University Students' Perspectives on Sexual Orientations

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The aim and scope is to reveal and examine the attitudes and opinions of the students towards LGBTI+s. The study was designed in quantitative-total population sampling method with the participation of 291 students. When the results obtained from the scales are analyzed, the scores obtained from the attitude scale towards Lesbians and Gays are found 33,07±8,75 which can be evaluated as slightly above the average, indicating that the participants are closer to negative attitudes, while the scores they get from the homophobia scale to be found 80,88 ±27,30, that is below the average, indicating that they are more tolerant. The family structure of the participants show that the father has a higher education level and is working; the mother is not working (63.5%), that is, the patriarchal structure is dominant. The answer to the idea of providing to (74%) or receiving from (78%) LGBTI+s was "wouldn't be a problem" to a large extent. It has been observed that there is no gender-based discrimination in attitudes towards homosexuality, homosexuality between men and women is considered equally (73%). When the homophobia scale is evaluated, it is noteworthy that the tolerance of individuals towards themselves or their families has decreased. So much so that about 62% of the participants were angry or bored at receiving sexual attention from their own gender and 22% were proud. In order to establish a positive relationship, health personnel must have the ability and competence to establish an accepting and respectful relationship. In this context, it would be useful to emphasize the necessity of continuing to include courses emphasizing cis-heteronormative cultural and social structure in the curriculum of students.

Keywords: *LGBTI+, sexual orientation, gender equality, social work, health worker*

Introduction

With this study, it is aimed to examine the attitudes and opinions of university students studying at the Faculty of Health Sciences and the School of Health towards LGBTI+ individuals who may serve in the future. In this context, the possible negative effects of the patriarchal structure, which is dominant in the geography and culture we live in, on the thought patterns, attitudes and behaviors of individuals cannot be denied naturally. However, it is of great importance in terms of professional ethics that people who will work as health personnel provide services without discrimination. Therefore, determining the views and attitudes of health sciences students towards sexual orientation is also valuable in terms of understanding the changes that need to be made in the content of the education curricula.

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Sexual orientation refers to an individual's emotional and sexual attraction to individuals of a specific gender or gender identity (Cook 2021). Attitudes and opinions about sexual orientation can vary widely among individuals and communities, and can be influenced by various factors, including cultural and religious beliefs, personal experiences, and social norms.

In patriarchal structures, attitudes and opinions on sexual orientation can be complex and varied. Patriarchal structures typically prioritize male power and dominance, and may view any deviation from traditional gender roles and norms as a threat to this power dynamic (Coward 2022). As a result, individuals who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+) may face discrimination, marginalization, and even violence in patriarchal societies. Some individuals and groups within patriarchal structures may hold negative attitudes and opinions towards LGBTQ+, based on their own beliefs and biases. These attitudes may be influenced by religion, cultural traditions, and social norms that stigmatize non-heterosexual identities and behaviors. However, it is important to note that not all individuals within patriarchal structures hold these negative attitudes and opinions. There are also many people and professional or civic organizations who challenge and resist patriarchal norms, and advocate for LGBTQ+ rights and equality.

Overall, the attitudes and opinions towards sexual orientation in patriarchal structures are complex and multifaceted, and are influenced by a range of factors such as religion, culture, and social norms (Coward 2022). However, it is important to strive for greater acceptance and inclusivity of all individuals, regardless of their sexual orientation, in order to create a more just and equitable society. In this context, patriarchal structures in healthcare can perpetuate gender-based discrimination and inequality, including for LGBTQ+ individuals. This can manifest in various ways, such as healthcare providers assuming heterosexuality or cisgender identity, overlooking LGBTQ+ healthcare needs, or providing inadequate or discriminatory care. Efforts to address these issues include increasing education and awareness about sexual orientation and gender identity among healthcare students, as well as promoting more inclusive and equitable healthcare policies and practices.

It is of great importance in terms of the quality of services that the students who are on the way to becoming a health personnel treat the population they will serve in the future with the same quality and equal treatment without any discrimination. One of the important and primary ethical principles of being a healthcare professional is not to discriminate. In this context; health professionals start their duties by taking an oath that they will provide the best possible service to everyone (gender, sexual orientation, age, disability, language, religion, political opinion, etc.) who needs their help and services. From this point of view, it is of great importance to reveal the attitudes of the students who studied at the health sciences faculty for four years towards sexual orientation differences.

Literature Review

According to the definition made by the American Psychological Association, sexual orientation is expressed as the sexual, romantic and emotional stimulation and desires of the individual towards others in line with their sexual orientation and identity characteristics. Sexual orientation is not a choice. The orientations are linked to the biological system and psychological impulses, including intense emotional states such as falling in love. This definition reveals that sexual orientation is not a matter of preference. The concept of sexual preference, which was used in the past, has therefore begun to be expressed as sexual orientation (American Psychological Association 2016).

