Sexual education from the view of high school students

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Abstract

Introduction. Sexual education is still a non-defined area concerning the sex life of man. It is perceived differently depending on the country and its culture. In Poland, it should be implemented as part of ‘Family Life Education’.

Objective. The aim of the research is to present the opinion of male and female high school students concerning sex education.

Materials and methods. The research was conducted in 2014 on 450 male and female high school students in two provinces of Poland: 225 students from the Stanislaw Konarski High School in Mielec, Podkarpackie Province, and 225 from the Zbigniew Herbert High School in Lublin, Lubelskie province.

Results. Close to half of the surveyed participated in a class ‘Family Life Education’ (48%); however, 32% and 22.9% were not satisfied with the class. Poor aspects of the subject were observed by the great majority of students (70%). Most of the youths (68.9%) desire a more complex approach to the subject, to be led by a medical specialist (68%).

Conclusions. The students stated that sex education as part of ‘Family Life Education’ class is not satisfactory. They demand a specialist, medical knowledge of human sexuality. Parents, who should constitute a major source of information, had considerable influence in the sex education of their children.

Key words

Sex education, high school students, midwife, prophylaxis

INTRODUCTION

Sex education is defined differently depending on the country, culture and area of activity. The WHO provides only a working definition of the notion which shows that this term has not been fully determined. According to the WHO definition: ‘knowledge of cognitive, emotional, social, interactive and physical aspects of sexuality’, and involves three stages of human life: early childhood, adolescence and maturity. The WHO additionally presents seven rules and eleven results [1].

There are a great number of pivotal points of sex education. One of them is the classification provided by the American Academy of Pediatrics which divides sex education as follows: a) type A – abstinence-only education, chastity education; b) type B – biological sex education, which focuses on the transfer of knowledge and issues in the purely biological sphere, together with knowledge about contraception; c) type C – comprehensive sex education, which covers types A and B [1].

Prof. Lew-Starowicz, who majors in sexuology, divides sex education in a different way. He acknowledges the following four models of the education, which additionally cover the prevention of HIV infection:

- aversion;
- safe sex;
- promotion of sexual and reproductive health;
- religious [2, 3].

The aim of sex education should be to disseminate knowledge of prophylaxis in sexual health, based on up-to-date standards and adapted to one’s age, needs and the psychophysical development level of addressees. It should also have biological, psychical and social dimensions. The holistic approach is deemed essential and sex education among youth as necessary, as stressed in numerous international Acts and Resolutions [4, 5, 6].

Poland does not have a tradition of educating youth in the sexual aspects of life per se, it is only one of the elements of the ‘Family Life Education’ class, conducted on the basis of the Family-planning, Protection of Human Embryo and Conditions of Abortion Act of 7th January 1993. Additional rules determining what is taught during the class are comprised in individual rulings by the Minister for Education, e. g. the core syllabus and the methods used in schools. According to the rulings, this subject should be taught in the 5th and 6th grades of primary schools, and continued in secondary and high schools (as well as in special-needs schools). The number of hours allotted for this subject is 14 in the whole school year, five of which should have a division between boys and girls, and should promote pro-family, pro-health and pro-social behaviours. The most up-to-date rulings concern student attendance in the class unless the parent/legal guardian informs the school head that they do not permit the child to attend the class. Mature students, however, can resign from this class. Students are not marked as being present during the lesson as their participation does not have a bearing on promotion to the next class or school graduation [7, 8, 9, 10, 11].

Having a post-graduate degree or course in the subject in question is a requirement for all persons who wish to conduct ‘Family Life Education’ classes, which is stated in the ruling...
of the Minister for Education of 12th March 2009. In practice, in connection with optionality, the subject is not required of students, but merely constitutes a thematic and substantive support for the teacher [10].

Objective. The aim of the research is to present the opinion of high school students of both sexes concerning sex education.

MATERIALS AND METHOD

To obtain the opinion of those most interested in the subject, i.e. students, the survey was carried out among them in April and May 2014. The number of respondents was 450 high schools students of both sexes in two provinces of Poland – 225 from the Stanislaw Konarski High School in Mielec, Podkarpackie Province, and 225 from the Zbigniew Herbert High School in Lublin, Lubelskie province.

Each of the surveyed was to provide answers in the author’s questionnaire which consisted of 31 closed questions, five of which concerned social and demographic aspects of the respondents. There were 21 one-answer questions, and four multiple choice, limited to three and five answers, respectively. There also a question covering the scale of school marks to grade the individual elements of the teacher of the subject. 14 questions concerned the opinion of the surveyed on the topic of the status quo of sex education in schools, and 12 questions touched on the needs involved in the issue. Participation in the survey was voluntary and the answers provided by the respondents were anonymous.

