeğin tecavüze uğraması imkânsızdır.	_____	_____	_____	_____	_____
39. Kadınlar evlenmeden önce mümkün olduğu kadar çok cinsel deneyim edinmeye çalışmalıdırlar.	_____	_____	_____	_____	_____
40. Cinsel yönden tacize uğramış bir çocuk suçlanmalıdır.	_____	_____	_____	_____	_____

1'den 10'a kadar derecelendirilmiş bir ölçekte, cinsellik konusundaki görüşlerinizi nasıl değerlendirirdiniz?

1      2      3      4      5      6      7      8      9      10

Muhafazakâr                      İkisinin ortası                      Liberal