In the most general sense, homophobia is defined as negative emotions, attitudes and behaviors exhibited towards people with different sexual orientations (Herek 1984). What is noteworthy here is that the phrase "different" used to define homophobia evokes the idea that heterosexuality is normally accepted. Homophobia can also be understood as an ideology of intergroup relations accompanied by certain stereotypes, which is formed as a result of the conceptualization of homosexuals as an "outgroup", which is also affected by processes that can be thought of as more individual (personality, self-perception, cognitive structures, etc.) (Göregenli 2009). Although the movement initiated by lesbian, gay, bisexual and transgender (LGBT) individuals to seek their social rights has created a positive change in various societies around the world in the last decade (Detenber et al. 2013), the number of people who are discriminated against because of their sexual orientation is still quite high. This may cause many homosexuals to hide their sexual orientation (Bakacak and Öktem 2014). It is stated that individuals who do not hide their sexual orientation are faced with exclusion, stigmatization, verbal-physical attacks and hate crimes in various areas of society (American Psychological Association, 2008). Experiencing such discrimination and exclusion problems can cause homosexual individuals to experience psychological problems such as depression, alcohol and substance use, and even drive them to commit suicide (Eskin et al. 2005).

When we look at the development of societies' attitudes towards homosexuality in the historical process, it has not been long since homosexuality was perceived with morally condemning and exclusionary judgments, even in developed countries. In the United States of America, homosexuality was seen as a disease or a perversion until 1973, but after the American Psychiatric Association decided that it was not a mental abnormality, it began to be accepted as an alternative way of life (Lehrman 2005). Today, at least in the West, it can be said that the claim of deviance against LGBTIs is outside the academic and scientific platform (Cesur-Kılıçaslan and Işık 2015)

Research conducted by Ryan et al. with lesbian, gay and bisexual youth in the USA and England in 2003 showed that young people are more exposed to discrimination than adults and are more vulnerable to attacks (Ryan and Rivers 2003). In recent years, the increase in the rate of victims, especially in schools and public spaces, has occurred in parallel with the increase in visibility. The increase in visibility and the efforts of people to exist as they wish in the public sphere

mean an important step in increasing freedoms and dealing with violence, on the other hand, it increases all kinds of discrimination and violence as it threatens the established ideology of masculinity (Göregenli 2009).

Discrimination on the University of Oregon campus has shown that people of different colors, of different religious beliefs than Christianity, gays and lesbians, people with different types of disabilities, and the poor are labeled as "immoral, violent, dangerous, stupid and lazy" in much the same way (Cullinan 2002). No overt violence, not even a negative portrait, is to paint no portrait, and nothingness is a message: you are not existing!

According to Stevens, since the Second World War, we have been slowly entering an era of great tolerance. Homosexuality has been decriminalized in many world democracies. Since the 1990s, the number of countries where same-sex marriages and same-sex partnerships are accepted has been increasing (Stevens and Tanrıyar 2011). Undoubtedly, it is possible to find many examples that weaken Stevens' claim that the age of tolerance is entering. As a matter of fact, despite the positive developments, patriarchal values still prevail in all societies and LGBTIs are exposed to discrimination/exclusion practices.

A study conducted in 2002 shows that LGBT adolescents cannot receive adequate service due to the homophobic attitudes of those working in social service institutions established to protect children. Studies show that social workers have negative myths or stereotypes about different sexual orientations at substantial rates (Quinn 2002).

These negative attitudes and beliefs appear everywhere, at home, at school, in peer groups, and in society as a whole. Therefore, LGBTI+'s may encounter discrimination and pressure, even exclusion and violence when seeking support from their families, social environment and places considered reliable institutions. While LGBTIs face discrimination in almost every area of their daily life such as work life, health center/hospital, school, they are exposed to abuse and violence by their families and social environment and are rejected. It is known that they are subjected to physical and sexual assault, tortured and even killed almost all over the world (UNHCHR 2013). As a result of these negative experiences, children or young people may be excluded from the education process. However, belonging to the group in adolescence is one of the most important needs. Cultural and social norms define and exclude different sexual orientations as deviant lifestyles. The dominant culture produces homophobic attitudes and marginalizes adolescents with different sexual orientations. As a result, these children experience problems related to mental health, self-esteem and identity, the risk of suicide increases, the rate of living on the street increases (Göregenli 2009). Young people who grow up under these conditions carry all this individual and social pressure with them from a young age as they become adults of the future. The saddest thing is that the situation does not change when they grow up and become adults: their right to participate in social life, to be employed, to be treated equally, even their right to life can be taken away just because of their orientation (Danyeli Güzel 2017, Yıldırım Aykurt 2020). In this case, the absence of social services can be vital. Social workers and all professionals working in this field have a responsibility to work to ensure the social welfare of marginalized and stigmatized groups, change

their conditions and achieve justice in this regard. Creating and encouraging healthy human relationships and interactions is essential in this process.