RESULTS

Among the surveyed, 223 were female and 227 were boys; age range 16–19 (M=18 years old, SD=1 year). The great majority were 18-years-old (33%), followed by 17-year-olds (31%); 19-year-olds constituted more than one-fifth of the respondents (22%), while the smallest group were 16-year-olds (14%). The ratio of the surveyed in individual grades was identical (33.3%). In each class, the same number of students was asked to provide their answers in the survey.

An overwhelming majority of the surveyed were of the Catholic religion (91.3%), followed by atheism (4.2%); agnosticism came next (2.2%), which was added as an answer in the survey after analyzing the answers of the respondents. Less than 1% of students were associated with Buddhism; other denominations – Islam, Protestantism and Orthodox Christianity – scored the same percentage of answers (0.4%).

Both provinces had an equal number of students participating in the survey (50%). When asked about satisfaction with the course, less than a half (32% and 22.9%) answered that the conducted course was not satisfactory. The ‘absolutely-satisfied’ were the smallest group (14%). Nearly one-third of the respondents (31.1%) was satisfied with the subject.

The presence of ‘Family Life Education’ in the core curriculum was acknowledged by nearly a half of the surveyed (48%) who attended the class. Nearly a third of students (32.7%) did not attend this class, even though it was in the curriculum. A few students (8%) stated that the subject was included in the curriculum, whereas slightly more of the surveyed (11.3%) did not know whether there was such a subject in their school.

Poor aspects of the subject are observed by the great majority of students (70%), nearly a third of whom (30%) thought that the ‘Family Life Education’ class had no poor aspects. Among the most frequent poor aspects, the students stated the following: repetition of material (48.4% of all observations), only-oral transfer of material, no films or aids (41.5%), and unsuitable time of the lesson (40.8%) (Tab. 1).

Almost a half of the surveyed students wanted to have a ‘Sex Education’ class in schools (48%) (Fig. 4). The majority of the surveyed youth (68.9%) wanted sex education to be comprehensive. A little more than a fifth of the respondents (22.7%) would prefer a biological type of class. The least desired model (8.4%) adopted for the class was the one that promotes sexual abstinence, which is the current model in ‘Family Life Education’. According to the students, only a medical specialist (MD, nurse, midwife) should eligible for conducting such a class (68%). People who conduct the class at the moment are at the end of the ranking – guidance counselor (7.3%) and teacher (6.9%).

### Figure 1. Denomination of respondents

### Figure 2. Satisfaction with ‘Family Life Education’

### Figure 3. Attendance in ‘Family Life Education’ at school
The most attractive form of class for the students is discussion (70%), with educational films coming second (64.4%). Workshop with training is another type which appeals to students (58%). As for the topics discussed, they should be as follows: human sexuality (55.3%), contraception (52.7%), sexual initiation (42.4%), sexually-transmitted diseases and HIV/AIDS (42.2%).

Outside the school, according to the surveyed, it is the parents’ responsibility to educate their children in terms of sex and sexuality (41.6%). The media, which had a fifth of all votes, has a significant influence on youth (20.2%), while the midwife, surprisingly, also scored a large number of votes (20%).

Despite the considerable influence of parents, the high school students stated that they themselves should decide whether they wanted to attend the ‘Family Life Education’ classes (84%). A small group (16%) answered that they preferred to leave that to their parents.
The majority of respondents wanted contraception to be accessible and without limits (55%). Accessibility of contraception after check-up and medical review was expressed by more than a fifth of the surveyed (21%). An overwhelming majority of the youth would like schools to teach them methods of pregnancy prevention (37.1% and 37.3%).

**DISCUSSION**

Sex is an inseparable element of human life from early childhood. The issue is essential, although often treated as taboo. Sex education sparks a lot of controversies, mainly owing to the fact that it touches upon very important subjects of human life. In order to transfer the knowledge holistically, certain standards have to be worked-out [12].

The results of the presented research show that the majority of the surveyed (55%) were not satisfied with the current course on, for example, human sexuality. The report of the Ponton Sexual Educators Group, written in 2009, confirms that a large majority of students (55.6%) learned nothing of value during the course [13].

The great majority of respondents (70.7%) stated that they attended the 'Family Life Education' classes; however, only a part of them actually participated (48%). A Report by the Council of Ministers on the execution and results of implementing the Family Planning, Protection of Human Embryo and Conditions of Abortion Act of 7th January 1993, shows an even smaller percentage of students attending the class (37%) [14].

An interesting result can be found with regard to the poor aspects of 'Family Life Education' observed by the great majority of respondents (70%). Kuras acknowledges that her research presents the subject as incomprehensive [15]. Nearly a half of respondents (48%) wanted sex education to be introduced to their schools. Adults also expressed such a need (91.8%), because, according to Izdebski (2011), parents do not consider themselves competent enough and want to entrust this subject to the school. Research by Izdebski in 2005 showed that 81.3% of adults (aged 18–49) see the need to introduce sex education in schools. Ostaszewska's research shows that secondary school students (86%) would also like to attend 'Family Life Education' classes [16].

