RESULTS OF THE SEX KNOWLEDGE AND ATTITUDE TEST OF MEDICAL STUDENTS IN ISRAEL

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At the Paris Congress of Medical Sexology (1974) and at a later W.H.O. meeting on "Education and Treatment in Human Sexuality" (1975), the conclusion reached was that there is an urgent need for human sexuality courses to be included in medical schools' curricula. Paul H. Gebhard (1974) stated at the W.H.O. meeting: "The medical profession should be reminded that sex research, sex education and sex therapy are all its clearly-evident responsibilities . . . ." This was already recognized by a large number of medical schools in the United States and Europe, and Harold I. Lief (1974), who was one of the first scientists to call for formal sex education for the medical student, summarizes, at the same W.H.O. meeting, the situation in the United States today, "The human sexuality course is offered for academic credit in 88% of medical schools."

Human sexuality courses for medical students were nonexistent in Israel until 1974, at which date the students at the Aba Khoushy School of Medicine in Haifa were offered such an elective during their clerkship in Obstetrics and Gynecology (Hoch, 1975; Hoch and Peretz, 1975).

In order to construct a human sexuality course most suitable for the specific needs of the local student, a previous evaluation of basic knowledge and attitudes concerning this subject appeared self-evident. A pilot study on 45 fifth-year Haifa medical students using the S.K.A.T. (Sex Knowledge and Attitude Test – an

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instrument successfully used for this purpose in many medical schools in the USA and other countries) showed serious lack of knowledge on basic sexual items as well as quite conservative attitudes regarding the subject. As a result, we decided to embark on a nation-wide study of medical students, using the same instrument, in order to have a statistically significant sample before any final conclusions were reached on the matter. Permission was sought and obtained to use a Hebrew translation of the S.K.A.T., somewhat changing some of the questions in order to adapt it to Israeli needs. The questionnaire was administered to medical students of all four schools of medicine in Israel, in groups of 9 - 12 each, mostly during their clerkship in obstetrics and gynecology. Statistical evaluation was done, mainly by using the SPSS statistical package for the social sciences. Interrelations between items were analyzed by standard nonparametric techniques, contingency tables and nonparametric correlations. When appropriate and justified, we used parametric techniques such as the T-test.

RESEARCH INSTRUMENT

The S.K.A.T. (Sex Knowledge and Attitude Test) has been developed by Harold I. Lief and David M. Reed, from the University of Pennsylvania, School of Medicine, Philadelphia, as a means for tabulating, scoring and reporting data on sexual attitudes, knowledge, degree of experience in sexual encounters and a diversity of biographical information. Accordingly, the S.K.A.T. has four parts: 1. Attitude section; 2. Knowledge section; 3. Demographic data; 4. Personal sexual behavior data. The Attitude section is divided into four scales: 1) Heterosexual Relations (H - R); 2) Sexual Myths (S - M); 3) Abortion (A); 4) Autoeroticism (M).

The Knowledge section contains 71 questions, fifty of them being test items. The average performance for the American medical student on the Knowledge section (true - false answer possibility) is 50 with a standard deviation of 10. Scores less than 50 indicate a lesser degree of knowledge while 50 or more indicate superior performance. The same is true for the Attitude section (50 ± 10). High scores (above 60) imply liberal attitudes, low scores (below 40) imply conservative ones.

FINDINGS AND COMMENTS

Background Information

The research sample consisted of 189 medical students from the four medical schools in Israel, 81.2% males and 18.8% females. The age distribution was 21 - 36, with the mean age of 24.5. The