It is also important for the study to understand the attitudes in Turkey, the country where the majority of the students participating in the study come from. Because it will reveal both the understanding of the culture adopted by the participants while answering the questions and the reason for the similarity of many public interventions due to the political structure between the north of Cyprus and Turkey.

Despite the efforts of non-governmental organizations to secure LGBTI rights, it is seen that there is no regulation on the subject in Turkey's national legislation, just like in the north of Cyprus. This situation causes LGBTIs with special needs to be ignored in institutional structures such as Ministry of Family and Social Policies (ASPB), Ministries of Health, Justice, Labor and Social Security, municipalities, to which they can apply for the solution of their problems. These structures do not take responsibility for issues that are not clearly defined in the legislation, and the problems of LGBTIs are often beyond the scope of the services provided. In addition to ignoring the problems of LGBTIs in institutional structures, it is also possible that they are excluded and exposed to violence by those working in the public sector (Cesur Kılıçaslan and Akkuş 2016).

Many LGBTI people do not reveal their sexual identity to physicians and give up treatment due to fear of discrimination or intolerant reactions. This can lead to nutritional problems, drug or alcohol abuse, depression, and mental health problems, including suicide and suicide attempts, as well as physical problems. states should put in place appropriate training and work policies/programs for health professionals to enable them to offer the highest accessible health standard to all people (Kaos 2016).

In addition to health inequalities, studies show that LGBTIs are at higher risk than heterosexual individuals in terms of mental problems, general health problems, substance abuse and risky behaviors such as self-harm and suicide attempts (Alpert 2015, King et al. 2008). With these inequalities faced by LGBTIs who cannot access health services, encounter wrong attitudes and behaviors, and have problems with accessing health information, their health status may worsen. Individuals experiencing such difficulties cannot protect both their physical and mental health (Hoffman et al. 2009, Meads et al. 2009, Sevilla González and Álvarez Licona 2006). The knowledge, attitudes and skills of health professionals are extremely important in preventing the health inequalities experienced by LGBTIs at risk. Preventing the inequalities experienced by LGBTIs in the field of health is only possible with the development of education and cultural competence (Hardacker et al. 2014).

Studies show that healthcare professionals do not have sufficient knowledge about LGBTI, their knowledge, attitudes and behaviors towards this group are negative, and as a result, rights violations related to sexual identity and gender orientation occur (Beycan Ekitli and Çam 2017, Bonvicini 2017, Heck et al. 2006). Similarly, another study states that LGBTIs have difficulties in communicating with healthcare professionals, experience fear due to the prejudices of healthcare professionals about their sexual orientation, and experience embarrassing

situations when expressing their sexual identity (Alencar Albuquerque et al. 2016). Due to all these negative experiences, LGBTIs avoid revealing their sexual orientation to health professionals and cannot receive qualified health services (Araújo et al. 2006).

When the studies carried out in the north of Cyprus are examined, it is revealed that the majority of LGBTs are exposed to discrimination by their families and social circles, and that they have difficulty in accessing reliable services (Dürüst and Çağlar 2015, Uluboy and Husnu 2022, Yolaç and Meriç 2021). In the studies carried out by the Queer Cyprus Association, besides the problems faced by LGBTI+s in accessing basic human needs such as shelter, health, food and employment, negative experiences in accessing social services were observed.

In the mapping study of LGBTIs' access to social services in the north of Cyprus, it is noteworthy that the rate of applying to health institutions in the face of the problems they experience is quite low (13.8%). this is interpreted as not being equipped to provide sufficient support for a permanent solution that will eliminate the concerns of reliable services that can be obtained from public institutions (Erzeybek Şemi and Uluçaylı 2021).

To conclude, culturally, LGBTIs face a common set of challenges in achieving health care and the highest possible level of health. These inequalities in health services; was due to structural and legal factors, social discrimination, and culturally incompetent health professionals (Ünal et al. 2018).

Methodology/Materials and Methods

The study was designed in a quantitative research design that provides the opportunity to work with numerical data. In this study, which was conducted to determine the attitudes of the students of the International Cyprus University Faculty of Health Sciences and School, total population sampling method was used.

Since it is thought that there will not be any problem in reaching the determined population and it is thought that the population will be limited and narrow in terms of scope, sampling method was not preferred and it was aimed to reach the whole population and the total population sampling method was applied (Ural and Kılıç 2005). In order for the full census to be implemented, the desired universe should be suitable in terms of factors such as size, determined financial situation and time (Balce and Demir, 2007).