Research also shows a new outlook on the profile of persons who should conduct sex education. The respondents would like medical specialists (MD, nurse, midwife) to lead the class. Ostaszewska showed a different view in 2008 on this matter, that secondary school students chose a guidance counselor (34%). It can be deduced that in the course of years, either the awareness of high school students has increased, or it is the position of medical specialists that has gained ground [16].

The most frequently-given answer, as far as type of conducted class is concerned, was discussion (70%), with

Figure 8. Decision-making of parents concerning their children attending 'Family Life Education'

Figure 9. Learning about pregnancy prevention methods at school

Figure 10. Opinion about contraception

Students stated where they obtained information on sex: the Internet (72.7%), TV and films (32.9%), school classes (32.2%).

### Table 4. Sources of information about human sexuality

<table>
<thead>
<tr>
<th>Categories of answer</th>
<th>Answers</th>
<th>% of observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet</td>
<td>327</td>
<td>29.6</td>
</tr>
<tr>
<td>TV and films</td>
<td>148</td>
<td>13.4</td>
</tr>
<tr>
<td>School classes</td>
<td>145</td>
<td>13.1</td>
</tr>
<tr>
<td>Parents</td>
<td>138</td>
<td>12.5</td>
</tr>
<tr>
<td>Peers</td>
<td>133</td>
<td>12.1</td>
</tr>
<tr>
<td>Magazines</td>
<td>70</td>
<td>6.3</td>
</tr>
<tr>
<td>Books</td>
<td>67</td>
<td>6.1</td>
</tr>
<tr>
<td>Siblings</td>
<td>50</td>
<td>4.5</td>
</tr>
<tr>
<td>Own experience</td>
<td>25</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>1,103</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Figure 8.** Learning about pregnancy prevention methods at school

**Figure 9.** Decision-making of parents concerning their children attending ‘Family Life Education’

**Figure 10.** Opinion about contraception

**Table 4.** Sources of information about human sexuality
educational films coming second (64.4%), followed by workshops with training (58%). The obtained results overlap with Ostsaszewska’s study in which discussion came first (31%), followed by educational films and workshops (24% and 16%, respectively) [16].

Own results show the ranking of five issues which youths demand to be present in the school curriculum:
1) human sexuality (55.3%);
2) contraception (52.7%);
3) sexual initiation (42.2%);
4) sexually-transmitted diseases and HIV/AIDS (42.4%);
5) boy/girl, love (36.7%).

A survey carried out among secondary school students by Czarnik in 2012, yielded similar results [17]. He based his research on a scale from -1 to +1:
1) First came human sexuality (0.47);
2) Boy/girl, love (0.45);
3) sexual initiation (0.44);
4) contraception (0.42);
5) adolescence and its issues (0.35).

On the other hand, Izdebski assumed other categories of answers among people aged 18–49, in which similarities can be observed. According to his research, the three most desired topics were:
1) protection from sexually-transmitted diseases (84.5%);
2) protection from unwanted pregnancy (80.95%);
3) respect for the opposite sex (57.75%) [12, 17].

Parents were the first source as far as human sexuality is concerned, which is expressed by the youth (41.6%). Research by Czarnik, however, ranks this source of information on the sixth position [17].

The young demand that they should be taught by professionals the knowledge of pregnancy prevention (37.1% and 37.3%). This is confirmed by the presented results, in which contraception is one of the more interesting topics. Research by Lewicka et al., stresses the need to educate high school students in terms of contraception [18, 19].

Sources of information on human sexuality have been shown by a few researchers who indicate the following main sources: the Internet (72.7%), TV and films (32.9%), school classes (32.2%). Czarnik’s research differs slightly in this regard. His results show that students consider their peers as the main source of information (64%), followed by school subjects (52%) and websites (49%). Ostsaszewska, who surveyed secondary school students, obtained results which show another ranking of sources of human sexuality: TV (75%), films (72%) and peers (62%). The older group, which was surveyed by Izdebski, pointed to different sources (probably owing to the fact that they were aged 18–49). They were as follows: peers (69.5%), books (42.5%), and the press (33.3%). A considerable increase can be observed in the significance of the Internet as the source of information on human sexuality [12, 16, 17].

CONCLUSIONS

1. High school students have a negative attitude to sex education conducted as part of ‘Family Life Education’ classes. They indicate various poor aspects of the subject and state that changes are necessary.
2. The respondents stated that they need a specialist with medical knowledge of human sexuality. They want a comprehensive sex education class which would holistically cover the above-mentioned topic, conducted in the form of discussion.
3. Parents play a pivotal role in sex education as they should be the main source of information on human sexuality for their children. However, it is the students who should decide whether they want to attend the ‘Family Life Education’ class.

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