In this instance, 345 Turkish and Cypriot students enrolled in the Faculty of Health Sciences/School in 2019-2020-2021 who constitute the population of the research. Participation in the study was on a voluntary basis, and students were asked to read and accept the informed consent form before participating in the study. In this context, a total of 333 students participated in the study, but 291 valid data were obtained. Therefore, 291 students who answered all the questions constitute the sample of the research.

Data Collection Process

At the beginning of this process, an application was made to the Cyprus International University Ethics Committee, to which the students were affiliated, and necessary permissions were obtained. Afterwards, the scales that can be used were reviewed with the literature study. The first two parts of the data collection tools developed by the researchers regarding on this review. After the data collection tools were developed, they were arranged and finalized by taking the opinions and feedback of 3 academicians who are experts in the field. Also, it is decided to use 2 scales which validity test were already completed. The necessary permissions were obtained for the use of the Attitude Scale Towards LGBTIs scale, which was adapted into Turkish by Duyan and Gelbal in 2004. Since the participants speak Turkish, the Turkish version of the scale, which is adapted by Duyan and Gelbal, is used. Besides, to understand the attitudes of the students towards LGBTI's, this scale has enough competent questions. Since the people who adapted the Hudson and Ricketts Homophobia Scale were inaccessible and open to use, it was used without the need for a permission. The process was started with three researchers and after two researchers decided not to contribute to the study, the study was continued and completed with a single researcher.

Data Collection Tools

In order to determine the tools of data collection, the literature was examined in detail. As a result of the examination, it was decided to use the questionnaires collected under 4 different headings to achieve the purpose.

The first two parts were developed by the researchers, and the first part called "Personal Information Form" includes 14 items to learn the demographic information of the participants. In the second part, a total of 8 determinative questions regarding the sexual orientation of the participants were included. In the last two parts, two different scales, which were reached as a result of the literature study, were used. Accordingly, in the third part, the scale named "Attitudes Towards Lesbians and Gays", which aims to measure the attitudes of the participants towards homosexual individuals, was used; in the last part, the "Hudson and Ricketts Homophobia Scale" was used.

A detailed explanation of the forms and scales used is given below:

1. **Personal Information Form:** There are questions about the participants' age, gender, department of education, nationality, marital status, socio-economic status and demographic information of the family.
2. **Questions about sexual orientation:** There are general questions about the relationship status and sexual orientation of the participants.
3. **Attitude Scale towards LGBTIs:** The validity and reliability of Attitudes Scale Towards LGBTIs, developed by Herek in 1988, was conducted by Duyan and Gelbal in 2004. The 5 items of the scale, which consists of ten items in total, are aimed at determining the homosexuality of the women and the remaining 5 items of the men.

Participants are asked to state their opinions by marking the answer that comes closest to them in the 5-point Likert-type question form. Accordingly, the degrees of the items are listed as "I strongly disagree", "I do not agree", "I am undecided", "I agree" and "I totally agree". 4 items in the scale have a positive meaning and 6 items have a negative meaning and the scoring changes accordingly. In the scoring of positive items, the statement "I totally agree" is calculated as "5 points" and the statement "I strongly disagree" is calculated as "1 point". Negative items will be scored with the opposite calculation. High scores obtained from the scale indicate negative attitudes towards homosexuality, while low scores indicate a positive attitude towards homosexuality (Duyan and Gelbal 2004)

4. **Hudson and Ricketts Homophobia Scale:** The original homophobia scale, which was developed by Hudson and Ricketts in 1980 and adapted by Sakallı and Uğurlu in 2001, consists of 25 items (Sakallı and Uğurlu 2002). However, during the adaptation, the Turkish form was arranged as 24 items. The items in the scale were prepared in a 6-point Likert type. The "1" score given to the items represents the expression "strongly disagree", while the "6" score means "I totally agree". The high score obtained from the scale indicates the high level of homophobia. Items 5, 6, 8, 10, 11, 13, 17, 18, 23 and 24 in the scale are positive statements and reverse scoring is done.

Data Collection Process

In the period when data will be collected, education in schools continued online, with the announcement of lockdown due to the Covid-19 outbreak. For this reason, while it was planned to collect the data face to face, this process was continued online. In this context, data collection tools were delivered to students via google forms. In order to increase the diversity and quantity of data, data were collected from students enrolled in health sciences between 2019-2021.

Results

A total of 291 students participated in the study, which was conducted to examine the attitudes and views of university students studying at the Faculty of Health Sciences and the School of Health Sciences towards LGBTI+ individuals.

Within the scope of the socio-demographic information of the participants, the findings related to their gender, citizenship and family structure were examined. In this context, 44% of the participants are men and 56% are women.

When the data obtained within the scope of the region, they live in were examined, it was seen that 88% of the participants were of Turkish origin. In addition, it is seen that a majority of 78% grew up in city life.

When we look at the religious beliefs of the participants, 86% stated that they are Muslim, 7% believe only in one creator and do not believe in religion, and 5% are atheists.

When the family structure of the participants is examined, it is remarkable that those who come from family life with many children and 2 children constitute the most crowded group with a rate of 35%.

In order to understand the distribution of socio-economic and educational status on the basis of gender in the family structure of the participants, questions were asked about their parents' education and working life. The results obtained were reflected in harmony with the patriarchal structure, as predicted. Accordingly, 10% of the mothers and 3% of the fathers of the students participating in the study stated that they were illiterate. When we look at university graduation, it is seen that the rates are close to each other, 25% of the mothers and 28% of the fathers have received university education. However, the striking part is that despite this similarity in education levels, there is a gap between the sexes in taking an active part in working life. While 63% of mothers are not in working life, almost all of fathers (99%) are in working life. In this context, it is concluded that women stay away from working life due to patriarchal role distribution even if they receive education and the effects of patriarchal life are dominant in family life.

It was found that 35.8% of the participants in the study had a homosexual friend.

The majority of the participants (67.4%) stated that it would not be a problem for their colleague to be gay. A similar group (65.6%) stated that they would not mind if their manager was gay. Therefore, when the rate of negative attitudes in short-term and non-sharing relationships such as service delivery is compared with the rate of sharing more in an environment, and engaging in a long-term and continuous relationship, it has been observed that negative thoughts increase.

When their attitudes towards the provision of services to homosexual individuals when they become professional staff in the future are evaluated, a significant majority of the participants (81%) stated that they would consider this situation normal, while 18% stated that they had a negative attitude and did not prefer it. Similarly, it was concluded that getting service from a gay professional is not a problem for the vast majority (82%), and 18% do not prefer it.

When the attitudes towards homosexual individuals are examined, it is noteworthy that there is no discrimination on the basis of gender. It was observed that they were equally (73%) tolerant of both male and female homosexuality. Although attitudes towards homosexuality of both sexes are positive, it is a result that can be reached from the answers that female homosexuality is met with more tolerance, albeit with a small margin. The relationship between gender and attitudes towards the idea of working with a gay co-worker was examined and a statistically significant relationship was found ($F=8.749$; $p<0.05$). In other words, it was concluded that men have more negative attitudes than women.

The total score obtained from the results of the scale on attitudes towards lesbians and gays was found to be 33.07 ± 8.75. The total score obtained from the Hudson and Rickets Homophobia Scale was found to be 80.88 ± 27.30. According to the results obtained from the scales, low scores indicate positive attitudes and

high scores indicate negative attitudes. In this context, the results obtained from the Attitudes towards Lesbians and Gays scale show that participants are more likely to exhibit negative attitudes, while the scores they get from the Hudson and Rickets homophobia scale indicate that they adopt more tolerant attitudes. The fact that there is no big difference between the results suggests that people have scores close to the average and that positive attitudes can be increased by increasing their awareness level.

When the questions regarding on homosexual interest toward themselves in Hudson and Rickets Homophobia scale is evaluated, it is noteworthy that the tolerance of individuals towards themselves or their families has decreased. So much so that 62% "I would get angry if someone of my own sex showed sexual interest in me", 60% "I would be annoyed if someone of my own sex showed sexual interest in me", 40.9% "it bothers me if someone of my own sex finds me attractive", 22% "someone of my own sex is attracted to me" showing sexual interest makes me proud" and 40.9% agreed with the statements "it bothers me that people of my own sex find me attractive". On the other hand, similar answers were obtained in the questions about attitudes towards the family: 54.6% stated that they would be disappointed if their child learned that he was homosexual.

It is concluded that the attitudes towards homosexuality in the society are more tolerant than the attitudes towards the family and the individual. Those who state that they are not uncomfortable being in an environment where homosexuals are present make up 56%, while those who are not bothered by going to a bar where homosexuals go make up 54.1%. With the statement that my closest same-sex friend is homosexual, the largest majority, with 44.1%, stated that they were not bothered.

The relationship between the education level of the parents of the students participating in the study and their homophobic attitudes was examined. Accordingly, when the relationship between mother's education level and homophobic attitudes was examined, it was observed that there was a statistically negative low-level correlation (r=-.163; p<0.05). There was no statistically significant difference when looking at the fathers (p>0.05). In other words, based on these findings, it is concluded that as the education level of the mothers increases, the homophobic attitudes of their children decrease.

When the relationship between the gender of the participants in the study and the scores obtained from the Hudson and Rickets Homophobia Scale was examined, a low-level correlation was found statistically positive (r=0.248; p<0.001). Accordingly, it is possible to say that men have more homophobic attitudes than women.

When the homophobia scores obtained were examined, it was seen that whether the participants had a homosexual acquaintance or not had an effect on the level of homophobic attitude. It was concluded that among the people participating in the study, those who have a homosexual friend have lower homophobic attitudes (r= ,402; p<0,001).

When the level of having an active sexual life in the gender focus was examined, it was observed that there was a statistically significant difference

(F=27,339; p<0.001). In this context, it was found that almost three times more men (46.5%) than women (17.8%) have an active sexual life.

Discussion

It was tried to understand whether the demographic findings about the family life of the students participating in the study had an effect on their perceptions of gender and sexual orientation; because the family, where we first socialize, has a great importance on the social, emotional and cognitive development of the individual.

When the effect of religious beliefs on homophobic attitudes is examined, it is concluded that Muslims are more homophobic (85%) than those who has another belief. However, the fact that the majority of the students participating in the study believe in Islam inevitably leads to this result. According to the research report conducted by Yıldırım and Yıldız (2022), as religious beliefs and experiences increase, negative attitudes towards homosexual and LGBTI+ groups also increase. There is an important differentiation between those who reveal the practices of believing as well as just believing. In the event that belief and belief are transformed into life, a distant and distant attitude develops against homosexuality and its organizational pursuit, LGBTI+. When belief remains a purely abstract thought, a more flexible, ambiguous and normal perception of homosexuality is observed (Yıldırım and Yıldız 2022).

It has been concluded that women are less involved in business and working life in families where students are raised. Therefore, the relationship between being a member of a traditional patriarchal family and having homophobic attitudes was examined. The tradition is that people establish a control mechanism in social life as an authority, independent of their will and actions. It controls social consent by appointing and managing the functioning of social life in society. Thus, tradition becomes one of the old but timeless basic dynamics of society (Çetin 2005). The formation and traditionalization of the tradition has a strong basis with the emergence of a sacred origin as a reference to itself. Thus, it is interpreted and internalized in a way that completely covers every area that exists in society, and even if it changes, it continues to exist without losing much and enters the process of extinction after a long time (Yılmaz 2005). The codes of the patriarchal structure that dominates in the traditional society are mostly associated with the sacred and the practices that emerge in line with this mentality become legitimate (Korkmaz 2022). In other words, it is legitimized that the roles assigned to men and women in a patriarchal structure continue unchanged and that women take more responsibility at home and stay away from education and working life.

Dominant masculinity values, which claim that homosexuality directly threatens masculinity and therefore is a social moral 'problem' rather than an individual tendency, are embraced by most men without question (Sancar 2011). This adoption has a great role in marginalizing and subordinating gay men (Barutçu 2013). In this context, it can be concluded that homosexuality is not welcomed in a culture where patriarchy is dominant.

Few of the participants stated that they had a gay friend. In other words, according to the results of the study, having a gay friend is effective on having homophobic views. In the report on the research on gender perception in Turkey, 78.1% of the participants state that they would feel uncomfortable and uncomfortable to be or be in a group of LGBTI+ groups. Those who stated that they would not be disturbed were 21.9% (Yıldırım and Yıldız 2022). In an another study conducted with university students, when the homophobia scores obtained were examined, it was seen that whether the participants had a homosexual acquaintance or not had an effect on the level of homophobic attitude (Kara 2018). Allport (1954), in his social relationship hypothesis, stated that if members of different groups communicate with each other and get to know each other, they can see the similarities between them, and in this context, it is possible to reduce the prejudices and therefore conflicts between the groups (Allport et al. 1954). In parallel with this hypothesis, researchers stated that people who have negative attitudes and prejudices towards homosexuals can reduce their own prejudices by communicating with homosexuals. In support of this suggestion, many studies have found that people who have positive communication with homosexuals and also develop social relations have a decrease in homophobic attitudes (Anderssen 2002).

More than half of the participants in the study stated that they would have a positive attitude towards the idea of having a gay colleague. According to a study commissioned by French "High Authority to Combat Discrimination and Promote Equality" (HALDE), working within the framework of the European Parliament's decision to "fight homophobia" dated April 26, 2007, there are between 1.2 and 2 million gay workers or job seekers in France. %40 of them say they have been exposed to homosexuality at least once in the workplace, and %85 say they have been discriminated against because of their sexual orientation. Again, a survey of 1,400 homosexuals in France shows that even in France, one of the most sexually free countries in the world, %66 of homosexuals hide their sexual orientation at work (Kaos GL-LGBTİ+ News Portal 2008).

It was learned that the majority of the participants were tolerant in the data obtained about receiving service from a gay professional and providing service to a homosexual patient. It is among the ethical responsibilities of professionals to develop an intervention that is egalitarian and embracing human rights without discrimination. In this way, it contributes to the development of well-being by considering the best interests of individuals. Homosexual individuals are hindered in benefiting from public services and even they cannot receive services or they give up receiving services except in obligatory situations due to discrimination. For example, it is known that 67% of the processes of using mental health services by homosexual individuals result in negative results due to homophobic attitudes (Lambdaistanbul 2006). In a study conducted by Erzeybek Şemi and Uluçaylı (2021), it is revealed that almost half of the social workers in Northern Cyprus (40%) do not remember whether they have received an anti-oppression and discrimination training or have not received such training. They emphasized that this rate is not to be underestimated, as it may pave the way for them to display discriminatory or oppressive attitudes knowingly or unknowingly while in contact

with people in service delivery. When the social needs of LGBTI+s are not met, problems arise such as not being able to access resources (shelter, employment, health, social assistance), pressure and exclusion, insufficient social support, and factors affecting identity development (Buz 2011). In this context, it is recommended to provide trainings focusing on the topics of gender equality, LGBTI+ rights, working with minorities, people who are exposed to violence, oppression and discrimination, for the personnel who will work in the field of health services for LGBTI+s. In addition, it is mentioned that it is important to prepare and distribute resources such as the "LGBTI + Handbook of Rights to Benefit from Health Services" in our existing health institutions in order to increase the awareness and knowledge of the personnel, for the services to be of higher quality and efficiency (Erzeybek Şemi and Uluçaylı 2021).

Considering the attitudes towards homosexuality of both sexes, female homosexuality being more tolerant can be interpreted as the sexuality of two women in the patriarchal structure taking place in masculine fantasies. In addition, the connection between men's homophobic attitudes and not towards women should be evaluated. In the literature, the fact that the society, especially men, thinks that 'lesbianism does not pose any danger, and that they can even appear in the media with pornography as a fantasy material' draws attention to the fact that lesbians are less exposed to exclusion and discrimination compared to other orientations and even more accepted than trans and gay people (Erzeybek Şemi and Uluçaylı 2021, Güner 2015). It can be said that one of the reasons why homophobia has tended to men rather than women throughout history is related to the phallus-centered understanding of sex, which can be expressed as "no penis, no sex" (Baird 2004). While the female body is perceived as a body that can be entered, completed and owned, this is not the case for men. Therefore, while the sexual relationship between two women is perceived as innocent and inconspicuous since there is no phallic situation, the situation is different for men. The sexual intercourse of two men is regarded as intolerable and hateful, as it represents the union of two phallic representations of bodies that are unthinkable to enter (Barutçu 2013). In some studies, it has been found that men have more negative attitudes towards homosexuals of their own gender than women (Herek 1988). In a study conducted with students studying at university in Turkey, the rate of men who stated that they would have negative thoughts towards male athletes who disclosed their homosexuality was found to be higher than the rate of men who stated that they would have negative thoughts towards female athletes who disclosed their homosexuality(Saraç and Toprak 2017). There are studies showing that people who strongly adopt traditional gender roles with a prejudiced and stereotyped perspective on gender roles approach homosexuals with more negative attitudes (Sakallı and Uğurlu 2003).

Although the findings show that homophobia is tolerant, the increase in negative feelings when homosexual attention is directed towards them indicates that they are actually homophobic. This is just an indication that they are trying to suppress their homophobicity. In summary, it can be concluded that there is a homophobic community, but they try to suppress it and pretend to be tolerant. Homophobia literally means the fear of homosexual orientation. It is also an

indication of the prejudiced approach and discriminatory behavior towards this orientation. Homophobic individuals exhibit this attitude towards individuals with a homosexual orientation and also towards LGBTI+ individuals as a whole (Önen et al. 2017). It is necessary to know that homophobic attitude is fed by extreme ideologies such as heterosexism (Özcan Elçi 2018).

In the findings of a study, it was concluded that the participants, who stated that they would react to homosexuality in different ways (such as treatment, embarrassment, disappointment, rejection from adoption) when it comes to their own children, exhibit a more accepting attitude when it comes to others (others' children). This means that most of the society (86.28%) does not approve of different sexual orientations and identities. While a more flexible attitude is developed by evaluating gender equality and homosexuality in terms of freedoms and rights in the abstract, it is seen that they are not treated in the same way in practical relationships (Yıldırım and Yıldız 2022).

The effect of the education level of the parents of the participants in the study on their homophobic attitudes was examined. While it was seen that the education level of the fathers did not have a significant effect, it was concluded that homophobic attitudes also changed in direct proportion to the education level of the mothers. Similar results have been found in the literature. Homophobia scores were higher in males and those with lower parental education levels (Durmuş et al. 2021). An increase in education level makes attitudes towards homosexuals more positive, whereas conservatism increases homophobia (Heaven and Oxman 1999, Herek 1984). With the findings obtained here, it can be concluded that the higher education level of mothers directly affects the society's more tolerant and respectfulness, based on the fact that women are responsible for raising children in patriarchal societies.

It was found that men participating in the study had more homophobic attitudes than women. A study on university students' attitudes towards LGBTI+s, similarly to the results of this study, revealed that male participants had more negative attitudes towards LGBTI+s than female participants (Çelik and Erciyes 2021). In previous studies, it has been reported that attitudes towards gender change according to sex (Gui 2019, Özdemir et al. 2019, Seven 2019, Zuo et al. 2018). Contrary to the study of Kara and Karaca (2022), some studies have found that women's attitudes towards gender roles are more egalitarian than men (Daşlı 2019, Kara 2018, Zuo et al. 2018). In addition to these studies, it has been shown that male university students in the Netherlands have more traditional and stereotypical thoughts about gender compared to female students (Verdonk et al. 2008). In this context, it is possible to say that in the literature review conducted in many studies, studies revealing that men are more homophobic than women (Bakır Ayğar et al. 2015, Ciocca et al. 2017, Costa and Davies 2012, Kara 2018, Nieto-Gutierrez et al. 2019, Şah 2012, Saraç and Toprak 2017, Set and Ergın 2020). When the results of the studies are evaluated together; it is thought that gender alone is not a determining factor in attitudes towards gender (Kara and Karaca 2022). In the study conducted by Durmuş et al in 2021, homophobia scores were found to be higher in men, similar to the results of this study. Looking at the relationship between attitudes towards homosexuality and gender, in parallel

with studies abroad, it was found that female participants had more positive attitudes towards homosexuals than male participants (Duyan and Duyan 2005).

When the level of having an active sexual stage in the gender focus was examined, it was observed that there was a statistically significant difference (F=27,339; p<0.001). In this context, it was found that almost three times more men (46.5%) than women (17.8%) have an active sexual life. It is clearly seen that in the evolution of the family in the historical process, female sexuality was limited over time and continued under the dominance of the male-dominated structure (Adak, 2012). Similarly, studies show that women have less sexual life before marriage than men (Bertan et al. 2007, Giray and Kılıç 2004). Today, sexuality is still considered a taboo subject and oppressive restrictions are imposed on women's lives (Civil and Yıldız 2010, Coşkun and Gökdemirel 1997, Khan 2002). In this context, it is an expected result that women's sexual life is less active compared to men as a result of a patriarchal society.

Conclusions

With this study, in which 291 people participated, it was aimed to reveal the attitudes of university students towards homosexuality. The data obtained regarding the socio-demographic information of the participants reveal that the majority of them are of Turkish origin, have a patriarchal family structure and come from a structure with many children.

The clues about the family structure of the participants were evaluated with the participation of their parents in the working life and education processes. In this context, it has been revealed that women are more disadvantaged than men in both working life and participation in education.

When the responses of the participants about their attitudes towards homosexuality were examined, it was seen that the majority had tolerant attitudes. In addition, it was found that men have more homophobic attitudes than women and that having a gay friend affects attitudes positively. However, on the other hand, the findings that a very large majority will react negatively to a homosexual interest directed towards them, show that they actually internalize homophobic attitudes. In fact, it is understood that they do not internalize the behavior that is considered correct at the cognitive level at the point of putting them into practice and experiencing them.

Based on the results of the study, it is understood that some studies should be done in order for the social structure to evolve into an inclusive perception of the other. In this context, the responsibility of local governments and the government to revise their social and educational policies comes to the fore. It is recommended that classes on social gender equality, sexual identity and orientation be added to the education curricula starting from the pre-school age, and sexual health lessons from the adolescence period. In the university period, it is recommended that courses such as gender equality and sexual health should be included not only with theoretical lectures, but also with institution visits and by organizing conferences with people who have experienced problems in these fields.

On the other hand, it is important to carefully address the intervention processes for disadvantaged groups in the courses on professional ethical values. Increasing both knowledge and awareness levels by organizing in-service trainings for professional staff will also contribute to reducing discriminatory and phobic behaviors. Because as these subjects, which are taboo, myth and unknown, are discussed and learned, it will be understood that they should not be feared. Only in this way will it be possible to provide professional, developing and remedial services by accepting that everyone has a dignity and honor as a human being.

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